

OPUS2

Scottish Covid-19 Inquiry

Day 10

November 15, 2023

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Wednesday, 15 November 2023

1 (10.00 am)

2 (Proceedings delayed)

3 (10.05 am)

4 THE CHAIR: Good morning, everybody.

5 Right, now, unusual today because we're going to
6 have the first witness remotely and for that purpose we
7 have to have somebody who will do the vetting of it, so
8 in case there's any mistakes, as those of you who were
9 here yesterday will remember, we can deal with it that
10 way, and because the only way we can get a camera that
11 can see whatever it requires to see for the YouTube
12 channel, Mr Caskie is sitting up here beside me.

13 MR CASKIE: I've not been promoted!

14 THE CHAIR: So that's fine. With that introduction,
15 Mr Caskie.

16 Witness HSC0037 (called)

17 Questions by MR CASKIE

18 MR CASKIE: Can I firstly check that the witness is able to
19 hear me?

20 A. Yes, good morning.

21 Q. Good morning. It's nice to see you. I should say at
22 the beginning there is a restriction order made by
23 Lord Brailsford to ensure that basically no one is named
24 in the hearing today. So the hearing is about your mum

1

1 and your dad and I'll simply be referring to them as
2 your mum and dad and there is also reference to a care
3 home and I'll be referring to that simply as "the care
4 home"; okay?

5 A. Okay.

6 Q. If you could do likewise, that would be very helpful.

7 As I understand it, your mum was born on
8 9 September 1927 and she's now — is she now 96 or is
9 she about to become 96?

10 A. She was 96 in September just past, yes.

11 Q. Your father was born on 25 April 1928 and he sadly died
12 on 30 May 2022; is that correct?

13 A. That's right, yes.

14 Q. Okay, firstly, can you tell us about your mum before she
15 became ill?

16 A. Mum was, I would say, a very traditional mum. She was
17 a teacher. She taught science at secondary school and
18 she loved nature —

19 Q. I'm sorry, can I interrupt a second? The volume in
20 here —

21 THE CHAIR: It's my fault. Can you all hear? Is there some
22 equivocation about that? Yes, someone at the back
23 shaking her head. I wonder if we can get the volume
24 turned up. Could you ask the technical people if we
25 can —

2

1 MR CASKIE: Well, the technical people are listening so they
2 will be running through even as we speak.

3 THE CHAIR: Sorry, I'm giving any plenty of indications that
4 I'm not very good at technology. It's justified.

5 Are they going to see what they do? They're fixing.

6 Right. I apologise for that delay, but we'll see if
7 it's better now.

8 You were asking about the witness' mother.

9 MR CASKIE: Yes, I was asking you to tell us something about
10 your mum. You said she was a science teacher.

11 A. She was a teacher and worked, as well as bringing up her
12 or their three children, myself and my siblings. She
13 loved nature, she loved gardening, she knew an awful lot
14 about the scientific names of plants. As well as
15 working, she was quite a home bird, I would say. She
16 loved cooking and baking and dress-making and knitting.
17 I don't think I've picked up many of those skills from
18 her. She was quite sociable, she loved sailing, when
19 she was younger, in dinghies. She loved dancing, she
20 loved playing bridge. She was very sociable and
21 a lovely mum.

22 Q. Can you tell us a bit about your dad?

23 A. Dad worked for the same company all his life, which
24 I think is quite unusual these days. He was a research
25 scientist. Dad was also very sociable. He loved

3

1 spending time with his family and spending time with his
2 friends and blethering perhaps over a whiskey or two.
3 He had a great love of literature, he had a great love
4 of history and he was particularly interested in
5 Scottish history, Scottish music. He spoke a little bit
6 of Gàidhlig and was very proud of his Scottish heritage.

7 Q. Now, I understand you live in South-West Scotland?

8 A. I do, yes.

9 Q. And latterly your parents lived in North-West Scotland?

10 A. They lived there for about 30 years, yes.

11 Q. On Google Maps it tells me that you lived about
12 220 miles apart.

13 A. Yes, that might well be right. It was certainly about
14 five hours' drive one way.

15 Q. And I think towards the end of your father's life both
16 your mother and your father were in the same care home.

17 A. Correct. Mum went in first and Dad, for a while, sort
18 of managed at home with the help of carers and then,
19 latterly, he was in the same care home as Mum, and
20 that's where he passed away.

21 Q. Okay. Now, I'll ask you a bit more about that in
22 a moment, but, as I understand it from the witness
23 statement, your mum entered the care home in the spring
24 of 2018.

25 A. That would be right. She'd been in the local hospital

4

1 for about two months with ongoing infections and during
 2 that time her physical health deteriorated to the extent
 3 that she couldn't — she wasn't able to return home to
 4 Dad.
 5 Q. Was there a specific incident that precipitated her
 6 going into hospital?
 7 A. Yes, yes. They were just about managing to be
 8 independent at home. They were fiercely independent.
 9 They didn't take help easily from social care. They'd
 10 never — we'd never had any interaction with social care
 11 until the very late stages of my parents' life. And
 12 Mum, who had osteoarthritis, had real difficulty
 13 walking, must have tried to get out of bed one evening
 14 during the night to the commode that was in her room
 15 downstairs and she took a fall and, unfortunately,
 16 wasn't found until the carers came in that morning and
 17 she was on the floor of the room. And then she was
 18 taken to the hospital and actually after that she wasn't
 19 able to return to her home or to Dad.
 20 Q. You said that your mum went into the care home in the
 21 spring of 2018. Is it correct that your dad went into
 22 the care home in 2019?
 23 A. Yes. So Dad for a while managed somehow, with some
 24 struggles, to remain at home. As I'd said earlier, they
 25 were both very home-orientated and he managed one way or

5

1 the other for a wee while, while Mum was in the care
 2 home. Unfortunately, with his dementia, he —
 3 Q. Well, I'll come back to that.
 4 A. Right.
 5 Q. You said that your mum had gone into the hospital for
 6 about two months.
 7 A. Yes.
 8 Q. Who was looking after your dad during that period?
 9 A. I moved up for a while to be with him. I was very
 10 worried about both Mum and Dad and so for a while
 11 I spent half my time with my father and then half my
 12 time back where I lived. While I was there, I did as
 13 much as I could to look after Dad, as well as taking him
 14 to visit Mum, and so I sort of commuted between the two
 15 places.
 16 Q. It's a long commute.
 17 A. It is a long commute.
 18 Q. Tell me about your dad's health problems.
 19 A. Dad was — I used to call them Tweedledee and Tweedledum
 20 because Mum had severe physical issues and Dad had
 21 increasingly severe mental health issues with vascular
 22 dementia. So, latterly, when they were at home
 23 together, Mum would do a lot of the planning and
 24 thinking and Dad would do as much of the doing as he
 25 could. They sort of managed very well. As I say, they

6

1 were very independent. I'm sorry, I've forgotten the
 2 question. I'm sorry.
 3 Q. You've answered it. It's fine.
 4 So you've got a mum who has physical problems and
 5 a dad who has dementia problems. Between the two of
 6 them, they made a complete person?
 7 A. They did. They managed so well between the two of them.
 8 They did have some support from the home care team that
 9 would come in and, certainly for Dad at that stage, they
 10 would administer Dad's medication — some of the home
 11 care team were responsible for administering his
 12 medication, which was very, very important, and would
 13 also look after some of his needs. He latterly wouldn't
 14 make food or drink for himself so they would try to make
 15 sure that Dad had meals put in front of him. He didn't
 16 always want to eat them, but they did their best.
 17 Q. I think you said that your mum was in the hospital for
 18 two months after her fall.
 19 A. She was there over two months. She just — she had
 20 sepsis — she had ongoing infections, sepsis, urinary
 21 infections, and they just couldn't seem to clear it for
 22 her.
 23 Q. What happens at the point at which she's getting out of
 24 the hospital in terms of her care?
 25 A. We didn't actually know what to do. Where they lived,

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1 there wasn't a huge number of care homes or respite beds
 2 available, but it was very obvious that Mum at that
 3 stage really couldn't stand, couldn't walk and was
 4 starting to have even restricted movement when she was
 5 sitting down or in bed. And I think it was at that
 6 stage that I first had my first contact with the social
 7 care team, who were exploring her going into a care home
 8 and were trying to find a care home that was in the
 9 vicinity of where my father was so that obviously they
 10 could continue to see each other.
 11 Q. Was that the primary selection category for the care
 12 home that your mum was going into?
 13 A. I'm sorry, I don't know —
 14 Q. That she was close to where your father was living?
 15 A. At one point it seemed that wouldn't be possible. They
 16 were keen to move her out of the hospital and there
 17 wasn't, as I said, an immediate availability close to
 18 where my father was. But then, as these things tend to
 19 happen, a bed became available in the care home that was
 20 local to where my father was and so very quickly that
 21 all swung into place. She was very reluctant to go but
 22 really there was very little option for her.
 23 Q. Did your father have wider family living in the
 24 vicinity?
 25 A. Yes, yes, he had.

8

1 Q. Without naming them, can you tell me what relatives they
2 were?
3 A. My father had many uncles and so he had cousins, first
4 and second and a few third cousins very close and on
5 hand, so he was in familiar surroundings where he lived,
6 and, yes, there was quite an extended family on hand for
7 him.
8 Q. So we know that your mum goes into the care home and
9 your dad is still living in the family home. He has
10 cousins in the vicinity. Are the cousins involved in
11 some way in the care of your father?
12 A. Yes, yes. The days when I wasn't able to be with my
13 father, helping look after him, I actually had
14 a WhatsApp group of some of the core family, I guess
15 you'd say, and I'd ask them to help by maybe taking Dad
16 to see Mum or maybe doing some particular shopping for
17 him or taking him for one of the many medical
18 appointments that he needed. So we depended a lot on
19 local family and a few close friends who were also in
20 the area.
21 Q. In the area, was he well known?
22 A. Yes, very well known and well respected and well liked.
23 Q. Over time, did his condition deteriorate?
24 A. Yes, it did. It did, and I was so worried about him.
25 When I arrived to see him, if I was going up to stay for

9

1 three or four nights — and I'd go in the back door and
2 he'd be sitting in the room by himself, sometimes
3 sleeping, and, you know, Mum's chair would be empty. So
4 he managed very well and he never complained, he never
5 really complained, but he was always glad to see
6 somebody when they walked in the door. The family would
7 just knock and walk in the door and he was always glad
8 to see people when they came in. But I really did worry
9 about him being in the house by himself because at that
10 point he was worried about Mum, he thought she was still
11 in hospital, he never quite grasped that she was in the
12 care home, so he did start to deteriorate.
13 The carers would leave a sandwich for him at
14 lunchtime and they would return and the sandwich would
15 be uneaten or they would make a cup of coffee for him
16 and return and find the coffee was cold. He
17 increasingly — he always used to get out of bed early,
18 but increasingly they'd arrive at maybe half nine in the
19 morning and he'd still be in bed, which was not like
20 him. He was always an early riser. So even at that
21 point, Mum went into the care home, I think he missed
22 her dreadfully and was very lonely because they had been
23 so used to looking out for each other.
24 Q. Did anything in particular happen to his weight?
25 A. Yes. He really wasn't eating very much at all and we

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1 were concerned about the weight loss and he would always
2 brush it off. As I say, he was never one to complain
3 and he would say, "I don't have much of an appetite.
4 I'm not doing very much these days. I don't go out and
5 about. I don't have much of an appetite", but he was
6 eating very little. The carers phoned me one day to say
7 he'd nearly fallen down the stairs because his trousers
8 were so loose on him that even with a belt they'd nearly
9 fallen down and he'd nearly tripped down the stairs.
10 They were quite steep stairs and they were just very
11 concerned at that point that he was losing weight. He
12 was getting more frail and, although he had never
13 complained, I think the carers were starting to feel
14 that he was getting weaker and more frail and really
15 wasn't able to look after himself.
16 Q. When those events were developing, did social work and
17 the medics basically make a suggestion as to what should
18 happen with your dad next?
19 A. Yes. I think there was a difficult week or so when I —
20 because of work, I think, I really couldn't get up there
21 for about ten days and I had been going up pretty much
22 every week. It was all a bit crazy, but there we are.
23 We do these things. He was starting not to even wash
24 his hands, wash his face. He'd stopped shaving. We
25 couldn't get him to a hairdressers and he started to

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1 look quite weak and dishevelled and there was
2 a suggestion that he went into respite care, which — as
3 I understand it, he was entitled to two weeks' respite
4 care. It was suggested that for his own well-being he
5 would go into a care home for — initially for two
6 weeks' respite care, which was such a relief to know he
7 would be looked after.
8 Q. At that stage in someone's life, it's quite often the
9 case that the social work department or the doctors will
10 seek to have the person assessed in terms of their
11 mental and physical capability and, quite often, people
12 go into hospital for a few weeks to do that. Did that
13 happen with your dad?
14 A. Yes, it did. That was actually before he went in
15 for respite care. As I say, he had vascular dementia
16 and he was starting to display — he'd had it for many,
17 many years. It was a very slow — a very slow, gradual
18 decline. He was quite canny about dealing with it and,
19 to be honest, hiding it as much as he felt he could, but
20 because his behaviour started to change and he was
21 uncharacteristically cross and — he started actually
22 hallucinating and so he was taken into a geriatric
23 psychiatric residential — I find that hard to say —
24 geriatric psychiatric residential —
25 Q. Unit, yes.

