

# OPUS2

Scottish Covid-19 Inquiry

Day 3

October 27, 2023

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1 Friday, 27 October 2023  
 2 (10.00 am)  
 3 THE CHAIR: Good morning everybody. Mr Gale.  
 4 MR GALE: Thank you, my Lord. The first witness to the  
 5 Inquiry is Ms Jane Morrison.  
 6 THE CHAIR: Thank you very much indeed.  
 7 MS JANE MORRISON (called)  
 8 THE CHAIR: It is very kind of you to come. Thank you very  
 9 much indeed. I am not sure if you are aware, but  
 10 I don't propose to put people on oath in this Inquiry,  
 11 so we will just go straight into questioning from  
 12 Mr Gale. Can I say that if at any stage of your  
 13 examination you become upset or you feel you need  
 14 a break for any reason at all, just indicate to me and  
 15 let me know and we will accommodate that with no  
 16 difficulty whatsoever. Thank you. Mr Gale.  
 17 Questions from MR GALE  
 18 MR GALE: Thank you, my Lord.  
 19 Before I ask Ms Morrison to refer to any of her  
 20 statements, can I you just give your Lordship and  
 21 everybody else who is watching and listening just a few  
 22 indications about Ms Morrison's evidence?  
 23 Ms Morrison is part of the COVID Bereaved Scotland  
 24 group. She has provided the Inquiry with three  
 25 statements, which I intend to call her personal

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1 statement, her organisational statement and then her  
 2 statement regarding grief and bereavement during  
 3 a pandemic, and my intention very much is to lead her  
 4 through her evidence under reference to those statements  
 5 in that order.  
 6 The personal statement and her organisational  
 7 statement will be largely — if I can use this term —  
 8 "read-throughs". They are quite detailed and we think  
 9 that it would be appropriate that she be given the  
 10 opportunity to say everything that is within those  
 11 statements without much interruption, particularly from  
 12 me. So that is my intention with that.  
 13 The grief and bereavement statement is a statement  
 14 that she has provided the Inquiry with quite recently,  
 15 after she and I discussed certain academic research that  
 16 had been carried out, and I asked Ms Morrison if she  
 17 would provide us with some information on that.  
 18 So there will be some more interruptions at that  
 19 point, but I thought it useful to give the Inquiry that  
 20 introduction.  
 21 I should also say Ms Morrison has given evidence to  
 22 the UK Inquiry, and for the reference it is in the  
 23 transcript of the UKI on 18 July of this year between  
 24 pages 25 and 34 of the transcript.  
 25 So with that, Ms Morrison, your full name please?

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1 A. Jane Morrison.  
 2 Q. Your date of birth is known to the Inquiry, and for  
 3 present purposes I think it is sufficient to say that  
 4 you are 65?  
 5 A. Correct.  
 6 Q. Again your address is known to the Inquiry, and again it  
 7 is sufficient to say that you live in Perthshire?  
 8 A. Correct, yes.  
 9 Q. Again, for present purposes, I don't intend to take you  
 10 through your career. That is set out in your statements  
 11 and I think it probably suffices to say that you have  
 12 had a distinguished and varied career and you are now  
 13 retired?  
 14 A. Correct.  
 15 Q. Right. As I have mentioned, you provided three  
 16 statements to the Inquiry and, as you are aware, you are  
 17 the first witness to give evidence to this Inquiry, and  
 18 the purpose of you giving evidence, as with many other  
 19 witnesses, will be so that we can hear your accounts of  
 20 the impacts that you suffered during the Inquiry and  
 21 hear those accounts in some detail.  
 22 So, with that, I think I can, again with a small  
 23 introduction, say that what has brought you to this  
 24 Inquiry is the tragedy of the death of your wife, Jacky,  
 25 in October 2020 from COVID in Ninewells Hospital.

