

OPUS2

Scottish Covid-19 Inquiry

Day 19

December 6, 2023

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Wednesday, 6 December 2023

1
2 (10.00 am)
3 MS BAHRAMI: Good morning, Lord Brailsford.
4 THE CHAIR: Good morning, Ms Bahrami. Can you hear me?
5 MS BAHRAMI: Yes, I can.
6 THE CHAIR: Now, you have a witness for us?
7 MS BAHRAMI: Yes, I do. The first witness today is
8 Constance McCready.
9 THE CHAIR: Thank you. If Ms McCready could be brought in.
10 MS CONSTANCE MCCREADY (called)
11 THE CHAIR: Good morning, Ms McCready. Can you hear me?
12 A. Yes. I was just looking for you! Yes, hi.
13 THE CHAIR: Not in my usual place, I'm sorry.
14 A. No, it's okay.
15 THE CHAIR: Right. You're going to be asked some questions
16 obviously by Ms Bahrami. So when you're ready, please,
17 Ms Bahrami.
18 MS BAHRAMI: Thank you, my Lord.
19 Questions by MS BAHRAMI
20 MS BAHRAMI: Good morning, Ms McCready.
21 A. Good morning.
22 Q. Please could you confirm your full name?
23 A. It's Connie — well, Constance McCready.
24 Q. Thank you, and the Inquiry has your details?
25 A. Yes.

1

1 Q. You've provided a statement about your fiancé,
2 Jim Russell. For the record, that statement is
3 SCI-WT0273-000002. To remind you, there is
4 a restriction order in place. You are able to name your
5 fiancé, your daughters and the three hospitals that your
6 fiancé attended. Please don't mention any other names
7 or institutions. Thank you.
8 Your fiancé sadly died of COVID on 4 May 2020 at
9 Aberdeen Royal Infirmary at the age of just 51?
10 A. Yes.
11 Q. Would you like to tell us a bit about your fiancé and
12 your family?
13 A. Yeah. Jim was amazing. He was just full of life with
14 so much — we were only together for six years, but in
15 those six years we'd done so much. Like it was —
16 people said what we had in six years most people don't
17 have in a lifetime and I'm so grateful that I had those
18 amazing six years with him. He used to — he loved
19 anything vehicly. He loved his motorbikes, his cars,
20 trucks. Within the industry he was called "Big
21 Gorgeous" because he was pristine, everything — like
22 his trucks, everything, they used to say, "Are you in
23 your slippers in that truck?", because it was that
24 clean. He was just full of life. We used to go — like
25 we loved old school music, he loved his football. He

2

1 didn't have any kids of his own, so I had — my two
2 daughters were — he adored them like his own, and he's
3 missed a grandson, who will be two soon. But he was
4 full of life.
5 Q. Thank you.
6 A. He shouldn't be gone, but ...
7 Q. Thank you. Now, of course, you were engaged. Had you
8 set a date for the wedding?
9 A. Yeah, we had actually set a date, 2019, but we cancelled
10 that due to just issues that we didn't want certain
11 people at our wedding and we were like, "Do you know
12 what, just we'll do it ourselves in the garden", because
13 the lady that was marrying us, she actually done Jim's
14 funeral and then — and I says to her — I said, "Can
15 you get married anywhere?". She went "Aha". I says,
16 "Living room?", and she's like, "Anywhere you want".
17 And I said to him, "Right, we're getting married in the
18 garden", and that was meant to be the June 2020, but we
19 never got to that.
20 Q. Thank you.
21 A. Yeah.
22 Q. You were due to go on holiday on 14 March 2020?
23 A. Yeah.
24 Q. But that didn't happen because —
25 A. No, because we went into lockdown. But he kept saying

3

1 to me, "Come on, we'll just go anyway", and I was like,
2 "No", to be stuck in a hotel". In hindsight, it's like,
3 if we did go, would it be a different circumstance?
4 Would he still be here? There's a lot of buts and —
5 ifs and buts throughout all this, but it was — yeah, we
6 never got ... but he wanted to go, and I was like, "No",
7 because we could have been stranded over there as well,
8 but maybe it would have been a better thing. I don't
9 know. Who knows?
10 Q. Thank you. You go on to say that Mr Russell had stopped
11 working a week before the first lockdown, which
12 commenced on 23 March 2020, as he'd been concerned that
13 he might be more vulnerable —
14 A. Yeah.
15 Q. — because of an illness he had at 23.
16 A. Yes, he had pneumonia when he was young, but — so he
17 thought that might have been something that would have
18 put him into the —
19 Q. The vulnerable category.
20 A. — vulnerable category, that's the word, aye. But
21 after — when I spoke to the consultants and that, after
22 Jim died, like that was one of the questions, like, "Did
23 he have underlying health issues that we didn't know
24 about, he didn't know about?", and they're like, "No,
25 nothing". And obviously that — because they looked at

4

1 that. But his lungs were fine. There was no — because
 2 he'd done — like the year before, he'd done the test,
 3 you know, the blow test thing —
 4 Q. Right, the lung capacity.
 5 A. — to check his lung capacity and it was fine. She
 6 says, "All the results came back fine. There was
 7 nothing — he had no underlying health issues that would
 8 have caused anything". But, like that, Jim had an
 9 agreement with the doctor, he doesn't see him and he
 10 doesn't see him so — like Jim, he didn't — he wasn't
 11 one for taking tablets. I'm a bit like that myself. He
 12 didn't take — like giving the paracetamol and the water
 13 when he was ill, it was like, "Have you took that yet?",
 14 and he's like "Aye". You know, he was just one for —
 15 so we didn't know if there was anything, but there
 16 wasn't. There was nothing.
 17 Q. But he was conscious of that?
 18 A. Yeah.
 19 Q. And he told his boss that — well, he was a lorry
 20 driver —
 21 A. Yeah.
 22 Q. — and he told his boss that he wasn't happy having
 23 people come near his cab to sign paperwork?
 24 A. Yeah.
 25 Q. And for that reason he stopped working just before that

5

1 first lockdown?
 2 A. Yeah.
 3 Q. Around the same time he started to feel unwell; is that
 4 correct?
 5 A. Yeah, about 20/21 March, just like a cold, just a bit —
 6 just cold symptoms, and it wasn't until the following
 7 week when Jason Leitch was doing a live interview and he
 8 turned round and said, "If anyone's got flu symptoms,
 9 it's not flu, it will be COVID", and that's when I was
 10 like, "Right, that's ..." —
 11 Q. Because before that you'd been slightly concerned, but
 12 because he didn't have a continuous cough at that
 13 point —
 14 A. Didn't have (inaudible — overspeaking) at all.
 15 Q. — you hadn't sought help because you were going — you
 16 say in your statement you were going with the advice
 17 coming from the Government and it was that — you say
 18 that what you understood it to be was that, if you
 19 didn't have a temperature, if you didn't have
 20 a continuous cough, then it was unlikely to be COVID and
 21 you didn't need to contact anyone.
 22 A. Yeah.
 23 Q. But that day, 29 March, I think, you watched that
 24 broadcast and, when those symptoms were mentioned, you
 25 did become concerned at that point?

6

1 A. Yeah.
 2 Q. And you told your fiancé that he had to be checked and
 3 you called NHS 24; is that correct?
 4 A. (Nods)
 5 Q. But they said that he just needed to take paracetamol
 6 and water; is that right?
 7 A. Well, that's what they were saying, and I was like, "No,
 8 youse need to see him", and then that's when they told
 9 me to go to Stobhill — to take him to Stobhill for him
 10 to be checked.
 11 Q. I think you mention in your statement that Mr Russell
 12 collapsed.
 13 A. He did. He collapsed in the bathroom — because I had
 14 got up through the night, on the 29th, and — he got up
 15 through the night — sorry — and I went down the stairs
 16 and he hadnae slept. He was just sleeping all day.
 17 That was like prior to — so his symptoms deteriorated
 18 throughout the week. One thing Jim didn't do was lie
 19 about and sleep. I mean, that's something he'd never
 20 done. And that week, towards the end he was sleeping
 21 all day.
 22 On the Saturday night I was actually video-calling
 23 my friends, because one of my friends is a nurse, and
 24 I was like, "I'm concerned about him", and she's like,
 25 "Is his lips blue?", you know, and I was like "No", and

7

1 I was just — I'd done a few videos of Jim like walking
 2 and you just seen the deterioration. I mean Jim was
 3 a 6 foot 2 big strapping healthy guy and you see him
 4 struggling to walk out the toilet. It's just not right
 5 and I'm not like, "This isn't right".
 6 Q. So at that point after he'd collapsed, despite earlier
 7 that day NHS 24 telling you all he needs is paracetamol
 8 and water, you could tell clearly there's a reason for
 9 him collapsing and you contacted them again?
 10 A. Yeah.
 11 Q. And at that point they said, "Go to Stobhill Hospital".
 12 And you went to the assessment unit there and Mr Russell
 13 had to go in alone —
 14 A. Hmm—hmm.
 15 Q. — and he was back out in five or ten minutes?
 16 A. Yeah.
 17 Q. Why was that?
 18 A. Because they said — they gave him — they said to him,
 19 "You've got all the symptoms of COVID. However, there's
 20 antibiotics in case of a chest infection. We don't have
 21 the facilities here to test you".
 22 Q. What did you think of that?
 23 A. Well, if you don't have facilities there, send him
 24 somewhere that has the facilities to test him. But
 25 you're going on what they tell you is the best, and I'm

8

1 like, to Jim, "I don't understand this", but you're
 2 going on what — like, at that point, we were going on
 3 what the Government were telling us, what the NHS was
 4 telling us. But he just deteriorated and deteriorated
 5 again.
 6 But, like, prior to him going in to Stobhill, I was
 7 sitting in the car with him and I just broke down, and
 8 he's like, "What's up?", and I went — because obviously
 9 I was — I was like fascinated on it for the January.
 10 I was watching it for China and Italy, and Jim would
 11 come home from work and go, "Are you watching that
 12 again?". I went, "I'm just terrified of it". I used to
 13 go shopping at night—time because I didn't want to be
 14 around anything. And obviously we were watching
 15 everything, I'd seen people going into hospital and not
 16 returning, so I was thinking he was going to go into
 17 Stobhill and I wasn't going to see him again, that he
 18 wasn't going to return, and when he walked out, I was
 19 like, "That's not right".
 20 Q. Did you think — did you wonder why it was a COVID
 21 assessment centre if they didn't actually have
 22 facilities for testing COVID?
 23 A. You tell me. I don't — that just baffles me. It's
 24 like, well, "Why send him somewhere to be assessed but
 25 they can't do the proper assessment?". And like one of

9

1 my bugbears as well throughout was talking about
 2 temperatures, like high temperature, cough, loss of
 3 taste or smell. Those weren't symptoms that Jim had
 4 throughout —
 5 Q. Ever?
 6 A. He eventually got the loss of taste or smell but not
 7 throughout, and, like, I was looking through his medical
 8 records and the whole way through the time that Jim was
 9 in hospital, his temperature — even when he was first
 10 admitted, his temperature was never ever high,
 11 like — and I used to get really angry when they put all
 12 these temperature machines in restaurants and things,
 13 like that doesn't mean you've got COVID, if you've got
 14 a high temperature, or it doesn't mean that you've not
 15 got COVID because your temperature's below a certain ...
 16 you know, and that was one of the things — I actually
 17 went to the papers and I went to the TV because
 18 I thought, "Youse aren't telling people the correct
 19 information". I knew that it wasn't vulnerable people,
 20 it wasn't elderly people. There was young people
 21 getting this who were fit and healthy, "And youse are
 22 telling people, 'Oh, it's only these three symptoms'".
 23 Well, no it's not. It's not because Jim didn't have
 24 three symptoms. But every time I done an interview,
 25 they never ever disclosed that, and I'm like, "Why

10

1 are they not disclosing that?". I don't know why —
 2 I don't know what the big cover-up was. I don't know.
 3 Q. So you were sent home and Jim was sent home with you,
 4 Mr Russell?
 5 A. Hmm—hmm.
 6 Q. And he continued to become worse?
 7 A. Yeah.
 8 Q. And in the early hours of 31 March 2020 you spoke to
 9 NHS 24 again. This time a doctor asked you to take him
 10 to A&E at the Glasgow Royal Infirmary, so you drove
 11 Mr Russell there. Were you able to go into A&E with
 12 him?
 13 A. Yeah, and when I got there they didn't have a note that
 14 he was coming, so it took about — probably about
 15 20 minutes before they actually — before the nurse came
 16 out to get him.
 17 Q. Were you allowed to go with him?
 18 A. No. No.
 19 Q. So you were limited to the waiting area?
 20 A. I was able to sit with him in the waiting area and then
 21 the nurse came and got him, put him in a wheelchair,
 22 took him away and that was the last I see him.
 23 Q. Thank you. Now, at 7 am later that same day, you spoke
 24 to the hospital a couple of times and you found out that
 25 he did in fact have COVID?

11

1 A. Yeah.
 2 Q. He was transferred to the high dependency unit and then,
 3 after that, later on, to the intensive care unit; is
 4 that right?
 5 A. Yeah.
 6 Q. Did Mr Russell have a mobile with him?
 7 A. Yeah, I was able to video—call him, but he was obviously
 8 on oxygen and he was struggling to communicate. We
 9 did — he sent a couple — he'd sent a few message to
 10 myself and friends which — ironically my phone broke
 11 yesterday and I've been using his old phone and all the
 12 messages are still on it, and just reading through them
 13 last night, I'm like [breathes out] — he just knew
 14 that — people were like, "Keep the fight up", and he's
 15 like, "I'm done. There's nothing left", you know,
 16 and — but I'd video—called him about 11—ish, back
 17 of 11, and then the phone went about 12, and I'm like,
 18 "Oh God, he's phoning me back", and when I answered, it
 19 was actually the nurse that was on the phone, and she
 20 says that Jim was going to be put on a ventilator, and
 21 I was like, "Okay", and I says, "Can I video—call him?".
 22 So me and my daughter and the dog video—called him at 20
 23 past 12.
 24 Q. That was the following day?
 25 A. No, that was that night. So he went in on the 31st but

12

1 this was like after midnight, so it was 1 April. And he
 2 was just terrified, you could just see he was just
 3 terrified, but that was the last I ever heard him or
 4 seen his eyes open, was 20 past 12 on 1 April. He was
 5 then taken down and ventilated — he was taken down at
 6 about half past 2 and ventilated about 3.30 in the
 7 morning.

8 Q. How did you find that experience and having to deal with
 9 it remotely? Did you ask whether you could attend in
 10 person?

11 A. Yeah, and they told me "No". But I was like, "But we've
 12 got COVID, so what's the difference? Why can't I?", and
 13 they're like, "You can't". I used to drive by the
 14 hospital because I knew he was in there — I didn't know
 15 where he was, I just drove round the hospital thinking
 16 he's in there somewhere. But, yeah, I wasn't able to
 17 communicate with him after that.

18 Q. Were you able to call the hospital for daily updates?

19 A. Yeah, they would call me and give me daily updates.
 20 Well, no, tell a lie. Glasgow Royal, I phoned in the
 21 morning to get an update and then the consultants would
 22 phone me in the afternoon, which meant like nobody was
 23 allowed to phone me. Like, if anybody — my older
 24 sister used to always phone me and I'm like, "Get off
 25 the phone", and she was like, "I'm only phoning to see

13

1 how you are", and I went, "Just don't — I'll text you
 2 but do not phone. Don't block my landline ..." —

3 Q. You wanted to keep the line clear?

4 A. — "... my line", because you were just constantly
 5 waiting. Because Jim was critically ill when he went
 6 in — I found out, when I was reading his notes last
 7 night, that he actually had COVID and septic shock, and
 8 that was when he was admitted, and that's why I'm so
 9 angry because I think, if he had been admitted on
 10 29 March, that would have been two days of oxygen and
 11 treatment that he could have had and it probably
 12 wouldn't have got to that stage. It might have, I don't
 13 know, but that's one of my questions. If he was
 14 admitted two days prior, would he still be here? Would
 15 he have got the treatment that he needed, not
 16 antibiotics that was never going to take away COVID, you
 17 know.

18 Q. Something that might have given his body a better
 19 chance —

20 A. Yeah.

21 Q. — when he was stronger?

22 A. Yeah.

23 Q. Thank you. You say at paragraph 59 of your statement
 24 that without mentioning the term "DNACPR order", that
 25 a consultant told you that, if Mr Russell deteriorated,

14

1 they wouldn't resuscitate him.

2 A. No, they never actually said that. They just — their
 3 words — they said, "We would have to see — do what's
 4 best for him", and I was like, "What are you talking
 5 about? Do you mean like a DNR?", and he was like
 6 "Yeah", and I was like, "Absolutely not. I don't agree
 7 that", because that was only like three/four days that
 8 he'd been in — three days into hospital, and I was
 9 like, "Under no circumstances do I give you that
 10 permission. You'll fight to keep him here". And then
 11 I got the call that they were going to put him on ECMO
 12 treatment like two days later.

13 Q. When you had that conversation with the consultant about
 14 essentially DNACPR, did the consultant make any attempt
 15 to explain to you why that was even being considered,
 16 why it was clinically appropriate?

17 A. No. Like I think I was — you know, I had to come
 18 off — like the biggest majority of the time after
 19 I come off the phone, I would — I've got a pad that
 20 I've got and I used to write everything down, and then
 21 I would go and speak to my friend who was a nurse —
 22 I had two friends who were nurses — and I had to go and
 23 say, "Right, what does that mean? What does that
 24 mean?". No, he just said "in the best interest of Jim",
 25 but I was like "No", but he didn't explain —

15

1 Q. But he didn't explain what that best interest was or on
 2 what basis he was arriving at that conclusion?

3 A. Just because he was so critically ill, just because he
 4 was so bad and they had done everything they could to
 5 try and help him. But, like — I mean, they don't
 6 really explain what a DNR like that is to me, but —
 7 I know what it is, but I was like, "No". So they
 8 never — he just said because he was so critically ill
 9 and he was critical — like, reading his notes last
 10 night, I was reading it and he was critical from the day
 11 that he was admitted, you know. His oxygen levels were
 12 low and way below what it should have been. And that's
 13 why I got angry because I think, if he was in on
 14 the 29th, that would have been two days' oxygen that he
 15 could have — that could have saved him — helped —
 16 I don't know. I'd hope.

17 Q. You were then contacted by a consultant, I think
 18 a different one perhaps, asking you if you would agree
 19 to Mr Russell being put forward for a trial of
 20 dexamethasone.

21 A. Hmm—hmm.

22 Q. What did they tell you was the purpose of that?

23 A. They were just saying it was a trial drug, that they
 24 want — which — it was something that they'd heard was
 25 helping save COVID patients and they wanted — it was

16

1 that and another drug. I can't remember the name of the
 2 other one. But I didn't know — as I say, Jim didn't
 3 like taking medication and I'm like that, "If he
 4 survives and I've given him drugs, he'll go mental", so
 5 I had to speak to my friend again. And I said, "What is
 6 that?", and she's like that, "It's something that's
 7 given to patients for ..." — forgive me because my
 8 brain's fried. I can't remember. But it's —
 9 Q. A steroid?
 10 A. It's a steroid, yeah. She said, "It's not going to do
 11 him any harm". So I thought about it that night,
 12 I went, "Right, okay", and I phoned them back the next
 13 day and said, "Yeah, okay, go ahead and do it".
 14 Q. And they started him on that?
 15 A. Yeah.
 16 Q. You then mention that you learned that it would be
 17 possible to speak to Mr Russell by means of a hospital
 18 cordless phone.
 19 A. Hmm—hmm.
 20 Q. Did that make a significant difference to you being able
 21 to do that?
 22 A. Not really, no, because he was in a coma and you're
 23 like, did he even — did he hear me? Obviously — who
 24 knows if that's ... it made a slight diff — I was
 25 a bit angry that I didn't know about it prior to that

17

1 because that was like four/five days he was already in
 2 hospital. I discovered that because I was watching
 3 other programmes just like I discovered the other stuff
 4 by watching other programmes, and you're like, "Well,
 5 why not come and tell us these things?"
 6 Q. Did you think there should be more information about the
 7 things that were available?
 8 A. Yeah, yeah. I told you about the Get To Know Me, which
 9 I discovered through a programme that was done down —
 10 down south, and I was like, "Oh wow, what's that all
 11 about?". So I phoned Aberdeen, because he was in
 12 Aberdeen at the time, and it was only the week before he
 13 died, and I was like, "Do youse do that?". She went,
 14 "Oh, yeah, yeah", and I was like — because they didn't
 15 know. I mean, he was in hospital for 35 days and they
 16 only got to know him five days before he died. They
 17 just had this person lying there, not knowing who he
 18 was, not knowing me, not knowing my daughter, not
 19 knowing the dog, not knowing anything about Jim at all.
 20 And you're like — you know, and when I done that and
 21 I sent pictures and I wrote a story about him and what
 22 he liked, and the nurses were like, "God, what
 23 a difference because we can actually speak to him now
 24 and relate to like yourself and the dog and ..." —
 25 I mean, the dog was his life. That was his pride and

18

1 joy. So they were actually then able to talk about us
 2 rather than —
 3 Q. To him?
 4 A. Yeah. They probably didn't really speak to him apart
 5 from — well, "We're just going to do this to you, Jim.
 6 How are you feeling?", and obviously he can't reply
 7 because he was in a coma, but, yeah, that's things —
 8 when I spoke to the consultants for the Royal,
 9 Glasgow Royal, after Jim died, she said, "Is there
 10 anything ..." — and that was one of the things
 11 I brought up. I said, "Youse really need to communicate
 12 more with the families and don't have them having to ask
 13 you. You need to tell us what we can get and what we
 14 can't get. The same with the video calls". I didn't
 15 know about that either until I found out on TV, and I'm
 16 like, "Well, why have I not known that either?". So
 17 like that, I only had that for the last, what, ten days,
 18 something, and I got them every day, but ...
 19 Q. And that was using the hospital Near Me system?
 20 A. Near Me, yeah, yeah, which — you know, since Jim's
 21 passing, I've had counselling and psychology because
 22 I've been diagnosed with PTSD, but it's — you know, why
 23 not tell people these things? Like — so my
 24 psychologist — sorry, I lost my train of thought
 25 there — when I first did my psychology, the Near Me is