12

1 A. — hospital for assessment, which was in a different
2 part of Scotland. So again I was then trying to drive
3 to see Mum and then drive to a different location to see
4 Dad. I was hugely concerned at that point, but with
5 hindsight that was a good thing because he then had
6 a full psychiatric assessment of his dementia, which
7 he'd never had before. Really at that stage he had had
8 very little help with his dementia because they were
9 seen to be managing one way or another. So, yes, he
10 went into a geriatric hospital for I think about
11 ten days.

12 Q. At the conclusion of that ten-day period, was the
13 suggestion that he simply return home?

14 A. It was. It was. He was given some medication for the
15 dementia or for the impact of the dementia, which
16 actually did seem to pacify him and keep him calm, so he
17 returned a bit more to the lovely, lovable, kind-hearted
18 character that he had, and he returned home for a short
19 while, but, as I've said before, he really then
20 continued to deteriorate, so — but by then he'd had the
21 full diagnosis and I think it was on his record that he
22 was becoming less and less able to manage in his home by
23 himself, even with my care and even with the home carers
24 going in. He was almost getting beyond that.

25 Q. So at that stage was it decided that he also should go

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1 into a care home?

2 A. I think at that point then they suggested that he go in
3 for respite care. It was such a relief. It actually
4 meant for a wee while I didn't feel I had to go up all
5 the time because I knew he was actually in 24-hour care
6 and, amazingly, he was in the same care home as Mum, and
7 that was just — he actually thought he was in a hotel,
8 but never mind. He was in the same place, the same
9 building, as Mum and that was just lovely. They would
10 sit together. Sometimes they would both be asleep in
11 the armchairs but at least they were together. It was
12 such a relief to the family to know that they were back
13 together and, to be very honest, it was a relief for me
14 to know that I really didn't have to go up all the time
15 and arrange things for Dad and try and look after him.

16 Q. So both of your parents are now in the same care home.

17 A. Hmm—hmm.

18 Q. Can you describe the care — well, sorry, your dad went
19 in for two weeks' respite. Did he ever come out?

20 A. No.

21 Q. No?

22 A. No.

23 Q. So the respite became his permanent residence?

24 A. Yes. Again, it was just the way that care homes work,
25 that beds become available and it was just the way that

14

1 a bed became — a permanent bed became available for
2 Dad. Some people said, "Are they in a double room?",
3 and I said, "Care homes don't work like that. They
4 don't have double rooms". They were in individual rooms
5 but they could spend their day beside each other, which
6 was wonderful for the family and for them.

7 Q. Was it a nursing home or a care home?

8 A. I believe it was a care home, so that there were carers
9 rather than nursing staff, I believe.

10 Q. And can you describe the home, just physically?

11 A. It was a small care home. It was a care home that was
12 local to where my parents lived and where my father's
13 family were. I felt very fortunate, once I'd started,
14 as many of us did, to learn more and more about care
15 homes. It was a small care home. There were some local
16 staff there who also had some knowledge of local history
17 and the local area, which — Dad thoroughly enjoyed
18 talking to them. He really blossomed in the care home
19 for a short while because he had the social interaction
20 that he so much enjoyed. I was always happy with the
21 care that Mum and Dad were given, always happy. There
22 were some very dedicated carers that went above and
23 beyond and, until COVID struck, I was so happy with the
24 care and it was such a relief to know that they were
25 both together again and some of the care, I — you know,

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1 was given to them and, as I say, the family and — we
2 didn't have to organise so much for them.

3 Q. Tell me about the staffing levels in the care home at
4 that time.

5 A. At that time it was so difficult for the care staff.
6 There were often shortages of staff and the staff would
7 often do extra hours to fill in the gaps out of sheer
8 goodwill and dedication. I was very grateful for that.
9 They would often call in bank staff, who were sort of
10 on-call, as it were, to come in, so that would be people
11 that would come in to cover shifts. I believe the
12 situation with the shortage of staff was because there
13 was a shortage of local housing, so staff — people
14 couldn't move into the area to take up the jobs because
15 there was a shortage of housing, particularly affordable
16 housing or rented housing or local authority housing,
17 and that was across the whole health and social care in
18 that part of North-West Scotland, that, because of the
19 shortage of affordable housing, it meant the whole
20 healthcare system really was struggling with a shortage
21 of staff. And that definitely affected the care home
22 and at times I think they struggled with cover and it
23 was only the goodwill of the staff to do extra hours
24 that they always, one way or the other, managed to
25 get — the great thing was I could go in and I could

16

1 help — sometimes help Mum to eat or I could sit with
 2 Dad and keep him company or I could do a jigsaw with Dad
 3 or I could help Mum. So at that time, you know, I was
 4 happy to go in and help look after Mum and Dad the way
 5 I always have done. So — but there was a shortage of
 6 care staff, even before COVID.

7 Q. At paragraphs 15 and 16 of your witness statement you
 8 talk and name a number of staff at the care home. I'm
 9 going to ask you not to name any of the staff. But
 10 reading those two paragraphs short, it appeared to me
 11 that the management of the care home was in a state of
 12 flux. Would that be a fair summary?

13 A. It was, it was. It was like a double whammy that, just
 14 as COVID was starting, there were, for different reasons
 15 and different circumstances, two or three managers
 16 across the period of pre-COVID and into COVID, again
 17 just through circumstances, and that was — that didn't
 18 help the situation during COVID, that there were
 19 different people coming in and — yes, there were
 20 different staff, different managers, coming in.

21 Q. When your dad went into the care home, what were his
 22 immediate needs? I mean, he had just come from
 23 hospital.

24 A. Dad had left the psychiatric hospital and was at home
 25 for a couple of weeks before he then went into respite

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1 care. As one carer said, he looked a bit dishevelled,
 2 he looked a bit dishevelled. He needed a good shave, he
 3 needed a hair-cut, he needed a good feed, and they
 4 looked after him, they tempted him with different food,
 5 and he sort of made friends with one of the other
 6 elderly gentleman and they would sort of sit —

7 Q. Did you see an improvement? Did you see an improvement
 8 after he arrived?

9 A. He did, he did. A short-term improvement, but I think
 10 he so much liked being where Mum was. He loved the
 11 social interaction. Latterly, when he was at home, he
 12 didn't really get out and about that much. He became
 13 quite insular and withdrawn, and now he had people
 14 around him that he could talk to. He enjoyed word games
 15 and dominoes. Even with his advanced dementia, he still
 16 retained the capacity to play dominoes and he enjoyed
 17 blethering with some of the other residents who had
 18 a similar connection with the area that he did.

19 Q. You described yourself travelling up to see him
 20 frequently. What about your siblings and his wider
 21 family in the area, would they go to visit your parents?

22 A. Yes, yes. So some of his extended family would go in
 23 and take him gifts. I don't know what gifts,
 24 shortbread, the odd ... my siblings live even further
 25 away than I do so I tended to be the sibling who took

18

1 photos and sent them round the family and, when I was
 2 there, I would phone one of my brothers and we would
 3 have a sort of three-way discussion. They weren't able
 4 to visit as much as I could, just again through
 5 circumstances.

6 So, yes, Dad did have friends and family that would
 7 come in to visit him and he would go out — he would go
 8 out and — with one of the carers he would go out, not
 9 by himself — but he would go out and they would — they
 10 were very good. They would take him maybe to a local
 11 cafe or there was a local community resource centre
 12 where he would go once or twice a week and there would
 13 be various activities. So I was very happy with the
 14 care he got pre-COVID in the care home, very happy.

15 Q. Now, in March 2020, lockdown happened. Presumably
 16 visits and so on just came to an end?

17 A. Almost overnight.

18 Q. Immediately.

19 A. Almost overnight. The doors were locked and that was
 20 that.

21 Q. And people that he did see, presumably they would be
 22 wearing masks?

23 A. Yes. All the carers — I mean, it was awful for the
 24 carers being in what was quite a warm building wearing
 25 masks and to this day I think that Dad's last year

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1 really, he rarely saw a smiling face. With his
 2 dementia, he never quite understood why people were
 3 wearing masks and he would always — almost every day he
 4 would say "Why are you wearing masks? Why are you
 5 wearing masks?", so he never understood.

6 Q. Were your parents hard of hearing? Had they become hard
 7 of hearing?

8 A. Dad's sight and hearing were quite good. My mum, even
 9 before she'd gone into the care home, was slightly deaf
 10 and had combined macular degeneration and cataracts. So
 11 even before the care — before she went into the care
 12 home, she had hearing and sight difficulties and the
 13 masks just made that ten times worse.

14 Q. Well, tell me about that. Why were masks such
 15 a significant interference?

16 A. They really limited Mum's communication or Mum's
 17 hearing. Even with her eyesight — she I think learnt
 18 some element of lip-read or she could look at people's
 19 expressions and she was quite sharp mentally, Mum, until
 20 latterly, so she picked up on people's expressions, even
 21 though her eyesight was limited. But the hearing — we
 22 had to really raise our voice and speak quite loudly to
 23 get her to hear, and with the mask, you know, that
 24 became more difficult.

25 Q. Those visual cues as to what someone was saying, they

20

1 would be taken away by your mum wearing a mask; is that
2 correct?
3 A. By the carers wearing a mask.
4 Q. Aha, and also later visitors?
5 A. Yes. Yes, she was continually having to say, "What?",
6 "Pardon?", "What are you saying?", so it just became
7 quite a struggle to say anything. We persevered but the
8 masks — I think, for my dad, not seeing a smiley
9 face — and, as I've said, Dad was such a sociable
10 person — and not to see faces and for my mother not to
11 be able to readily hear conversation and hear what was
12 being said to her made everything very difficult.
13 Q. A moment ago we referred to carers and also visitors.
14 How did you regard yourself, a carer or a visitor?
15 A. I wasn't a visitor, I was a carer. I was a care-giver
16 in the true sense of the word. I for years had looked
17 after Mum and Dad as best I could, living away, but
18 I would spend a lot of time looking after them,
19 organising their care, giving them their care, helping
20 them with all sorts of personal care, emotional care,
21 well-being care. My brother had power of attorney but
22 he made it very clear to the social and healthcare —
23 the health team that I, in his place, was his deputy, so
24 I considered myself a care-giver. I cared for them and
25 I looked after them and helped them and was happy to do

21

1 so because they looked after me.
2 Q. So at this stage both parents are together in the care
3 home but visits have stopped?
4 A. Yes.
5 Q. Were any effort made to try and organise technology to
6 allow you to speak, FaceTime or anything like that?
7 A. A lot of people were FaceTiming at that time, I think,
8 not just those in care homes, but friends and family all
9 over the country were FaceTiming. That was very alien
10 to Mum and Dad. They didn't have broadband in their
11 house. They didn't have mobile phones. They just
12 weren't the generation that used technology. So
13 everybody was saying to me, "It must be great that you
14 can FaceTime Mum and Dad", but I couldn't. The care
15 home's wifi was very weak and very intermittent and
16 really only worked in the main office area, where
17 I suppose the modem was, and Mum and Dad couldn't go
18 into that area because it was a communal area. So
19 although we tried initially, it just wasn't possible.
20 The wifi signal wasn't strong.
21 Q. And who was responsible for the wifi?
22 A. I never quite understood. There seemed to be some
23 to-ing and fro-ing between the local authority and the
24 local NHS because of the status of the care home, and
25 they seemed to — when I asked about it — pass

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1 responsibility to one or the other and then I was told
2 by email that the care home wasn't a priority to improve
3 the wifi, given the COVID situation. There were
4 other — a local authority, maybe the hospital or —
5 that the wifi was more of a priority. It was very
6 difficult. We tried to get wifi set up, but Mum would
7 fall asleep while it was being set up, Dad could not
8 understand what I was doing on the television,
9 I couldn't hear, they couldn't hear, and then the wifi
10 would collapse and that was that.
11 THE CHAIR: Can I ask a question about that? I'll be very
12 careful because I don't want to disclose anything
13 I shouldn't. But you've said that your parents' care
14 home was in the north-west of Scotland. Was it in
15 a geographical area where wifi was, as a matter of
16 generality, difficult to obtain or there were obstacles
17 to it? I say this as someone who lives in a rural area
18 so I know about these problems.
19 A. Yes, yes. Where the care home was and where my parents
20 had lived would exactly be in that rural area where wifi
21 was limited. The availability of wifi providers was
22 limited and the strength of the signal was limited.
23 THE CHAIR: Right. So might I say that there were
24 possibly — and I understand fully that you don't have
25 the detail of this — but possibly wifi connection

23

1 presented more of a problem in the area where the care
2 home was situated than it would have, for example, in
3 Edinburgh or Glasgow?
4 A. Initially, yes. Yes. As the pandemic went on, it was
5 realised that there were ways around that, with boosters
6 and other technology.
7 THE CHAIR: Yes.
8 A. And it eventually improved, but, initially, yes, the
9 wifi signal — I eventually asked for us not to do the
10 FaceTime because Dad would get upset, Mum would get
11 upset, I'd get upset, we all got upset, and it was just
12 worse than not trying. So eventually I said to the care
13 home, "I can't — I can't put Mum and Dad through this",
14 so initially it caused more problems and more upset than
15 any of us wanted.
16 MR CASKIE: In February 2021 I understand that changed to
17 some extent. I'm looking at paragraph 25 in your
18 witness statement.
19 A. It took a while, it took a while, but, yes, that's
20 right, February 2021, this wonderful thing called "MiFi"
21 was introduced. I'm really not sure where it came from.
22 I think it was through some charity. And that made
23 a difference because then it was so easy to get on to
24 wifi and, amazingly, having said that Mum and Dad
25 weren't really into technology, Dad very readily