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1 I think you are all right with me and indeed everyone  
 2 else referring to your wife as "Jacky"?  
 3 A. Correct.  
 4 Q. Lord Brailsford has already said this and I will simply  
 5 reiterate because it may be that I am asking you  
 6 a question or something. If you do feel that you would  
 7 like a break at any point in our proceedings, you only  
 8 have to say —  
 9 A. Thank you.  
 10 Q. — and that will be I am sure granted to you. So could  
 11 you go, please, Ms Morrison, to your personal statement  
 12 in relation to Jacky? If you could go to paragraph 3 of  
 13 what is in your personal statement and I would like you  
 14 to begin reading from there, please.  
 15 A. Yes. I wish to give a statement to the Inquiry about my  
 16 wife. Her name is "Jacky" and, as I say, she was better  
 17 known as "Jacky". Her date of birth was 26 January  
 18 1971, so she was only 49 when she died on  
 19 24 October 2020. She was in Ninewells Hospital in  
 20 Tayside Health Board and the local authority being Perth  
 21 and Kinross.  
 22 We had been together for 20 years. We had a lot of  
 23 fun and a lot of laughter, and she was registered blind.  
 24 She had only 2% vision and her eyesight was gradually  
 25 getting worse, and it was a genetic condition that she

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1 had. But she didn't let it stop her. She was  
 2 well known in wild swimming circles, but also known as  
 3 the "blind swimmer". She climbed Sydney Harbour Bridge,  
 4 she did a trek to Everest base camp with a group of  
 5 other visually impaired people, she ran the London  
 6 Marathon, did the Edinburgh Moonwalk and she even went  
 7 up in a microlight, although I do hasten to add not as  
 8 pilot.

9 She was an occupational therapist until she had to  
 10 give up work when her eyesight got too bad for that, and  
 11 she worked in quite a lot of hospitals because she  
 12 preferred to do locum work rather than just being in  
 13 one place all the time.

14 It might sound strange for someone who is blind, but  
 15 we had a love of books and a love of reading and that is  
 16 what got us in touch with each other, when we started  
 17 talking about different books. Obviously it was quite  
 18 a challenge for Jacky to read, but she did it, and we  
 19 later went on to audio books because they were a lot  
 20 easier.

21 She had several guide dogs over that time and she  
 22 was an ambassador for Guide Dogs at one stage, talking  
 23 to local schools, and she appeared on TV for them.  
 24 Unfortunately none of her guide dogs liked to swim so  
 25 they would not go into the water with her and would be

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1 dancing on the shore, saying "Where are you?".

2 She stopped work as an occupational therapist  
 3 because, as I said before, when her eyesight was getting  
 4 too bad and she did a course in massage and reflexology  
 5 and alternative therapies, and she felt these were  
 6 treatments she could do because she had poor vision.  
 7 She also did a course in counselling and, funnily  
 8 enough, specifically in bereavement counselling, but  
 9 people found it easy to talk to her. Possibly that was  
 10 because of her visual impairment, but it was probably  
 11 because they got to pet her guide dog while they were  
 12 talking.

13 MR GALE: Can I stop you there? The bereavement counselling  
 14 that she did a course in and that she was interested in,  
 15 was that something -- obviously prior to the events that  
 16 took place -- was that something you talked to her  
 17 about?

18 A. Yes, yes.

19 Q. Do I take it from that that you had something of  
 20 an interest or vicariously had something of an interest  
 21 in that yourself?

22 A. Yes. She went into bereavement counselling after her  
 23 father died very young, he was only 60 when he died, and  
 24 she found it quite difficult to deal with that, given  
 25 the circumstances. She went for bereavement counselling

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1 herself and got a lot out of it and she felt she wanted  
 2 to give something back, and because she had been through  
 3 it herself, she felt it was something she could  
 4 genuinely understand when people spoke to her about it,  
 5 so she did the course.

6 Q. Did that experience of discussing that with her assist  
 7 you when you came to look at some of the research that  
 8 you had been asked to look at and make informed comments  
 9 on it?