19

1 the exact same music that was played when Jim died, and
 2 I remember the first day I went on to my appointment and
 3 I just was like — she came on, she was like, "Are you
 4 all right?", I went, "That music just took me right back
 5 to waiting in the queue to speak to Jim". So I had to
 6 mute it. But then, as the months went on, they actually
 7 put a mute button first so you could actually mute it
 8 because obviously it wasn't just me. Other people was
 9 relating to that as well. So it's small things like
 10 that that people don't really understand.
 11 Q. Yeah. Thank you. Now, going back to Monday,
 12 6 April 2020 — you touched on this I think briefly just
 13 before — but you were, on that day, consulted about
 14 Mr Russell receiving ECMO treatment, and that's
 15 a treatment used in the case of respiratory failure to
 16 help with the exchange of gases and pumping blood around
 17 the body. Were you in support of the ECMO treatment?
 18 A. Yeah. I got a phone call at 3 o'clock in the morning
 19 and I thought something had happened but it was to say
 20 that he was being put forward for ECMO treatment. And
 21 then, obviously, when I'd done my research into it,
 22 I was like, "Well, that's great that he's being given
 23 that opportunity", because there's only three in
 24 Scotland and, to be put forward for that, you've got to
 25 be healthy, you've got to be — okay, he wasn't healthy

20

1 and fit because he had COVID, but you've got to be
 2 a good -- they won't just put anyone -- sorry, they
 3 won't just put anybody on that, so that was promising.
 4 I felt, "Right, okay, he's going to get that and that
 5 will save him".
 6 Q. And it was for that that they said he had to be
 7 transferred to Aberdeen Royal Infirmary?
 8 A. Yeah, yeah.
 9 Q. And you asked to visit but you were told you wouldn't be
 10 allowed?
 11 A. Hmm--hmm.
 12 Q. How did you feel about that?
 13 A. I was devastated because obviously we had had COVID and
 14 that would have been past. You know, like the
 15 content(?) -- if you say that, the stage(?), but I just
 16 thought, "What if he goes to Aberdeen and I don't ever
 17 see him again?". You know, it was just -- it was just
 18 devastating that I never -- like I watched other --
 19 I watched a lot of programmes about COVID and I remember
 20 this one man -- like watching his story was the exact
 21 same as Jim's, exact same, but they were going to turn
 22 his machine off, but they decided at the last minute to
 23 let his family in and he survived, and they say that it
 24 was because they heard -- he heard the familiar voices,
 25 his wife and his kids. So then I was angry again

21

1 because I was like, "Well, why did I never get that
 2 chance to do that?", because that was round about the
 3 same time as Jim died, and I'm like -- it's like --
 4 I remember Lord Brailsford said yesterday about was it
 5 different areas were different, like, just for talking,
 6 say, North Lanarkshire had different rules than
 7 Glasgow -- or who decided to let the person in, was it
 8 the sister or ... you know, it should have been the same
 9 across the board. It shouldn't have been, "Well, that
 10 health board is letting you in and that health board is
 11 not letting you in".
 12 You know, I had already had COVID. Why could --
 13 I was probably safer than the people that was working,
 14 than the doctors and the nurses, but I couldn't go in
 15 and sit in a room. I would have been quite happy
 16 staying in that room forever with him without leaving
 17 it, you know, and not to be given that opportunity for
 18 him to hear a familiar voice is -- that's what ...
 19 that's what people expect in life and -- when you're ill
 20 and in hospital, you expect that, and all the rights
 21 were taken away from us.
 22 Q. So you would have happily put everything else in your
 23 life to the side --
 24 A. Oh, yeah.
 25 Q. -- and gone and stayed in the hospital room with him on

22

1 a pull-out, fold-out bed or something like that --
 2 A. Hmm--hmm.
 3 Q. -- and just been there?
 4 A. Yeah.
 5 Q. Thank you. Now, on 8 April 2020 Mr Russell was taken to
 6 Aberdeen Royal Infirmary and you called that day to see
 7 how he was settling in. The following day you called
 8 again. What sort of response did you receive the second
 9 day that you called?
 10 A. That was a different response -- yeah, it was like,
 11 "Don't phone us. We'll phone you", and I was like
 12 "Excuse me". I says, "Nobody's called me to give me an
 13 update", and she was like, "Well, we're too busy", and
 14 I was like -- and that was obviously a different
 15 response from what I had in Glasgow. You know, they
 16 were like -- I had to phone them, the first one, and
 17 then the consultants. But obviously Aberdeen had
 18 a different way of working, like -- which was fair
 19 enough.
 20 I mean, I can't fault the -- I can't fault anybody
 21 who looked after Jim. The nurses and the consultants
 22 then after that were great. I mean, they phoned me
 23 every morning. The nurses would phone me in the morning
 24 and then I would get my consultant in the afternoon. So
 25 I put that aside. But it was -- at first I was taken

23

1 aback because I was like, "Okay, then. That's what I'd
 2 done prior, I had to phone", and she was like, "Well,
 3 that's not how it works here", and I was like, "Okay,
 4 fine. Fair enough. I've got it".
 5 Q. And that worked well?
 6 A. Yeah.
 7 Q. The nurse would call you in the morning and the
 8 consultant in the afternoon, so you had an update twice
 9 a day?
 10 A. Yeah.
 11 Q. Now, Mr Russell continued to be on a ventilator at that
 12 time -- is that right? -- and you mentioned that, while
 13 he was in Aberdeen Royal Infirmary, you started being
 14 able to have Near Me video calls with him.
 15 A. Hmm--hmm.
 16 Q. How did you both find that video-calling system? Was he
 17 able to communicate with you at all?
 18 A. No, because he was in a coma.
 19 Q. Did it give you comfort being able to see him?
 20 A. Yeah, I remember the first day I phoned and she was
 21 like, "Are you sure you want to do this?". He's
 22 obviously hooked up to machines and there's machines
 23 everywhere. There was a ventilator on one side, one on
 24 the other and the tubes and that. And I was like,
 25 "I don't care what he looks like. I just want to see

24

1 him". And yeah, it was tough the first day I seen him,
2 but I just looked through the tubes and everything else,
3 you know.
4 I remember one day he actually had — they kind of
5 reduced his sedation and he had a tear running down his
6 eye and I was like, "He heard me". It was only one day,
7 and I spoke to the nurse and I went, "Do you think he
8 heard me then?", and she went "Yeah" — she says "Yeah",
9 and that gave me a wee bit of comfort, knowing that that
10 day his sedation was down slightly that he would have
11 hopefully heard me. Yeah.
12 Q. Thank you. And I take it at this point you were still
13 being denied in-person visits —
14 A. Yeah.
15 Q. — otherwise you wouldn't have been on the video call.
16 A week before Mr Russell died, you received a call
17 from a consultant telling you he was in a critical
18 condition. At that point were you told you could have
19 essential visits or end-of-life visits or anything like
20 that?
21 A. No.
22 Q. Still no?
23 A. No.
24 Q. Did you ask to visit?
25 A. Not at that point, no. I actually had to phone — when

25

1 I got that — then I got that phone call, I couldn't
2 take it in. I couldn't understand what they were saying
3 to me. And one of the other consultants that had looked
4 after Jim, she had actually emailed me, so she's like,
5 "If there's any questions you have, contact me". So
6 I contacted her, and she phoned me and I was like,
7 "Right, I was talking to the consultant but I don't
8 understand what he means", and she's like — I says —
9 but I couldn't say it. I couldn't actually say what he
10 was saying. And she says, "Do you want me to say it for
11 you?", and I was like "Aye". And that's when she said
12 that he's probably not going to survive. But I just
13 couldn't understand what he was telling me because
14 I wasn't taking it in. It was hard to take in what they
15 were telling you because it was a lot to take in.
16 I mean, there was a lot — a lot about Jim.
17 I mean, it was like reducing like — because my pals
18 would say, "Ask about his sodium levels, ask about this,
19 ask about that", and I'm writing it all down, going,
20 "I haven't a clue what I'm asking there", but then they
21 would say, "That's actually a good sign" or "That's
22 a bad ..." or that's — you know, because talking to
23 people you don't — I don't know. I just couldn't take
24 it in. It was like —
25 Q. You had a lot on your mind?

26

1 A. — you only pick up on certain things and then there's
2 other — and then when you read back, you go, "Oh, aye,
3 right, that's what they said", you know. So I didn't
4 take it in properly. I knew what he was saying, but
5 I just — then I couldn't say it myself. I couldn't say
6 that he wasn't going to survive — no, it was probably
7 unlikely that he was going to survive, and that was the
8 week before.
9 Q. You say at that point in your statement — and this is
10 paragraph 96 — that the hospital tried everything
11 possible and you couldn't fault them, apart from not
12 carrying on the treatment of dexamethasone, and you only
13 found out about that after Mr Russell died?
14 A. Hmm—hmm.
15 Q. What did you think about that?
16 A. That was the consultants in the Royal — the
17 Glasgow Royal that told me that, and I was like, "Why
18 was it not continued?", and they just said it was an
19 error, and I thought — but, like that, when I was
20 reading through the notes last night, it actually says
21 on his transfer notes that he was on dexamethasone, and
22 I'm like, "Well, it's on his transfer notes. Why was it
23 not?". And obviously dexamethasone was a miracle drug
24 for COVID patients. It was helping them survive.
25 I haven't got Aberdeen's medical records so I don't know

27

1 if they did put him on it eventually or... as far as I'm
2 aware, I don't think they did. But that's another
3 thing. If he was on that, would he still be here?
4 Q. That's another question that's —
5 A. There's so many questions, yeah.
6 Q. The hospital then told you they were going to place
7 a tracheostomy and that that method of ventilation would
8 provide Mr Russell with a bit more comfort?
9 A. Hmm—hmm.
10 Q. Were you quite content with that?
11 A. I was content with whatever they wanted to do to make
12 him survive. Sometimes I think, "Was that the wrong
13 thing to do?", because after he got that in, the day
14 before he died, I was on video call to him and he was —
15 you know that way when somebody is sore and they go like
16 that (indicates), and he kept doing it throughout the
17 video call, and I was like that to the nurse, "Why is he
18 doing that?", and she went, "Doing what?", and I went,
19 "He's wrenching as if he's in pain", and she went, "Oh,
20 I've not noticed that", and I went, "He's done it the
21 whole way through the video call". And she says, "I'll
22 up his medication — his painkiller". So I don't know
23 if doing the tracheostomy was a good thing or not
24 because he was doing all right and then all of a sudden
25 he deteriorated after that and then — well, we'll go on

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1 to what happened.
 2 Q. Sure. So that video call that you just mentioned, that
 3 came about after a video call you had with the
 4 consultant on 4 — sorry, that came about after a video
 5 call you had on 3 May, I think.
 6 A. That was the 3rd. That was what I was talking about.
 7 That's when he was wrenching and he was like —
 8 Q. But before that a consultant had called you to say that
 9 he was going to arrange this video call; is that right?
 10 He told you that he was going to arrange a video call
 11 for you to say goodbye to your fiancé?
 12 A. No, no, no, no, no. No, that was the next day. That
 13 was the 4th. That was the day he died.
 14 Q. Right. Okay.
 15 A. The 3rd was the day that I'd seen him wrench — like in
 16 pain.
 17 Q. Sorry, that's quite right, because when he suggested
 18 another video call, you declined that offer and you
 19 said —
 20 A. Well, what had happened was —
 21 Q. — you want to see him in person?
 22 A. What had happened was my usual morning call never came,
 23 and I'm like — it came to 1 o'clock — and I was like,
 24 "This isn't right, this isn't right. Why am I not
 25 getting my call?". So I called the hospital and it

29

1 was — I don't even know who it was. It wasn't Jim's
 2 nurse or anything like that. I couldn't even really
 3 understand what he said to me. And he just went — they
 4 called him "James" because his name is James — "James
 5 is going for a CT scan and the consultant will phone you
 6 about 3 o'clock". And at that point I just knew there
 7 was something out the ordinary. And we were in lockdown
 8 and I didn't care. I actually said to my neighbour —
 9 I said, "Can you come in at 3 o'clock for me?", because
 10 I just knew something — I just knew something wasn't
 11 right. Then the phone call came at 3 o'clock to say
 12 there was nothing else they could do for him, and that's
 13 when they offered me a video call, and I was like,
 14 "Absolutely not. I'm coming up. I want to be with
 15 him".
 16 Q. Would you like a glass of water?
 17 A. No, you're all right. You're fine. I said, "Absolutely
 18 not. I want to be with him", and they said, "That's
 19 fine". I says, "But it will take me over two hours to
 20 get there", yeah. Then my sister had to drive me, drive
 21 me to Aberdeen, which was — yeah, it was a journey
 22 because that two and a half hours I was calling and
 23 video — texting the family and friends to say it was
 24 about to happen.
 25 Q. Could you read, please, from paragraphs 104 to 107 of

30

1 your statement?
 2 A. "My sister drove me and my daughter to Aberdeen. It was
 3 the worst journey of my life. I spent the two and
 4 a half hours phoning [everybody and telling] them what
 5 was happening. When I arrived at the hospital, about
 6 7.30 ... I collapsed at the front door.
 7 "The chaplain was there to meet me and he told me
 8 I only had an hour with Jim. I said what happens if he
 9 doesn't die in that hour. I wasn't leaving him. Me and
 10 my daughter got in at 8 pm. I was very conscious of
 11 time, and I kept looking at the clock. I knew someone
 12 who had been on a ventilator and had it turned off and
 13 had survived so I was thinking [hoping] he might start
 14 breathing himself ... I was hoping that ... was going to
 15 happen.
 16 About 8.10 ... I asked for the ventilator to be
 17 turned off and he died instantly. I was so angry that
 18 I lost 50 minutes with him being alive because of what
 19 the chaplain had told me."
 20 When I came out, my sister had told me that the
 21 chaplain has says to her that it would be instant, and
 22 I was like, "Well, why did he tell me something totally
 23 different?", because that's 50 minutes I could have had
 24 speaking to him alive. There's a lot of anger because
 25 there's a lot of things that were taken away from me.

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1 Q. What had the chaplain said to you about that?
 2 A. That was his words — he says, "You've got an hour", and
 3 I says, "What if he doesn't die in that hour?", and he
 4 went, "You'll have to leave", and I'm like, "I'm not
 5 leaving till — I'm not leaving. I want to be with him
 6 when he dies". He should never have said to me — he
 7 should have told me it would have been instant because
 8 in my head I'm thinking, "Right, if I turn it off now,
 9 by the time the machine ..." — I don't know, I've never
 10 done this before.
 11 Q. You were trying to plan ahead?
 12 A. I'm thinking I've got another 50 minutes with him,
 13 hoping he might breathe himself, hoping — but it was
 14 instant. I mean, he died instantly.
 15 Q. With everything going on in your mind, you were just
 16 thinking that you didn't want to leave and leave him to
 17 die alone?
 18 A. No.
 19 Q. Is that right?
 20 A. Hmm.
 21 Q. What do you think about only being given an hour to see
 22 him?
 23 A. Disgusting. Absolutely disgusting.
 24 Q. Were you told why you could only have an hour?
 25 A. Can you remember? I can't remember what ...

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1 There was somebody else coming in after me, who
 2 I met in the corridor when --
 3 Q. Was this in a shared bay or was he in a room by himself?
 4 A. It was in a room by himself, but I'm assuming, when he
 5 was taken out, the other one would have been brought in.
 6 I don't know.
 7 Q. Right, okay. So you weren't seeing him in the room that
 8 he had been looked after?
 9 A. No.
 10 Q. Why was that? Did they say to you why you couldn't just
 11 have come in --
 12 A. I think it was just because -- like, there was three
 13 ECMO machines. Two got turned off that day and one
 14 never, which I spoke to you about as well, which
 15 I wonder why was two switched off and another one kept
 16 on, who survived. He got another 16 days. All his
 17 organs failed. Jim's organs never failed. And I'm
 18 like, "Well, why did ..." -- because he was in the
 19 medical profession. He was a director, a clinical
 20 director. And I'm like, "Did he get extra time because
 21 of his status and Jim and another guy got turned off the
 22 same time", because they all went in at the same time
 23 and, you know ...
 24 Q. To your knowledge, he was the only one with organ
 25 failure, but his machine --

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1 A. I don't know about the other one, but I know -- because
 2 it was a documentary that was on about him so that's why
 3 I know about it. It's online. You can read about him.
 4 And I just think, "Why did he get longer?".
 5 Q. Yes.
 6 A. You know, like normally -- the ECMO treatment, for
 7 normal cases, it's normally two to three weeks that
 8 you're on ECMO because then, after that, it won't do
 9 anything, but with COVID they did continue with it.
 10 I mean, Jim was on it for 28 days. They did -- because
 11 they did say that to me as well previous, that normally
 12 you're only on it for 21 days and then they assess at
 13 the time, but they still continued with it. But, yeah,
 14 at Aberdeen it was just a horrible experience. It was
 15 eerie and there was -- it was just horrible.
 16 I remember walking out the room. My daughter, she
 17 ended up leaving because she just -- she couldn't
 18 handle -- she was there when we turned the machine off,
 19 but she ended up going out and sitting with my sister.
 20 And I remember walking out, I was just absolutely
 21 devastated, and the nurse -- we were walking down the
 22 corridor and she went, "I'm not supposed to do this",
 23 just grabbed me and gave me a cuddle. She said, "You
 24 can't be doing this without -- you need this".
 25 Q. Did you turn the machine off yourself or was that

34

1 somebody --
 2 A. No, somebody done that.
 3 Q. Did that person say to you, you know, "Are you sure you
 4 want to do this? If you do this ..." --
 5 A. Oh, yeah, yeah, "Are you ready?".
 6 Q. But did they say to you that, "When we turn this machine
 7 off, he could die instantly"?
 8 A. No.
 9 Q. Nobody sort of highlighted that to you?
 10 A. No. No.
 11 Q. Would that have affected your decision --
 12 A. Yes.
 13 Q. -- if someone had mentioned that?
 14 A. Yeah, 100%. I would have been with him for the hour.
 15 I would have kept him alive for the -- that extra.
 16 Q. And, just to be clear, nobody explained to you why you
 17 couldn't have this visit in the room that he had been
 18 treated in rather than a room that was being used for
 19 multiple --
 20 A. Yeah, I think that was the reason, because there was
 21 other patients in the ward --
 22 Q. Right, so he wasn't in a private room or a side room, he
 23 was in a shared bay --
 24 A. Yeah, yeah, because when you were on video call, you see
 25 the other patients at the other side. It's a big

35

1 operation. It's not -- I mean, there's machines all
 2 over the place. It's -- and that's what they did say,
 3 it was because, obviously, other patients were in, and
 4 you had to be like properly -- I mean, I had the mask
 5 and -- which I didn't even -- I still gave him a kiss.
 6 I didn't care. I wasn't meant to, but I was like that,
 7 not stopping.
 8 Q. Thank you. Now, moving on from there to the section of
 9 your statement headed "Bereavement", could you please
 10 tell us about the funeral arrangements you made?
 11 A. Yeah. So Jim was -- Jim's funeral was on 8 May,
 12 which -- obviously, as you know, on 15 May
 13 Downing Street were having cheese and wine. I was only
 14 allowed to have 20 people in the crematorium. We were
 15 still in lockdown. I lived in Glasgow so we were in
 16 lockdown forever. Our area was locked down all the
 17 time. But I did arrange for people to line the street
 18 just to pay their respects and, in fairness, although he
 19 didn't have the funeral he should have had, he did have
 20 a -- if that makes sense because we had -- there was
 21 people lined the street on his path to the crematorium.
 22 So having to choose 20 people was tough as well.
 23 I couldn't have the people that he would have wanted
 24 there because I had to choose family members. It was --
 25 going through grief, you're going through what you're

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1 going through and then you're having to decide who you
2 have to choose to come in to a funeral.
3 You couldn't have the wake, couldn't have --
4 I couldn't have what you normally would have, although
5 I did disobey kind of -- I didn't disobey. I had
6 a gathering in my garden because I had a big, big
7 garden, so everybody was 2 metres' distance,
8 weren't they? It was like they were up in that corner,
9 they were in that corner, but, "Don't talk, don't go
10 near anyone". So I was still like -- because I thought,
11 "I can't not have anything".
12 Q. You were trying your best.
13 A. And it was just -- my neighbour had made sandwiches and
14 that for us and sat them out, and I thought, "i can't
15 not have anything. I can't have it ..." -- I mean, it
16 was bad enough the 35 days prior to that and then --
17 yeah, it was just ...
18 Q. You were trying your best to give him the best send-off
19 within the extent of the law at that time?
20 A. Yeah.
21 Q. And you mention in your statement that, you know -- you
22 mentioned just now having friends and family line the
23 road and you say in your statement that you had them in
24 Celtic colours as Mr Russell had been a big Celtic fan.
25 A. Yeah, yeah. Yeah, and then that was another anger

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1 because on the morning of his funeral I got a phone call
2 from the funeral directors -- because we had contacted
3 Celtic to say we were going to do a drive-by because we
4 stayed right behind Celtic Park, and on the morning of
5 the funeral we get a phone call to say that they were
6 announcing the league title at 12 o'clock, and I'm
7 like -- so they wanted us to divert the coffin, the
8 hearse and that, so I was raging at that as well. And
9 then all the papers were writing, "Oh, Celtic fans
10 disobey lockdown", and it wasn't. It was actually for
11 Jim's funeral because --
12 Q. So it made -- there were enough friends and family who
13 made the effort to come that the local papers picked up
14 on it?
15 A. Yeah, they said that it was fans out disobeying
16 lockdown, but it was nothing to do with that. It was
17 obviously -- prior to that, people were wearing -- God,
18 even people that never wore football tops, they were all
19 wearing them just because that was what he liked.
20 Q. Thank you. And if we move on from there to the
21 financial impact that this had on you, would you like to
22 tell us a bit about that?
23 A. Yeah. Because we weren't married, common law isn't law
24 in Scotland, which I discovered, so I was basically
25 nothing --

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1 Q. Common law marriage?
2 A. Yeah. Basically I was nothing in the eyes of the law.
3 Even though I was able to decide on his medical care and
4 everything else, when it came to the end, I was -- to be
5 told that, and even when I was registering his death,
6 you know, it was like -- it was just horrible, like --
7 it was just horrible. It was horrendous.
8 So I had to actually apply -- because Jim was
9 estranged from his family, so I had to apply to the
10 courts -- obviously the courts were closed because it
11 was lockdown -- I had to apply to be his executor, which
12 took way longer than what it should have. But that's
13 something that I would like as well because people don't
14 talk about these things when people die, the impact.
15 I mean, I set up a support page and I had other partners
16 messaging me and going, "I might lose my house".
17 I didn't know if I was going to lose my house, me and my
18 daughter didn't. So I was trying to grieve plus I was
19 worrying about whether I was going to lose my house
20 because obviously I needed to be the executor to deal
21 with all that stuff.
22 But people don't realise the impact. You know,
23 like -- and I know it happens in everyday life, when
24 somebody loses a partner or whatever, but who nowadays
25 actually gets married, really? Like there's -- nowadays