24

1 accepted that I was on the television screen and Mum
2 readily accepted that I was there, and it was great
3 because I could see them. I could see that they had
4 a piece of cake or they had some shortbread. I could
5 see what jumper Mum was wearing. Mum could see me. And
6 it made such a huge difference that I could actually see
7 them and talk to them, even though we still had to sort
8 of speak quite loudly. It was an amazing difference.
9 Q. Did you regard the year that you were waiting, as it
10 turned out, for the wifi to be installed as a wasted
11 year?
12 A. I lost a year of communication with Mum and Dad, yes,
13 and I worried about them. They must have worried about
14 me because, as I said, I was the one that kept them up
15 to date with all the family news and they weren't
16 getting that, so they were not only geographically
17 isolated, they were isolated from news about their
18 family. Phone calls were difficult because Mum couldn't
19 hold the phone because of her osteoarthritis. She
20 couldn't hold a phone and the carers would prop it up on
21 her pillow and it would fall away and -- so a whole year
22 they lost news and contact and connection with loved
23 ones and we lost connection with them.
24 Q. I'm still working through the statement, but I want to
25 try to take the next part of your evidence relatively

25

1 shortly. You indicate that you were keeping track of
2 all guidance issued by the Scottish Government.
3 A. Yes.
4 Q. How? How were you doing that, initially and
5 subsequently?
6 A. I was -- I think, like many of us who were separated
7 from loved ones, I was looking a lot at websites,
8 particularly the Scottish Government website or
9 websites. I found that hugely confusing. I like to
10 think I'm fairly au fait with technology and
11 business--speak and terminology, but I found it very
12 confusing trying to find the specific piece of guidance
13 or the specific piece of information that referred to
14 the care homes, and it was at that point that I stumbled
15 upon or I was referred to or somebody told me about
16 Care Home Relatives Scotland, and to this day I --
17 Q. Did you find that a useful resource?
18 A. Night and day. Hugely. Hugely. And I've said time and
19 time again, I feel for the many hundreds, thousands, of
20 people that never found Care Home Relatives Scotland.
21 They were such a fantastic resource for information.
22 They clarified the guidance, they provided support, and
23 time and time again I found information clarified
24 through them that I would have struggled to from the
25 Government website, which I found very confusing.

26

1 Endless links and just ... so Care Home Relatives
2 Scotland, night and day, what a difference it made to
3 me.
4 Q. Now, we know that there was a process -- and I'll ask
5 you about the specific process in a moment -- but
6 a process by which visits were introduced. We said
7 earlier that you lived about 220 miles from where your
8 parents were living. Was any allowance made for that
9 500-mile round trip in terms of visits once they were
10 authorised?
11 A. I don't think it was, to be honest. The -- as I say,
12 the care staff were always wonderful, but the
13 restrictions that were placed on them meant we had to
14 book an appointment to see Mum and Dad, and I had to
15 phone and make an appointment and make sure that I was
16 there for the appointment. I did ask for weekend
17 visits. I did -- I'm self-employed so I was doing some
18 work from home during lockdown and I had some
19 flexibility. But when I was busy with work, I wanted to
20 travel up at the weekend or maybe drive up on the Friday
21 and go home on the Monday and visit Mum and Dad at the
22 weekend. But I was told specifically for that care home
23 that wasn't possible and it had to be during the week,
24 almost like a 9.00 to 5.00 visit, and that was difficult
25 for me.

27

1 Q. Why was that? Were you given an explanation as to why
2 that was?
3 A. I did query it and I had and still have a good
4 relationship with the care home. I was told it was
5 because they didn't have the full staff at the weekend,
6 so maybe some of the catering staff or the cleaning
7 staff or -- the staff weren't there, so the carers that
8 were there had to take on extra duties and they couldn't
9 therefore be there to let me -- to unlock the door and
10 let me in and sit with me or do my COVID test, and so
11 I had to try and manage my time to be there during 9.00
12 to 5.00 during the week.
13 Q. Now, at paragraph 30, you describe a visit.
14 A. Yes.
15 Q. Can you tell us about that visit? Firstly, was that
16 a formally arranged visit in terms of the guidance that
17 had been issued?
18 A. Yes. I think this was when -- this was the first time
19 I actually got to see Mum and Dad in some sort of
20 face-to-face capacity. When I say "face to face",
21 I think this was the time of the window visits and Mum
22 was on the ground floor and she actually had a small
23 single door to the outside, and so I would again have to
24 book the visit and several times -- and I've got
25 photos -- I would be standing outside the door, about

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1 a metre away, Mum and Dad were about a metre inside the
 2 door, Mum was swathed in blankets, Dad was covered in
 3 blankets. Being in that part of Scotland, it was always
 4 blowing a hoolie and often raining. I would be in my
 5 cagoule. I had to wear a mask.
 6 It was a small opening, I was about 2 metres from
 7 Mum and Dad, I could see them, but with the mask and
 8 probably the wind and rain, I was having to sort of
 9 raise my voice. I was glad to see them but it wasn't
 10 a satisfactory visit because I couldn't reach out to
 11 them. Dad kept saying, "Will you not come in?", Dad
 12 kept saying "Come and have a cup of tea", Mum kept
 13 saying, "You look cold, come on inside", and that was
 14 all they wanted to say, was "Come on inside". And
 15 although I could see them, I couldn't really have
 16 a conversation with them because I had my mask and we
 17 were 2 metres apart. They were inside, I was outside.
 18 I suppose I was reassured that I could see them. Then
 19 Mum would say she was very cold and she'd have to go
 20 back inside and then Dad wanted to go and be with Mum
 21 and I'd have to go away again.
 22 Q. I get the impression from what you're saying that they
 23 were unsatisfactory, the visits, at that stage, although
 24 there was a great relief to see them.
 25 A. I did those visits because it was better than nothing,

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1 but in a very strange way almost the Zoom calls that we
 2 did were almost better because I could communicate more
 3 easily and it was a more warm atmosphere for Mum and
 4 Dad. So I did continue those window visits but I didn't
 5 feel we could communicate easily. I didn't feel we
 6 could have conversations. It wasn't satisfactory, no.
 7 Q. At the time, did you think what you've just said, that
 8 the FaceTime contact was better than seeing them in the
 9 flesh in terms of your communication?
 10 A. Well, the window visits or that open-door visit —
 11 I think they were sometimes called "garden visits". It
 12 wasn't a garden. It was just like the back of the care
 13 home — yes, in a way it was easier because Mum and Dad
 14 were more relaxed. Mum could even be in her bed and Dad
 15 would be sitting beside the bed, so Mum was more
 16 relaxed, Dad was more at ease. We could have
 17 a conversation. It was quieter. In a strange sort of
 18 way — although I was so grateful to see Mum and Dad, in
 19 a way I could communicate better with them over the Zoom
 20 calls, the FaceTime calls. However, I did continue to
 21 do those garden visits for a while because it was —
 22 Q. Did you continue to do the FaceTime as well?
 23 A. Yes, yes, we still did FaceTime. So I would maybe visit
 24 them during the week and then have a FaceTime call at
 25 the weekend, so I did my best to try and keep up the

30

1 contact because I was worried that they would think we'd
 2 all forgotten them.
 3 Q. You say that the next thing which happened was being
 4 able to sit outside with them.
 5 A. Yes. So at some point Dad would come outside and
 6 I would sit, again, a wee bit apart from him with a mask
 7 on, but I think this was — the weather had improved by
 8 this point and I could sit near Dad outside. It was
 9 difficult for Mum with her osteoarthritis. She was in
 10 great pain, she didn't like being in the wheelchair, it
 11 was uncomfortable for her and she could really only
 12 tolerate about 15 minutes in the wheelchair. So, again,
 13 although it sounded great that they could come outside
 14 and sit with me, Mum could really only sit for about
 15 15 minutes and then she would go inside. But at least
 16 I could sit with Dad for a bit and bletcher away to him,
 17 which was lovely. It was lovely.
 18 Q. The next thing, the next development, was visits in the
 19 conservatory.
 20 A. Yes.
 21 Q. Tell me about those. Tell me about the physical layout
 22 of the place the visits took place.
 23 A. You know, there — I feel for the care home at these
 24 different stages because they really had to work the
 25 best they could to organise things. There was

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1 a conservatory that Mum and Dad could enter through the
 2 care home and I would enter through the outdoor. There
 3 was a perspex plastic screen between us and I would sit
 4 on one side of the screen with a mask on and Mum and Dad
 5 would sit on the other side of the screen, Mum was in
 6 the wheelchair, and they would have a cup of coffee and
 7 some cake or biscuits with them. Again, it was good to
 8 see them, but Mum again could only tolerate about 15
 9 minutes in the wheelchair and Dad just didn't like being
 10 behind the screen. He kept asking the carers to move
 11 it.
 12 Q. You also say that you had a concern about there only
 13 being one visitor allowed, ie yourself.
 14 A. Yes, there was — I had a strong understanding that the
 15 guidance said "Up to two visitors", and sometimes my
 16 husband would drive up with me, and that was great
 17 because he could do the drive and I could just sit there
 18 and it took some of the strain away from the drive for
 19 me, but he wasn't allowed in at the same time as me and
 20 that was very difficult because he and Dad got on so
 21 well. And Dad would ask — I'm sure Dad probably
 22 thought we'd got divorced or something because he never
 23 saw my husband and he would ask after him and — you
 24 know, it was just — Dad just loved to see people and
 25 during that time that was another relationship that he

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1 had gone — he was very fond of my husband and he asked
2 after him and Mum asked after him and yet he was never
3 there, so it was difficult . And I had understood the
4 guidance said that my husband could be there but the
5 care home said that that was not possible, so that
6 didn't happen.

7 Q. So you were receiving conflicting information?

8 A. I think the guidance was so confusing and — yes, so it
9 was conflicting . I never blamed the care home because
10 they were doing their best to try and interpret it , but
11 the guidance was very confusing. There was no clear
12 instruction about what to do. There was endless links
13 and you had to go to different pages and this had been
14 updated and that had been updated. I certainly didn't
15 want to cause any friction with the care home. I didn't
16 want to cause any problems because they had Mum and
17 Dad's life , so I just accepted it .

18 Q. You say — I'm looking now at paragraph 38 — that you
19 requested essential visits in relation to your father on
20 19 February 2021. What was the response to that?

21 A. Do you know, I don't actually — it was through
22 Care Home Relatives Scotland that I'd heard about
23 essential visits . I honestly don't recall any
24 communication from the care home about that, that
25 wording. I was concerned that Dad was getting more

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1 vague. He was more withdrawn. He would give shorter
2 answers to my questions and he wouldn't follow up with
3 questions of his own. So he'd stopped asking about the
4 wider family, he stopped asking about what I'd been up
5 to, he stopped referring to other members of the family.
6 He was just getting more withdrawn and he looked more
7 vague. He looked like he was becoming more — yes, more
8 vague and I just felt he was — his mental awareness was
9 declining . He just wasn't himself, he was getting more
10 withdrawn, and at that point I asked if I could come in
11 and make a visit and I don't recall a reply to that.

12 Q. You say something about infection control. At
13 paragraph 43, you make reference to different approaches
14 being taken to infection control.

15 A. Hmm—hmm.

16 Q. Can you tell me about your experience of that?

17 A. This was to do with the testing, the COVID testing.
18 Again, I was very happy that Mum and Dad were being
19 tested and the staff were being tested, whatever the
20 regime was then. I of course would always test before
21 I left home because I wasn't going to make a five-hour
22 drive and then find I had a negative test, so I would
23 always test before I left home and then the care home
24 would ask me to do a test once I got on the premises.
25 Different staff would handle it differently . So some

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1 staff would want to administer the test, my test,
2 themselves, so they would put the swabby thing either up
3 my nose or into my mouth. They had masks on and gloves
4 and aprons; some of the carers would sit and watch me do
5 the test; some of the carers would ask me to sit in the
6 car park and do the test; other carers would let me sit
7 in that conservatory area and do the test; some of the
8 carers would just say, "Have you done the test?", and
9 I'd say "Yes"; some of the carers would ask to see
10 evidence from the COVID app thing to say that you'd
11 submitted the test; some of them didn't. It was quite
12 a wide variety of different ways of checking whether I'd
13 done the test.

14 Q. So there was quite a lot of inconsistency?

15 A. Yes. Yes. I mean, I myself was always very certain
16 that I had tested and got a negative test both before
17 I left home and at my visit, so I was very happy, but
18 there did seem to be a range of different methods used
19 by the care home staff as to what they were doing.
20 I was happy to go along with it because I knew at the
21 end of that, whatever method they were doing, I would
22 get in to see Mum and Dad, so I just went along with it.
23 But, yes, different care home staff had different ways
24 of testing.

25 Q. Now, during this period where you're having some visits,

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1 are any siblings getting any visits at all?

2 A. One of my siblings didn't visit at all . He found the
3 whole thing very distressing and upsetting and didn't
4 visit at all , and I would relay photos and messages from
5 him and he would speak on the phone, but he didn't. My
6 other sibling , the one with power of attorney, did make
7 some visits . He had a considerable travel to make and
8 again he was working and he had a fairly essential job,
9 you might say, during COVID and — but he made some
10 visits . But I was the one that did most of the
11 visiting .