10 A. Yes, it did.

11 Q. Right. Thank you. Can you continue at paragraph 9,  
 12 please.

13 A. Yes.

14 She did try to set up a business doing that. It  
 15 went for a while, but with her eyesight it was letting  
 16 her down again because it was really getting quite bad.  
 17 She also ran a pet shop for a while. Again, the  
 18 eyesight let her down because, in addition to having the  
 19 visual impairment, she was in chronic pain all the time  
 20 because the eye condition, it basically put hundreds of  
 21 wee blisters over the surface of her eye, which was, as  
 22 you can imagine, quite agonising. It was like loads of  
 23 grain of sand in her eye. And she had about  
 24 20 operations at Ninewells Hospital. They were  
 25 fantastic with her and eventually she had to have her

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1 right eye removed completely because she had no useful  
 2 vision in it at all, not even light and dark, and it was  
 3 the most painful of the two eyes, so it was agreed to  
 4 remove that and give her a prosthetic eye.

5 But we did also have some laughs with that because  
 6 she used to keep her spare eyes on the fridge, on top of  
 7 her chocolate, saying she was just keeping an eye on her  
 8 chocolate. We had that sort of relationship, lots of  
 9 laughter, lots of fun, not taking life too seriously,  
 10 but not being stupid about it either.

11 One time when we were away, we had a motorhome and  
 12 we were going up the east coast, and she stopped to pop  
 13 into the shops and I went and filled up with fuel, and  
 14 when I got back her new eye was pointing the wrong way.

15 Q. I assumes that was in her socket?

16 A. Yes, way over here (Indicates), because she hadn't it  
 17 very long and she was a bit wary of it.

18 She did say, "I wondered why all those people were  
 19 looking at me", and it was the first time she had had  
 20 a problem and we were, neither of us, quite sure what to  
 21 do. There was a little bit of to-ing and fro-ing and,  
 22 "Shall we try this and try that?". But in the end she  
 23 poured herself a large glass of wine and they gave her  
 24 like a wee plunger that she put it on a managed to get  
 25 the eye in the right position. But, as I say, we took

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1 the attitude you have to laugh at life otherwise it's  
 2 just miserable.  
 3 I didn't appreciate or truly appreciate how much she  
 4 was liked and admired until she died because, between  
 5 the cards, the emails, messages, Facebook comments and  
 6 so on, I had about 600 expressions of condolence,  
 7 showing what she meant to people and how much she  
 8 inspired them because she just got on with it.

9 Q. I presume that getting those messages in the period  
 10 after her death would have been very important for you  
 11 because there were limited people that you could  
 12 associate with?

13 A. Exactly, yes. Yes, it meant a lot. It was good to see  
 14 that so many people saw in her what I saw in her as  
 15 well.

16 We had a house extension and we put in an AGA cooker  
 17 because that was originally developed by a blind man so  
 18 you don't have to worry about controls, and she loved  
 19 cooking, although we did have one or two interesting  
 20 dishes sometimes. But she was great at baking. It  
 21 didn't do much good for my waistline but it was lovely  
 22 stuff. And she was so brave. She wouldn't let her  
 23 visual impairment stop her, she wouldn't let pain stop  
 24 her and she wouldn't let people know when she was in  
 25 pain.

1 We were just in the process of organising with the  
 2 farmer up road to have a bit of land and had applied for  
 3 planning permission, but it was all done in respect of  
 4 Jacky's lack of vision because it was green belt land  
 5 and you could only have a house if it was adapted for  
 6 a disability, so it was going to be a smart house so she  
 7 could operate everything by voice and different textures  
 8 to tell when you are moving from one area to the next  
 9 and so on. Sadly I had to withdraw that after she died  
 10 because of the modifications being for her, so  
 11 I couldn't proceed.

12 Q. You go on now to talk about the events that led to Jacky  
 13 going into hospital. Again I would like you to just  
 14 provide us with that background please.

15 A. Certainly, yes. It was actually on 4 October. I had  
 16 taken the dogs out and she was fine when I left  
 17 the house, and I came back about an hour later and  
 18 I asked if she was all right because she looked like she  
 19 had jaundice, and then I thought, well maybe it's just  
 20 the lights. I sat there a bit longer, looking at her,  
 21 and then I said, "Let me have a look at your eyes", and  
 22 one was indeed yellow and the prosthetic one was white,  
 23 so I said, "You've definitely got jaundice".