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1 the biggest majority of people just live together and
2 they -- you know, like, that's just life. But I think
3 that's a law that needs to be changed, you know. Like
4 common law should be -- I mean, we lived together for
5 six years, we were engaged for five year, we were
6 getting married a couple -- well, the month after he
7 died, but to know that you're nothing in the eyes of the
8 law. I mean, in life, everything's together. You know,
9 if Jim had survived, it would have been my income and
10 his -- you know, everything's together, but as soon as
11 you die, you're nothing. So like Jim had worked all his
12 life, so I didn't get any help. I didn't get any
13 widow's pension, I didn't get any help with the funeral
14 because I earn too much --
15 Q. His pension, you just --
16 A. So his pension just went back into the pot, went back
17 into the state, and you're like, "Well, it's just so
18 wrong on so many levels". And thousands and thousands
19 of pounds in lawyers' fees later. You know,
20 I eventually got ... but because Scotland courts were
21 closed longer than England courts, the mortgage company
22 was English and they kept saying to me, "But the courts
23 are open", and I'm going, "Oh, you're not listening to
24 me. The courts aren't open". Then I got a phone call
25 not long after Jim died saying I had two weeks to get

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1 out, they were repossessing the house, and I'm like,
 2 "Oh, wait a wee minute here". They didn't evict them,
 3 but that was another worry on top of --
 4 Q. Another stress on top of --
 5 A. -- what we were already going through, whether we were
 6 going to be homeless. I wrote to Nicola Sturgeon just
 7 because of the circumstances. I said. "It's not just
 8 me, there's many a people that's going through this",
 9 and they just kept sending me stupid forms. I went,
 10 "How many times have I told you I'm not entitled to any
 11 of this stuff? I can't get any help. I'm asking you
 12 for help". Obviously it wasn't her that was replying,
 13 it was her secretary -- I mean, I've got all the letters
 14 in the house as well. But you're like that, you know,
 15 there was just no help for me at all -- at all -- from
 16 anybody.
 17 Q. Then if we can move on to the other impacts on you and
 18 your daughters. Could you tell us, please, what impact
 19 it had and continues to have on the three of you?
 20 A. At the time of lockdown and that, my oldest daughter
 21 lived in London so she never even got up -- she never
 22 got up for the funeral, she never -- we had to
 23 video-call during in the funeral. But my daughter that
 24 lived -- Rhiannon -- the two of them were very, very
 25 close to him, but she was only 16 at the time, you know,

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1 and she was very, very close to Jim.
 2 Like, as I said, we lived in Glasgow, everybody else
 3 was in North Lanarkshire, and we were in lockdown
 4 forever. It was -- I mean, I remember them having
 5 a conversation with me months later on and they just
 6 turned round and went, "We just want our mum back",
 7 because I was focused on trying to -- this, you know,
 8 like trying to support other people. But that was also
 9 supporting me. Although I set up a support group, it
 10 was helping me because you were speaking to people that
 11 actually knew what you were going through because, no
 12 disrespect, you talk to -- I mean, we've lost my mum and
 13 my brother so I know what grief's about, I know, but
 14 this is a totally -- like not having the people there to
 15 come in and talk about Jim and look through photos and
 16 all the normal things -- and going back to the funeral,
 17 I mean, that could have been anybody in that coffin.
 18 I never got that closure to see Jim in his coffin. You
 19 know, like -- and I still look and go, "That could have
 20 been anybody. That really could have been anybody", and
 21 that affected us all because -- well, one, my older
 22 daughter never even got to come to his funeral. She had
 23 to -- well, when I remembered to video-call because we
 24 were too busy with other things.
 25 It's just -- you know, I mean even if you didn't

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1 lose anybody to COVID, just the impact on everybody is
 2 horrendous, you know, and it's three and a half year
 3 down the line and I still -- it's as if it was
 4 yesterday. You know, like, I can tell you dates, times,
 5 because it's there, you know. And that's the same as my
 6 girls. Like, they hate -- "Don't be doing any more
 7 videos, don't be doing interviews, don't be doing that".
 8 They don't like seeing me -- they just want me to be me
 9 rather than it being -- but, as I say, at the end of the
 10 day it's part of ours lives now. COVID is always going
 11 to be part of our lives. It's how we lost Jim and
 12 I can't take that away. And I do have to at times take
 13 a step back and go, "You know, my mental health's more
 14 important" --
 15 Q. Yes.
 16 A. -- so yeah.
 17 Q. Thank you. Moving on from there, finally you give your
 18 thoughts on what could be done better -- what could have
 19 been done better, sorry -- and presumably what could be
 20 done better in future. Could you please read
 21 paragraphs 151 and 152 of your statement?
 22 A. Yeah.
 23 "The 'Getting to Know Me' video calls should be
 24 standard practice.
 25 "Having a loved one in hospital is bad enough

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1 however having no [I assume that's meant to be
 2 'contact'] with them is worse. Why were families not
 3 able to go in. We were isolating anyway. I would have
 4 slept in the hospital. The hospitals are still stopping
 5 visits due to covid."
 6 Q. Thank you. Now, is there anything else that you would
 7 like to mention that we haven't covered today?
 8 A. Just to say the -- I could go over, but people keep
 9 asking, "What was the purpose of this? What was the
 10 reasoning for doing this?", because we don't want it to
 11 happen again to others. Nobody -- unless you went
 12 through what we went through, nobody will ever
 13 understand what it was like, nobody. You can explain it
 14 and people can go, "Oh, I totally understand". No, you
 15 don't. I even said to my psychologist and to my
 16 counsellors -- I went, "No disrespect to you", and no
 17 disrespect to them, I says, "but this is something
 18 you've never experienced before", and they did agree.
 19 They went, "We totally understand it".
 20 We just want -- personally I want answers. Whether
 21 I get the answers or not is a different story. Like,
 22 obviously, what I've told you over the -- like if he was
 23 taken in two days prior, if he was given the
 24 dexamethasone, you know, who knows?
 25 Q. Yes.

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1 A. But I want closure. That's what I want. I just want
 2 closure on it all. And I think that's what we all want,
 3 is to be able to move on.
 4 MS BAHRAMI: Okay. Thank you very much. I don't have any
 5 further questions for you. Thank you for attending
 6 today.
 7 A. Thank you.
 8 THE CHAIR: Yes, thank you very much, Ms McCreedy. Right.
 9 We'll take a 15-minute break now. Thank you.
 10 (11.07 am)
 11 (A short break)
 12 MR CASKIE: Good morning, my Lord.
 13 THE CHAIR: Good morning, Mr Caskie.
 14 MR CASKIE: I have a witness for you today and I think we're
 15 ready to begin.
 16 THE CHAIR: Excellent. Thank you.
 17 MR CASKIE: It's Mrs Mair.
 18 THE CHAIR: Very good. Can she be brought in, please?
 19 MR CASKIE: Yes.
 20 MRS SHARON MAIR (called)
 21 THE CHAIR: Good morning, Mrs Mair. I hope you can hear me.
 22 A. I can hear you loud and clear. Can you hear me?
 23 THE CHAIR: Yes, I can. Thank you. Right. Thank you for
 24 coming and Mr Caskie will have some questions for you.
 25 A. Okay, thank you.

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1 MR CASKIE: Thank you, my Lord.
 2 THE CHAIR: Mr Caskie.
 3 Questions by MR CASKIE
 4 MR CASKIE: Would you tell the Inquiry your full name,
 5 please?
 6 A. Yes, my name is Sharon Margaret Mair.
 7 Q. And you have provided a witness statement for the
 8 Inquiry?
 9 A. I have.
 10 Q. And for the record, the reference on that is
 11 SCI-WT0422-000001. We're here today to talk about your
 12 mother.
 13 A. We are.
 14 Q. You'll be aware that there is a restriction order in
 15 place and one of the people that we're not naming is
 16 your mother, so I will simply refer to her as "your
 17 mother" or "your mum".
 18 As I understand it from the witness statement, your
 19 mum was born on 14 July 1936 and sadly passed away on
 20 26 April 2020.
 21 A. That's correct.
 22 Q. At the beginning of your witness statement you -- and
 23 I'm looking now at paragraphs 14 to 16 -- you provide
 24 three reasons that you wanted to be involved in the
 25 Inquiry essentially. At paragraph 14, you say it's to

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1 prevent repetition of what went wrong during the Inquiry
 2 [sic]; at paragraph 15, you talk about having contact
 3 with the Procurator Fiscal, and that's obviously
 4 a separate process and no doubt you will hear about that
 5 in due course; but at paragraph 16 you say something
 6 else, a third reason. Could you read paragraph 16,
 7 please?
 8 A. Yes, of course:
 9 "And finally, the third reason I am providing this
 10 statement is because I hope that what happens at the end
 11 of this (Inquiry) does not end up in some filing cabinet
 12 or digital drawer and never used again. That any
 13 lessons learned are [actually] acted upon."
 14 And the reason that I've said this is I've worked on
 15 a lot of large projects before and I've written a lot of
 16 lessons learned and I am aware that there have been
 17 a lot of lessons learned by other projects prior to that
 18 which were never pulled out and referred to, and I know
 19 how easy it is for something to be written and then
 20 forgotten about. So I'd just really love if this
 21 Inquiry actually produced lessons learned that was
 22 visible and there if, God forbid, anything like this
 23 ever happened again.
 24 Q. At paragraphs 17 to 20 -- and I'm not going to ask you
 25 to look at those just now --

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1 A. Okay.
 2 Q. -- but at paragraphs 17 to 20 you provide a description
 3 of the deterioration in your mum's health. Tell me
 4 about your mum before that.
 5 A. My mum was fun, loving -- just a fantastic mother. She
 6 loved Loch Lomond. She loved -- she grew up in
 7 a caravan site in Loch Lomond, she'd spend loads of
 8 holidays there with her mum and dad, and that's where
 9 she met my dad, so the two of them grew up together,
 10 like playing on the shores of Loch Fyne. She loved the
 11 West Coast of Scotland, she loved Loch Fyne, she loved
 12 Loch Lomond. They travelled all over Scotland. My
 13 dad's family were Italian so it brought together a Scots
 14 and an Italian family, which you can imagine had a lot
 15 of love and a lot of fun in it.
 16 She had -- she actually had three children. She
 17 lost a baby in between me and my sister, and my dad died
 18 unfortunately when he was 49. He was very young. It
 19 was very sudden. But he was my mum's first love and
 20 they had a very happy time together. And as my -- just
 21 before my dad died -- I was 21, my sister was 17 at the
 22 time. It was a very traumatic incident and, you know,
 23 it plays back in flashbacks with me even to this day and
 24 I'm nearly 60 now. But my mum was such a fun person.
 25 She loved her bowls. They were very sociable. As we

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1 grew up, we had lots of parties in the house.
 2 My dad worked in the gaming industry, so he had this
 3 great — he would bring home jukeboxes and things like
 4 that, so we had great fun growing up. They were very
 5 sociable people and had lots of lovely friends and
 6 everything. But obviously, when my dad died at 49, that
 7 changed a lot of things. My mum never remarried. She
 8 had a friend in the very latter years of her life who
 9 was a lovely man and they were able to travel a bit
 10 together, but, you know, my dad was the love of her life
 11 and her family was the most important thing to her.
 12 Q. Okay. Thank you very much. I'm now going to return to
 13 the statement and I will start at paragraph 17, where
 14 you describe your mum suffering a fall in July 2014.
 15 Can you tell us what happened?
 16 A. Yes, I remember it really vividly. I was the project
 17 executive for the BBC for the Commonwealth Games, so
 18 I was responsible for a lot of the Commonwealth Games'
 19 output and a lot of — I don't know if you remember.
 20 There was a massive big kind of festival that was held
 21 just outside the BBC headquarters in Glasgow, at
 22 Pacific Quay, and that was one of the things I was
 23 responsible for. And my mum came along one night just
 24 to see what her daughter had been up to, and I remember
 25 we walked along the Clydeside and she just fell — she

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1 kind of tripped over and there was nothing in front of
 2 her and nothing — you know, nothing to cause the
 3 incident. And it wasn't like she blacked out, but she
 4 didn't know what happened, and at that point my family
 5 and myself realised —
 6 Q. At that point, at the point at which she's fallen
 7 over —
 8 A. Yeah.
 9 Q. — did she know — she didn't know that there wasn't
 10 anything to trip over but did she know what had
 11 happened?
 12 A. No, I don't think so. I think — I don't know whether
 13 it was just something kind of in her brain at that
 14 point. I honestly don't know. It was the first time we
 15 noticed that she'd kind of lost a wee bit of where she
 16 was, what she was doing. And I suppose it may have been
 17 going on before that, but that was the first actual
 18 incident that we noticed as a family, that really there
 19 was something not quite right with her, and obviously at
 20 that point we took her — you know, over the coming
 21 months, we took her to the GP and the hospital and
 22 everything and she was eventually diagnosed with
 23 Alzheimer's.
 24 Q. Alzheimer's. And did her condition deteriorate over
 25 time?

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1 A. Yes, her condition did. That was in 2014 and over the
 2 next year and a half, probably until the March —
 3 the March of 2016 she lived at home. She was perfectly
 4 capable of living at home. We were down at her house
 5 very, very regularly. But in March 2016 — I believe
 6 when you have Alzheimer's or dementia, you can plateau
 7 and then something in your brain kind of changes again,
 8 it kind of — kind of calcium forms a bit more over the
 9 brain, and round about the March—time something must
 10 have happened and she began to get really wandered. We
 11 had to take her car away from her, which is a pretty
 12 horrendous thing to do to any parent because that's
 13 their independence, and she started to like leave the
 14 house and started to wander.
 15 So basically what happened, by March 2016 we knew
 16 she needed some form of care, so there was a kind of
 17 care package put in at home, people in and out visiting,
 18 bringing meals, and then it all went —
 19 Q. Was that from the local authority or was that the
 20 family?
 21 A. Yeah, from local — well, a combination of both. I was
 22 working full-time so I used to go down when I finished
 23 work at night or the family would go down and stay
 24 with — she was never an early bedder, so even if we
 25 went down at night, like at 8 o'clock or 7 o'clock for

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1 a cup of tea, we were all still there at 11 or midnight.
 2 Q. She was married to an Italian!
 3 A. She was. We liked fun.
 4 But then between the March and the July her
 5 condition got worse and — I mean there's so many
 6 incidents I can tell you about, but basically in the
 7 next three months she went downhill.
 8 Q. Tell me about what happened in July. Was there
 9 a specific day in July that you recall?
 10 A. Yeah, I do remember because it was July 30, which was my
 11 birthday, and we were all going to the Chip for dinner
 12 that night.
 13 Q. That's the Ubiquitous Chip?
 14 A. Yes, the Ubiquitous Chip. My two sons and my husband
 15 had gone down to see Mum and she wasn't able to go, but
 16 we went down that day to see her and she really wasn't
 17 well at all that night. And we ended up down again on
 18 the Sunday and basically my husband and I spent most of
 19 the Sunday with her. She had — we now know she had
 20 developed a urine infection, which I know can cause
 21 quite a lot of problems, and she was basically I never
 22 seen anything like it she was running round the house.
 23 So we took her up to the hospital — I took her up to
 24 the hospital on the Monday and she was seen by a doctor
 25 and basically given, I think, some medication and told

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1 just to go home and it will be fine.
 2 However, it was a young doctor and it had obviously
 3 played on his mind, and he phoned me maybe about
 4 an hour/an hour and a half after we'd got back home and
 5 said, "Look, I've been thinking about your mum. She's
 6 really not well. Can you bring her back up to the
 7 hospital?", and I took her back up to the hospital and
 8 she never went home again.
 9 Q. How long was she in the hospital?
 10 A. She was in the hospital for about two and a half/three
 11 weeks.
 12 Q. And during that period, did you do something about her
 13 future?
 14 A. Yeah. I don't mean this in a derogatory way, but
 15 I looked at some of the geriatric wards in the hospital
 16 and I could see -- and we'd heard of friends whose
 17 parents had gone into the hospital and then they were
 18 there for a period of time and they deteriorated really
 19 badly and either never got out or got to home and were
 20 a completely different person. So we worked quite
 21 rapidly -- I researched a lot of care homes and we found
 22 a care home that the family liked and she moved into the
 23 care home. I think it was about the third week
 24 in August. She wasn't happy.
 25 I have to say the hospital were brilliant. The

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1 hospital were really good. I mean, because there the
 2 dementia wards were so busy, I remember one night going
 3 into the hospital and they had run out of beds and they
 4 put my mum in a surgical ward and there was a surgeon
 5 there holding a meeting with his staff and my mum was
 6 sitting beside him in the ward and he was just letting
 7 her sit there. And we walked in and we actually thought
 8 she was like part of the meeting because she just didn't
 9 know what was going on round about her. But she got out
 10 the hospital in about three weeks and we took her to the
 11 home that she spent the rest of her life in.
 12 Q. Tell me about the selection process. You said you had
 13 looked at several.
 14 A. Yeah. My son -- my eldest son and I and my husband, we
 15 looked at about -- I think we must have looked at about
 16 seven or eight homes and, probably because of my
 17 background, I was quite careful about the research that
 18 I looked at and I popped in at different times just to
 19 see how the people in the care homes were being treated
 20 and I whittled it down to two. The biggest problem was
 21 we couldn't -- they didn't all have space. And
 22 eventually we found one that we really liked. It was
 23 all on one level, it was purpose-built, she had a room
 24 on her own, she had her own bathroom, she had a door
 25 that you could go outside and get fresh air, and they

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1 had memory rooms and things like that. It was --
 2 Q. What's a "memory room"?
 3 A. It's like a room that has things that I remember when
 4 I was a kid, like old kind of annuals and like albums
 5 and, you know, radiograms and things like that, and old
 6 radios, and it was a really good idea because it
 7 stimulates the mind. So she went in there. They didn't
 8 have a room -- they had three rooms or three areas and
 9 it was for different levels of dementia, and they didn't
 10 have a room that would suit my mum's dementia
 11 straightaway so they put her in what you would call the
 12 most -- the worst situation, which was pretty horrendous
 13 for everybody and, you know, we used to leave her at
 14 night crying in there. But eventually -- and
 15 unfortunately this is the way of the world -- there was
 16 a bed that became available in the part of the building
 17 that she would be in, and she went back there and was
 18 very happy when she wasn't lucid.
 19 Q. So she had periods of --
 20 A. She still had at that point periods of like, "Why
 21 am I here?", and I think that happens.
 22 Q. When she was lucid, do you think she was happy to be in
 23 the care home?
 24 A. Probably not, but she was a really happy person so, you
 25 know, anybody that -- you know, you can speak to

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1 anybody. She was always smiling. She was always asking
 2 how you were. I think eventually -- my sister died in
 3 2009 and I don't think my mum ever recovered from that,
 4 and I think that was -- you know, she tended to go back
 5 in her memory way beyond that, you know, beyond my dad
 6 and beyond my sister, and I think that was the trigger
 7 for -- I'm convinced there's a trigger in dementia and
 8 I think that's probably what the trigger was for my mum
 9 and she just decided she didn't want to remember.
 10 Q. Okay. The statement indicates that she went into the
 11 care home in 2016.
 12 A. Yeah.
 13 Q. And the next thing which I want to speak to you about is
 14 2020, when lockdown started to happen. Do you recall
 15 when it was that lockdown at the care home happened?
 16 A. Yes. They locked down about two weeks -- lockdown was
 17 23, wasn't it, of March?
 18 Q. Hmm--hmm.
 19 A. The care home locked down about two weeks before that
 20 and they contacted us all by email, all the kind of
 21 carers -- family --
 22 Q. Relatives?
 23 A. Yes. Basically they said that they weren't encouraging
 24 visits -- but obviously, if there had to be something,
 25 they could have probably arranged it, but they weren't

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1 encouraging visits at all. Anything -- you had to phone
 2 and check how your mum was or -- I mean, my mum never
 3 really spoke on the phone or anything like that when
 4 I phoned, apart from one night actually we did phone and
 5 she answered the home phone.
 6 So they closed down about two weeks before to any
 7 visitations which, in hindsight, was probably a good
 8 thing and it also made us very aware that there was
 9 something major going on in the world because we hadn't
 10 locked down yet and we were all still running about
 11 doing what we were doing.
 12 Q. At paragraph 31 in the witness statement you talk about
 13 finding pills. That looks like an aberration in her
 14 care --
 15 A. Yeah.
 16 Q. -- when one looks at the rest of the witness statement.
 17 A. Yeah.
 18 Q. We don't need to go there, do we?
 19 A. No, we don't need to go there.
 20 Q. So the pandemic happens, lockdown happens. How are you
 21 informed that lockdown is happening?
 22 A. You mean --
 23 Q. How are you told? You got the email?
 24 A. From the care home?
 25 Q. From the care home.

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1 A. Yes, we got an email from the care home and I think, if
 2 my -- I've tried to think back to this. I think before
 3 the email came out, I think about a week before that,
 4 any visitations you had -- there was a conversation that
 5 a lockdown within the care home would be happening but
 6 we didn't have a date at that point, and it was only
 7 when the email came out to confirm that that -- you
 8 know, as of that particular date. I think it was
 9 something like 10 March that the care home actually
 10 locked down.
 11 Q. Hmm--hmm. Now, at paragraph 39 in your witness statement
 12 you talk about a FaceTime call.
 13 A. Yeah.
 14 Q. Tell me about FaceTime calls.
 15 A. We did a FaceTime call with my mum round Mother's Day,
 16 which was about 22 March. I've got -- we took
 17 a snapshot of it and it was lovely to see her. She
 18 looked perfectly happy and actually the snapshot we have
 19 of her is she's smiling away, she has one of the
 20 carers -- it's a young girl who used to look after my
 21 mum -- beside her and they'd written -- made a card or
 22 something. So on that particular day she looked very
 23 happy, although I'm not convinced a FaceTime call was
 24 good for her because I don't think she knew what the
 25 heck was going on. But from the family's point of view,

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1 to be able to see her and to see her being happy and
 2 looked after, it was a good thing.
 3 Q. Right. And you gave a date for that as 22 March.
 4 A. Yeah.
 5 Q. And around about paragraph 39 and on, you talk about
 6 a series of photographs of your mum --
 7 A. Yeah.
 8 Q. -- and your mum looking happy and smiling.
 9 A. Yeah. From the beginning of 2020 -- I finished up work
 10 at the end of -- in November/December of 2019 in order
 11 to -- one of the reasons was to obviously try and spend
 12 a bit more time with my mum. So we had photos every
 13 time that pretty much we were in. I've got on my phone
 14 that we saw -- you know, we captured photos of her
 15 from January through to the FaceTime one on 22 March.
 16 Q. What you say at paragraph 40, the end of paragraph 40 --
 17 A. Yeah.
 18 Q. -- is you talk about her happy and smiling in the
 19 photograph on 11 April --
 20 A. Yeah.
 21 Q. -- and she died 15 days later.
 22 A. She did.
 23 Q. Okay. You then talk about 16 April at paragraph 45.
 24 Tell me about that phone call.
 25 A. On 16 April -- I mean, you'll remember that the first

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1 part of lockdown, everybody was doing their morning walk
 2 on their own, and I went out and did my morning walk as
 3 usual. My husband and my eldest son were working from
 4 home, and I always took the slot in the morning to go
 5 out between about 9 and 10, and I went out for my walk
 6 at about 20 to 10 that morning. I remember it really,
 7 really clearly. I was walking up the kind of brae at
 8 the back of the house and the phone call came in from
 9 the care home to say that I should get to the care home
 10 because my mum really wasn't well.
 11 The reason I remember that day, 16 April, was
 12 because that was the day my dad died, and I remember,
 13 you know, when the call came in, thinking -- well, it
 14 was really -- you know, I wasn't expecting it. So we
 15 took the call. What shocked me a bit about that was
 16 I had no warning that she'd been unwell up until that
 17 point as, you know, we'd been encouraged to phone our
 18 relatives and things like that prior to that.
 19 Q. And did you and other family phone her on a regular
 20 basis?
 21 A. Yeah, or we phoned the care home. We very rarely were
 22 able to speak to my mum because she couldn't really --
 23 she didn't really know what was happening, you know,
 24 when you spoke to her on the phone, but you would phone
 25 the care home to say, "Look, it's Mrs So--and--So's

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1 daughter here and, you know, I'm just phoning to see how
 2 my mum is". But I had had no pre-warning that she was
 3 unwell or anything like that until I got that phone call
 4 on the 16th.