12 Q. What do you think the impact of that isolation from his
13 family was on your father and mother?

14 A. They never outright complained because they were the
15 generation that didn't complain. They were quite stoic
16 about things. But they would worry. I could see — and
17 they said they were worried. They didn't understand
18 what was going on. As I say, Dad became more withdrawn
19 and vague and then Mum worried about my father. They
20 worried about each other. I think the lack of
21 contact — particularly for my father who enjoyed social
22 contact, I think it was particularly difficult for him.
23 Even when I wasn't visiting, I made reference I think to
24 the fact that he had some — he made friends in the care
25 home. He had to sit apart from his — they weren't

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1 friends before he went in. He made friends with some of
 2 the residents. He would have to sit apart from them.
 3 They couldn't sit round the same table and have their
 4 meals. They would have to sit at separate tables. They
 5 couldn't play their dominoes. They had to sit apart
 6 from each other. I think that had an awful impact on
 7 him, that he didn't have that social contact with
 8 anybody during those last stages of his life .
 9 Q. And then you said at the outset that some time later
 10 your father died. We have the date of that.
 11 A. He did. That was after the Open with Care came into
 12 play, the next endless stage of whatever was happening
 13 on the guidance, and he had a very rapid decline. The
 14 family, his close family, had stated that we'd rather he
 15 wasn't transferred to hospital unless it was an absolute
 16 emergency and the way of his decline meant that he died
 17 in the care home. He was well looked after. I was
 18 grateful to the staff .
 19 Q. At the end of your witness statement you have a section
 20 headed "Lessons to be learned" and in paragraph 53 you
 21 essentially say emails are not as good as phone calls;
 22 is that your view?
 23 A. No, absolutely. Absolutely. We did get fairly frequent
 24 emails and I've passed them all to the Inquiry.
 25 I struggle to look at them now. There was so many of

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1 them and often there were emails referring us to the
 2 guidance and I would be looking at it and thinking,
 3 "That's not my understanding of the guidance", and the
 4 guidance can be interpreted different ways. I would
 5 phone at times the care home, sometimes -- I was only
 6 allowed to speak to the manager. The carers were asked
 7 always to refer to a manager rather than -- both my
 8 parents had specific carers but we always had to speak
 9 to the manager, but, as you'd said, there were changes
 10 in management staff. They were so busy at that time.
 11 They were short-staffed. They themselves said they had
 12 endless video team meetings with Infection Control and
 13 Public Health and NHS and Social Health, so it was
 14 really hard having a conversation and trying to find --
 15 even if I'd said, "I'll phone at 2 o'clock in the
 16 afternoon", I would phone and find that there was an
 17 emergency meeting or somebody had been called or
 18 something had happened. I really felt it was difficult
 19 to keep up to date with Mum and Dad's care. I was
 20 restricted on how I could visit and an email saying,
 21 "Your mum and dad are fine, they're doing well", that
 22 kind of email just didn't give me any insight into how
 23 they were.
 24 Q. When you did speak to them, did it seem that they had
 25 time to talk to you?

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1 A. They didn't have time. They were rushing from one thing
 2 to the next. They tried -- the manager tried, but they
 3 were rushing from one thing to the next and it wasn't
 4 through lack of want but they just did not have time to
 5 give me an explanation of how Mum and Dad were doing,
 6 and, again, I felt so cut off from my mum and dad's
 7 care.
 8 Q. I'm now looking at paragraph 57, where you talk about
 9 new guidance coming out and then it taking time to
 10 filter down.
 11 A. Yes.
 12 Q. What was your experience of that?
 13 A. I knew the guidance before the care home seemed to hear
 14 the guidance, so there were one or two occasions when
 15 I would be phoning up and saying, "I believe I can now
 16 do a garden visit", "I believe I can now come in" or,
 17 wonderfully, "I believe I can actually now come into
 18 Mum's room with all my PPE on", and the care home
 19 manager would say, "We haven't yet had the latest
 20 guidance" or "There's a meeting on Thursday when we will
 21 have the nearest guidance". So, again, because of my
 22 attention to the Scot Gov website and because of Care
 23 Home Relatives, I often knew about the changes before
 24 the manager did. And no disrespect to the manager, but
 25 she would have to wait until there was a meeting or

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1 several meetings had taken place before she then had
 2 a -- when I say "meeting", I mean a Teams meeting. So
 3 I often knew the guidance before they did.
 4 No criticism of the care home, but it took about
 5 a week for it to be filtered down and then it would
 6 often take some time for the care home to make the
 7 arrangements, like setting up the plastic screens or
 8 setting up the visitors' or care-givers' tests. So it
 9 took a while. It wasn't always instant.
 10 Q. Could you read paragraph 58, please, aloud?
 11 A. "Throughout the pandemic I was treated as just
 12 a visitor ."
 13 Q. Before you came in, you told me that if you get upset,
 14 I should push you to finish .
 15 A. Yes.
 16 Q. I'm pushing you to finish .
 17 A. Yes. It's three sentences:
 18 "Throughout the pandemic I was treated as just
 19 a visitor . I was my mum and dad's carer and [I was] an
 20 important part of their care. We shouldn't have just
 21 been removed from our relatives' lives ."
 22 I shouldn't have been removed from my mum and dad's
 23 life .
 24 Q. Thank you very much. I don't have any other questions
 25 for you apart from one. Do you feel as though you've

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1 said everything that you need to say?
 2 A. I do. I feel I've had the chance to care about Mum and
 3 Dad in telling this story and I think that's my role as
 4 their carer, to tell their story and to tell our
 5 family's story, because I am their carer. I was my
 6 dad's carer. So thank you very much.
 7 MR CASKIE: Thank you very much.
 8 THE CHAIR: Yes, thank you very much indeed. Thank you.
 9 Right. We'll take a break now until 11.25.
 10 MR CASKIE: Perfect.
 11 THE CHAIR: Very good. Thank you, all.
 12 (11.08 am)
 13 (A short break)
 14 (11.26 am)
 15 MR CASKIE: Could you bring the witness in? One more
 16 witness this morning, sir. In fact one more witness
 17 today.
 18 THE CHAIR: The witness' name?
 19 MR CASKIE: The witness' name is Kristin Duncan.
 20 MS KRISTIN DUNCAN (called)
 21 THE CHAIR: Ms Duncan, please take a seat.
 22 A. Good morning.
 23 THE CHAIR: Good morning. When you're ready, Mr Caskie.
 24 MR CASKIE: Thank you.
 25 Questions by MR CASKIE

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1 MR CASKIE: Could you tell Lord Brailsford your full name,
 2 please?
 3 A. I'm Kristin June Duncan.
 4 Q. The Inquiry has details of your address and date of
 5 birth and so on. You have very helpfully provided
 6 a witness statement for the assistance of the Inquiry
 7 extending to I think 24 pages. Before you signed that,
 8 had you read over it?
 9 A. Yes.
 10 Q. And are you happy that the content of it is true?
 11 A. Yes, I am.
 12 Q. And although you'll provide some oral evidence today,
 13 you would want Lord Brailsford, I assume, to take
 14 account of all of the parts in your statement?
 15 A. Yes, I would.
 16 Q. Good. We're here principally to talk about your mother.
 17 A. Yes.
 18 Q. Who was ...?
 19 A. Catherine Christina June Scott.
 20 Q. Known as ...?
 21 A. June Scott.
 22 Q. And she was born in --- I can't read my writing ---
 23 13 June 1929?
 24 A. 9 June 1929, yes.
 25 Q. 9 June --- sorry about that --- and died on 22 March 2021?

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1 A. That's correct.
 2 Q. Okay. We're going to talk about her care and ultimately
 3 her demise, but before we do that, tell us a bit about
 4 your mum.
 5 A. Well, Mum lived to a grand old age of 91 years and for
 6 most of her adult life she was a mother and she reared
 7 her four children, but she juggled that with a career in
 8 PE teaching. She had qualified from the Irene Marsh
 9 College of Education in Liverpool in about 1950 and she
 10 taught for most of her adult life, along with balancing
 11 the act of bringing up a family. But she was also
 12 passionate about Scottish country dance and she will
 13 perhaps be remembered as a great teacher and adjudicator
 14 of Scottish country dance.
 15 Q. In that, I see from the witness statement at
 16 paragraph 7, she led a group of Scottish country dancers
 17 at the Jakarta Highland Gathering.
 18 A. Yes. Yes, she presented candidates for the Scottish
 19 Country Dance Teaching Certificates, and that was back
 20 in 1982, and she was also appointed as an adjudicator to
 21 the Royal Scottish Country Dance Society, so it was
 22 through that role that she was given wide responsibility
 23 for adjudicating and teaching in Scotland and England
 24 and her adjudicating took her to very exotic places like
 25 Jakarta.

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1 THE CHAIR: Highland Dancing, the same thing?
 2 A. No, no, sorry --- a very big difference, Royal Scottish
 3 Country Dance Society and Scottish country dancing, yes.
 4 THE CHAIR: What's the difference?
 5 A. How long have you got?
 6 THE CHAIR: Well, we're not going to ...
 7 MR CASKIE: Can we go to paragraph 10 of the witness
 8 statement, please? Can you just read that?
 9 A. Yes.
 10 "In 2008 she was awarded the highest honour from the
 11 Royal Scottish Country Dance Society --- The Scroll ---
 12 for her encouragement of others to appreciate and enjoy
 13 Scotland's heritage of dance and music."
 14 Q. And that played an important part in her life?
 15 A. A huge part. I mean, she'd been teaching Scottish
 16 country dance since earliest years, when she was just
 17 a postgraduate, so that's all of her adult life, until
 18 of course arthritis took over, and she took this group
 19 at Nethy Bridge for 19 years and was very fondly
 20 remembered by them for her contribution, but eventually
 21 arthritis took its toll.
 22 Q. And she lived with her husband in Badenoch & Strathspey?
 23 A. Yes.
 24 Q. Tell me about the home that they made there.
 25 A. Well, they retired to Badenoch & Strathspey in the late

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1 1980s and they created a dream retirement home. It was
 2 a very rural setting and had large grounds and my father
 3 was really responsible for the construction along with
 4 the help of builders and also the garden. He played
 5 a huge role in that. They lived there very happily and
 6 looked after each other well until their old age.
 7 Q. Until 2012?
 8 A. That's correct.
 9 Q. What happened then?
 10 A. Well, my father died suddenly of a heart attack and --
 11 unexpected really, but that left our mother now widowed
 12 and a huge challenge then of being on her own, living
 13 alone in a very rural setting, about three miles outside
 14 Kingussie.
 15 Q. After she was widowed, did she get support to continue
 16 to live at home in the community?
 17 A. Yes. I mean, this was her wish and we very much rallied
 18 round her from the word "Go". We recognised, with her
 19 not being able to drive anymore, her challenges of
 20 living alone multiplied, so we, the four of us -- the
 21 four children -- we worked through what we needed to do
 22 and we provided support for her at weekends essentially,
 23 because we worked, but we actually managed to keep
 24 a system going for the next seven years and we devised
 25 a rota where we set out our -- it was called "Mother

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1 duty", but obviously with great love and affection we
 2 gave this duty, and we would set out our rota for the
 3 full year so we knew which weekends we were actually
 4 doing to help with all the things that she needed to let
 5 her stay at home alone.
 6 Q. So that's her weekends taken care of. During the week
 7 what was happening in terms of support for your mum?
 8 A. Yes, so quite quickly she had to be reassessed by social
 9 services. Both my parents had had -- they were on the
 10 radar of the Social Services team and they had been
 11 receiving free personal care. There were things they
 12 needed help with. So she was reassessed when she was on
 13 her own and gradually over the years -- and I'll try to
 14 give you a picture that certainties that -- but over the
 15 years gradually the Social Services had to keep on
 16 reassessing her and add in more and more help.
 17 Q. So it started out, as I understand it, at two days per
 18 week?
 19 A. She was getting a visit two days per week -- no two
 20 visits per day, sorry. Two visits per day. When she
 21 needed help with things like getting up, getting
 22 dressed, taking pills, remembering to eat, prompts,
 23 that's when the Social Services put in home carers. So
 24 we had the Care at Home team at first and then
 25 Highland Home Carers latterly. These two sets of teams,

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1 over several years, were putting in that care through
 2 the day, and the visits started at two per day but
 3 incrementally it came to three or four per day.
 4 Q. Right, okay.
 5 You spoke about the -- gladly accepted family
 6 responsibility, going up at the weekends. Did you have
 7 an acronym for that?
 8 A. We did. We took the four of our initials and they come
 9 to --
 10 Q. What were they? What are the four names?
 11 A. You want the whole names?
 12 Q. No, just the four names.
 13 A. F-E-C-K. FECK.
 14 Q. So this was the fecking rota!
 15 A. This was the FECK initiative. It was very much -- it
 16 was the mainstay of ensuring that she could stay at home
 17 because the Care at Home teams had not enough time to
 18 prepare meals. They would heat up a meal, but they had
 19 lots of other people to visit and lots of other things
 20 to do. So we planned the menus for her whole week so
 21 that she had nutritious food every single day, and the
 22 carers were delighted to have that because they could
 23 take it from the fridge or the deep freeze and there she
 24 had some fabulous quality food. I think that -- between
 25 us and the care team, it was an army of people who

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1 really helped her to stay at home alone for seven years.
 2 Q. In addition to that, during the week, did she also
 3 attend day care?
 4 A. Yes, she did, and that was again something that she was
 5 reluctant to do, a very independent lady, but she
 6 finally saw the benefits of that. She was fairly
 7 isolated where she was and this gave her that company
 8 and the Social Work Services, they had provided this day
 9 care in a little -- it was actually the Wade Centre in
 10 Kingussie, a local authority provision, and she was --
 11 a little bus would come and pick up her and other people
 12 from the rural community and take them into Kingussie,
 13 and then she got help from 10 o'clock in the morning
 14 through till about 3.30 in the afternoon, and that
 15 I think was four or five days a week and then us at the
 16 weekends. So her days were filled with people keeping
 17 an eye on her, giving her food, helping her with her
 18 medication and generally helping her, and remarkably
 19 this system survived for seven years, right up until her
 20 90th birthday.
 21 Q. So she never got any peace?
 22 A. None whatsoever!
 23 Q. However, during that time, what's happening with her
 24 health?
 25 A. Well, she had peripheral vascular disease, which is an

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1 illness , very unfortunate, where blood is just not
 2 getting to the periphery; hands, feet, and she was at
 3 risk of things like amputations. We were always
 4 concerned that might happen. It didn't ever. We were
 5 lucky. She was lucky. But one of the other things with
 6 PVD, as it's called, is vascular dementia. So she was
 7 getting that and it was not rapid or aggressive, it
 8 wasn't of the Alzheimer's type. It was vascular
 9 dementia, which meant that gradually her cognitive
 10 skills were declining and also memory loss and ability
 11 to do things and balance. So things were going and
 12 that's — it was slow. We would see it gradually
 13 increase over that sort of seven-year period.