24 It was a Sunday. I phoned NHS 24 to find out what  
 25 to do. They were very good. The nurse said she would

1 have to get the doctor to call us back. I think she  
 2 said something like two hours, but they actually called  
 3 back within half an hour, and we went through everything  
 4 with the doctor and she said she'd have to go to  
 5 hospital because of it. And they arranged for a COVID  
 6 test before she went in -- we had to go a different  
 7 place in Dundee for that -- and it was simply because  
 8 she'd had a bit of a cough for a few weeks. We were  
 9 pretty sure it wasn't COVID because she didn't have any  
 10 other symptoms.

11 We went to Kings Cross Hospital in Dundee, they did  
 12 the COVID test. We even had a wee laugh about that  
 13 because Jacky had quite a strong gag reflex and she told  
 14 me, "You have never seen a doctor jump back so fast",  
 15 when he did the throat swab and she started gagging.  
 16 The test came back negative so we know she definitely  
 17 did not have COVID at that stage.

18 When we went to Ninewells after that and the nurse  
 19 came down, she met us at the door and explained that  
 20 I couldn't go in and everything else, and she was taking  
 21 Jacky up to the ward, which she did. I can't remember  
 22 if she was put in a side room or not until they got the  
 23 result through because at that time it was taking  
 24 several hours to get results off the tests, but that was  
 25 a general problem with the pandemic, everything was

1 taking longer. If you went for an MRI scan, normally  
 2 they could do quite a few people in a couple of days,  
 3 but it took much longer because after everybody had been  
 4 in, they had to thoroughly disinfect the scanner  
 5 and then leave it for 20 minutes at least before anyone  
 6 could go in.

7 Q. I think, just to get the timeframe of this -- it may be  
 8 that it needs to just be emphasised. Obviously the  
 9 beginning of the pandemic was March --

10 A. Correct.

11 Q. -- February/March of 2020, and Jacky went into hospital  
 12 in October, so six/seven months later?

13 A. Yes, yes.

14 Q. Please go on.

15 A. So obviously I had to leave her. The nurse took her in.  
 16 I went home. There was clearly a problem with the  
 17 liver. They didn't know what it was because, unless she  
 18 was having to reposition her eye, she was not a drinker  
 19 so it wasn't anything like that. They checked it wasn't  
 20 cancer and we did find out afterwards that a couple of  
 21 relatives had the same eye condition, which was  
 22 a mutation of a mutation of the eye disease and there is  
 23 only three other families in the UK that are known to  
 24 have that.

25 So, as I say, some of her older relatives had had

1 liver problems and died of it, but we only found this  
 2 out literally when she was in hospital, doing the tests,  
 3 and the consultant thought, because her eye condition  
 4 was destroying the epithelium of her eye, it was  
 5 possibly destroying the epithelium of her internal  
 6 organs.

7 If I may bring in a bit, I didn't have in my  
 8 statement there that about COVID, everybody just refers  
 9 to it as a respiratory virus and it is actually  
 10 a respiratory and vascular virus --

11 Q. Yes.

12 A. -- and the vascular element of it, when it's the  
 13 endothelium, it destroys all the blood vessels and that  
 14 is what causes all the blood to get sticky and clot and  
 15 so on and does the organ damage in people.

16 Yes, so about two years before she had had symptoms  
 17 of diabetes and she became insulin-dependent, but they  
 18 were minuscule doses of insulin that she needed, they  
 19 couldn't quite understand why, and seemingly there are  
 20 six types of diabetes, but she didn't tick all the boxes  
 21 on any of them so there was something weird going on.  
 22 With hindsight we think it was possibly the eye  
 23 condition attacking the pancreas and it was intermittent  
 24 because sometimes it worked and sometimes it didn't.  
 25 Again, it didn't stop her. She just did whatever she

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1 had to do and got on with what it. But they were doing  
 2 lots of tests and biopsies and things like that while  
 3 she was in Ninewells. When she was in 12 days, that is  
 4 when they did the main biopsy.

5 Q. I know you are going to come to this, but in those  
 6 12 days that she was in Ninewells, what sort of contact  
 7 were you able to have with her?