5 Q. 16 April?
 6 A. Yeah.

7 Q. So you get a phone call saying "Come"?
 8 A. Yeah.

9 Q. Tell me about the visit.
 10 A. Well, I went back -- obviously I went back home and my
 11 husband took me up to the care home. I suppose you've
 12 got to remember this is only three weeks into --
 13 three/four weeks into the general lockdown, so people
 14 were still kind of -- a bit, you know, "What's going on?
 15 What are we doing? What's the right thing to do?". We
 16 weren't asked to wear -- you know, we were out and
 17 about -- everybody was still out and about, no masks or
 18 anything on at this point. But I got to the care home
 19 and I remember going in the door and the first thing
 20 they did, I think, was they -- they were -- as you kind
 21 of went into the door of the care home, there was a few
 22 people kind of -- a few staff kind of standing about,
 23 and I just remember looking at them and thinking they
 24 looked overwhelmed. I'm quite sure they weren't sure
 25 what was happening and what was doing, and they said

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1 they put my mum in her -- in the room she was in and
 2 basically the door was locked -- well, not locked but
 3 closed and, if I wanted to go in and see her, I'd have
 4 to be completely covered in PPE. So --

5 Q. And at this point, the staff who were telling you this,
 6 were they wearing PPE?
 7 A. I have tried to think. I don't think they were -- no,
 8 they weren't all in like head-to-toe PPE. They were --
 9 I think they were -- all had masks or were wearing
 10 masks. They didn't have the visor ones. It was more
 11 the kind of papery ones they were wearing at that point.
 12 So I was given like a full kind of suit, you know,
 13 the white -- I can't remember what you call them -- and
 14 a face mask, a head covering, hands, cover my shoes and
 15 everything, and I was taken through to where my mum was,
 16 in her room, and basically the door was opened and my
 17 mum was just lying in the bed.

18 Q. Was she conscious?
 19 A. She was conscious. I don't know whether -- she wasn't
 20 moving but she was conscious. I could tell that she was
 21 aware that I -- that somebody was in the room. I don't
 22 think she knew it was me at this point. It could have
 23 been anybody because I was completely covered. And then
 24 they shut the door and left me in the room with her.
 25 And, I mean, I sat and talked to her for ages.

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1 I couldn't even really hold her hand because like I was
 2 covered in all this stuff. And then, when I thought it
 3 was the appropriate time to leave, I remember coming out
 4 and had to knock on the door so they would let me out,
 5 and then I had to take all the stuff off, put it in
 6 a bag and then I was walked out the care home.

7 Q. Had your mum been tested for COVID?
 8 A. No.

9 Q. Tell me about the testing regime in the care home.
 10 A. Yeah, there was no tests available, I understand, at
 11 that time. I'm personally not convinced my mum had
 12 COVID but I'll never know that because there was no
 13 test. But what I did -- what I do remember -- what
 14 I remember coming back and telling my family was that
 15 there was a conversation between some of the care home
 16 managers as I was leaving that day saying, "They've got
 17 tests at Gartnavel Hospital, they've got tests at
 18 Gartnavel Hospital". And there was a conversation, but
 19 they couldn't get up. And I said, "Well, look, I'm
 20 walking out. If you give me the authority, we could go
 21 up and pick them up for you", and they wouldn't let that
 22 happen. Obviously there's a protocol, but they couldn't
 23 get them at that time. So, to my knowledge, I don't
 24 know when they got the tests, but my mum was never
 25 tested for it.

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1 Q. Okay. Although it's a little bit out of sequence, you
 2 refer to that at paragraph 85.
 3 A. Yeah, sorry.

4 Q. No, no, I asked the question. I wanted it to be --
 5 I wanted you to give that evidence just then.
 6 If we go back to the chronology, as it were, if we
 7 go back to paragraph 57 --
 8 A. Yeah.

9 Q. -- I think -- you say that you think you saw your mum
 10 once more.
 11 A. Yeah, I've tried to remember, but obviously it was all
 12 quite traumatic at the time. I definitely saw her on
 13 the 16th and I definitely saw her the day she died and
 14 I'm convinced, although I can't tell you what date it
 15 was, I went back again or was allowed in again, and I do
 16 remember an incident with one of the young carers that
 17 was in the home as I was leaving and she just burst into
 18 tears, and all she wanted to do was like hug you but you
 19 weren't allowed to touch anybody.

20 Q. How do you know that's what she wanted to do?
 21 A. Because she said that to me. She said, "All I want to
 22 do is hug you", and she said, "I can't". And you could
 23 tell that -- because I mean a lot of these carers are
 24 young women, they're not -- they're maybe not people who
 25 have suffered loss themselves or -- you know, and

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1 I could see they were overwhelmed by it and not sure
 2 what to do, what the right thing to do was. Nobody did
 3 that early on in the whole pandemic, you know, and we
 4 were all finding our way. But she was just so upset
 5 about the fact that she couldn't — I mean, it's human
 6 nature to want to reach out.
 7 Q. And at that point did you know whether or not COVID was
 8 in the care home? I don't mean for your mum
 9 specifically but in the care home itself.
 10 A. I don't — no, no, I didn't, I didn't, because I think
 11 I remember asking, you know, "Are there other cases?",
 12 and they wouldn't tell us. And I think the first time
 13 we knew that there was COVID in the care home came from
 14 a newsletter that came out I think the week after or
 15 around — I can't remember the exact dates, but it came
 16 out on a newsletter and it was quite a snippy newsletter
 17 because somebody had leaked the fact that there was
 18 COVID in the care home to the Daily Record and there was
 19 a story covered in the Daily Record.
 20 Q. Did you see that story?
 21 A. Only after I read the —
 22 Q. The newsletter?
 23 A. — newsletter, then we went and searched for it.
 24 Q. So the Daily Record isn't your normal —
 25 A. No.

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1 Q. You talk about, at paragraph 60, getting another call.
 2 A. Yeah.
 3 Q. Tell me about that, but, firstly, you say it happened
 4 at 5 or 5.30. Am or pm?
 5 A. Pm.
 6 Q. Pm?
 7 A. Pm. On 26 April, it was a Sunday, and you'll remember
 8 the weather during that part of the pandemic was
 9 absolutely glorious.
 10 Q. Hmm—hmm.
 11 A. We sat and — we were sitting in the back garden and
 12 I remember getting a call from the care home — I knew
 13 if they called us it wasn't — it was going to be bad
 14 news.
 15 Q. Yeah.
 16 A. And they called us, and we went back to the care home,
 17 and — it was my husband that took me back to the care
 18 home and I went through the process, again, of putting
 19 everything on, going into the room, and I basically sat
 20 with my mum for maybe a couple of hours, an hour and
 21 a half, I can't remember. And she was just really
 22 peaceful, but I remember thinking how she was on her own
 23 in this room, locked. I believe they'd stopped giving
 24 her solids.
 25 Q. You said "locked". Did you mean —

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1 A. I mean "locked" as in "closed", not "locked" as in —
 2 Q. The door closed, not locked in?
 3 A. Yes, sorry. I just remember sitting with her. It's
 4 weird, I have a lot of flashbacks of that moment because
 5 I'm completely covered, she's lying there obviously
 6 dying and I left — I wish I'd stayed longer, but I left
 7 and I got home, and I must have been in the house,
 8 I don't know, 20 minutes or so, and the call came that
 9 she'd passed away. So that was on 26 April.
 10 Q. It's my experience that people will often hold on until
 11 the relative has left.
 12 A. Is that right? Well, that's good — good to know. It
 13 doesn't make me feel so bad now.
 14 Q. Sorry?
 15 A. It doesn't make me feel so bad now.
 16 Q. No.
 17 THE CHAIR: It was a good question, obviously.
 18 MR CASKIE: You talk at paragraph 63 about some difficulty
 19 in recovering her rings.
 20 A. Yes, it was ...
 21 Q. Tell us about that.
 22 A. My mum's body was taken out very quickly from the care
 23 home and she was obviously taken to the funeral parlour,
 24 and my mum was very — she was — she loved to dress
 25 beautifully and she had a couple of nice pieces of

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1 jewellery and rings and, as her dementia got worse,
 2 she'd lost a lot of weight so we'd taken bits and pieces
 3 off her, but I never wanted to take her wedding ring or
 4 her engagement ring off, but I wanted to keep that, and
 5 actually, on the Sunday when I was in with her, you
 6 know, it looked as if it was just going to fall off and
 7 I thought, "I can't take that away from her". So
 8 I phoned the funeral parlour and they said, "No", they
 9 wouldn't touch the body, and I said, "But we would like
 10 the wedding ring and the engagement ring. You know, I'd
 11 really like to keep that". And actually in hindsight,
 12 I've looked at the death certificate and it basically
 13 said that the body is contaminated, so I can understand
 14 why they wouldn't touch it, although I didn't read it
 15 like that at the time, but it took us about — I think
 16 about three days and lots of calls to enable that to
 17 happen.
 18 You know, at the time we talked a lot about this.
 19 I mean, we were quite a strong family and we'd gone
 20 through grief and trauma before and we know how
 21 important it is to be quite — you've got to ask for
 22 what you need, and all we could think of during that
 23 time was if there's other people in that situation who
 24 didn't have, you know, the courage to do that or ask
 25 questions. But it's so — it was quite soul—destroying

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1 phoning the funeral parlour on a regular basis to say,
 2 "Look, you know, we would really like this as a memento
 3 of my mum and, you know, she kept it on until she died".
 4 But eventually — I don't know how they did it or why
 5 they did it, but eventually they did do it and we got
 6 them back.
 7 Q. You got them back?
 8 A. Yeah.
 9 Q. And was that —
 10 A. Not a particularly happy way of going about it.
 11 Q. No, but was that something that was particularly
 12 important to you and your family?
 13 A. Yes. Yes.
 14 Q. Your mum had been taken to the funeral directors?
 15 A. Yeah.
 16 Q. And then the funeral was organised?
 17 A. Yes.
 18 Q. Can you tell us about that?
 19 A. Yes. The funeral — my mum died on 26 April and the
 20 funeral was 15 May. The funeral was — it was really
 21 difficult to organise. It was very early on in the
 22 pandemic. People didn't really know how to deal with
 23 a lot of things, I have to be honest. My mum wanted to
 24 be cremated and then interred, which we can talk about
 25 later, but we were allowed 20 people at the funeral.

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1 I'm just trying to think how best to put this. We were
 2 allowed 20 people at the funeral. We got a fantastic
 3 celebrant to do it. The funeral parlour didn't suggest
 4 streaming it or Zooming it at the time, and it was the
 5 celebrant — we were thinking about this recently — it
 6 was the celebrant that said to us, "You know, you should
 7 push them to do that". The funeral parlour kept saying
 8 to us, "The technology won't work, the technology won't
 9 work", but my mum had a lot of friends, we had quite
 10 a lot of family and we wanted them to be there.
 11 So we eventually got that sorted and then, what, two
 12 days before the funeral — because streaming of funerals
 13 wasn't a thing then — we had to send out an email — it
 14 was probably one of the hardest emails I've ever had to
 15 write — to basically say to all our family and friends,
 16 "This is the link. If you want to join it, click here".
 17 And what was fascinating about that in hindsight is two
 18 things. One, people of our generation — I remember one
 19 of my friends watching it being streamed and talking to
 20 us about it afterwards and found the whole thing so
 21 intense that actually, when the celebrant asked them to
 22 stand up, he stood up in his own home because he'd never
 23 experienced anything like that. But the most awful
 24 thing for my mum's friends and of that age group was two
 25 things. One, they at that time — anybody over I think

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1 it was the age of 70 or 75 was basically told to
 2 self-isolate. None of them could go. One of her
 3 friends decided she was going come hell or high water,
 4 so she did rock up, but several of my other friends —
 5 several of her other friends couldn't access the
 6 streaming. They didn't have the knowledge to do that.
 7 And one of her close friends actually watched my mum's
 8 funeral about three months after she died, which is just
 9 not the way it should be.
 10 Q. Tell me about your youngest son, without naming him.
 11 Firstly, can you tell me what age he was at the time?
 12 A. He was — I'll need to work this out. He was 23.
 13 Q. And was he able to go?
 14 A. No, he had to watch his gran's funeral via the streaming
 15 at that point. To be honest, I don't think he's ever
 16 recovered from that. Between the loss of my sister and
 17 the way my mum died, I think that's a grief that will be
 18 with him for a long, long time. When we walked into the
 19 crematorium, what I hadn't realised and what nobody knew
 20 was at that point you walked in and the seats were
 21 single, so we walked in and there was only about six
 22 seats that were set out and the rest of the people that
 23 could come would either stand on their own. But my
 24 husband walked in and basically pulled three seats
 25 together so — my eldest son, my husband and I were in

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1 a bubble, so we sat together.
 2 Q. You were living together?
 3 A. We were living together, so he just pulled them
 4 together. But it's quite shocking because, when you
 5 think even of the streaming, we had no idea what they
 6 were — what was being streamed because I'd never been
 7 to a streamed funeral before. Now, it's like — it
 8 happens. I didn't know whether the streaming was
 9 focusing on the coffin, focusing on the celebrant,
 10 focusing on our grief, you know — and we had friends
 11 and family watching this from all over the world and the
 12 whole process — nobody knew what was going on. You
 13 know, we were all finding our way with it and, you
 14 know — I mean, I still think about when we walked out,
 15 thinking of my son sitting in a room somewhere, watching
 16 his gran's funeral on a laptop, and we're walking out
 17 and not even being allowed to talk or hug the people
 18 that are there or kind of celebrate my mum's life in any
 19 way. So we took our own cars to the funeral. There was
 20 no funeral cars. The celebrant wasn't allowed to shake
 21 our hands. It was — the whole thing was just
 22 horrendous.
 23 Q. Were you wearing masks at the funeral?
 24 A. No, masks weren't mandatory at that point so we weren't
 25 wearing masks at that point.

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1 Q. At paragraph 84 you talk about the second part of the
2 funeral.

3 A. Yeah.

4 Q. Could you read that for us, if you can?

5 A. "My late dad had been interred so we wanted my mum to be
6 beside him."

7 So two weeks after the cremation, during that two
8 weeks, my husband contacted the diocese and we were able
9 to get a slot to bury my mum's casket. So basically the
10 grave-diggers dug a hole in the ground for the casket to
11 be laid to rest. But there was no priest or celebrant
12 or religious person allowed to conduct the short service
13 or we couldn't get anybody to do it for us. So when we
14 put the cask in the grave, I just remembered my husband
15 and my eldest son — because we were only allowed to
16 go — and a cousin of mine, who was standing quite far
17 away — I remember we were all just kind of looking at
18 one another, "What do you do?", because normally
19 somebody says something.

20 So we put the roses on the cask and then I ended up
21 having to say something, which was the most weird thing,
22 and we could see the two grave-diggers just kind of
23 like — they were very respectful. So they waited and
24 distanced until a short time with my mum was over. You
25 know, it's not what you expect to do when you're putting

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1 your family member to rest.

2 Q. Were you given any explanation as to why there hadn't
3 been a priest there? You spoke about —

4 A. Yeah, just my memory of it, my husband contacted all the
5 relevant people and they were only allowing a short
6 period of time for this to happen on — and it was
7 a Saturday so they just couldn't — I don't think they
8 could get anybody available to do it. What I didn't
9 want was my mum's cask to lie on a shelf for God knows
10 how long. I wanted her to be with my dad and my sister.

11 Q. Priests usually take the Saturday off, don't they?

12 A. Well, that's probably why.

13 Q. The funeral took place — give us the date again?

14 A. The funeral took place on Friday, 15 May 2020.

15 Q. Friday, 15 May. Now, subsequently, have you found out
16 that other things happened on 15 May?

17 A. Yeah. As you can imagine, on 15 May, for us as a family
18 that was a really, really difficult and emotional day.
19 We couldn't even have a cup of tea with people who had
20 come and stood with us at the funeral. We couldn't even
21 hug them. Subsequently we found out that, on 15 May in
22 Downing Street, they had a cheese and wine pizza party.
23 So while we were saying goodbye to my mum and not able
24 even to bring somebody into our back garden to have
25 a cup of tea with us, those that were making the rules

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1 were breaking the rules, and the hurt and anger and
2 complete disregard for people that were going through
3 one of the most cruel and emotionally — and emotional
4 days is just gobsmacking.

5 I mean, if you look at those two scenarios very
6 carefully, you know, one you've got a family grieving,
7 following the rules — and at that point you weren't
8 allowed to meet like a load of people. You weren't
9 allowed to even have — I think it was more than one
10 other person in your garden provided they were like
11 6 foot away from you, and exactly the same time as we
12 were doing that, there was a party being prepared in
13 London to celebrate whatever it was they were
14 celebrating on 15 May 2020.

15 Q. On the screen in front of you is paragraphs 90 and 91 of
16 your witness statement. Could you read those?

17 A. "The hardest thing from our personal situation is that
18 there was no closure. The world changed. And nobody
19 knew how to deal with that. But the fact you could not
20 have a normal conversation with people at your own mum's
21 funeral was completely bizarre. I used to meet people
22 weeks after my mum's passing and they had no idea that
23 she had gone.

24 "You want to celebrate someone's life, but it never
25 felt like that as the majority of people who would have

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1 been in physical attendance were watching on [a] Zoom in
2 their living rooms. We just did not feel connected.
3 Normally you would hug friends and family at the end of
4 a funeral and swap stories celebrating a life well
5 lived — but that just could [not] and did not happen
6 with my mum's funeral."

7 Yet it did happen on 15 May 2020 in Downing Street.

8 Q. At paragraph 92 in the witness statement you speak about
9 flashbacks.

10 A. Yes.

11 Q. And you've already given that evidence so I'm not going
12 to ask you to read that paragraph again.

13 The last thing I want to do is paragraph 93. Can
14 you read that, please?

15 A. As per what I said right at the very beginning of my
16 statement, I hope that we do learn from this experience
17 so if it ever did happen again in the future, someone
18 would draw on all this information and ensure that
19 everyone's needs are accommodated accordingly."

20 Q. I don't have any other questions for you. Is there
21 anything important that you want to say to the Inquiry
22 that you've not had the opportunity to say?

23 A. I've only got one thing to say. It actually kind of
24 happened as I was coming in here because I listened to
25 what was being broadcast and watched what was being

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1 broadcast from Boris Johnson, and he basically said, as
 2 we were coming up the street here, "I'm so sorry ..." —
 3 no, he said, "I'm sorry for the pain, loss and suffering
 4 of COVID victims". I find that and I'm sure the
 5 thousands of other COVID victims find that totally
 6 unacceptable. It's a total disregard of his own rules.
 7 While we buried, cared for — people were left in
 8 isolation and looked — and we looked after loved ones,
 9 him and his party partied. Thank you.

10 MR CASKIE: Thank you.

11 THE CHAIR: Yes, thank you very much, Mrs Mair. That's all.
 12 Right. Now, Mr Caskie, you're not taking the
 13 witness this afternoon, I think.

14 MR CASKIE: No, I'm not. You've got me I think all day
 15 tomorrow.

16 THE CHAIR: Something to look forward to.

17 MR CASKIE: Indeed.

18 THE CHAIR: Right. Someone will let me know when we're
 19 ready to go. I'm fairly relaxed when we go.

20 MR CASKIE: Yes.

21 THE CHAIR: Good. Thank you very much indeed.

22 MR CASKIE: Thank you.

23 (12.13 pm)
 24 (The short adjournment)
 25 (1.44 pm)

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1 MS BAHRAMI: Good afternoon, Lord Brailsford.

2 THE CHAIR: Good afternoon, Ms Bahrami.

3 MS BAHRAMI: My Lord, the next witness is Amanda Burnett.

4 THE CHAIR: Very good. If we could have the lady brought
 5 in, please. Thank you.

6 MRS AMANDA BURNETT (called)

7 THE CHAIR: Good afternoon, Mrs Burnett. Can you see me?
 8 A. Yes, I can, thank you.

9 THE CHAIR: And hear me?
 10 A. Hello.

11 THE CHAIR: Right. Make yourself comfortable, please, and
 12 Ms Bahrami will ask you some questions.
 13 When you're ready, please.

14 MS BAHRAMI: Thank you, my Lord.

15 Questions by MR BAHRAMI

16 MS BAHRAMI: Good afternoon, Mrs Burnett.

17 A. Good afternoon.

18 Q. Please could you confirm your full name?
 19 A. I'm Amanda Jane Burnett.

20 Q. Thank you. The Inquiry has your details. Now, I would
 21 just remind you that a restriction order is in place so,
 22 while you can name your father and the hospitals that he
 23 visited and public figures, please don't name anyone
 24 else, including people involved in the care of your
 25 father. Okay, thank you.

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1 Now, you've provided a statement to the Inquiry
 2 about your father, William Freeman. The statement
 3 reference for the record is SCI-WT0339-000001.
 4 Your father sadly died on 17 January 2021 at the age
 5 of 82 at the Queen Elizabeth Hospital?