14 Q. I'm asking this question as a kind of placeholder —
 15 I'll come back to it —

16 A. Yes.

17 Q. — but what was happening to her hearing?

18 A. She had suffered hearing loss because of probably
 19 primarily the PVD for quite some time and had been given
 20 hearing aids and had a lot of help from the services
 21 that provide hearing aids, but invariably with elderly
 22 people, they lose them, they don't like them, they get
 23 background noise, it doesn't work, and she stopped
 24 herself eventually, didn't want them, couldn't be
 25 bothered with them, and with so many other things to

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1 deal with, almost the hearing was — it was in there but
 2 it wasn't the top priority .

3 Q. And what about her — well, talking of top priorities,
 4 what about her ability to walk, to remain vertical, not
 5 fall? What happened to that?

6 A. Well, she had always been of a strong build. She'd been
 7 a PE teacher and she carried herself very well .
 8 Department was her thing with the country dance. So she
 9 was a strong lady and despite that she was getting old
 10 and frail , so then falls became an issue and she would
 11 fall over small things in the home. We lifted carpets
 12 and mats to try and make sure she didn't, but they
 13 happened, and carers would find her prone on the ground
 14 when they came to do their visits. And of course this
 15 became more frequent as it got ...

16 Q. And in terms of the carers and presumably also the
 17 doctors in the vicinity , did they suggest a way forward
 18 for your mum ultimately?

19 A. Yes, ultimately. Ultimately the carers would have
 20 a logbook in the kitchen and they would fill in every
 21 visit what they saw and what happened so we were able to
 22 read and see what was going on. We knew what was going
 23 on because very often I was called or my brother was
 24 called . She had the red help button. We were going
 25 out, you know, increasingly in the middle of the night

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1 to answer things. And so —

2 Q. Do you live in the vicinity ?

3 A. I was seven miles away and my brother was about 17 miles
 4 away.

5 Q. And you were getting increasingly frequent calls?

6 A. Increasingly , and others who were on the list because we
 7 had a list of six people who would answer that call. So
 8 it was increasingly difficult and, to cut a long story
 9 short, ultimately we tried to keep her at home for her
 10 90th birthday, that is what she wanted. That was where
 11 she wanted to be.

12 Q. That was her target?

13 A. That was her target and we could see her — and we knew
 14 from the Christmas that it was getting nigh—impossible,
 15 so we teetered on the brink for six months with this.

16 Q. And during that six-month period, did you do anything
 17 about finding somewhere for her to go?

18 A. Denial in our heads, hoping that miraculously it might
 19 not be needed but realising it would be, thinking about
 20 it, I would have a look at places locally without
 21 actually going to them, but nearer June, when she had
 22 her 90th birthday and the writing was on the wall,
 23 clearly on the wall, I did go and look at several in the
 24 vicinity and did my search further than what I would
 25 have liked, but I just wanted to get a feel for what

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1 they were like .

2 Q. In the vicinity was important, I get it .

3 A. Absolutely, absolutely.

4 Q. Why? Why for your mum was the vicinity important?

5 A. Well, she had established a fantastic network of friends
 6 in Badenoch, she had done an awful lot for
 7 Arthritis Care in Badenoch and had — with her teaching
 8 hat on, she would take classes — even when she could no
 9 longer do Scottish country dance teaching, she would
 10 take a class for elderly people, frail people — maybe
 11 not so elderly , but people who were suffering from lack
 12 of mobility. She would teach whether they were sitting
 13 in their seats or standing. She would give them
 14 mobility and fun.

15 So she had a huge network of friends, from her
 16 country dancing, from Arthritis Care, from people in the
 17 village in Kingussie. You know, they were all there.
 18 So we felt, if she's going to have to go into care,
 19 let's get somewhere where these people can still visit
 20 her, because they would.

21 Q. And in terms of selection, where did you select?

22 A. There wasn't a big choice. Badenoch & Strathspey is
 23 a very long, narrow, old county. There are two or three
 24 main towns in it and there were only three care homes in
 25 the district . So we didn't want to go outwith Badenoch

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1 & Strathspey, where her heart was, where her home was,
 2 where her people were and her friends, so we had
 3 a limited choice.
 4 Q. Can I take you to paragraph 24 in your witness
 5 statement?
 6 "We put Mum into care against her will however.
 7 This was devastating, both for us and us [as] children."
 8 Let me ask you a couple of questions about that.
 9 Did she need to go in?
 10 A. Yes, she did. We had no choice. We had a strong steer
 11 from the medical practice that it was -- time was up and
 12 she was at risk at her own safety of staying at home
 13 alone any longer.
 14 Q. You said that she had a target, which was to stay at
 15 home until her 90th birthday. Did she get there?
 16 A. She did. We did it and she went into care on the 19th.
 17 Her birthday was the 9th.
 18 Q. So ten days after?
 19 A. Yes.
 20 Q. So she worked to her target?
 21 A. She did. She did. That would be typical.
 22 Q. Again, I'm going back to the statement. Can I take you
 23 to the end of paragraph 27? What you say there is, just
 24 the final sentence:
 25 "Our parents had been very organised in how they

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1 sorted out what was to happen to everything in the event
 2 of their demise/death."
 3 Then you begin that same paragraph by saying:
 4 "With regarding to DNACPRs, both my parents had put
 5 that in place many years previously and I believe this
 6 was held by the Kingussie Medical Practice."
 7 And then it gets transferred to the care home. So
 8 they had made plans for their future?
 9 A. They had, they were very organised, and I remember the
 10 day when we were all called to have a meeting with them
 11 to talk about this, all these aspects, and of course it
 12 was hard to take it so seriously then but we did and
 13 they made us take it seriously. And I would have to say
 14 they were just highly organised in that respect.
 15 Q. At paragraph 28 you talk about a deterioration in your
 16 mum's condition. Tell us about that.
 17 A. Well, yes, she had been going in and out of a day care
 18 centre in Kingussie for the last three or four years for
 19 day care and therefore, when she was put into somewhere
 20 new, completely new, all of a sudden that was a bit
 21 confusing. Her memory loss -- sorry, her memory wasn't
 22 that great. So, I mean, she wouldn't have been all that
 23 aware of time and she wouldn't have remembered who had
 24 popped into see her necessarily when she was at home, so
 25 going to a care home, it would have added to the

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1 confusion, but there was confusion there anyway because
 2 of short-term memory loss, if that makes sense.
 3 Q. At paragraph 29 you say that the next eight months were
 4 an adjustment period. Was that really your mum coming
 5 to accept that this was where she was going to be?
 6 A. I think she didn't like it. She always said, "When
 7 are you taking me home?" or "Take me home". That was
 8 always a request or a plea. So did she accept it?
 9 I don't think so, but she had to adjust to it.
 10 Q. Now, in terms of visits into the care home, let's start
 11 with how much freedom you had to visit.
 12 A. Hmm--hmm.
 13 Q. How much freedom did you have to visit?
 14 A. It was very good, excellent. I think the care home was
 15 very enlightened in its approach to ensuring that the
 16 family felt that this home for their loved one was their
 17 home as well and we were welcomed with open arms. We
 18 had access to the pad -- the pad for the key to the
 19 door, so there was no restrictions on that. We could
 20 visit when we wanted to, any time of day.
 21 Q. You say, "We could visit when we wanted to". Who are
 22 the "We"?
 23 A. We as a family, so this was her four children, but also
 24 her grandchildren and her great grandchildren and any
 25 friends from the ones I've described previously from her

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1 life further up the valley, from the Arthritis Care or
 2 her neighbours, her nieces, her gardener. Her
 3 hairdresser even came down from Kingussie to see her and
 4 her home help. Anybody and everybody whose lives she
 5 had touched, who were within travel distance -- and even
 6 nieces from Edinburgh came. You know, anybody could
 7 come and visit her in the care home.
 8 Q. Could you read paragraph 32, please?
 9 A. You want me to read it?
 10 Q. Yes.
 11 A. Yes:
 12 "Mum's health slowly deteriorated, nothing new, just
 13 gradual deterioration, she was after all slowly reaching
 14 life's end. Had it not been for a strong heart, or
 15 perhaps a zest for life and a will to continue to see
 16 her family, all of whom she always recognised, she might
 17 perhaps have passed away sooner."
 18 Q. At paragraph 36 you say that you received an email from
 19 the managing director of the company that owns the care
 20 home. What did that tell you?
 21 A. Paragraph 36?
 22 Q. Yes.
 23 A. So this was -- yes, the pandemic was upon us and we were
 24 all very aware of that across the country and the care
 25 home actually had already -- my sister tried to visit on

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1 13 March and she was — she phoned in advance and they
 2 said, "No, don't come". So there had been almost like
 3 a two-week closure, if you like, of relatives, friends
 4 being told not to come. But 20 March was a singular
 5 moment when we did receive an email from the managing
 6 director saying that there was to be a lockdown from
 7 that day, not unexpected, but apart from that there was
 8 very other detail — there was very little detail.

9 Q. And at paragraph 37 you talk about the care home putting
 10 in place attempts to facilitate communication by iPad.
 11 Did that work for your mum?

12 A. No. Absolutely it couldn't. It never would. She was
 13 old school. She had never had a mobile phone herself.
 14 She didn't know what an iPad was. And she — they were
 15 great actually. There was an activities co-ordinator
 16 who really, really tried to get us to have contact with
 17 her using an iPad, but she couldn't understand what the
 18 talking head was on an iPad, so this didn't work and we
 19 gave up on it. We agreed to give up on it very early
 20 on.

21 Q. Tell me about communications from the care home to you
 22 and the wider family.

23 A. So generally, in the first couple of months of the
 24 pandemic, when nobody really could move anywhere and we
 25 were all confined to our houses — and I think there was

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1 a lot of acceptance around that state as we waited for
 2 things to change — the only way to communicate, to find
 3 out how she was, was literally to phone up and ask. So
 4 we would do that and phone and just say, "How is she?
 5 How's she getting on?", so that there was always an
 6 ability to make questions and ask about her welfare.

7 Q. And what responses were you getting when you were
 8 phoning up to say, "How is my mum?"?

9 A. So if the person who happened to answer the phone at the
 10 time had just seen her earlier that day, that would be
 11 great. They could say, "Oh, yes", and they would give
 12 you a quick report. But nine times out of ten you would
 13 get somebody perhaps who was maybe doing more of
 14 an admin job or who hadn't been out on the wings and
 15 they would very helpfully say, "Yes, well, look, I don't
 16 know, but I will get somebody to call you back who does
 17 know", and they would. They would call back and give
 18 you that update.

19 Q. And that would be every time you made contact with them?

20 A. Yes. I didn't ever experience not getting any feedback
 21 when it was asked for, but also very conscious of there
 22 was only so much you could expect them to know or tell
 23 you on the spot, coming in cold like that. We did
 24 assume that if there was any emergency or any big
 25 change, then they would contact us.

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1 Q. Did you feel as though you were getting an overall
 2 picture of your mum's general condition, absent any
 3 emergency?

4 A. No, not really because it would often be, "Oh, she's
 5 fine" or "She's asleep just now" or "Your mum's doing
 6 well" or "She had a nice cup of tea", something like
 7 that. It was quite lightweight, so we had increasing
 8 anxiety around the fact that we weren't actually seeing
 9 how she really was.

10 Q. Could you read paragraph 39?

11 A. "So, we became increasingly worried about her mental
 12 health and how she was coping with the sudden 'removal'
 13 of her nearest and dearest from her life. We all wrote
 14 to her, including the grandchildren, and sent
 15 photographs to help let her know we were still out
 16 there. We could only hope that some kindly carer would
 17 have time to read the letters out to her and maybe spend
 18 a little time with the four memory books we had made up
 19 for her in the past couple of years. That was the
 20 hope."

21 Q. Now, you describe a garden visit at paragraph 40 and
 22 subsequently. Was that a formal visit in terms of COVID
 23 guidance or was it an informal private arrangement, as
 24 it were?