8 A. I am -- visiting was allowed. It was by appointment  
 9 only so they didn't have everybody turning up at the  
 10 same time and you had to wear masks and a pinny and I am  
 11 pretty sure gloves as well. In theory I could have gone  
 12 up every day, but it was over an hour's drive each way,  
 13 so Jacky said, "Just come up every second day". But  
 14 there was only once I was turned back, when they had  
 15 someone who was possibly positive for COVID so no  
 16 visitors were allowed in.

17 Q. Okay. Thank you. Please continue.

18 A. We can go back up because just ... yes, sorry, they were  
 19 monitoring her bilirubin levels very carefully, and they  
 20 seemingly get concerned if they go over 30, and in the  
 21 time that Jacky was in hospital, they went from 230 to  
 22 650. They just couldn't get them under control. So  
 23 there was something serious going on. The medical staff  
 24 said if she hadn't got COVID and lived, she may very  
 25 well have needed a transplant and they drained fluid

14

1 from her abdomen, again which happens when the liver is  
 2 not working properly.

3 I did ask the doctor how serious it was, and he  
 4 said, "Again, we may get to the stage of needing  
 5 a transplant, but we're not there yet". They were  
 6 thinking of: would it be you're talking a year,  
 7 two years, in the future and they said there were still  
 8 things they could do.

9 She was moved around the hospital a few times simply  
 10 because of bed space. We had a joke when we were going  
 11 into the hospital for the first time. Because she had  
 12 been in hospital so often, with all her operations over  
 13 the 20 years, I said to her, "The only part of hospital  
 14 you have not been in is the maternity unit". However,  
 15 because of the bed shortage, she was moved there for  
 16 a few days at one stage so she got the full hat-trick.

17 Q. She had that experience.

18 A. Yes, as I said, you had to make an appointment to visit  
 19 her. In fact there was a couple of times I couldn't go  
 20 in because they might have a COVID patient. No visitors  
 21 were allowed until that that was sorted and, yes, I had  
 22 to wear the PPE.

23 Q. Was that provided to you --

24 A. Yes.

25 Q. -- or did you bring your own, as it were?

15

1 A. I actually -- I actually took my own mask because it was  
 2 a higher-quality mask than the surgical masks --

3 Q. Okay.

4 A. -- but, yes, it was all there and provided. I usually  
 5 stayed maximum of an hour. If Jacky was looking tired,  
 6 then I would just go. The one thing was throughout all  
 7 this time patients didn't have to wear masks and she had  
 8 been in hospital ten days, I think, and I was waiting  
 9 one time for her to come back from tests and a woman's  
 10 husband turned up with the kids and the ward sister came  
 11 out and quite rightly said that no children were allowed  
 12 in, it was only one adult visitor, so they would to go  
 13 outside. And immediately the wife followed them  
 14 outside, kind of defeating the whole purpose of it.  
 15 I watched her come back in. She didn't even use the  
 16 alcohol gel. And it expands on one thing I have  
 17 mentioned here before: every time I went to visit, there  
 18 were patients in the car parks with no masks, no social  
 19 distancing, getting round the one visitor rule by  
 20 meeting friends and families out there and then walking  
 21 back into the hospital.

22 We do have one woman in our group who is a nurse,  
 23 and when the pandemic started, she was put at the front  
 24 door of the hospital she worked at, and she said she was  
 25 trying to stop people going out and doing that and she

16

1 was just getting verbal abuse and threats and everything  
 2 else, so it's a mentality that we have to figure out how  
 3 to deal with for the future.

4 Q. Yes.

5 A. As I say, I had to wear the PPE and Jacky didn't have to  
 6 wear any. I did raise this with the hospital when I was  
 7 talking to the consultants about it, when I was waiting  
 8 for them to take Jacky off all the machines so they  
 9 could take her into a side room and I could be with her  
 10 when she died. There were faults in the hospital, but  
 11 I also mentioned to them about the patients going  
 12 outside, and I made a couple of observations, "If you  
 13 are moving the patient around the hospital, why aren't  
 14 they wearing masks?". And, in addition, some wards had  
 15 different levels of PPE for the visitors. The maternity  
 16 unit, for example, had lower levels of PPE because, when  
 17 I went in, I asked, "Where is the mask PPE?", and they  
 18 said, "Oh just wear the mask you've got and don't worry  
 19 about anything else".