6 A. That's right.

7 Q. Would you like to tell us a bit about your father?
 8 A. My father was a wonderful man. He was a great father to
 9 my sister and I and a wonderful grandfather to his three
 10 grandchildren. He was a very fit and healthy
 11 82-year-old. He had always had an active and healthy
 12 life and enjoyed a long and happy retirement as well.
 13 He socialised a lot, took foreign holidays with my mum,
 14 and it was only in the last maybe two years of his life
 15 that his health started to fail a little bit, although
 16 physically strong.

17 Q. Yes. You started in 2019 to notice small changes in his
 18 behaviour; is that correct?
 19 A. Yes, little changes in his moods and his reaction to
 20 things that would happen around him. Starting to lose
 21 words occasionally, not being able to finish sentences.
 22 So little things that initially we thought may just be
 23 a bit of depression or old age, but nothing too —
 24 nothing that stopped him driving, living an independent
 25 life, going on holidays and socialising. But, yes,

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1 there was definitely something not quite right.

2 Q. And you spoke to his GP about this and the GP was
 3 concerned that it might be the start of dementia?
 4 A. That's what the GP expressed when I rang because my dad
 5 never needed to visit a doctor necessarily and didn't
 6 see himself as maybe having an issue, so I just wanted
 7 to have a conversation with the GP, who thought it might
 8 be the start of dementia and, ultimately — it took us
 9 a little while to get the test done though. That wasn't
 10 offered for quite some time.

11 Q. Okay, yes. I understand that the GP made a referral to
 12 the memory clinic and there was a plan for your father
 13 to have an MRI, but that these things were taking some
 14 time.

15 A. Yes, that's right. He had the initial — I think a lot
 16 of people will recognise the GP's test for dementia,
 17 which is a set of basic questions about dates and
 18 places, and he passed that with flying colours, but he
 19 was ultimately referred to the memory clinic, yes.

20 Q. And a couple of memory clinic appointments went ahead
 21 but the MRI was cancelled because it was in March 2020;
 22 is that correct?
 23 A. Yes. So he had a couple of assessments and we were
 24 hopeful that the scan would go ahead, but, as you say,
 25 that was cancelled and never rescheduled.

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1 Q. Okay. Your mother was advised that all non—urgent scans
2 at that point were being cancelled?
3 A. Yes.
4 Q. So at that point in March 2020, with the pandemic taking
5 hold and lockdown starting, restrictions being put in
6 place, your father remained undiagnosed and there was no
7 support available to him?
8 A. That's right, so —
9 Q. And the GP didn't want to see your parents unless it was
10 COVID—related?
11 A. That's right. He didn't want to obviously see anybody
12 unless it was an urgent case.
13 Q. So given his undiagnosed dementia symptoms, how did the
14 first lockdown affect your mother and father?
15 A. It was hard. I think it was hard for everybody and, as
16 a family, we had to put systems in place to make sure
17 that Mum and Dad stayed in a bubble and I arranged an
18 online food delivery so that I knew that food would be
19 delivered. I do live nearby so we quickly decided that
20 our family would form an extended bubble so that we
21 would be able to support them with whatever else they
22 needed. But beyond that, it's an unknown so we were
23 very much, "What can we put in place to ensure that they
24 manage the best they can?". But there's no denying that
25 it was hard for my dad to appreciate what a lockdown

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1 actually meant in terms of how it affected his everyday
2 life because, for someone with dementia, routine and
3 familiarity are very important.
4 Q. Did he want to be able to go outside?
5 A. He wanted to visit his cafes and his friends. We
6 explained why he couldn't go to his favourite cafe and
7 we explained why he couldn't drop in and visit friends.
8 He and Mum would go to their local shop masked, so they
9 observed all the protocols, and that's just
10 a five—minute walk away. So he would do things like
11 that, so at least that meant he could go out the house.
12 But everything was so different at that time.
13 Q. And at points he would wander without anyone being aware
14 and you had to track him down and bring him back?
15 A. Yes.
16 Q. What was that like for you in the absence of any help?
17 A. Incredibly difficult and actually that wandering —
18 I kind of debate that phrase, "wandering", because my
19 dad walked with purpose. He knew where he was going.
20 Very often he would turn up at my doorstep but at 2 or 3
21 in the morning, so while he knew where he was going, he
22 didn't really appreciate the time. So it was quite
23 difficult for my mum and I to manage on our own with no
24 support. We were not offered anything like door sensors
25 or trackers by any services. In fact, the irony is that

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1 a lot of that equipment was offered to us the day after
2 Dad went into hospital.
3 Q. Thank you. You then go on in your statement to talk
4 about restrictions easing in August 2020 and you, along
5 with your parents, your family, your sister and her
6 family all went to the Crieff Hydro. What were your
7 expectations of that trip and what actually transpired?
8 A. So that trip was an opportunity when restrictions were
9 less to get the family together. Obviously my sister
10 and her children had been separated from us
11 geographically and legally for quite some time and Mum
12 and Dad had found that incredibly hard. So with
13 discussion with my sister and I, we decided that this
14 would be a kind of re—affirmance of family, a support to
15 Mum with Dad, because they were living on their own in
16 isolation for quite some time and Mum also is elderly.
17 So it felt like a rare opportunity for us to get
18 together and remind Dad that we all loved him and that
19 we were all a strong family.
20 Unfortunately, Dad's health had deteriorated and his
21 perception quite considerably at that point, so for
22 someone who would normally thrive in that environment
23 and enjoy the company of his children and his
24 grandchildren, he was extremely anxious and agitated and
25 couldn't enjoy it in the way we had hoped.

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1 Q. Yes, thank you. And that actually led to you, the
2 following day, driving your parents home; is that
3 correct?
4 A. So we were due to leave Crieff Hydro on the Sunday —
5 Q. Okay.
6 A. — and I drove, with my husband, my mum and dad home and
7 dropped them off with another food package and made sure
8 they were safe in the house and left them, but,
9 unfortunately, there was a crisis incident later that
10 evening.
11 Q. Your mother called you upset. Could you tell us —
12 A. So my mum had made — she'd phoned me — I think she'd
13 phoned various members of the family to see who could
14 pick up. She was extremely upset and alarmed because
15 Dad had been trying to leave the house and it was late
16 evening at this point, and she'd tried to discourage
17 him, as she would often do, but he was quite a stubborn
18 man when he put his mind to things. Mum had locked the
19 doors and windows, as advised by a charity worker that
20 that was the safest way to keep him in — I have my
21 severe doubts about that — and Dad had tried to get out
22 the house via a first—floor window. So my mum was
23 phoning in an absolute panic because this was an
24 illogical behaviour for my dad.
25 Q. What thoughts were in your mind when you heard that your

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1 dad was trying to climb out a first —floor window?
 2 A. Absolute horror, I couldn't believe it and my mum was so
 3 distraught. I had to think very quickly on my feet. So
 4 I live near enough that I could jump in the car but not
 5 quick enough to get there to save had anything untoward
 6 happened. Obviously my mum was trying to discourage Dad
 7 and her life was at risk. On the way in the car
 8 I phoned the Mental Health Crisis number that I'd been
 9 given and they said they couldn't help me, "Phone the
 10 police". So I phoned the police and they actually got
 11 there before me and, thankfully, both my mum and dad
 12 were safe.
 13 Q. That's good. What did the police do? I understand they
 14 arrived and they made sure both your parents were safe,
 15 presumably de—escalated the situation. What did they
 16 then do?
 17 A. So the police were able to instigate a red flag
 18 report — I'm not sure of the correct name for it — but
 19 they assured me that that report would go in first thing
 20 in the morning to trigger a Social Services response,
 21 which is what we desperately needed and was well overdue
 22 at that point.
 23 Q. Until that point, that had been refused to you because
 24 assessments hadn't been able to be — they hadn't been
 25 able to carry out assessments so everything had been

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1 refused?
 2 A. Yes, so — well, nothing had actually been offered.
 3 Everything was on pause and we had had to manage as
 4 a family as best we could with no guidance or support or
 5 advice. So for the police to step in actually was the
 6 best thing that could have happened, but it was too late
 7 unfortunately because, as I say, all the social care
 8 response at that point came too late. That ship had
 9 sailed.
 10 Q. Following that report to the memory clinic, staff agreed
 11 to visit your father; is that correct?
 12 A. They did.
 13 Q. I appreciate, you know, you believe that it should have
 14 come at an earlier point, but to establish the
 15 chronology of what happened, it was only after that
 16 point that they agreed to visit?
 17 A. That's right. So the morning of the Monday, the police
 18 report had obviously been received, which triggered
 19 a phone call to me, and they said they would be visiting
 20 that afternoon to my mum and dad's address.
 21 Unfortunately it was too short notice for me to change
 22 my work plans so I was unable to be present so I'm not
 23 able to give much detail in how the conversation
 24 unfolded with Mum and Dad. But on the phone call
 25 I received in the morning, the inference was that Mum

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1 should pack Dad an overnight bag because it was likely
 2 that they would want the consultant to assess him in
 3 person, and that would also benefit Mum in that it would
 4 give her maybe a night's respite from staying up all
 5 night to keep Dad in the house. So going into the
 6 meeting, that was my understanding, but how it unfolded
 7 was different.
 8 Q. Yes, because the staff member who attended initially
 9 said to your mum, "Well, this could all just be down to
 10 a UTI because that affects behaviour", and she said
 11 that, whilst there was an assessment unit in
 12 Gartnavel Royal Hospital, where your father could be
 13 assessed, she didn't think there was any need for that;
 14 is that correct?
 15 A. No, so she seemed to have — yeah, she seemed to change
 16 her mind after visiting Mum and Dad because, when
 17 I phoned and spoke to Mum and asked how the meeting had
 18 gone — and they'd actually discussed two nurses driving
 19 Dad in because I wasn't available, but they'd left
 20 without him, so I was obviously a bit confused, as was
 21 Mum. She was actually quite upset that they'd decided
 22 that Dad was fit enough to stay home and, again, hadn't
 23 offered anything as an alternative support in the house
 24 for Mum going forward.
 25 Q. Thank you. And you weren't content for that view or

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1 position, so you asked for a consultant from Gartnavel
 2 to call you and that consultant agreed with you, that
 3 your father should be admitted; is that correct?
 4 A. That's right.
 5 Q. Your father then was admitted to Gartnavel but had to be
 6 admitted in a ward which had elderly patients who had
 7 severe challenges as there were no other options at that
 8 point; is that correct?
 9 A. That's right.
 10 Q. And you drove your parents to Gartnavel. Were you
 11 allowed to — you were allowed to enter the building but
 12 you weren't allowed to go past a certain point?
 13 A. That's right. It's Gartnavel Royal, which is within the
 14 campus of Gartnavel, so it's a separate building and
 15 there are separate wards. And the ward that my dad was
 16 admitted to is locked, understandably, to keep people
 17 safe, and I was allowed to enter the building and
 18 accompany Mum and Dad to the doors and then Mum was
 19 allowed to enter with Dad, masked, both, to go through
 20 the admittance process.
 21 Q. Okay. And on initially being admitted, your dad was
 22 told he had to isolate until a negative test result came
 23 back; is that correct?
 24 A. Yes.
 25 Q. After the initial admission, were you allowed to

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1 visit —

2 A. No.

3 Q. Was your mother allowed to visit?

4 A. Yes. When she was admitted — when Dad was admitted at

5 the beginning of August, the tiers in Glasgow were such

6 that Mum was allowed to visit and that worked well face

7 to face in the first month.

8 Q. Thank you. You then received a call from a doctor at

9 Gartnavel who told you that they thought your father had

10 both dementia and Alzheimer's but they couldn't be more

11 specific because still at that time they weren't

12 carrying out scans; is that correct?

13 A. Yes, it's still very vague.

14 Q. Did anyone at Gartnavel provide you with regular updates

15 about how your father was doing?

16 A. It was sporadic. As the days progressed, it became

17 apparent that it was — the onus was on us to ring in

18 and get updates and the consultant would phone with

19 updates not week — not always weekly but as close to

20 weekly I guess as they could make it. The consultant

21 wasn't based at Gartnavel so he would go in and meet

22 with the team and they would review their patients. It

23 wasn't outlined to the family at the beginning how that

24 process of engagement and communication would work, it

25 never was, so it was very much ad hoc. So my sister and

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1 I learnt to phone at certain times and some staff were

2 better than others at giving fuller updates.

3 Q. How did you find that, you know, having at most weekly

4 calls and each time that you attempted to make contact,

5 not knowing how much of an update you would get? How

6 was that for you?

7 A. It was really — it was incredibly frustrating and

8 worrying because you're trying to fill in the gaps and

9 you're trying to ask the right questions to elicit

10 a fuller response in terms of our dad's care plan and

11 treatment, and I think what also at the back of our

12 minds was this was only ever a reaction to a crisis

13 incident. This was only ever presented to us as a day

14 or two respite and assessment. And as the weeks went on

15 and we got closer to September and then beyond, it

16 suddenly became horribly clear to us that there was more

17 going on behind the scenes that we were not aware of and

18 just not included in.

19 Q. Hmm—hmm. Thank you. During that time, were you able to

20 have video or voice calls with your father?

21 A. So when Glasgow went up into a different tier in the

22 beginning of September — and I think I say in my

23 statement that I actually had to tell the hospital that

24 when I rang in because I saw it on the news and

25 I immediately thought of the implications for

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1 visiting — Zoom calls were facilitated. So we would

2 try and do those every Saturday because I wasn't

3 working, and I would facilitate a Zoom call — book

4 a call with the hospital and Mum and Dad and we were

5 able to see one another, and I know my sister did the

6 same.

7 Q. Thank you. You go on in your statement to say that you

8 asked about a potential discharge date for your father

9 and the suggestion was made by the consultant that

10 a care home may be worth considering, and you did try to

11 look at care home options but it was difficult given the

12 restrictions. But ultimately, you and your mother

13 preferred for your father to be at home with a plan in

14 place for carers to come in and help; is that correct?

15 A. Yes. I think, knowing what I know now as well, there

16 should have been more choice available to us and more

17 discussion about the next step and, while a care home

18 would have been one choice, obviously our first choice

19 would have been to get Dad back home if that was

20 medically suitable as well.

21 Q. Yes, thank you. At one point the doctor indicated that

22 your father could be out for Christmas, but actually,

23 once Christmas arrived, they said that would be unlikely

24 as they thought at that point he needed 24-hour care.

25 How was that, getting the news at that point? You've

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1 mentioned that you weren't routinely kept up to date

2 with what was discussed.

3 A. This was the thing. So it didn't feel like a pathway in

4 which the family was really engaged at any point. So it

5 felt like decisions were being made or presented as,

6 "This is the preference and this is what you should do".

7 So that may have not been intentional but, because of

8 the lack of communication and engagement at every point,

9 it became difficult to have a meaningful discussion with

10 the consultant about the next steps, and with the

11 discharge date never being given and constantly pushed

12 back, it was very hard to make plans. But as winter

13 progressed and we all realised that the virus was

14 circulating more freely and it was a new, more dangerous

15 virus at that point, we felt as a family the tipping

16 point had been reached where he was at more risk staying

17 in a hospital environment than being potentially in

18 a care home, where he could receive visits from his wife

19 in social distancing settings and would be less anxious

20 and distressed at being parted from his family for what

21 was coming up for five months.

22 Q. And you tried to speak to the doctor about this and you

23 tried to explain to the doctor that — you say in your

24 statement that you tried to explain that your parents

25 were in a position to facilitate care at home, but you

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1 were unable to change the doctor's view that that
 2 wouldn't be enough; is that correct?
 3 A. I think there were various discussions and I'm mindful
 4 that the consultant was obviously working hard to help
 5 Dad get to a point of discharge, but there was a lot of
 6 trialling new things and changing of medication and
 7 resetting, so we felt we were on a journey that we
 8 hadn't really signed up for and it was becoming clear
 9 with every Zoom call that passed that my dad was more
 10 and more anxious and distressed. He was more bewildered
 11 at not being allowed to see his wife, and that's why my
 12 initial letters, which when we come to, to my MSP were
 13 around visiting rights and the guidance, which has clear
 14 exemptions.
 15 Q. Now, in addition to the concerns around COVID and your
 16 father deteriorating, you had concerns about other
 17 patients in that ward; is that correct? You say in your
 18 statement that you were told by a nurse that your father
 19 had been punched and kicked by a new patient. What were
 20 your thoughts at that point?
 21 A. Absolutely horror and devastation that the circumstances
 22 had led to my father being put in a situation where he
 23 would be assaulted.
 24 Q. At that point was your mother still allowed to visit?
 25 A. No.

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1 Q. That had all stopped?
 2 A. That all stopped in September.
 3 Q. Were they offering you garden visits or window visits or
 4 any kind of --
 5 A. They were all denied. So I actively tried to engage
 6 them in conversations about what would work safely, and
 7 the benefit of Gartnavel Royal is that it does have
 8 a garden, an enclosed garden, but it's seen as
 9 beneficial to the patients, and you can imagine why it's
 10 beneficial for outdoor space and air. It felt like that
 11 was an opportunity to work with families to do visits
 12 with masks, sitting at distance, and there are good
 13 examples of good practice of this throughout lockdowns
 14 that were very beneficial to dementia patients. So that
 15 was my argument, but it was rejected by Greater Glasgow
 16 Health Board, who denied my assertion that my dad was
 17 distressed and agitated and missing his family. And
 18 actually the last Zoom call I had with my father where
 19 he expressed, if he couldn't see his family, he would
 20 rather be dead, and the nurse next to him specifically
 21 said to me -- and I remember her saying at the time --
 22 "I'm going to note this on your father's notes", and
 23 I would imagine that she was also aware of the letters
 24 that I'd written.
 25 Q. Thank you. And you say in your statement that, as you

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1 were trying to push for garden visits, there didn't seem
 2 to really be anyone who was in charge who could make
 3 that decision. You say that there was no real line of
 4 command in the ward or anyone to direct questions to.
 5 Was that a significant problem in your opinion?
 6 A. It was an incredible block because, although I had
 7 a dialogue with a consultant, I go back to the fact that
 8 there was no real obvious chain of command in the unit
 9 day-to-day. And I got to know nurses' names,
 10 occasionally it was temporary staff, occasionally it was
 11 more regular names and voices, but nobody seemed to have
 12 a clear lead on the running of the unit, and then
 13 I latterly found out that a name that I'd been given
 14 when I wanted to address vaccinations, which we may come
 15 to -- the name of that person, I was given an email but
 16 they were actually shielding and not available, so why
 17 I was given that --
 18 Q. And that was the manager?
 19 A. Yeah. Why I was given that name, I'll never know.
 20 Q. They hadn't been able to put anyone in place to cover
 21 for the manager while he or she was shielding?
 22 A. Yeah, I do not know why that was and why I was not given
 23 a clear lead on who was running that unit.
 24 Q. Now, while you weren't permitted garden visits,
 25 Gartnavel did invite musicians and artists into the

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1 garden to perform for the residents. How did you feel
 2 about that?
 3 A. Incredibly angry. I felt it was insulting after the
 4 dialogue I'd been having about letting Mum and Dad see
 5 one another. In normal times I can appreciate why
 6 a unit like Gartnavel would invite musicians and artists
 7 because it would benefit them creatively, but it was
 8 highly insulting in the lead-up to Christmas to see
 9 pictures on their own social media feeds of musicians
 10 singing and playing in those gardens and artists being
 11 invited in to decorate panes of windows with snowflakes,
 12 and I think I know what my dad would have preferred.
 13 Q. Thank you. And of course your mum still wasn't able to
 14 visit at this point?
 15 A. Correct.
 16 Q. Were you able to have video calls at that point?
 17 A. So the Zoom calls continued as much as we were able.
 18 Sometimes they were cancelled depending on technical
 19 availability and staff availability, but as much as we
 20 were able to, both sides tried to facilitate that. But
 21 it was with diminishing returns as the weeks went on
 22 because my dad started to find them actually actively
 23 more distressing than beneficial. So you were getting
 24 to a point where you don't actively want to make things
 25 worse for your father by setting up a Zoom call which

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1 reminds him that he's still not allowed to see his wife
 2 or his children.
 3 Q. And could you see what impact isolation was having on
 4 your father?
 5 A. (Nods)
 6 Q. What was that impact?
 7 A. He looked more drawn. His eyes looked more distressed.
 8 It was really visceral, the change in him, and it was
 9 almost like the spark had gone because there was no hope
 10 for — he really felt and verbalised that there was
 11 little hope because he wasn't with his family. What
 12 I did try to do was do the occasional phone call in
 13 between Zoom calls, which I felt might be more
 14 beneficial to him and not as distressing as having
 15 a staff member sit over his shoulder and hold him to the
 16 screen because occasionally they would actually grab him
 17 by the arm and try and help him stay when he was
 18 distressed. So occasionally I would do phone calls and
 19 he wanted to be home.
 20 Q. You mention in your statement that your mother had
 21 a power of attorney in respect of your dad. Do you
 22 think during the pandemic there was any benefit to
 23 having a power of attorney?
 24 A. It was worthless, absolutely pointless, because all the
 25 advocacy and the health and welfare rights that the

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1 person and their family are trying to enshrine were
 2 absolutely worthless.
 3 Q. Yes.
 4 A. There's absolutely nothing in that power of attorney
 5 that helped us.
 6 Q. And by this point you still weren't allowed in. You
 7 mention in your statement that your dad just went into
 8 a black hole. Did you feel like you just didn't know
 9 what was happening because you weren't allowed in?
 10 A. (Nods)
 11 Q. What were the updates like at that point?
 12 A. Sporadic. You know, they would be as basic as, "Your
 13 dad had a good breakfast today" — well, I would expect
 14 that. That's the least I would expect that he would
 15 have — or "Your dad was pacing up and down a bit";
 16 understandable. "Your dad was a bit anxious last night,
 17 he didn't sleep very well"; not a huge surprise to me.
 18 Nothing felt tangible in terms of treatment. I know in
 19 response to Greater Glasgow Health Board they would
 20 point to Dad not being distressed and putting on weight,
 21 but I didn't feel we were at any point having a really
 22 meaningful conversation about Dad's treatment in order
 23 to discharge him and potentially bring him back home,
 24 whether or not that meant via a care home initially, and
 25 that appealed because of the visiting which I've touched

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1 on —
 2 Q. Yes.
 3 A. — and actually I truly believe that, had he been
 4 discharged earlier, he would still be here today.
 5 Q. Thank you. When the vaccinations started being rolled
 6 out, you were actually quite happy as your father fitted
 7 into one of the priority groups. Was your father in
 8 fact given a vaccine as a priority?
 9 A. No. No.
 10 Q. What happened?
 11 A. So I think we were all overjoyed when we heard that
 12 there was a vaccine available and immediately I was
 13 scanning to find out when they would be rolled out in
 14 Scotland and how the priority groups would be decided in
 15 conjunction with the JCVI. I downloaded
 16 a Scottish Government document, which clearly outlaid
 17 the priority groups and — in December. So week
 18 commencing 7 December, wave one of the roll-out was to
 19 include long-term in-patients of 80 and over. Dad did
 20 not get a vaccination, although all the staff and
 21 doctors around him in December received their
 22 vaccination, as you would rightly expect.
 23 Q. Yes. When you questioned why he hadn't been given
 24 a vaccination, what was the response?
 25 A. Nobody could tell me why, so I take from that that it

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1 wasn't in their gift, but nobody escalated that
 2 question, nobody sought to give me an answer. It was
 3 very much, "We don't know. We understand your concern.
 4 Yes, we've all been vaccinated and hopefully your dad
 5 will be soon too".
 6 Q. Did anyone try to facilitate a vaccination?
 7 A. No.
 8 Q. Did the consultant try to do this?
 9 A. No.
 10 Q. No?
 11 A. No. And, you know, when you read in the newspapers that
 12 in wave two, 14 December onwards, the first care home
 13 resident in Scotland was vaccinated, my dad was still
 14 sitting unvaccinated and never received a vaccine, and
 15 he was in a — he was in a hospital. He was in
 16 a perfect location and those around him were being
 17 vaccinated. I think what's also exasperating is that
 18 anecdotally I heard of NHS staff who were not
 19 patient-facing and were based at home being offered what
 20 they classed as "spare doses".
 21 Q. We've spoken about the lack of — your perception of
 22 there being a lack of command, a lack of chain of
 23 command. Do you think that if a manager had been put in
 24 place, if there had been a clear line of command, that
 25 perhaps that would have led to a vaccine being

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1 facilitated for your dad?
 2 A. I think it could have been a possibility. We'll never
 3 know for sure, but, absolutely, the management -- the
 4 impression I have, it couldn't have been any worse in
 5 terms of the way things were run and it could have
 6 helped.
 7 Q. You go on to say that, on Saturday, 9 January 2021, you
 8 had a Zoom call booked with your dad but that you were
 9 actually contacted and told that your dad had COVID
 10 symptoms and that was then confirmed a few days later.
 11 You had of course hoped that your -- and initially been
 12 told that your dad might be out by that point, so it
 13 being then January and hearing that, how did you feel?
 14 What were the thoughts going through your mind?
 15 A. So when I got that phone call, I was absolutely
 16 devastated. That's one of the moments that's very hard
 17 to clear from my mind, getting that phone call, because
 18 at that point being told by a nurse that they suspect
 19 that there's COVID in the ward and that my dad is
 20 COVID-positive and is being tested, this was everything
 21 that I had warned the unit was highly likely to happen
 22 in December and that was everything that I had done my
 23 utmost to avoid. And here we were, in the new year,
 24 getting the phone call that Dad was being tested for
 25 COVID and was showing symptoms.