25 A. I hadn't heard anything in the news and I did watch

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1 every day to see what was being said, and so, therefore,
 2 I made an assumption that this was just an initiative
 3 that the care home took to facilitate a visit outdoors,
 4 and, as it transpired, that's exactly what that was
 5 because I got that in May. I was invited by phone by
 6 the activities co-ordinator, suggesting if I came down,
 7 they would wheel Mum out and we'd be able — I would be
 8 able to speak over the railings at a distance of
 9 2 metres. And the actual guidance did come out from the
 10 Scottish Government on 25 June. That was the formal
 11 published guidance. So this was like a good month
 12 anyway before there was published guidance, but we got
 13 it.

14 Q. You were on the other side of a fence. Was that the
 15 boundary fence?

16 A. There were several boundary fences to the property. It
 17 looked out on to lovely fields with ponies in it,
 18 a rural setting. This was kind of a side part of the
 19 care home, rather than the main garden, but nonetheless
 20 it was an open space, a green open space, and it had
 21 railings.

22 Q. How did your mum react to that meeting?

23 A. Well, it was very difficult because it was the first
 24 meeting I'd had — I hadn't seen her for well over
 25 eight weeks or longer, maybe ten, and she hadn't seen

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1 any family member in that period and she was angsty
2 straightaway about "Taking me home". And because she
3 was peering at me through a railing — because she was
4 sitting and the railings were at least a metre — I was
5 crouched down to see her at her level, so she was seeing
6 me through a railing and there were cars behind me so
7 she actually thought she was on a railway platform,
8 bizarrely. There are no railway platforms where she
9 lived. She didn't remember that or know that. She just
10 thought she was on a railway platform and that I'd come
11 to take her home. And the whole conversation was around
12 going home and trains, and it was circuitous.
13 I couldn't get her off this — and very difficult
14 because I couldn't get near her, I couldn't give her
15 a hug. I couldn't reassure her in any way.
16 Q. She was talking about going home?
17 A. She was talking about going home, and the trigger was
18 the railings and the cars behind.
19 Q. At paragraph 43 you say:
20 "Copious guidance for Care Homes emerged from the
21 Scottish Government ..."
22 Tell me how you think that worked, the issuing of
23 guidance at that stage in terms of how the care homes
24 dealt with that?
25 A. Yes, there's a couple of things in that. I think the

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1 copious guidance actually at that time, early on in the
2 pandemic, was more for the rest of us. There wasn't
3 actually copious guidance, now that I read this
4 properly, for care homes. The first guidance that came
5 out from the Scottish Government that I recall for care
6 homes was guidelines on outdoor visits, and that was in
7 the June. But it always took a while, and that was
8 maybe one of the easier bits of guidance for care homes
9 to implement. It was outdoors. But other guidance that
10 came later in the year for care homes, which was —
11 we'll maybe come on to this — about trying to ease some
12 of the restrictions on visiting, there was very often
13 quite a big delay in that guidance coming out and
14 something happening on the ground that was meaningful.
15 Q. You talk about Care Home Relatives Scotland. How
16 did you make contact with them?
17 A. I came across them through another relative in the care
18 home who I'd made friends with. We liaised a lot by
19 phone, social media, and they suggested, "Get on to
20 Facebook. There's a really good group there that's
21 talking about all the issues we've been talking about
22 and you'll find that what we're experiencing is across
23 the country". So that's how it started for me. I just
24 got involved through Facebook and reading everything
25 that was being said and finding there was this huge

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1 common cause and empathy.
2 Q. Did their website or Facebook page contain lots of
3 information?
4 A. Yes, always. It would be great. I mean, whether it was
5 giving you a link to a newscast that had been and you
6 could watch it again and see what was being said or
7 whether it was a steer or a heads-up on when there was
8 going to be some — perhaps some discussion, maybe even
9 at Cabinet Secretary level, what to do, who to lobby,
10 the fact that the group was going to divide into regions
11 to become more focused — so every step of the way,
12 every day just about, there was something from Care Home
13 Relatives Scotland to help guide me to focus my energy
14 into trying to help — to help us but also to help the
15 wider cause as well.
16 Q. So you were being provided with information by Care Home
17 Relatives Scotland. Did you use that information? How
18 did you use that information once you'd got it?
19 A. So particularly where we were asked to put pressure,
20 political pressure, to try and effect change — if there
21 was anything, whether it was to sign a petition or to
22 write to an MSP, I would do that, whatever was asked,
23 and I would use the framework of the focus they were
24 trying to make, which was to get meaningful access and
25 eventually to essential care-giver status. But these

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1 were objectives that were very clearly coming out of the
2 campaign group and, if they asked for help to lobby,
3 then I would be doing that.
4 Q. Were you in communication at this stage with the care
5 home?
6 A. I was always in contact with the care home on a sort
7 of — this business about phoning and asking how she
8 was, so I was — that was at that level, but I wasn't
9 particularly flagging up things that were going on in
10 a national context. When I was dealing with the care
11 home, I was speaking about Mum.
12 Q. Right. Did you draw to the attention of the care home
13 any of the new guidance as it came out?
14 A. I did, latterly. It was in October, by which stage it
15 was a frustration, and from October onwards I didn't
16 ever hold back on drawing attention to any guidance that
17 had come out.
18 Q. You didn't hold back?
19 A. No.
20 Q. Really?
21 A. Politely, persuasively, hopefully.
22 Q. So you're talking, at paragraph 46, about new guidance
23 coming out on 12 October, but earlier in the same
24 paragraph you had referred to writing in the strongest
25 possible terms. Tell me about that.

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1 A. So this is — my paragraph dates are slightly out of
 2 sync here. On 30 October, that one, I wrote to the
 3 manager of the care home and I copied in senior
 4 management, asking when they would implement recently
 5 updated Scottish Government guidance. Now, that
 6 guidance came out on 12 October and it was to give care
 7 home residents more meaningful visits and the guidance
 8 said it would be four hours of visiting contact in the
 9 resident's room and with touch. So this was
 10 a significant change because prior to that there had
 11 been these outdoor visits which had been dreadful I'm
 12 sure for many. They were dreadful for us. So to get
 13 this guidance and to see this guidance was a huge
 14 relief. But I went in in October — my sister went in
 15 very early October and had the most distressful indoor
 16 visit with our mother in an interview-style room and she
 17 wrote it all down in an email to me to offload. It was
 18 appalling. So it was on the back of that experience
 19 that I wrote in very plain and strong terms on
 20 30 October to ask when they were going to implement this
 21 guidance that was allowing for four hours in the
 22 resident's room with touch.
 23 Q. And that was 18 days after the guidance had been issued?
 24 A. Oh, yes, yes.
 25 Q. Okay. Did you write to anyone else around the same

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1 time?
 2 A. I wrote to my MSP on 18 October. There was going to be
 3 a discussion, as I understand, at Cabinet Secretary
 4 level, which was an important discussion because it was
 5 to raise the awareness of the importance of the
 6 care-giver in the resident's emotional health and
 7 well-being and also it was to push for a Scottish pilot
 8 scheme about testing a dedicated care home visitor. So
 9 I wrote a letter to Mr Ewing to add his voice in support
 10 of getting these changes made and that recognition —
 11 the important bit was the recognition of the role that
 12 the essential care-giver had in the life of the
 13 resident.
 14 Q. Now, at this point you've fired off two letters, the
 15 first one to the care home. What response did you get
 16 from them?
 17 A. I didn't get a response at all. I very often would
 18 write and fire off my letters, my strong letters —
 19 polite, strong letters — but sometimes a letter like
 20 that would eventually result in a change for us, and the
 21 change for us, on the back of that letter of
 22 30 October — so that was at the very end of October —
 23 I was given — and this term started to appear
 24 in October — "essential visits". So I was told I could
 25 get an essential visit to our mother's room, which is

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1 what this 12 October guidance was all about anyway, but
 2 I was granted. So perhaps my letter of 30 October
 3 resulted — it was a result.
 4 Q. What about from Mr Ewing?
 5 A. Yes —
 6 Q. What response?
 7 A. — I got a reply, a polite reply, and very concerned for
 8 his constituent and very supportive and to say that he
 9 would be supporting and would raise it. But it was
 10 short and he just referred to another letter — and he
 11 let me have a copy of it — that had been issued by
 12 Cabinet Secretary, but that letter had been written
 13 in July, so I just — you get that feeling of, "Yes, you
 14 know. I've asked you a question now. We're in October.
 15 This is urgent and you're supportive, you've given me
 16 a response". The Government had been discussing this,
 17 had recognised the impact that separation was having on
 18 people in care, so this conversation had been going
 19 since July and we were still trying to get traction and
 20 get meaningful visits inside care homes in October.
 21 Q. I'll come back to that phrase, "meaningful visits" —
 22 A. Yes.
 23 Q. — towards the end of asking you questions. But at the
 24 moment there was formal guidance on garden and window
 25 visits before indoor visits started. Did you have

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1 garden or window visits?
 2 A. Window wasn't going to be remotely possible. Our mother
 3 could hardly stand. I mean, she did walk into care when
 4 we took her in in that June, the nine months previously,
 5 but by this stage, with the progression of her
 6 conditions and aging and all the rest of it — and she
 7 was walking towards end of life — she couldn't have got
 8 near a window. She was impaired hearing. Visually, if
 9 you have somebody outside a window, they're
 10 silhouetted —
 11 Q. That wasn't going to work?
 12 A. That wasn't going to work. And the other one was
 13 garden. We had a few in the summer. I think all my
 14 siblings got a chance to have a garden visit and all
 15 found it very distressful because she was on the other
 16 side of a large table, under a gazebo, eventually, and
 17 we were masked. She couldn't recognise us. She used
 18 lip-reading to enhance her hearing. So really these
 19 were very distressing for us and her types of visiting.
 20 Q. Okay. In the autumn of 2020 indoor visits start. Now,
 21 at the care home your mum was in, did you have indoor
 22 visits in the way that they initially operated?
 23 A. We did. In the initial operation —
 24 Q. Tell me about the room in which they took place.
 25 A. Yes, yes. For everyone, visiting this care home, a room

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1 was set aside very near the front of — the entrance to
2 the building, and it was like a management room, small,
3 office—style. It had one seat like the one I'm sitting
4 on for me and Mother was brought along in a wheelchair
5 at the appointed time, and there was yellow tape across
6 the floor at 2 metres' distance, "You must not cross",
7 and you were given instructions. Masks, gloves, pinny,
8 and half an hour.

9 This was beyond distressful because our poor mum had
10 had to be hoisted out of wherever she was comfortably,
11 bed maybe, possibly at her recliner chair — that's all
12 she was doing at that point — put in a wheelchair,
13 wheeled along to a room and then wouldn't even recognise
14 the person sitting there because we were masked up and
15 she was seeing people in masks all day long.

16 So we — part of the reason I wrote on 30 October,
17 without threatening it — but the point I was making was
18 we ourselves were becoming the agents of distress for
19 our mother and we were not prepared to do that any
20 longer. So without saying it, it was almost like,
21 "Unless we can get to see her in the comfort of her own
22 room, we will not be putting her through this again".

23 Q. Could you read the final two sentences of paragraph 53?

24 A. From "They sat ..."?

25 Q. No, "It was a room ...", the final two sentences.

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1 A. "It was a room with a glass door and watched over from
2 the outside by a staff member to ensure there was no
3 effort to touch or move closer. Could a room or
4 situation be any more inhospitable and hostile?"

5 Q. When was this?

6 A. That was 4 October.

7 Q. So that was at the time of Eat Out to Help Out?

8 A. Yes, I think so. Yes.

9 Q. Paragraph 55, what you say there is that any guidance
10 given out by Public Health Scotland was immediately
11 trumped by a single positive COVID result, often from
12 a worker who might have picked it up outside. Did that
13 have — how did that interfere with building
14 a relationship — rebuilding the relationship between
15 yourselves and your mum?

16 A. Well, we didn't see her very often because of the cycle
17 of long gaps between it being possible to go in and see
18 her and you were thinking you might get to see, but once
19 a week for an hour, it wasn't giving her the amount of
20 contact she would have needed anyway to retain that —
21 meaningful contact was all about nurturing her. The
22 whole of her was dependent on a reason to live. And so,
23 when we were allowed in and then this would be
24 consistently taken away from us, all that was doing was
25 disrupting an already crumbling relationship we had with

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1 her. We were losing it. We were actually losing the
2 relationship with her. But despite all this, she would
3 still recognise us whenever we did manage to get close
4 enough.

5 Q. You talk about progressing into winter and your mum's
6 health deteriorating and that being difficult. Can you
7 tell us about that?

8 A. So we hadn't seen her properly really ever since the
9 start of the pandemic apart from a few garden outdoor
10 visits and a couple of disastrous indoor visits in that
11 interview room. We were given an in-house report on her
12 welfare. The care home did it. They had to do these,
13 and this was one they had to do in our absence and also
14 in the absence of her social worker. In that we noted
15 things like her BMI, her weight loss, and they'd talk
16 about her cognitive decline as well, the fact that two
17 carers are needed at all times to move her. So this
18 was October that was issued — it was 12 October, the
19 same day as the first meaningful Government guidance on
20 getting people into care homes —

21 Q. I'll just help Lord Brailsford. This is spoken about at
22 paragraph 63.

23 A. Yes. So — sorry.

24 Q. So you're saying —

25 A. Yes. The in-house report. It was very clear to us. We

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1 didn't need that report to tell us that she was on
2 a decline. We could see from the little visits we had
3 that she was on a spiral down. But this welfare report
4 certainly consolidated it and summarised it for us and
5 we took huge, huge exception to this report.