20 So the doctor I was speaking to, the consultant, she  
 21 listened to me and she said it was very useful because  
 22 she was in infection control and she said they were  
 23 having an enquiry into why they had a COVID outbreak in  
 24 the hospital and that the information I had given her  
 25 was very useful.

17

1 I did get given the name of a consultant — I think  
 2 it was sort of the head of the department — who I could  
 3 contact not just for that but if I had any questions  
 4 about anything or wanted more information about Jacky's  
 5 infection and death. She was very good. I did raise  
 6 all the points about the masks and other things and she  
 7 did contact me.

8 I think it would have been about January 2021 when  
 9 she contacted me and said they had concluded their  
 10 investigation and asked if I would like to come up and  
 11 speak to them and go through it all with them. I said  
 12 "No" at the time because I just wasn't up to doing it,  
 13 but I know they produced a report because when they had  
 14 their unannounced hospital visit, inspection visit, in  
 15 February 2021, it was mentioned.

16 Q. If I can pause you there. One of the things that you  
 17 mentioned subsequently in your personal statement and  
 18 then in your organisational statement and indeed in your  
 19 final statement is the importance of communication.

20 A. Absolutely.

21 Q. I think what you are saying there and have said there is  
 22 that your experience particularly during Jacky's illness  
 23 was that the communication that you received was very  
 24 good.

25 A. It was, for me, yes. I was very lucky compared with

18

1 many in the group where the communication was dreadful.

2 Q. Yes. I think that is one of the benefits, I suppose, of  
 3 you being involved in the care and the Covid Bereaved  
 4 group is that you have the perspectives of others who  
 5 you can juxtapose to the experience that you had, which  
 6 was not the same experience?

7 A. Yes, yes. As I mention later on, I take the view, if  
 8 one hospital can get it right in my situation, then  
 9 surely all of them can get it right.

10 Q. Yes. Okay. Can you continue on. I think you were at  
 11 paragraph 42.

12 A. Yes. I was just going to say that in the report done of  
 13 the inspection visit, it is actually paragraph 53 of  
 14 that report that refers to the investigation done by  
 15 Ninewells Hospital, just for your reference.

16 Q. Thank you for that reference. We will look at that.  
 17 Thank you.

18 A. They were monitoring Jacky very carefully and it was  
 19 about 3 am on the 15th day — because they were taking  
 20 obs every two hours — that they noticed a spike in  
 21 temperature and they thought it might have been  
 22 an infection starting from either the biopsy or the  
 23 drains, so they immediately put her on antibiotics. As  
 24 the morning progressed, they saw it didn't make any  
 25 difference at all and the temperature was still going

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1 up. So they did a whole raft of tests, including  
 2 a COVID test, which they were only able to do because  
 3 she had a temperature. If she hadn't had a temperature,  
 4 they couldn't have done the COVID test at that time.

5 THE CHAIR: Why not?

6 A. Because you could only have a COVID test if you had one  
 7 of the three cardinal symptoms, which was cough, fever  
 8 or loss of taste and smell.

9 THE CHAIR: I was going to ask actually, before you told me  
 10 that, that she had been in hospital 15 days by that  
 11 time —

12 A. Yes.

13 THE CHAIR: — had a battery of tests, by the look of it,  
 14 about other things, but they hadn't given her a COVID  
 15 test, but that is the explanation for that?

16 A. That is the explanation, yes.

17 THE CHAIR: Sorry, Mr Gale.

18 MR GALE: Not at all, my Lord. Thank you.

19 A. Yes, as the morning progressed, they saw it wasn't  
 20 making any difference so they did all the tests. It  
 21 came back positive. They honestly weren't expecting it  
 22 to come back positive, but it did, and then she was  
 23 moved straight into the COVID ward. They had quite  
 24 a good set-up in Ninewells. They had made a hospital  
 25 within the hospital, so they had taken over one area

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1 where they had made a COVID ward, a COVID  
2 high-dependency unit and COVID intensive care all in the  
3 one area.