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1 Q. What did you think of the policies and processes that
 2 were in place at Gartnavel?
 3 A. It's hard to be specific but my -- and I can only talk
 4 about my experience of it -- but completely haphazard
 5 and dependent on whichever person you spoke to at the
 6 time and everyone seemed to have a slightly different
 7 approach to infection control.
 8 Q. Now, after that -- after the test result confirming that
 9 your father was positive for COVID, his symptoms
 10 continued to become worse and, when his oxygen
 11 saturation fell into the low 80s, a decision was then
 12 made to transfer him to the Queen Elizabeth
 13 University Hospital. Were you able to join your father
 14 in the ambulance for that transfer?
 15 A. No.
 16 Q. Were you able to speak to anyone about what was going on
 17 at that point?
 18 A. No. So the last call we got from Gartnavel was
 19 absolutely from a doctor to say that he'd made the
 20 decision to transfer Dad to the Queen Elizabeth and we
 21 then were told the receiving unit that Dad would be
 22 going to, they thought, but everything is all a bit
 23 haphazard, as you'll appreciate --
 24 Q. Yes.
 25 A. -- and we didn't quite know what ward he ended up in.

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1 So the unfortunate thing is that, when you phone
 2 Queen Elizabeth, it's a big hospital so it's hard to
 3 locate somebody if you're not actually told where they
 4 are --
 5 Q. Yes.
 6 A. -- so it took a while to locate him.
 7 Q. Thank you. Within 24 hours of being told that your dad
 8 had to be transferred, you received another call, this
 9 time about a DNACPR notice. Could you tell us about
 10 that conversation?
 11 A. Yes. I received a call, and this was from Dad's
 12 consultant who had been treating him in Gartnavel, so
 13 I knew who it was. What I wasn't expecting -- I'm
 14 sorry.
 15 Q. I'm sorry, we may have lost the link to Lord Brailsford.
 16 THE CHAIR: I can see you and I'm in communication with --
 17 through my PA with the technical people. Can you hear
 18 me?
 19 MS BAHRAMI: Yes, we can hear you, Lord Brailsford.
 20 THE CHAIR: I can assure you I'm still watching and I can
 21 hear. Carry on --
 22 MS BAHRAMI: Thank you, my Lord.
 23 THE CHAIR: -- and hopefully the technical people can find
 24 my picture somewhere in the ether.
 25 MS BAHRAMI: Thank you.

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1 Apologies, Mrs Burnett, if you wish to continue.
 2 A. That's fine. So I received a call from my dad's
 3 consultant from Gartnavel. I was obviously desperate
 4 for an update but it wasn't an update on Dad's
 5 condition. It very quickly unfolded that what he was
 6 seeking was DNR approval. So you can imagine my mind's
 7 going at 100 miles an hour, trying to comprehend what's
 8 just happened to Dad, what the consultant is trying to
 9 explain to me and what that actually means. So I had
 10 the conversation where the consultant was explaining to
 11 me why they felt that any intervention, should it be
 12 needed, would not benefit Dad.
 13 Q. Sorry, were they saying any intervention or was it
 14 specifically CPR?
 15 A. CPR came up because of the physical trauma. Sorry to be
 16 not more specific.
 17 Q. No, that's okay. As you'll appreciate, this is an
 18 important topic that we are looking into. So was the
 19 conversation broader than CPR -- in the event of cardiac
 20 arrest, were you being told that no treatment would be
 21 offered?
 22 A. That was my reading of it, that my dad would not benefit
 23 should he survive this infection.
 24 Q. Thank you. Now, following that conversation, on
 25 13 January you finally managed to speak to someone at

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1 the Queen Elizabeth Hospital. Could you tell us about
2 that conversation?
3 A. Yes, the doctor had obviously been certainly one of the
4 doctors who was treating Dad in hospital. It was quite
5 an unnerving conversation in itself because your
6 expectation with doctors is that they are calm under
7 pressure and considered and will give you the best
8 update in terms of what they know. This doctor's
9 demeanour was very flustered and uncertain and led me to
10 be quite concerned about what was actually going on.

11 He explained to me that Dad was quite distressed and
12 that he wouldn't keep his mask on and he was trying to
13 change his gown, and I distinctly remember him saying to
14 me, "I don't know what's wrong with him", and that
15 stands out because it was such a strange thing for
16 a doctor to be saying. So I said immediately, "Are you
17 aware that my father is a dementia patient? Are you
18 aware that he was transferred to you from Gartnavel?",
19 because I was trying to fill in any knowledge gaps that
20 may be there in terms of how they were attempting to
21 treat Dad because, for a dementia patient, they
22 absolutely need an advocate there.

23 In the Queen Elizabeth there are single rooms for
24 a start. Dad would not be maybe aware of where he'd
25 been moved to or why. So I could understand my Dad's

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1 distress at a mask being put on him, and I think my
2 dad's first instinct would be to get out the hospital
3 and get home to his family. It was quite an unnerving
4 conversation and not reassuring in any way.

5 Q. Did the doctor know that — when you said that, did the
6 doctor seem that he knew your dad had dementia?

7 A. He kind of glossed over it. He said, "I'll have a look
8 at his notes", and he said — at that point he kind of
9 closed the conversation and said, "I'm very sorry" — he
10 obviously expressed that he was sorry about my dad's
11 situation and that he would do his best for him and
12 closed the conversation.

13 Q. I think before at that point, he told you that a chest
14 x-ray showed that your father's lungs were severely
15 damaged and he told you that he was unlikely to survive?

16 A. Yes, again the conversation thrust was, "We will make
17 your dad as comfortable as possible", but it was — the
18 thrust of that conversation was that the outcome would
19 not be good.

20 Q. Did you ask to be able to visit your father, given the
21 information you'd just received?

22 A. Yes.

23 Q. What was the response?

24 A. "No".

25 Q. You weren't offered or allowed any essential visits or

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1 end—of—life visits?

2 A. No, not until the night before — not until the Friday,
3 and that was maybe the Wednesday. But that was only
4 because they had — they thought he had only hours to
5 live. So they rang my mother and said she may come in
6 and, obviously, that was a personal choice to her and
7 she chose to go in at that point.

8 Q. Before that point, were you even offered video calls?

9 A. So, no, because I had asked for that, knowing that they
10 were not going to let us in and they — while they do
11 have iPads, it was locked up and they weren't able to
12 unlock it and find one for us. So for me it felt like
13 that was the last window of opportunity for any of the
14 family to say "Goodbye" to Dad while he was awake, and
15 we didn't get that.

16 Q. Now, you just mentioned — you didn't mention the date,
17 but I think it was 15 January when they called and said
18 that your father was unlikely to survive the night and
19 they said that your mum could visit but only your mum;
20 is that correct?

21 A. Yes.

22 Q. What happened when your mum did visit? You said that
23 she took up the visit. What happened when she visited?

24 A. So I walked — I drove Mum to the Queen Elizabeth and
25 I walked her to the foyer, to the lifts, and sent her up

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1 in a lift to the level she needed to be. I'd arranged
2 with the nurse to meet her at the other end and they
3 made up a makeshift bed for Mum in the same room as Dad,
4 where she stayed till Dad passed on 17 January. So the
5 nursing staff treated Mum with respect and kindness.

6 Q. You mentioned there until 17 January, so your father
7 actually lasted a couple of days and they allowed your
8 mum to stay?

9 A. Yes.

10 Q. What difference do you think that made for your parents?

11 A. All the difference. I fully believe that — although
12 Dad wasn't awake, I fully believe he could hear Mum's
13 voice because the fact that he held on until the 17th
14 made me think that he heard Mum's voice, which is what
15 he'd been so desperate to have, and to have her hand as
16 well because she was able to visit in person.

17 Q. Thank you. Following your father's death, your mother
18 had to self-isolate for a period of time. How did that
19 impact her, having just lost her husband and not being
20 able to be around family?

21 A. It was devastating because what I had to do for Mum —
22 she rang once Dad had passed and the nursing staff got
23 her a taxi home. Obviously at the back of her mind had
24 been the conversation we'd had with Mum that, "If you go
25 in, there's a risk that you will contract COVID", and

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1 that didn't matter to her at that point. But what it
 2 did mean was she got a taxi home on her own. I drove to
 3 her home and — with a care package, knowing that she
 4 would have to go straight in and self-isolate. No hugs.
 5 No help until we were sure she was safe. So Mum had —
 6 I had to leave her at the doorstep and let this elderly
 7 woman who's just lost her husband walk into a house,
 8 a dark house, on her own.

9 Q. You then go on in your statement to talk about the
 10 funeral arrangements for your father. Could you tell us
 11 about those arrangements?

12 A. Not easy. Never easy for anybody. Particularly
 13 difficult to find a date for the crematorium to book us
 14 in and then, knowing that we would have to work within
 15 the restrictions at the time, who might be able to
 16 travel or should they travel and who could facilitate
 17 a Zoom funeral, find the companies and the facilities
 18 and the processes, find a minister who was willing to
 19 come and take the ceremony, that wasn't easy either,
 20 write an eulogy, and all the processes were really
 21 unusual. So, obviously, limited numbers and a very
 22 quick service and a coffin wheeled in, not carried in
 23 with dignity.

24 Q. Was there anything you would have liked to have done or
 25 that would have been in accordance with your father's

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1 faith, if he was religious, that you weren't able to do?

2 A. So Dad wasn't religious but I think he would have liked
 3 to have thought we were able to give him a wake and send
 4 him off in style and share stories about what a warm and
 5 generous and kind man he was and how much he'd done for
 6 his family over the years, how he never put himself
 7 first, everybody else's welfare was always to the
 8 forefront. So we didn't have that opportunity to share
 9 stories and good memories and in fact we've still been
 10 unable to do that because we're on a pause, as a lot of
 11 bereaved families are.

12 Q. And you mention in your statement that you have, as yet,
 13 been unable to scatter his ashes. Is that still the
 14 case?

15 A. That's right.

16 Q. Thank you. Now, after your father passed away, his
 17 possessions were returned to you from the hospital. You
 18 were handed a bag of unopened letters. Could you tell
 19 us about that?

20 A. Yes. So obviously Dad died in Queen Elizabeth but he'd
 21 been moved from Gartnavel, unpredictably, so there were
 22 still belongings and items that needed collected. So my
 23 husband offered to do that difficult job and received
 24 bin bags of clothing, not all Dad's, and in amongst the
 25 clothing were unopened cards and letters that family had

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1 written over the months.

2 Q. So nobody had opened those?

3 A. No.

4 Q. Did you expect that they would have been opened?

5 A. Absolutely. Absolutely. Why would you not open a card
 6 and put it by the side of somebody's bed? Why would you
 7 not open a letter with permission and read the contents
 8 if Dad wasn't able to read himself? But I think he
 9 could. But not to even open them and to then stuff them
 10 in a black bin bag with strangers' belongings, no way to
 11 receive your husband's effects. And in the coming weeks
 12 afterwards, when we challenged the hospital about that
 13 and received a kind of apology, Mum received mail with
 14 a scarf and other items with no covering note and no
 15 warning. If they had just phoned me and said, "We've
 16 found something belonging to your dad. Would you want
 17 to come and collect it?" — no, they'd rather put it in
 18 a Jiffy bag and send it to Mum with no note, so that it
 19 just compounds the devastation.

20 Q. As part of that, you mention that you discovered that
 21 your dad's watch wasn't with his belongings and you say
 22 that you had to go around the houses before they
 23 eventually found it; is that correct?

24 A. That's right. So Dad had a watch that was very dear to
 25 him and he'd always worn it, since his 20s, and it was

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1 missing. He shouldn't have been admitted with it, it
 2 should have been locked up safely, and it wasn't for
 3 whatever reason and we didn't realise that. And it was
 4 definitely missing. I couldn't locate it anywhere. So
 5 Gartnavel told me that he had never worn a watch and
 6 they didn't know anything about a watch. They then
 7 changed their mind and said that they'd seen Dad wearing
 8 the watch when he left for Queen Elizabeth Hospital.
 9 I then phoned Queen Elizabeth and, as you can imagine,
 10 was put to quite a few people. I just felt it was
 11 really important because it's only a watch but it was
 12 a personal effect and it was personal to him and Mum
 13 would have wanted it back. So I persevered and
 14 I eventually called lost property at Gartnavel and
 15 I described the watch and they said, "Oh, that fits
 16 a description of a watch that we've had for quite some
 17 months", and they sent me a photo of it. And I was able
 18 to confirm very quickly that it was my dad's watch and
 19 it had been sitting only yards from the unit where he'd
 20 been for five months. So I was able to collect it but
 21 it felt like a really disrespectful way, to disregard —
 22 and also to mislead me in terms of whether he had the
 23 watch or not.

24 Q. You then went on ultimately to make a complaint about
 25 Gartnavel, about the treatment, the lack of visitation

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1 and the failure to vaccinate your father.
 2 A. Yes.
 3 Q. What was the response you received? Were you satisfied
 4 with that response?
 5 A. No, I wasn't satisfied with the response. As regards
 6 the visiting rights, it clearly said in the
 7 Scottish Government guidelines that, where a dementia
 8 patient is caused distress, those are the kind of
 9 exemptions that should be made and taken into account,
 10 and that was totally disregarded or denied by whoever
 11 made the decision, Greater Glasgow Health Board -- it
 12 was the chief executive who wrote back to me via my MSP.
 13 As regards the vaccine, they eventually wrote --
 14 they wrote back to me, and I was not satisfied so
 15 I pushed back again and eventually got a response about
 16 the vaccine roll-out and was told that they didn't give
 17 the vaccines in Gartnavel until 3 February 2021. Too
 18 late for Dad and incredibly late given -- I go back to
 19 the wave one guidelines were week commencing 7 December,
 20 Dad would have been priority.
 21 Q. Please could you tell us about the impact losing your
 22 dad has had on your mother?
 23 A. It's been awful. She's really been broken. My mum is
 24 a very strong and independent and optimistic woman, very
 25 capable, and they were a great team, but Mum lost her

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1 partner of many years and in terrible circumstances and
 2 was denied the chance to give my dad comfort in the last
 3 few weeks of his life. And I do think there were many
 4 missed opportunities where there were examples of good
 5 practice in interpreting the guidelines and keeping
 6 people safe but also having some humanity, and I hope
 7 that's taken into account when the Inquiry comes to
 8 issue its findings.
 9 Q. Thank you. What has the impact been on you and your
 10 family?
 11 A. It's been huge. There's just before and after, and
 12 I think we're still working our way through that in our
 13 own different ways, but without exception it's affected
 14 every single member of my family incredibly hard and
 15 that's still manifesting itself, for the young and the
 16 older.
 17 Q. Thank you. Finally you go on to comment or -- make
 18 suggestions about lessons that should be learned.
 19 Please could you read paragraphs 120 to 122 of your
 20 statement?
 21 A. I've got 116 to 118 here with lessons learned.
 22 Q. Oh, apologies. My copy seems to be paginated -- or
 23 numbered differently. If you could read 116 to 118,
 24 please.
 25 A. So "Lessons learned":

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1 "There should have been a plan for what would happen
 2 in the event of a pandemic. Nobody had thought about
 3 the day-to-day management for patients like dad. No one
 4 thought about the impact of shutting down clinics, scans
 5 and GPs.
 6 "We need a plan for how to manage a pandemic
 7 situation and protect vulnerable patients but also
 8 balance human rights and welfare so they are not made
 9 worse.
 10 "Whether it was due to a lack of experience or
 11 genuine fear, it felt like there was no sense of real
 12 leadership. The tier system in my opinion was
 13 ridiculous because it had no real nuance for situations
 14 like the one my dad was in. Dad became vulnerable
 15 through circumstance. If he and my Mum had been able to
 16 access important care and support while at home we would
 17 not have had to react to a crisis incident with a hugely
 18 disproportionate impact on Dad's freedom and right to be
 19 in the care of his loved ones."
 20 Q. Thank you. Is there anything that we haven't covered
 21 today that you would like to mention?
 22 A. I don't think so. I think we've covered everything.
 23 I just want to reiterate that my dad was a gentle man of
 24 great compassion, strength and dignity. I know he would
 25 want to ensure that he'd done everything he could do to

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1 help others avoid such pain. My family and I are here
 2 today to do our best for him and all the others lost to
 3 COVID-19.
 4 MS BAHRAMI: Thank you very much.
 5 A. Thank you.
 6 THE CHAIR: Very good. Thank you very much indeed.
 7 Now, we'll take about 15 minutes, Ms Bahrami.
 8 MS BAHRAMI: Thank you, my Lord. Yes.
 9 THE CHAIR: Very good. Thank you.
 10 (2.50 pm)
 11 (A short break)
 12 (3.09 pm)
 13 MS BAHRAMI: My Lord, the next witness is Lee Dodds.
 14 THE CHAIR: Very good. Thank you very much indeed. Can we
 15 have the witness in?
 16 MS BAHRAMI: Thank you.
 17 MR LEE DODDS (called)
 18 Questions by MS BAHRAMI
 19 MS BAHRAMI: Good afternoon, Mr Dodds. Please could you
 20 confirm your full name?
 21 A. Lee Dodds.
 22 Q. Thank you. And the Inquiry has your details. I must
 23 remind you that a restriction order is in place, so
 24 while you may name your son, Ayr Hospital and public
 25 figures, please don't name anybody else.

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1 Now, you've provided us with a statement about your
2 son, Lee James Dodds.
3 A. Yes.
4 Q. That statement reference for the record is
5 SCI—WT0386—000001.
6 Now, your son sadly died on Friday, 2 April 2021 at
7 the age of just 32.
8 A. Yes.
9 Q. He lived with his wife and their two children.
10 Would you like to tell us a bit about your son?
11 A. Yes. Well, we had him obviously(?) late. I think it
12 was the end of — wait, I've gone off here — he was the
13 second — my wife was pregnant before, lost the first
14 one at 18 weeks, miscarried, and then, when he came
15 along, he was my world. We looked after him, brought
16 him up the correct way, in every way, and he was
17 fantastic. He used to as a child — he was great fun,
18 and when he got older and that, he was even better
19 because he was going to the football with me. I got him
20 a season ticket when he was two years old to go to Ibrox
21 and it was fun. Every weekend we'd go.
22 So then he ended up getting married. He got married
23 in Mexico, Cancun. I can't say her name, but his wife
24 had a great life. He looked after them. That's the
25 kind of person he was. He was absolutely devoted to her

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1 and that. And then his grandson — my grandson, he came
2 along and then, about four years later than that, then
3 my granddaughter, she came along. And when he passed
4 away, my grandson was ten, my granddaughter was six.
5 And I always remember going in after he passed away to
6 tell them, and they says — my grandson says to me, "Why
7 did my dad lie to me?" And I'm like 'What', He says,
8 "Why did my dad lie to me?". I said, "What did he
9 say?", and he says to us, "I'll no be that long, son.
10 I'll be coming back. He promised me he would come back
11 to me". And I had to tell him, you know, and that's one
12 of the hardest things I had to do, to sit the two of
13 them down and tell them what happened.
14 I say, "Your dad fought it and fought it, but he
15 couldnae. It was just too big a problem for him. It
16 was too big a job to try and survive", and I found
17 that — that was one of the hardest things I've ever had
18 to do, but he had a great life with them. He did
19 everything with them, started up a football club for
20 him, he played — he ran the team and that, in the same
21 way [redacted] — in the same way my granddaughter —
22 MS BAHRAMI: My Lord, I think we may have —
23 THE CHAIR: Yes, I heard it. Can we get the people, the
24 technical people, to get that taken out of the script?
25 It will just take a minute, Mr Dodds. Don't worry.