6 Q. Why?

7 A. Because it started with saying she enjoys her garden
8 visits and I think, in October, we'd managed to have —
9 her piper grandson came and played outside the grounds,
10 outside the communal window for her, and "enjoyed seeing
11 her family and enjoyed hearing the pipes", and yet my
12 sister's account of it and my own account and my
13 brother's account were that these meetings in the
14 garden, outdoors, and the ones in her room in October
15 were so distressful for her that we were not going to do
16 them any longer. We couldn't put her through it. So
17 you had this huge "Yes, it's all alright" in the report
18 and the reality.

19 Q. In days of yore, when we were younger, we used to read
20 or see reports about Pravda, the Russian newspaper, and
21 the front page was always, "Tractor production is up".
22 It would always put a positive spin on everything.

23 A. Yes.

24 Q. Was that what this was?

25 A. An unbelievably positive spin. There was a small bit

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1 that said "Relatives' comments", and of course that was
 2 blank because we hadn't been consulted on this. So
 3 I wrote what I thought was the situation about her
 4 decline in health, visible decline in health, and all
 5 the evidence is there in terms of the technical, the
 6 factual stuff --

7 Q. Was that written in terms which were polite but
 8 forceful?

9 A. That was another polite but forceful but getting more
 10 forceful than polite. No, I was never rude.

11 Q. No. I'm going to ask you to read a couple of
 12 paragraphs -- I hope this isn't difficult for you -- but
 13 it's paragraphs 58 and 59.

14 A. Okay.

15 "For Christmas Day 2020, we asked if she could be
 16 brought in a wheelchair specifically to the large window
 17 of the communal area of her wing. The carers obliged
 18 and did their best to help her understand who was
 19 outside. This was a repeat of an approach that we had
 20 trialled in October with each family member holding
 21 a placard with large letters forming their name and held
 22 it to our chests. The carers read the names out to her
 23 as we approached the glass.

24 "We all took turns of coming up to the window, in
 25 our family groups, and a grandson played some stirring

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1 reels on his bagpipes which she surely heard. The
 2 great-grandchildren danced. I pressed my face close to
 3 the window, I saw her tear-stained face and I could see
 4 her raise a finger and point, weeping and saying to the
 5 carer inside, "that's my family'."

6 Q. It continues:

7 "Our time was up, we had to leave the grounds after
 8 a bit, but we didn't get inside on this her last ever
 9 Christmas, we had opted to all be there and to try to be
 10 'with her' from the outside. It was harrowing to see
 11 her like this, separated by glass from her loved ones,
 12 no possibility to speak or hug. Was this a better
 13 option for her than seeing just one of us indoors? We
 14 will never know. It was probably marginally better for
 15 us all to be together, seeing her from the outside, but
 16 it was nonetheless a very emotional ... day."

17 A. Yes.

18 Q. I think we can understand that.

19 At paragraph 62 you talk about the downwards spiral
 20 of your mother's health and you say at the end of
 21 paragraph 62:

22 "We firmly believe lack of meaningful contact with
 23 her loved ones was having a profound effect on Mum's
 24 mental and physical health & well-being."

25 Tell us about that.

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1 A. I think from what we could see of her through the window
 2 at Christmas, from what we read about -- from the
 3 internal report and from the three visits that --
 4 I managed to get three visits indoors from November up
 5 until 15 December, and this was on the back of my strong
 6 letter about "We need to get in", and I was granted
 7 essential visitor status, so --

8 Q. How did you find out about essential visitor status?

9 A. I only heard of it through Care Home Relatives Scotland.
 10 This again was another -- the fountain of all good
 11 information for us to actually use as a tool to try and
 12 make the case we needed to make with our care home.

13 Q. And you didn't get it from the care home?

14 A. No, no.

15 Q. And you didn't get it from the Scottish Government?

16 A. I think eventually you're hearing words through
 17 Scottish Government guidelines but maybe not until about
 18 the February of 2021. But back in October, after I'd
 19 written, after the guidance came out saying we should
 20 get more meaningful visits of four hours with touch --
 21 and I pressed to get in and I used the words because I'd
 22 picked it up from somebody else, and somebody else had
 23 heard it from Care Home Relatives Scotland. I heard it
 24 too -- I used that term almost as if it was a right for
 25 us or for her actually to have a relative going in with

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1 an essential visit. So I had three essential visits, if
 2 you like, some time in November to about 15 December,
 3 but only three, and it was just once a week, which
 4 really was not ever going to be sufficient for our
 5 mother.

6 Q. And were they timed? I mean, were you told start at
 7 2.00 --

8 A. Yes. Yes. It was an appointed time and for an hour,
 9 which again wasn't helpful, and I wrote at another point
 10 to say, "Great. Thank you so much for allowing this",
 11 always very positive, "Thank your staff for how much
 12 they've helped to facilitate this, but ...", and the
 13 "but" was, you know, the time of day that I was
 14 appointed to go might not have been a good time for her.

15 Q. Tell me about that.

16 A. So she might have been asleep and very asleep by this
 17 stage, semiconscious, that kind of deep sleep, so if
 18 I was to go in and see her, she might not have been all
 19 that alert or awake, but other times of the day she
 20 might have been having a better time and the carers did
 21 say, "Yes, your mum is sometimes more alert and in
 22 better form at other times of the day". It's almost
 23 like, "It's a pity you couldn't have been here then".
 24 It's kind of like, "Well, that's the problem. You've
 25 given me an appointed time on an appointed day. It may

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1 or may not work". And it was getting to that stage in
 2 her life where that was more likely than not, that it
 3 might not have been a great time to visit, but —
 4 Q. Was there any flexibility?
 5 A. Well, you'd made your appointment so that was it. In an
 6 ideal world it would have been great if a carer could
 7 have seen that she was in good form that morning and got
 8 on the phone to me and say, "Can you get here in half
 9 an hour?". That would have been ideal, but it didn't
 10 work like that.
 11 Q. You then move on, at paragraph 69, to talk about your
 12 mum becoming very weak. Then at paragraph 71 — sorry,
 13 give me just a second. Yes, 70, you talk about
 14 essential visits for care homes frequently mentioned in
 15 the Government agenda. Although it was mentioned in the
 16 Government agenda, could you see real progress in that
 17 regard?
 18 A. No, I didn't, and this is actually a very important
 19 point. I had managed to get granted essential visitor
 20 status in November but only got three visits, but that
 21 was better than had been. On 15 December the care home
 22 asked us what arrangements we were wanting to make for
 23 Christmas Day because there was going to be a huge
 24 demand and there was an awful lot of things to factor
 25 into that and they couldn't have everybody in the care

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1 home, so I — we, as a family, opted to say, "Look,
 2 we've actually at least had essential visits for a bit
 3 of November and a bit of December. Let's get Christmas
 4 and New Year over with and we'll pick it up again
 5 in January. We will do instead this outdoor at the
 6 window thing", which we did.
 7 Q. With the piper?
 8 A. With the piper, we did.
 9 But on 23 December we got an email from the managing
 10 director of the care home to say that as of the 26th, so
 11 from Boxing Day, the whole country was moving into
 12 Tier 4 and that meant visiting with loved ones in care
 13 homes should be limited to essential indoor visits only.
 14 And that was further qualified by saying essential
 15 indoor visits only would only relate to people at end
 16 of — who are needing end-of-life care or experiencing
 17 extreme stress.
 18 Q. Right. Let's unpack that a little bit. You had been
 19 granted the status of essential visitor back
 20 in November?
 21 A. Yes.
 22 Q. Were you ever told what the definition of "essential
 23 visitor" was?
 24 A. I wasn't ever told it. I think my own understanding was
 25 that everybody was getting or trying to get an indoor

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1 visit and that was generally in this interview room, so
 2 to get an essential visit was what we should have been
 3 getting anyway because that's what the 12 October
 4 guidance was suggesting, but an essential visit was into
 5 the resident's own room and it was time-limited and it
 6 was all caveated with all the usual stuff around PPE and
 7 not hugging. But essential visitor status, in my
 8 interpretation of what I was allowed, although I was
 9 never told this — I never saw a policy, but I was — my
 10 understanding was that I would get into our mother's
 11 room for that visit to prevent her having to be hoisted
 12 and wheeled to somewhere else. Does that make sense?
 13 Q. Hmm—hmm. Were you ever given a definition of what was
 14 meant by "end of life"?
 15 A. No, never, and I only thought to ask that when it was
 16 clear that that's where we were at. And it became clear
 17 to me — even in October I was thinking — looking at
 18 her frailty, her weight loss, her general cognitive
 19 skills, the fact that she had to be fed in tiny little
 20 pieces, I knew that we were somewhere on the journey to
 21 end of life, but it's defining the indefinable. It's
 22 very hard to know when somebody is going to be at — and
 23 I have no experience of that from previous. Clinicians
 24 probably do, but, for me, we didn't know. We hoped we
 25 would be told. We were all aware it was nigh.

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1 THE CHAIR: Actually the words "end of life" and indeed, for
 2 that matter, the word "essential" in the context of
 3 visitor status are both — would you agree? — entirely
 4 subjective?
 5 A. Yes.
 6 THE CHAIR: And you're very correct that you have no
 7 experience of medical matters and therefore your view of
 8 end of life is probably even more subjective than
 9 a clinician's view.
 10 A. Yes.
 11 THE CHAIR: And "essential" applies to everyone. You would
 12 have thought that it would have been helpful if an
 13 attempt had been made to define these terms. Now,
 14 I fully accept that an attempt to define those terms is
 15 itself wrought with difficulties, one that I might
 16 unfortunately have to wrestle with in a period of time
 17 after I've heard all this evidence. But do you agree
 18 that the subjective nature of the terms makes it
 19 probably desirable that some effort should have been
 20 made to define them in a way that at least would have
 21 been consistent?
 22 A. I would have so welcomed that and I did ask actually
 23 several times once we got into January because I saw
 24 that that — "end of life" was almost a qualifier for
 25 getting essential visitor status.

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1 MR CASKIE: The other qualifier for getting that status was
2 extreme distress?
3 A. Yes.
4 Q. Was that defined, as far as you were aware?
5 A. Not to me, and — I was aware of that with another
6 resident actually and I was aware that they got
7 essential visits on the basis of extreme distress, and
8 our mother was not in that category of extreme distress.
9 She would have been in extreme distress when hoisted and
10 that then put her into a frame of mind and disposition
11 that we could not have a meaningful engagement with her,
12 no matter, but she wasn't frequently experiencing, as
13 far as we know, the sort of distress one might imagine
14 that refers to.
15 Q. So that — arising from what Lord Brailsford has asked
16 you, that's another subjective term?
17 A. Yes.
18 Q. Except it wouldn't be a subjective term if someone had
19 defined it?
20 THE CHAIR: Well, it might have been subjective but at least
21 there would be a basis specified by someone who had
22 authority to make such a definition, and that would have
23 been of some — I think to be fair, you're saying that
24 that would have been of some assistance.
25 A. It would have helped.

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1 THE CHAIR: You might have cavilled against the definition,
2 but theoretically you would have had a chance to
3 challenge that, perhaps, but nevertheless it would have
4 been something.
5 A. Yes, and there was nothing.
6 MR CASKIE: And the other group that it would have helped
7 was care homes —
8 A. Yes.
9 Q. — because they presumably were struggling with those
10 definitions as well?
11 A. Yes.
12 THE CHAIR: Well, actually, in fairness, I now see, since
13 it's come up on my screen, you wrestle with that problem
14 at paragraph 78 or you attempt to, so you're well aware
15 of it.
16 A. Yes.
17 THE CHAIR: I see also you draw my attention to a number
18 of other highly subjective statements, "extenuating
19 circumstances" and so forth. It's all entirely
20 subjective.
21 A. Well, that "extenuating circumstances" came up on the
22 letter — the email that came out on the day of
23 lockdown, very short, to say, "We will be locking down
24 but we will of course [it said, something like that]
25 allow visits under extenuating circumstances". Now at

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1 the time I had no need to worry about that because we
2 weren't at that point, but "extenuating circumstances"
3 was — when you think back to the very start of the
4 pandemic, people were not getting into hospitals and
5 loved ones were dying, whether it was children,
6 husbands, wives, so I think that was — that might have
7 been a good intention there, but, in reality, I very
8 much doubt that anybody was getting into a care home
9 because they weren't getting into any other place of
10 help, whether it be a hospital or anywhere else, for the
11 first months.
12 THE CHAIR: I agree, yes.
13 MR CASKIE: Can I take you to paragraph 77 and ask you if
14 there's anything that you want to say about what's said
15 there?
16 A. Do you want me just to read it?
17 Q. No, I want you to tell — Lord Brailsford is capable of
18 reading it, so do you have anything to add to it
19 usefully or is it simply an effective stand-alone
20 paragraph?
21 A. I think in some ways we have covered it in that the care
22 home wasn't prepared for defining "end of life" or
23 "essential visits" and it surprises me in a way because
24 that is their job. This is what they do and this was
25 now almost a year into the pandemic. They must have had

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1 many, many people at the end of their life and passing
2 away and they must have had to grapple with that. So
3 it's just perplexing that this hadn't been brokered
4 earlier.
5 Q. Now, the next things that you provide are details of
6 what you head "Closing stages".
7 A. Yes.
8 Q. Can you read the second sentence in paragraph 81?
9 A. "I was granted 'unlimited' access from that point, and
10 I visited every second day for the next 11 days."
11 Keep going?
12 Q. Hmm—hmm.
13 A. "Even at that late stage in her life, she recognised me
14 and while she couldn't talk much, what she did say
15 really surprised me. At times she was lucid and
16 appreciative and reflected with great fondness on her
17 family."
18 Q. Any other relatives visiting at this point?
19 A. No. It was me. This unlimited access was granted to me
20 on 26 February, although I'd been given — we'd been
21 given a heads-up two weeks earlier, round about the
22 middle of February, that they were concerned that she
23 really wasn't eating very much or drinking much and that
24 they would monitor it. So we were pretty frantic by
25 that stage, particularly because, although I had been

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1 given essential visitor status back in October/November
2 and had gone for the voluntary break over the festive
3 period, when it came to early January and I tried to
4 re-establish my essential visitor entitlement, if you
5 want to call it that, I got an email saying that,
6 because of the levels of COVID circulating in the
7 community, that was being suspended.