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1 Easy done.
2 A. Easy done.
3 (A short break)
4 MS BAHRAMI: Mr Dodds, would you like to continue?
5 A. Lee James, he was our world and his mother was so proud
6 of him. She bought him the big Silver Cross pram, she
7 walked every single day with him, everywhere, every day,
8 and when he was born we bought a camcorder and we
9 recorded every single Christmas from his birth to his
10 death, and we've still got them. He loved, absolutely
11 loved Christmas and he always wanted the tree up early,
12 no, December, so that was okay. Then, when he flew the
13 coop, he got his own way. Tree was up November. He's
14 taking his children round about all the Christmas shops
15 just like he did. He's taken them to Rozelle Park to
16 see the reindeers every Christmas Eve, same as what he
17 did, and he adored them. He adored these — the three
18 of them. He adored them.
19 When he left school, I put out his CV on all out
20 around the council and he got a job, a plasterer, South
21 Ayrshire Council, and that's where he was till he passed
22 away. And they were brilliant. They were (inaudible)
23 and that. It's just hard when he got to that bit. He
24 was the best I could ask for, definitely the best.
25 Couldnae get any better.

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1 Q. Now, your son had asthma but that was well managed?
2 A. Yes.
3 Q. And other than that he didn't have any health
4 conditions?
5 A. No.
6 Q. Is that correct? And in fact he didn't ever receive
7 a letter requiring him to shield?
8 A. No, none.
9 Q. And, as you've mentioned, he worked for the local
10 authority as a plasterer, but he had some concerns about
11 the working practices and he wrote to one of the local
12 councillors about his concerns for non-essential workers
13 such as plasterers. Did he receive a response to that?
14 A. He did from the council, yes. He responded with an
15 email telling them that he was passing it on to HR and
16 that they — they would get back to him, and that was
17 it. I says, "That's ..." — "That's funny", he says,
18 "Nothing else left on that".
19 Q. Did you follow up then?
20 A. Yes, I got into his emails and I seen the emails, so
21 I sent it to the councillor and he got back to me and he
22 says, "I'll find out". And then he wrote back — he
23 emailed me back saying, "Oh, wait a minute, I've just
24 remembered it was a phone call", and that was that.
25 I said, "Right, okay". So I contacted the person, HR,

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1 told him what it was all about, what happened and
 2 everything like that, and he got back to me, and it was
 3 just a quick, "I cannot give you any information" and
 4 that was it.
 5 Q. That was it?
 6 A. But I kept at him --- not him --- but I sent it in to
 7 the --- because he's told me I had to go through the data
 8 protection, so that's what I did, in that way, but they
 9 were coming up with the same --- they gave me some
 10 information, but nothing about Lee. He was on a phone
 11 call because somebody from HR had phoned his foreman and
 12 his foreman phoned Lee to ask him what medication he was
 13 on, and two hours after it HR called because he told
 14 them about --- the medication he was on, and he says,
 15 "You're fit enough to come back to work Friday", and
 16 this was on the Thursday, so to start work the next day.
 17 Q. Was the medication just asthma medication?
 18 A. Yes.
 19 Q. So he was told that he had to go back to work anyway ---
 20 A. Yes, and that's where he sent that to, the councillor,
 21 because they were wanting him back. See, he was
 22 a plasterer, but there was a few times he was off doing
 23 the plaster with the Stour --- there was a lot of Stour
 24 and that kind of got into him and he had to stop. He
 25 had to take a couple of days off to get back. But other

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1 than that he managed it.
 2 Q. And he was told that he would be working in empty houses
 3 and so that justified him going back, even though other
 4 tradesmen were also present ---
 5 A. Present, aye.
 6 Q. --- in those houses? Do you know if they were able to
 7 maintain a 2-metre distance?
 8 A. Lee didnae go in. He just told them, "I'm not going in
 9 there", he says, "There's too many workers who shouldn't
 10 be there. I'll go onto the next job". But ---
 11 Q. So he tried to keep himself safe?
 12 A. Oh, definitely. He tried to keep himself safe but he
 13 tried to keep me and his wife --- his mother safe as well
 14 because that's what he was worried about. He followed
 15 all the restrictions to protect his family.
 16 Q. Yes. You go on in paragraph 8 of your statement to
 17 raise the point that all staff were sent back into
 18 classrooms on 22 February 2021 prior to staff being
 19 vaccinated despite their union asking for vaccinations
 20 before their return to the classroom.
 21 A. Yes.
 22 Q. Your daughter-in-law worked as an early years
 23 practitioner ---
 24 A. Yes.
 25 Q. --- so she was asked to go back. You say at this point

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1 in your statement that, following your son's death, you
 2 contacted multiple officials to complain, and the
 3 response --- and you received a response from the
 4 Scottish Minister Special Adviser, essentially stating
 5 that they had to balance the risk of COVID transmission
 6 with the risk posed by other harms; is that correct?
 7 A. That's correct, yes.
 8 Q. And following the return to the classroom on 7 March, so
 9 just shortly really after returning --- 7 March 2021 ---
 10 your daughter-in-law received a call advising her that
 11 two colleagues in her bubble had tested positive for
 12 COVID and that she should be tested?
 13 A. That's correct, yes.
 14 Q. So she arranged for a test, as did your son and one of
 15 your grandchildren, and it transpired that they were all
 16 positive for COVID?
 17 A. The full house had it.
 18 Q. And they isolated at home?
 19 A. Hmm.
 20 Q. But while your daughter-in-law and grandchildren seemed
 21 to be recovering, your son was deteriorating; is that
 22 correct?
 23 A. That's correct, yes.
 24 Q. Now, five days after testing positive, on 13 March 2021,
 25 you say that your son was struggling to breathe, he

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1 couldn't speak ---
 2 A. Yes.
 3 Q. --- and his heart was racing. Your daughter-in-law
 4 I believe called for advice and they were told to attend
 5 at University Hospital Crosshouse.
 6 A. COVID assessment unit, yes.
 7 Q. And you say that he was taken into hospital by a woman
 8 wearing no PPE.
 9 A. No protection, no.
 10 Q. Is that right?
 11 A. She came into --- they weren't allowed near the hospital
 12 gates, so she came out to the car and walked him in.
 13 Q. And nobody was allowed to accompany him in?
 14 A. No, nobody.
 15 Q. You say there they gave him steroids to open his lungs
 16 and decrease his heart rate, then sent him home with
 17 a leaflet about circumstances in which to go back.
 18 A. Yes.
 19 Q. What did you think of that?
 20 A. Well, at the time we didnae know nothing, what was on,
 21 what they said to him or anything like that because he
 22 wasnae right there, and that was day five of COVID, and
 23 he comes out and --- basically he couldnae tell you.
 24 He's just given the steroids to help open up his lungs
 25 and to help his heartbeat, and that was that. They sent

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1 him home but it was -- after we got there, the documents
2 that we asked for, we couldnae believe what we were
3 reading, couldnae believe it.

4 I also go back to, when his wife caught it,
5 Nicola Sturgeon, she decided on 16 February that go back
6 to the classrooms, even though that week there was still
7 324 deaths a week, and she says, "We'll send them back
8 on 22 February". And then that week there was 227
9 deaths, 227 deaths when they sent them back and they
10 thought that acceptable. And I don't understand that.
11 How is that acceptable? It was -- especially after the
12 unions had asked that all staff in the premises should
13 have been vaccinated and was refused, and then -- that
14 was what they said. About the eighth/ninth day she was
15 back in the classroom, she's got COVID, and this is
16 a deprived area which they were living in and they don't
17 go by the rules in there, so this was bound to happen.

18 Lee actually spoke to his wife before they went back
19 and told him about that, "See that area", he says, "You
20 want to see them. They're in and out people's houses --
21 the wains were out playing in and out of houses, it's
22 unbelievable". So -- but she was told she had to go
23 back and that was that. When we read this -- I don't
24 know whether you want to go over this just now --
25 the 13th, where they said that, once he'd passed away,

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1 and he was diagnosed with a wheeze throughout all zones,
2 he was worsening -- diagnosed with worsening COVID and
3 exacerbated asthma, and that's -- they never even
4 x-rayed him, never x-rayed him.

5 Q. These were recorded --

6 A. He's asthmatic and a wheeze throughout all zones and
7 other problems, and it's there what his wife actually
8 said, told them, and none of that was taken into
9 consideration.

10 Q. So they recorded this -- that there was a wheeze
11 throughout and the other symptoms you mentioned, they
12 recorded that on 13 March, the day that they discharged
13 him with steroids --

14 A. Yes.

15 Q. Well, he hadn't been admitted to be discharged, but the
16 day they sent him away with steroids?

17 A. Sent him.

18 Q. And after going home, over the next few days, he
19 unfortunately deteriorated further?

20 A. Yes.

21 Q. Did you see him during that time?

22 A. Yes, we went over his house and we stood outside
23 because -- before he was that bad, he came over -- he
24 was out on a walk with his family and he came by. And
25 he phoned us. He says, "We're outside", so we went

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1 outside to see them -- it was -- they were out on the
2 pavement, we were in the garden -- we just spoke to them
3 and that, and then they said -- they went away and
4 walked back home because they couldnae go anywhere. We
5 were still allowed to go out and walk, so we did see
6 them and we did go over. I popped by a few times
7 because I was out and about.

8 Q. Thank you. He then re-attended hospital because he
9 deteriorated on 16 March 2021, which was the eighth day
10 after testing positive. Did you attend with him on that
11 day?

12 A. No, I wasnae allowed. (Redacted) actually -- oh --

13 THE CHAIR: You've done it again, I'm afraid. Don't worry.

14 (A short break)

15 MS BAHRAMI: My Lord, I understand the breach has now been
16 taken out.

17 THE CHAIR: Very good. Thank you. On you go then.

18 MS BAHRAMI: Thank you.

19 A. His wife called us on the way up to the hospital to tell
20 us that she was taking him up, so we weren't there both
21 times. And the second time he was up, obviously we
22 didnae see him that day, but she gave a good account of
23 what was going on, that the bed was soaking wet, he
24 wasnae eating, he wasnae sleeping, he was getting
25 agitated. He was sitting for three days, never spoke

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1 for three days, and he was just staring. And they --
2 I don't know what his wife said and what she'd be doing
3 there. I don't know how they can dae that knowing he's
4 asthmatic and they've got all this evidence here and
5 they don't x-ray him.

6 Q. And, in fact, when he attended on 16 March, they gave
7 him co-codamol to bring down the temperature for his
8 fever and told him to continue with the steroids?

9 A. Hmm--hmm.

10 Q. You had asked -- and presumably this was via telephone
11 through his wife -- you had asked for the steroid dose
12 to be decreased as you thought it was affecting his
13 sleep, and they agreed to this; is that right?

14 A. No, I think that was his wife.

15 Q. Right, okay.

16 A. That was his wife.

17 Q. It's possibly just how it's noted down in the statement.

18 A. Yes.

19 Q. Okay. And after being given co-codamol and told to
20 carry on with steroids, he was sent home again?

21 A. Yes, and --

22 Q. At that time, did you think his symptoms were being
23 adequately addressed?

24 A. No.

25 Q. Okay. Following -- apologies.

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1 A. It was on one page at the end, the 16th, when they put
 2 down -- and I don't know why. I need to find that
 3 there -- question marks to that, about the steroids,
 4 whether he should come off them or no. They didn't
 5 know. And I'm just trying to find it here. Yeah,
 6 "Diagnosis [question mark] sleep affected by
 7 prednisolone and so on [question mark] due to worsening
 8 nocturnal asthma". What do they mean about that?
 9 Are they saying "We think, we don't know"? Are they
 10 saying that?
 11 THE CHAIR: Could it be that they're saying that's open --
 12 medically I appreciate that's questionable -- that's
 13 something --
 14 A. Questionable, yes.
 15 THE CHAIR: That's something that may be a divergence of
 16 medical opinion or --
 17 A. Well, that's what we thought it says, but why then -- we
 18 found out after that they were going by protocol and
 19 guidelines, and this is when we happened -- went to
 20 a meeting with the Health Board, and I always told
 21 them -- I says, "Protocol and guidelines, that's what
 22 they are. They're only guidelines. If you see somebody
 23 asthmatic being twice -- this is his second time there",
 24 I says, "in the state he was in and his wife's there,
 25 you have to x-ray him. Why have you no x-rayed him?"

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1 They says, "We followed absolute protocol and
 2 guidelines". That was it. I said, "No, you have to go
 3 outside the box. If you see something, you have to
 4 think". But no, they stuck by their methods.
 5 MS BAHRAMI: Following on from that, given her concerns,
 6 your daughter-in-law bought an oxygen monitor for your
 7 son --
 8 A. Yes.
 9 Q. -- and the following day his oxygen saturation was at
 10 just 85%?
 11 A. 85%.
 12 Q. For context, are you aware that the standard acceptable
 13 saturation tends to be around 93/94 --
 14 A. Hmm.
 15 Q. -- and he was at 85. Was your daughter-in-law concerned
 16 at that point?
 17 A. Yes, because she phoned friends and medical people she
 18 knew and they told her straightaway, "Phone an ambulance
 19 now, now. Phone it", and she's like, "Why?". They
 20 said, "Just hang up and phone an ambulance".
 21 Q. What happened when she called for the ambulance?
 22 A. It was rejected.
 23 Q. What did they say?
 24 A. It doesn't fit the requirement for a blue light.
 25 Q. Okay. And what was the criteria?

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1 A. Well, then they said to her -- they said, "If you
 2 phone -- we'll send one out, but it could be an hour,
 3 two, three, four, whatever", and they says, "If you
 4 phone your GP", and that's what she did.
 5 Q. What did they expect her to do in the meantime about low
 6 oxygen saturation?
 7 A. I don't know. They never said.
 8 Q. Okay.
 9 A. And she asked them that and they just never answered
 10 her.
 11 Q. What was the response from the GP when your
 12 daughter-in-law contacted them?
 13 A. She called a blue light ambulance straightaway.
 14 Q. The GP?
 15 A. The GP, yes.
 16 Q. And --
 17 A. And the call record states that she told them, "I want
 18 him taken up to Ayr COVID assessment unit and admitted".
 19 She also called the hospital and told them that he was
 20 on -- he'd be on his way up shortly and the history,
 21 what he'd been through.
 22 Q. And despite her making those concerns known, the
 23 ambulance took 42 minutes to arrive?
 24 A. Yes.
 25 Q. Is that correct? You say in your statement that the

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1 paramedics attended, they took a history and they
 2 checked your son's statistics. At that point his oxygen
 3 saturation had gone up to 96%, which is within the
 4 normal --
 5 A. Because he'd been sitting up for 40 minutes. He was
 6 lying in bed. We got him downstairs and he'd been
 7 sitting there for that and he was like this (indicates),
 8 just waiting.
 9 Q. And because his oxygen saturation was up at that moment
 10 in time, the paramedics were reluctant to take him to
 11 hospital; is that correct?
 12 A. Correct, yes. They tested the two machines,
 13 (inaudible), and both of them were the same. So we're
 14 saying, "Well, it was 85%". He says, "Aye, it's 96 now,
 15 and if we take him up to hospital, we'll be bringing him
 16 back. They'll just send him back home".
 17 Q. Okay.
 18 A. Four times they said that.
 19 Q. Four times they told you --
 20 A. Minimum four times.
 21 Q. -- "If we take him, he'll just be sent home"?
 22 A. Yes. "It's up to you", but their advice was that.
 23 Q. What went through your mind at that point?
 24 A. Well, they're paramedics and you're thinking -- well,
 25 you believe in them, you trust them, and that's what we

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1 did, because they told him. "I'm no fit enough to go up
2 to Ayr Hospital to be sent back down. I cannae. I'm no
3 fit enough. I cannae do it". He says, "Well, it's up
4 to you", he says. He signed the document and he went on
5 their advice, and I'm wishing now we hadnae have, we
6 should have just have said -- well, if we know now what
7 we knew then.

8 Q. You go on in paragraph 21 of your statement to tell us
9 about what the paramedics were saying about the GP.
10 Presumably the comments about GPs were due to the
11 ambulance having been arranged by the GP. You say that
12 they told you that all the GPs do is moan, that they
13 never come out.

14 A. Yes.

15 Q. Do you think -- did they seem to you to be dismissive
16 towards or resentful of GPs?

17 A. Oh, definitely, definitely, because they told us the
18 night before that they went up to another person up
19 in -- apologies -- up through Ayr, and the woman had
20 been lying for two hours, he says, "And the GP wouldn't
21 come out to her". He says, "We're left to do
22 everything. They'll no come out". Eventually
23 [redacted] told me, she says, "Look, can you say to my
24 husband " --

25 THE CHAIR: Right. Can we see if we can get that taken out?

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1 A. Sorry.

2 (A short break)

3 MS BAHRAMI: My Lord, we're able to continue again.

4 THE CHAIR: Very good. Thank you.

5 A. The paramedics said to us, "Come hear this, come listen
6 to this", so we stood with him, and he phoned the GP and
7 he says, "I'm just wanting to know, see if you want to
8 come out and see your patient". He says, "We've spoken
9 to him, we've checked him all out and he's okay, he's
10 96. We think it's all right for him just to stay at
11 home and he's wanting to stay at home". And I'm going,
12 "No, no, you've talked him out of it", and she told
13 them -- and we didn't find this out till later on
14 again -- twice then she says, "No, I want him taken up
15 to Ayr Hospital and be admitted". He says, "Right, so
16 you're no coming out then?", and she told him again,
17 "No, I want him admitted to Ayr Hospital". We couldn't
18 hear that because we only heard him. He didn't put it
19 on speaker. "Okay then", he says, "Right, well, we'll
20 just be leaving your patient", he says, and "Bye". And
21 we didnae know that and we didnae find that until after
22 [redacted] went in one day to the surgery to --

23 THE CHAIR: You've done it again.

24 (A short break)

25 MS BAHRAMI: My Lord, we're able to continue now.

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1 THE CHAIR: Right. Can I say something? Mr Dodds, I should
2 say completely understandably because plainly this is
3 a highly emotionally charged piece of evidence he's
4 giving, has three or four times now made the mistake of
5 mentioning the name of a relative and, as I say, that's
6 entirely understandable and he's not to be criticised
7 for doing that. Might I suggest that -- I'm assuming
8 that most of the material at least that he's telling you
9 is contained in this statement you have from him.

10 A. Yes.

11 MS BAHRAMI: Yes, my Lord.

12 THE CHAIR: To make it easier for Mr Dodds, there's no
13 reason why you shouldn't lead him through it by simply
14 you yourself reading out the relevant parts and then
15 asking Mr Dodds if he agrees or disagrees with it, which
16 means that what he has to say is limited. Do you follow
17 what I'm saying, Mr Dodds?

18 A. Yes, yes.

19 THE CHAIR: Does that sound like quite a reasonable idea?

20 A. Go for it.

21 THE CHAIR: Good. Thank you. On you go, Ms Bahrami.

22 MS BAHRAMI: Thank you, my Lord.

23 So you had just told us what had been -- what the
24 paramedic had discussed with the GP. At that point,
25 their conversation seemed to just be around the GP

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1 coming out.

2 A. Hmm.

3 Q. Did they give you any reason for that? Clearly your GP
4 had said that your son must be in hospital. Did they
5 tell you what they were expecting the GP to do if she
6 came out?

7 A. No, the paramedics never says what she said. Nobody
8 did.

9 Q. And you say that it was later on that you had found out
10 about that and you say in your statement that the
11 paramedics at that time didn't tell you that your son's
12 blood pressure was in the range of stage two
13 hypertension, that his pulse was tachycardiac, which
14 means it was higher than it should have been, and his
15 temperature was a little high as well. And you tell us
16 that you trusted the paramedics that there was no need
17 for your son to go to hospital. Had you been given the
18 correct, accurate information, would you have taken
19 a different view?

20 A. Oh, definitely, yes.

21 Q. Would you have asked for him to be taken to hospital?

22 A. I would have, yes. I'd have made him go.

23 Q. You go on in your statement to say that on the tenth day
24 after testing positive, which was your son's birthday,
25 he had just about managed to sit on the stairs but he

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1 didn't look very good. The family wished him a happy
 2 birthday --
 3 A. Yes.
 4 Q. -- and gave him his presents. Then you suggested to your
 5 daughter-in-law that she get him back to bed --
 6 A. Correct.
 7 Q. -- and she did so. Now, the following day -- and this
 8 was just 33 hours after the paramedics had left your
 9 son -- he was lying in bed with his hands on his chest
 10 because he couldn't breathe; is that correct?
 11 A. Yes.
 12 Q. Shortly after that, at 3 am, your daughter-in-law again
 13 called for an ambulance, and this time one was sent --
 14 A. Yes.
 15 Q. -- and this time it arrived quite quickly?
 16 A. It did, yes.
 17 Q. And when the paramedics arrived, you say in your
 18 statement that your son was unable to sit up --
 19 A. No.
 20 Q. -- your daughter-in-law had to help him -- had to move
 21 his legs and help him get into a sitting-up position,
 22 his head flopped, he was chalk white --
 23 A. Yes, terrible colour.
 24 Q. -- and you later learned that his oxygen saturation was
 25 all the way down at 69%.

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1 A. Yes.
 2 Q. He had sinus tachycardia, which meant his heart was
 3 beating much faster than normal, and he had a high fever
 4 by this point?
 5 A. Yes.
 6 Q. The ambulance got to the -- so the ambulance was called
 7 just after 3 o'clock. It arrived not too long after
 8 that. I think you say it took 11 minutes. Paramedics
 9 attended and tended to your son and by 4 am the
 10 ambulance got to the hospital, but none of you were
 11 allowed to accompany him?
 12 A. No.
 13 Q. You also weren't allowed to attend the hospital
 14 separately; is that correct?
 15 A. Correct.
 16 Q. And you weren't told at the time, but you say that you
 17 later found out that, on arriving at hospital, he
 18 collapsed, he was fitting, shaking and vomiting?
 19 A. Yes, it was when I got his records through and I read
 20 through them all and I seen that, my heart may have
 21 stopped.
 22 Q. Is that something you consider you should have been told
 23 at the time?
 24 A. Well, I would think so, yes.
 25 Q. Were you able to keep in contact with the hospital to

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1 see how he was doing?
 2 A. No. Through his wife.
 3 Q. Okay. And you say in your statement that you and your
 4 daughter-in-law kept calling to find out what was going
 5 on and they kept telling you someone would call back,
 6 they kept refusing to answer, until you insisted that,
 7 "No, we want to know what's going on", and at that point
 8 eventually someone spoke with your daughter-in-law.
 9 They told your daughter-in-law that your son required
 10 supplemental oxygen and that they were preparing a bed
 11 in ICU?
 12 A. ICU, correct.
 13 Q. So you went from the situation just over 33 hours before
 14 where you were told he was absolutely fine, no need for
 15 hospital, if the GP wasn't coming out, nothing was
 16 needed, to a situation where your son was in ICU?
 17 A. They x-rayed him straightaway.
 18 Q. You say that your daughter-in-law was able to text him,
 19 so presumably he had his mobile phone with him?
 20 A. Yes.
 21 Q. You say that he was texting his wife, saying, "My lungs
 22 are a mess", and he feared what lay in front of him --
 23 A. He did, yes.
 24 Q. -- not knowing if he'd come out of that battle. Your
 25 daughter-in-law was then told that your son was to be

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1 moved to the high dependency unit at
 2 Crosshouse Hospital?
 3 A. Yes.
 4 Q. Had they explained why that move was being --
 5 A. It was they couldn't -- they didn't have the equipment
 6 to deal with him because he was deteriorating that bad
 7 and they had -- he needed 100% oxygen.
 8 Q. He was transferred on Friday, 19 March, which was the
 9 11th day after testing positive. They put him on a high
 10 flow rate of oxygen as well as CPAP, which is continuous
 11 positive airway pressure --
 12 A. He didn't like that, the CPAP. He kept taking it off.
 13 He just didn't like it. He said, "I cannae. I cannae
 14 dae it, I cannae dae it", but they kept with him.
 15 Q. Because CPAP is a form of non-invasive ventilation so it
 16 forcibly pushes air into the lungs --
 17 A. Yeah.
 18 Q. -- but not in an invasive way. So, as you said and
 19 you've said in your statement, he wasn't able to
 20 tolerate that. You said --
 21 A. No.
 22 Q. -- he kept removing his mask?
 23 A. He told us -- he was texting and he would sometimes do
 24 a WhatsApp or rang me and he would tell us what was
 25 going on.