8 My essential visiting status was suspended and
9 effectively I hadn't been in there since 15 December.

10 The reason it was was in early January, in our
11 community, there was a sufficient level of COVID
12 circulating that meant Public Health Scotland probably
13 had given a direction about suspending all visits, and
14 that included me, so I didn't really have any special
15 status at all. My visits were just no greater value
16 than suspending people who were visiting in the
17 interview room, so I didn't get in in early January.

18 Beyond that I was told, "The COVID vaccination is
19 coming soon to our care home. Hopefully, once we get
20 everybody vaccinated, we will be able to relax things
21 again". But that, again, took another few weeks, and so
22 we got to the stage here in February where I'd been
23 alerted to say, "She ain't eating much", and there was
24 a few frantic emails then to say, "When are you going to
25 let us in?". So we were at end of life and I still

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1 wasn't getting in for all these other drivers out there.

2 Q. You talk next about effectively a window visit by
3 a number of family members --

4 A. Yes.

5 Q. -- and you bring the piper again.

6 A. Yes, the piper. Do you want me to read anything there
7 or --

8 Q. Well, just give us a summary of it. What happened?

9 A. So it was 19 March and I had managed to get my visiting
10 as an essential visitor reinstated when I think they
11 must have recognised this was end of life, and I was
12 going in, as I said, every second day for about 11 days,
13 and I reached a bit of a burnout with that emotional
14 burden, but also very conscious that my siblings had not
15 seen their mother pretty much for a whole year. I mean,
16 some very fraught and distressing outdoor visits and
17 a couple of room visits that were awful, but they hadn't
18 seen her. And because we knew -- I knew, we all knew --
19 this was end game, I pleaded with the care home to let
20 my two siblings, who had seen least of their mother,
21 take my place for a few -- a visit, and they agreed to
22 that. So a brother and my sister took over from me. So
23 it wasn't as well as me, it was instead of me, and they
24 got a visit each --

25 Q. Not simultaneously?

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1 A. Not simultaneously -- or did they get one where they
2 were allowed in together? I can't remember what the
3 rules were then around families who weren't -- you know
4 there was all bubbles things. That played into this as
5 well. But they each got a visit and we agreed with the
6 care home that, you know, for the time being we would
7 continue with that to give them a bit more time. And my
8 elder brother had stepped back to let them have it
9 because he was the one that lived closer and had seen
10 just a little bit more. So that's where we were at with
11 it.

12 Then on that day, that 19 March, my sister was -- it
13 was going to be her turn to come up, one of two visits
14 in the week, and she couldn't come because she was
15 unwell from her COVID vaccination so I stepped in to do
16 that visit. And I'd arranged for one of the grandson
17 pipers to come and play again at the window, like we'd
18 done before, which was all organised and agreed and set
19 up, and I was so conscious from my other brother that
20 this was very close to the end that I encouraged him to
21 come along with his wife and his daughter and her
22 partner and the two great-grandkids just so stand beside
23 the piper, to give the piper a little bit of support, to
24 give me a bit of support on the inside and to see his
25 mother for the last time.

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1 Q. And what time of day did that happen?

2 A. 2 o'clock in the afternoon.

3 Q. When did your mum die?

4 A. Well, she died on the Monday. But when we were outside
5 her room, the piper started, and somebody from the care
6 home came in and told me that these people hadn't been
7 authorised to be at the window, so I was --

8 Q. Was the window open?

9 A. No, no. She was lying in her bed well away from the
10 window and she was dying at this stage. But I was told
11 to tell them to leave, so that's what I had to do.
12 I had to say to them, "You've been asked to leave", and
13 they had to leave the premises. They were ordered off
14 the premises because that had not been part of the plan
15 or hadn't been approved by somebody senior enough.

16 Q. And was there no one there who could just take
17 a decision there and then?

18 A. No, no. The manager of the care home didn't work on
19 a Friday, so the person who was left to assess what was
20 going on here, all they saw was, "This hasn't been
21 approved. These people have to go. They're not
22 authorised to be here".

23 Q. You say at paragraph 92 that you weren't happy about the
24 end-of-life plan. Can you say a bit more about that?

25 A. Sorry, I'm not quite sure what you're asking me to ...

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1 Q. Sorry.

2 THE CHAIR: It's possibly background for me to use

3 (inaudible).

4 MR CASKIE: Okay, that's fine.

5 THE CHAIR: It seems clear.

6 MR CASKIE: Let's move on to paragraph -- well, at the end

7 of paragraph 98, there's a heading, "Outcomes Sought

8 from this Public Inquiry", and you list those. As you

9 can see, Lord Brailsford can read that. There are

10 a couple of questions that I want to ask you about

11 paragraphs 102 and 103 -- could you read paragraph 102?

12 A. "This fact is so often overlooked in the media ..." --

13 Q. Sorry, I need to go back --

14 A. Go back a wee to the fact.

15 Q. -- to which fact.

16 A. Yes, what fact.

17 Q. Aha, about the importance of family.

18 A. Which paragraph?

19 Q. Sorry, if you look at 101 --

20 A. Yes.

21 Q. -- there's a request to the Scottish Government to

22 publish figures, and they're about the number of people

23 who died not of COVID --

24 A. Yes.

25 Q. -- in care homes.

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1 A. Yes.

2 Q. And then you say, "This fact ..."

3 A. The fact that so many people died in care homes

4 throughout the first 12 months of the pandemic --

5 I believe the figure is something around 16,000 died.

6 300 were dying per week in care homes in Scotland. Not

7 all of these people but the vast majority will have died

8 from reasons other than COVID and, I think that figure

9 should be articulated at some point as a result of this

10 Inquiry or to help inform this Inquiry because it's an

11 awful lot of people -- right? -- that they were in care

12 homes, they had no meaningful contact, and for us it was

13 a whole year of no meaningful contact, it was

14 meaningless contact, with their loved one, and these

15 people died alone and lonely, effectively imprisoned in

16 their care home, and that was for the remainder of their

17 lives.

18 Q. And their death was not related to COVID?

19 A. Yes, and I'd like to know, of the 16,000 people who did

20 die in that first year, you know, how many suffered and

21 had to endure this, no meaningful contact, and then they

22 just passed away.

23 THE CHAIR: Well, actually all of them because everyone in

24 a care home, to a greater or lesser extent, depending on

25 the care home -- but they all experienced -- I'll use

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1 a non-emotive word for obvious reasons --

2 A. Yes.

3 THE CHAIR: -- they experienced the restrictions that were

4 imposed on them as a result of COVID --

5 A. Yes.

6 THE CHAIR: -- and therefore all of them went through that

7 experience.

8 A. They all went through that experience, yes.

9 MR CASKIE: At paragraph 106 you make positive comments

10 about Care Home Relatives Scotland. Why was an

11 organisation like Care Home Relatives Scotland needed in

12 your view?

13 A. It was a voice. There was no voice at all to champion

14 the cruelty around withdrawing meaningful contact from

15 people in residential care, be they young or old. The

16 Care Inspectorate even talk about the fundamental

17 importance of meaningful contact in your life and the

18 withdrawal or removal of that has a significant

19 detrimental effect on your mental health and well-being,

20 and indeed, in many elderly people, the will to leave.

21 Q. Tell me about Anne's Law.

22 A. So Anne's Law --

23 Q. I know what it is.

24 A. Yes, Anne's Law is something that we must have. We must

25 avoid this ever happening again. And Anne's Law would

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1 give the resident the right to have one designated

2 care-giver, an essential care-giver -- and that's the

3 important word -- the right to enter the care home and

4 give that essential care in the same way that a staff

5 member would.

6 Q. Could you read paragraph 112?

7 A. Paragraph ...?

8 Q. 112.

9 A. 112:

10 "The Scottish Government should provide a definition

11 or articulation of 'meaningful contact' for anyone in

12 care, be they old or young, and should enshrine this in

13 Scot's law alongside Anne's law, or as part of

14 Anne's Law."

15 Q. And then continue on to 113.

16 A. "As a family we have struggled to come to the terms with

17 the loss of our mother in this way, knowing that until

18 the very end she was still with us, thinking about the

19 family and never knowing or understanding why she had

20 lost us. Images that we have re-told for this Public

21 Inquiry still haunt us. Our mother lived a long, happy

22 life, until that very last year when everything changed

23 and we were unable to reach out to her and support her

24 when she needed us most. It is painful and difficult to

25 celebrate an extraordinary life when the emotions around

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1 the dire circumstances of her final months, and how she
 2 died, are still so raw.”
 3 Q. You then summarise or state what you consider are the
 4 key parts of your evidence. I think I’ve been through
 5 all of your evidence. Can I ask you to look at certain
 6 of those paragraphs in particular? 118, 119, 123, 124
 7 and 125 together, and then 126.
 8 A. Can we scroll back down? Can I read because that’s —
 9 I can read and discuss. 118 first?
 10 Q. Yes. We can go back through that. 118.
 11 A. Right. Yes, this is a point that I really want to come
 12 across loud and clear. It’s about meaningless contact.
 13 So:
 14 “[The] combined impact of isolation from family and
 15 meaningless contact sped up cognitive decline which
 16 contributed significantly to deterioration in both
 17 physical and emotional health & well-being.”
 18 Q. And then 119 is about Anne’s Law, and I don’t think that
 19 adds to the evidence that you’ve already provided,
 20 although if I’m wrong, please correct me.
 21 A. No, that’s it. Anne’s Law is essential. The right to
 22 have a family member enter the care home and provide
 23 that essential care, whatever form that takes during
 24 a lockdown, the same way that staff do.
 25 Q. 123 —

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1 THE CHAIR: Before you get there, stop at 121. You ask —
 2 your view is that meaningful contact should be enshrined
 3 in law. As a result of the discussions — you giving
 4 your evidence and the discussion that has ensued during
 5 it, would you like to add other terms to “meaningful
 6 contact”? Would you like to revise your statement? You
 7 don’t need to do it. I’m to some extent teasing you,
 8 but it flows out of the discussion we had only a few
 9 moments ago about the subjective nature of many terms.
 10 A. Well, yes. Yes, I mean I could sit here —
 11 THE CHAIR: Of course you could.
 12 A. — and paint a picture of what meaningless contact
 13 looked like and I hope I’ve described meaningless
 14 contact.
 15 THE CHAIR: Yes, you have.
 16 A. So we need the corollary of that. We need to have — we
 17 must document what meaningless contact — never forget
 18 what that looked like, but we also must write down what
 19 meaningful contact should be, and that would be for
 20 perhaps lawmakers too, and to get the right words for
 21 it, and it’s subjective, as is “essential visiting”, as
 22 is “end of life”. But all of these — we have learned
 23 the lessons here, we’re learning the lessons, but we
 24 have to have this better — as best can be articulated
 25 so that the ambiguity can be removed and the doubt and

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1 that people could pick up on this instantly should we be
 2 faced with this again.
 3 THE CHAIR: I can assure you these are extremely difficult
 4 questions but you’ve posed them.
 5 MR CASKIE: 123, you’ve made that clear.
 6 A. Yes.
 7 Q. 124 and 125, read together, is really what you’ve been
 8 talking about —
 9 A. Yes.
 10 Q. — about, the need for definitions. And then 126,
 11 guidance isn’t enough, to summarise that.
 12 A. Yes.
 13 THE CHAIR: Another very difficult question but one that
 14 you’ve put in front of us. Not you alone, I should
 15 stress, but the other witnesses as well.
 16 A. Yes.
 17 MR CASKIE: I only have one more question for you, and
 18 that’s this: do you feel as though you’ve said all you
 19 want to say?
 20 A. Yes, I think I do. I think we’ve covered all the points
 21 and they’re difficult and very hard to go through, but
 22 I’m just very grateful to be able to help in any small
 23 way, to give voice to the many thousands of people who
 24 haven’t had the privilege to have a platform to do this,
 25 and I hope that what I’m saying helps in some way to

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1 articulate what the problems were so that we can review
 2 and progress and learn as a society, so that if this
 3 ever happens again, we don’t make these mistakes.
 4 MR CASKIE: We are the ones who are grateful. Thank you.
 5 A. Thank you, Lord Brailsford, for listening to me.
 6 THE CHAIR: Thank you, Mrs Duncan. The only thing I can say
 7 is that — you’re quite right to pose all these
 8 questions and I’m sure it’s meant as help and it is
 9 help, but you make it more obvious how difficult this
 10 task is.
 11 A. Thank you.
 12 MR CASKIE: We’ve got plenty of people to help us.
 13 THE CHAIR: Thank you, all. Tomorrow morning, 10 o’clock.
 14 MR CASKIE: Yes, but not me!
 15 (12.45 pm)
 16 (The hearing adjourned until
 17 Thursday, 16 November 2023 at 10.00 am)

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