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1 Q. What was going on, yeah, and because he couldn't
2 tolerate the CPAP device, they returned him to only
3 having high flow supplemental oxygen; is that correct?
4 A. Yes.
5 Q. And at Crosshouse Hospital the doctors told you that
6 your son's condition was poor and they had never seen
7 lungs as bad as his following the scan --
8 A. Yes.
9 Q. -- they carried out?
10 A. And they were very, very worried. "We don't know
11 whether he will make this. We'll do our best, but ...".
12 Q. You say in your statement that the treatment at
13 Crosshouse Hospital ICU was perfect --
14 A. Yes.
15 Q. -- and you couldn't have asked for anything else. They
16 told you the truth all the time. Was being told the
17 truth, being kept up to date, something that was really
18 important for you?
19 A. It was important, yes, because they told us to phone any
20 time. I says, "No, I'll no phone any time". I says,
21 "We'll phone three times a day, morning, afternoon and
22 night", and his wife done it first. She couldnae take
23 it on, so I took over. They were coming out with these
24 big words and -- no. So eventually we got his cousin,
25 who's a nurse -- she spoke to them about it to explain

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1 what was going on.
2 Q. Okay, so she would speak to the hospital and then update
3 the family?
4 A. Yes.
5 Q. And there came a point where they advised that your son
6 would likely have to be put on a ventilator, an invasive
7 ventilator. I understand from your statement that your
8 daughter-in-law was able to speak to your son via
9 FaceTime before that.
10 A. Hmm--hmm.
11 Q. And you say that your son was adamant that he wanted to
12 speak to you via some kind of video--messaging before
13 being put on a ventilator and so a Zoom call --
14 A. Aye, the hospital set it up.
15 Q. -- was set up.
16 A. It was set up and went to our laptop, and that was
17 horrendous. We seen his face and the fear, and he told
18 us -- he says to me, "Dad, Dad, I don't want to go on
19 a ventilator, Dad. Dad, I don't want to go on it", and
20 I had to tell him, "You have to, Son", and I don't know
21 to this day whether he should have -- I should have just
22 told him, "No, don't", because of what you've heard of
23 later on. We told him, "Let them do it, Son", and it
24 was very emotional. You can see the fear in his face,
25 the tears starting to come, and we had to tell him,

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1 "Son, just do it and go and we'll see you when you come
2 back out of it. They're only going to put you to sleep,
3 Son", but he had been Googling about ventilation and
4 that's why he didnae want to go on it. So eventually we
5 got him, he went on a ventilator -- I think it was about
6 10 o'clock at night -- and as soon as they put him on
7 it, he deteriorated so badly, they called us and sent
8 for us.
9 Q. That was -- so he was put on the ventilator at 10 pm
10 that night --
11 A. Hmm--hmm.
12 Q. -- 24 March and you got a phone call at half 10, asking
13 you to attend the hospital --
14 A. Yes.
15 Q. -- and they wanted to speak with you there?
16 A. Yes.
17 Q. And once you were there, they told you that your son had
18 an air--block in his neck --
19 A. His neck, aye, all puffed up.
20 Q. -- a leakage in his lungs?
21 A. They weren't sure where it came from. They thought it
22 was maybe his lungs, but they still didnae know where it
23 came from.
24 Q. They told you that it was extremely hard to get the
25 ventilator pipe in?

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1 A. It was, yeah.
2 Q. And his neck had started to puff up.
3 A. Hmm.
4 Q. And you say in your statement that you think the pipe
5 may have damaged --
6 A. Damaged.
7 Q. -- his throat or lung as it was put in?
8 A. Yeah, possible. I'm not saying guaranteed, but the way
9 they was telling us --
10 Q. Okay, that was what they were suggesting. They were
11 implying that that may have happened?
12 A. Yeah.
13 Q. So your son had deteriorated quite badly and at that
14 point --
15 A. That day -- it was his wife's birthday when he went on
16 it.
17 Q. Oh, right. And on that day, after being told this,
18 finally you, your wife, your daughter-in-law and your
19 daughter-in-law's mother were all finally allowed in to
20 see your son?
21 A. Yes. They spoke to us first, before we went in, told us
22 everything, "When you go in, you'll be shaking when you
23 see all the tubes, the pipes and all the meters and
24 that", he says, "but we're going to have to prone him
25 first, turn him", he says, "so if you give us a minute".

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1 Q. Yeah.
 2 A. He says, "We'll go in and we'll turn him first". So
 3 that's what they done, and then they came out and we all
 4 went in. And we stayed in there for about an hour and
 5 we were talking to him, I was playing with his hair and
 6 all that, telling him how much we loved him and just
 7 holding his hands and that, but we had all PPE on. And
 8 then they says -- "Right", he says, "we're going to turn
 9 him again", he says, "and the problem there is, if we
 10 turn him again, there's a possibility he could take
 11 a heart attack, so if you'd like to just go out and wait
 12 in the waiting room there and we'll come back and let
 13 you know and you can take it from there". So they turn
 14 him and come back in, he says, "He turned fine. He's
 15 okay". He says, "In fact he's actually improved
 16 slightly". I said "Right". So we went back in, spent
 17 an hour with him and then we left.
 18 Q. And that point you say that he was unconscious --
 19 A. Yes.
 20 Q. -- but staff told you that he could still hear you?
 21 A. Yes.
 22 Q. And you tell us that, over the next week and a half, the
 23 hospital contacted you with updates --
 24 A. Yes.
 25 Q. -- and your son's condition was up and down through

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1 that?
 2 A. It was up, down, up, down.
 3 Q. And then on 1 April, late at night, you were sent for
 4 again --
 5 A. Yes.
 6 Q. -- as Lee James was showing signs of organ failure?
 7 A. Yes, it was his heart -- I think it was just his heart
 8 then. We went up and we were there for about two hours,
 9 but they says, "Again, he's picked up a wee bit again",
 10 and so we left -- it was 1 o'clock in the morning.
 11 Q. So you did attend and then left?
 12 A. We did attend, aye, and we just held his hand and that
 13 and spoke to him and told him to fight, "You fight, Son,
 14 fight for this", and that was it, we went home.
 15 Q. The following morning, on 2 April, which was the
 16 25th day after he tested positive, you called the
 17 hospital to ask how he was and they asked whether anyone
 18 had phoned you?
 19 A. No, that was the second time -- that was the first time,
 20 the first time you're talking about now. No, there was
 21 a second time. I'm trying to get the date.
 22 Q. So this is paragraph 39 of your statement?
 23 A. 39, aye. I'll go back to -- I think it was 1 April they
 24 phoned us.
 25 Q. Yes. That was when they called you to say that --

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1 A. Aye.
 2 Q. -- "He's showing signs of organ failure, come in"?
 3 A. Aye.
 4 Q. And you attended?
 5 A. We attended then and then.
 6 Q. And then the following morning you called, presumably to
 7 find out --
 8 A. No, I didn't call. They called -- I did call. Sorry,
 9 I did call, and they said, "Has nobody phoned you?".
 10 I says "No". He says, "I think you better come up". He
 11 says, "This is it. It will be the end". He says, "We
 12 need to switch him off". He says --
 13 Q. So the four of you went back to the same hospital?
 14 A. The same four.
 15 Q. And you say in your statement you arrived at about 10 am
 16 and you were put in a room so that the consultant could
 17 speak to you, and the consultant told you that it was
 18 time to let him go in peace as he could be taking fits
 19 in his brain and multiple organ failure, heart, lungs,
 20 kidneys, pancreas, liver.
 21 A. They were all failing.
 22 Q. You mention that the staff were all dressed in full PPE
 23 in a ventilated room when you saw your son and the
 24 hospital asked if you want to play any music --
 25 A. Correct, yes.

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1 Q. -- and your daughter-in-law at that point chose to put
 2 on their wedding song.
 3 A. Their wedding song, yes, "Loved you for a thousand
 4 years".
 5 Q. How was that experience for you?
 6 A. Surreal. Just couldnae believe it. We were looking at
 7 him and playing with him again, talking to him, holding
 8 his hands, but you could see it was time. His ears were
 9 all black and blue, his fingers, everything, he's
 10 changed.
 11 Q. Did it provide any comfort to you knowing that he died
 12 with his family by his side?
 13 A. Oh, definitely, aye. And they were great, (inaudible).
 14 Q. You go on to talk about his funeral arrangements. You
 15 say that only 20 people were allowed and both your
 16 daughter-in-law and your son have big families so it was
 17 difficult choosing people.
 18 A. Yeah.
 19 Q. But the full street route to the crematorium was lined
 20 up all the way for your son?
 21 A. All the way from his house, all the way over to our
 22 house and then up to the crematorium, full roads, never
 23 seen it before -- only seen it once before, aye, but it
 24 was -- that gave me some -- that helped.
 25 Q. Did that mean a lot to you?

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1 A. Yes, it did.
 2 Q. And you say that you had a few drinks while following
 3 the COVID guidelines out in the back garden
 4 afterwards —
 5 A. It was only immediate family. In fact [redacted] family
 6 were all there.
 7 THE CHAIR: You've done it again. I'm sorry.
 8 (A short break)
 9 MS BAHRAMI: Mr Dodds, I've just been told that you have
 10 breached the restriction order five times, and I've been
 11 told that, if that happens, then I am obliged to tell
 12 everyone that it's actually your birthday today, so
 13 happy birthday!
 14 A. Thank you.
 15 THE CHAIR: All right. I'm not sure what to make of that,
 16 but pass on my happy birthdays as well, thank you.
 17 A. No, don't ask the number.
 18 THE CHAIR: Mr Dodds, I think also — what we've done, in
 19 the slightly longer gap this time, we've prepared
 20 a redacted copy of your statement —
 21 A. Yes.
 22 THE CHAIR: — in which the names have been taken out. Now,
 23 we were actually doing fine for a while there, when you
 24 were simply answering the questions —
 25 A. I cannae say my wife?

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1 THE CHAIR: Can you hear me?
 2 A. I cannae say my wife? She's [redacted]. Let's go.
 3 (A short break)
 4 MS BAHRAMI: We are now ready to continue, Lord Brailsford.
 5 THE CHAIR: Right, thank you, Ms Bahrami. Just a minute
 6 before we start though. Mr Dodds, as I said before,
 7 I appreciate this is a difficult thing for you to do and
 8 that's entirely understandable and you've not to worry
 9 about it. But we were doing fine for a while there. As
 10 you know, you've given a very full statement and, for
 11 a fair passage there, Ms Bahrami was asking you
 12 questions, I think by and large quoting directly from
 13 your statement to make sure we had what you had said,
 14 and you were effectively answering "Yes" or "No" with
 15 a little elaboration. We're going to continue to do
 16 that, so let's try and keep your answers terse.
 17 Obviously, if you think she's misquoted you or if she's
 18 got something wrong, that's different, but basically see
 19 if you can assent or dissent to what she puts to you;
 20 okay?
 21 A. Hmm—hmm.
 22 MS BAHRAMI: Thank you, my Lord.
 23 Now, moving on from there, you made a number of
 24 complaints following your son's death. You tell us you
 25 made some parliamentary complaints. You complained to

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1 the First Minister, then Nicola Sturgeon, to
 2 Jason Leitch and John Swinney, as you believed that the
 3 Scottish Government — that had the Scottish Government
 4 opened up schools later, your daughter—in-law wouldn't
 5 have been around her colleagues and pupils so your son
 6 may still be here?
 7 A. Correct.
 8 Q. Now, I am just summarising these because we have these
 9 and we will take them fully into consideration.
 10 A. Yes.
 11 Q. You also made a complaint about the Ambulance Service
 12 and the assessment unit, and during your evidence you
 13 have commented on those points, being the refusal to
 14 take your son to hospital —
 15 A. Correct.
 16 Q. — and refusing to provide treatment, sending him home
 17 from the assessment unit. You go on at paragraph 58
 18 then to say that you believe that, had the paramedics
 19 listened to your daughter—in-law when she told them how
 20 unwell your son was and had taken him to hospital at
 21 that point, you believe it could have saved your son's
 22 life.
 23 A. Correct.
 24 Q. Is that still your position?
 25 A. It still is, yes.

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1 Q. And is that a thought that regularly occurs to you?
 2 A. Every day.
 3 Q. Thank you. Now, I want to move on to the effects that
 4 this has had on you and your family. Those are
 5 contained in paragraphs 64 to 72. I appreciate that —
 6 my intention had been for you to speak to those effects,
 7 but given how difficult this is to recount and
 8 especially the effects, I would propose to read these
 9 out myself —
 10 A. Right.
 11 Q. — if you agree with that.
 12 A. Totally.
 13 Q. I'll ask you to confirm each point after, and once I do
 14 that, I'll then ask you whether there's anything you
 15 would like to add at that point before we finish.
 16 A. Okay.
 17 Q. Are you happy with that?
 18 A. Yes, I'm happy with that.
 19 Q. Thank you. Okay. So you say at paragraph 64:
 20 "Our lives have been totally destroyed since our
 21 only child passed away on 2 April 2021, made worse by
 22 the professionals that could have done more to save him.
 23 In that I mean First Minister of Scotland for the
 24 mistakes she made, the Covid 19 Assessment Units at
 25 Crosshouse Hospital who in our opinion didn't do their

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1 jobs professionally and stuck to their so called
2 guidelines, protocols and ticking boxes, the Scottish
3 Ambulance Service paramedics for not doing their job
4 professionally and also when the GP doctor told the
5 paramedics what she wanted them to do with my son in not
6 taking him to University Hospital AYR Covid 19
7 Assessment Unit. Three times they were told to admit
8 him by his GP, and the hospital were waiting on him
9 arriving."

10 Is that correct?

11 A. That is correct, yes.

12 Q. And is that still your position?

13 A. Still my position.

14 Q. Thank you. At paragraph 69 you say:

15 "I don't really want to be here but I know we need
16 to be for the kids. My wife is the same. I am so so
17 angry and it is this that keeps me going. Every day is
18 Groundhog Day, the same as the day before, over and over
19 again. All the information was right in front of them
20 all, but nobody took the action of doing the
21 professional jobs they were trained for and admit him
22 for at least 24 hours' observation or an x-ray. That is
23 what is destroying our lives because we know what should
24 have been done and nobody stood up to the task of making
25 the right decision. Crosshouse CAU ICU received your

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1 son too late because of the Assessment's failure to see
2 how ill [he] really was because we see how he was
3 struggling, and it was all down on the On Call Doctor's
4 records."

5 Apologies, that was paragraph 65, not 69.

6 Is that still your position?

7 A. It still is, yes.

8 Q. At paragraph 66, you say that your son is in your mind
9 every day in life on numerous occasions. You can't stop
10 it and you wouldn't want it to stop either.

11 "Lee James was our world, our beautiful son, my best
12 friend, a loving father and he was a devoted husband, to
13 us that makes Lee James the perfect loving son. He was
14 ripped away from us by people in power who take the
15 credit when it is going but will hide the evidence, lie,
16 say nothing that will incriminate themselves when they
17 know they done wrong and hold back any internal inquiry
18 findings like the Scottish Ambulance Service are doing
19 to us now. Even though we are still grieving, they will
20 not give us the documentation we ask for, they would
21 rather help their job title, their workmates and their
22 work's reputation. They are told by their hierarchy
23 bosses who do not care about for the truth to come out,
24 well it will come out I can assure you of that, until my
25 last breath I will fight for my son for justice."

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1 Is that still your position?

2 A. Yes.

3 Q. Thank you. At paragraph 67 you say:

4 "Sometimes I find myself going to throw something at
5 the TV and have to stop myself with the anger inside
6 myself when you get the First Minister Nicola Sturgeon,
7 who broke the rules she set for the population and
8 probably more than we know, a woman who was so
9 determined, whose only thought was to get Independence
10 for Scotland and get her name in the history books, now
11 as the woman who destroyed Scotland in my opinion. Her
12 mistake was always having to make Scotland Covid 19
13 rules set before Prime Minister Boris Johnson, to make
14 her look good. When First Minister Nicola decided to
15 restart the return to the classroom on the
16 22nd February 2021, she alone signed my son's ... death
17 certificate. My daughter—in-law contracted Covid 19
18 before the UK schools and nurseries reopened on the
19 8th March 2021. My daughter—in-law tested positive on
20 Sunday 7th March 2021, UK schools & nurseries returned
21 on Monday 8th March 2021. My son tested positive on the
22 8th March and my grandchildren tested positive on
23 9th March 2021. That works out that if the First
24 Minister of Scotland followed the rest of the UK, my son
25 would still be here today with his loving family and

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1 giving us the love he gave us all. To me that is
2 corporate manslaughter as she knew there would still be
3 serious illness & even death."

4 Is that still your position?

5 A. Yes, definitely.

6 Q. At paragraph 68, you say:

7 "I have been to both meetings for the Scotland
8 Covid 19 Inquiry in Edinburgh, November 22 and May 2023.
9 In both meetings, when I asked a question of the
10 behaviour of the paramedics telling your son that 'the
11 doctors in hospital would just send you back home',
12 I was approached by three other attendees at the two
13 meetings that the same happened to them as well about
14 being sent back home. So, a question has to be asked:
15 Had the Scottish Ambulance Service hierarchy told
16 paramedics to advise patients that they would just be
17 sent straight back home by the Doctors or Hospital, and
18 to follow instructions from their superiors in trying to
19 talk the patient out of going to hospital if their stats
20 are OK. And again, that is corporate manslaughter."

21 Is that still your position?

22 A. Yes, it is.

23 Q. At paragraph 69 you say both your grandchildren were
24 helped by Barnardo's. A woman, presumably from
25 Barnardo's, would come to the house to see them. Your

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1 granddaughter, because she was young, was clinging to
 2 her mother and had to change, I think, schools to be
 3 with her mum at the school where her mum taught,
 4 worked — where she worked after returning
 5 in August 2021, and she actually had to move nursery as
 6 she couldn't go to work in the nursery where she had
 7 caught COVID which eventually took the life of her
 8 husband.

9 Your grandson who had seen — he was more affected
 10 by the death of his father. He had ADHD and he:

11 "... has gone off the rail quite badly, like walking
 12 out of school and going up to see his dad's grave as it
 13 is just down the road from his school. I'm always up at
 14 the cemetery 3 times a day and find your grandson at his
 15 dad's grave, he just doesn't care what he does. I say
 16 he is a lost soul just now and he is really suffering
 17 badly. Your grandson has had several meetings with the
 18 school, Barnardo's are trying to help him, as I'm the
 19 only one he can talk, I'm trying every way to help him
 20 get through life just now, but he has changed a lot
 21 since his dad passed away."

22 Is that still your position?

23 A. Yes.

24 Q. Paragraph 70 you say:

25 "This should never have happened to [your son], he

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1 should still be here today with his family. It is
 2 always sad when somebody loses a loved one but when it
 3 is your only child and you are left without the most
 4 important treasured person in your life there is no way
 5 of coming back from that loss, you are left with just
 6 memories, pictures and videos every day for the rest of
 7 your life. It is a horrific feeling every day and hard
 8 on your everyday life to cope. I can honestly say it
 9 should have been myself, I would have taken my son's
 10 place in a second."

11 Is that still your position?

12 A. Yes, gladly.

13 Q. In paragraph 71 you say:

14 "The way in which my son ... lost his life, the
 15 mistakes, the lies, the poor decision making and also
 16 trying to hide the documents from us as a family still
 17 in grieving as a result of all those so-called
 18 professionals, has made me so angry, upset, devastated
 19 every day and the anger inside me is horrendous with my
 20 son's passing. We have no life now, nothing we want to
 21 do or go to except to the cemetery. This is a full-time
 22 job for me seeking justice for my son. My wife feels
 23 the same way and emotionally destroyed, I'll always hear
 24 her sitting sniffing away and going to bed and crying
 25 herself to sleep and there is nothing I can say or do

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1 that will stop her, just look after her as we both feel
 2 the same.

3 Is that still your position?

4 A. It is, yes.

5 Q. Thank you. And finally, in paragraph 72, you say that:

6 "Your son was an amazing dad, an amazing son and an
 7 amazing best friend, he and his friend called me 'the
 8 oracle' as he would say I'll phone my dad and ask him
 9 he'll know. He had a massive impact on everyone he met.

10 I miss him so much that every day hurts me so badly,

11 I can't believe that he is not here now or I won't
 12 accept it because I talk to him every day in life at the
 13 cemetery, 3 times a day and nobody will tell me
 14 different, that is my way of dealing with what is going
 15 on in my head and will not change. Love you son from
 16 mum & dad always together till we meet again."

17 And there are four Xs at the end there. Is that

18 still your position?

19 A. Yes.

20 Q. Thank you. Now, is there anything that we've not
 21 covered that you would like to add?

22 A. No. Nothing.

23 MS BAHRAMI: Okay. Thank you very much for taking the time
 24 to attend today and for providing your evidence.

25 A. Thank you.

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1 THE CHAIR: Thank you very much indeed, Mr Dodds. I'm happy
 2 to say for you that that's all. Very good. We'll
 3 adjourn until tomorrow. Thank you very much.

4 MS BAHRAMI: Thank you, my Lord.

5 (4.46 pm)

6 (The hearing adjourned until
 7 Thursday, 7 December 2023 at 10.00 am)

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