4 What was lucky was it was just at the start of the  
5 second wave, which it probably did mean they had more  
6 time to give to me than they might have done previously  
7 in the first wave or in the chaos of the second wave,  
8 and, as I mentioned before, the communication was very  
9 good. They phoned me regularly and they said I could  
10 phone at any time to check on Jacky's condition. When  
11 she had been in the ordinary ward, the ordinary COVID  
12 ward, and was just on support of oxygen, she had been  
13 able to FaceTime me and that sort of thing.

14 So on the Wednesday evening she was moved to the  
15 high-dependency unit because her oxygen levels were  
16 going down and she was put on the CPAP, the continuous  
17 positive airway pressure. Once that is on, you can't  
18 really talk. We did try a couple of phone calls but all  
19 I could hear was the air.

20 Q. The machine?

21 A. Yes. But they did keep me very well informed and they  
22 told me everything they were doing as they were doing  
23 it; for example, when they put in an artery monitor for  
24 getting detailed right blood oxygen levels, they told me  
25 when they did that, and the other machines that were

1 involved.

2 At that stage they were still planning that, if they  
3 had to, to take her into intensive care, they could do  
4 so. However, when her kidneys failed and then her liver  
5 failed and in addition to the maximum CPAP oxygen, they  
6 couldn't get her oxygen levels above 60%. And they had  
7 a meeting with the consultant of the high-dependency  
8 unit, the consultant of intensive care, the renal  
9 consultant and the liver consultant, and that was  
10 decided there was nothing they could do because of the  
11 organ failure and especially with the liver, because  
12 once that was gone, they couldn't do anything about that  
13 other than a transplant and obviously they wouldn't give  
14 a COVID patient a transplant.

15 Jacky was fully aware of everything that was going  
16 on.

17 Q. Was that important for her?

18 A. It is, yes.

19 Q. It was important for her; was it important for you?

20 A. It was, but not necessarily in the way everybody expects  
21 because by that stage she was -- she knew she was dying  
22 and I couldn't be with her when she was told she was  
23 dying, and, you know, to be sort of there on your own,  
24 thinking about it, and the realisation that that is  
25 going on, it provides its own trauma.

1 But Jacky actually decided that -- as there was  
2 nothing more they could do, she said, "I'm ready. Take  
3 me off all the machines", and they asked her that if she  
4 could hang on, they would try and do it so that I could  
5 get there, which she said she would do. But ... sorry  
6 I have just dotted about a wee bit.

7 Q. No, no. I think you go on to tell us that not having  
8 a drink that night was probably a benefit for you.

9 A. Oh, definitely, yes. What it was, I thought I wasn't  
10 going to be there with her when she died and the  
11 hospital at that stage had indicated I couldn't be with  
12 her when she died, and so I was talking to some friends  
13 on the phone and I thought, "What do you do, sitting  
14 there ...", and I actually poured myself a large drink.  
15 And I think my guardian angel smacked me up the back of  
16 the head and, thank goodness, I didn't touch it at all  
17 because the hospital rang half an hour later and said,  
18 "Look, we've managed to find a side room in the COVID  
19 ward. You can go in there and you can be with her at  
20 the end", which was wonderful to be able to do that.

21 Jacky said -- she told me she had had enough, so, as  
22 I say, they took her off everything. I had over  
23 an hour's drive to get there and, once I got there, the  
24 consultant came out to meet me and was sitting talking  
25 with me while they got Jacky sorted out because --

1 I don't know somewhere in there I said, for example,  
2 they tried dialysis but her blood was so sticky, it  
3 jammed the dialysis machine. But they got her all  
4 ready, took her into the side room and I was able to sit  
5 with her for 50 minutes before she died and I sat with  
6 her for a while afterwards.

7 The two young male nurses on the ward were lovely.  
8 They asked if I was going to be all right going home on  
9 my own and they gave me the direct number of the ward  
10 so, if I needed to talk to anybody, I could phone them  
11 up any time during the night because they were on  
12 nightshift obviously, and they would talk to me, and  
13 I thought that was very kind of them.

14 The consultant as well had gone through everything  
15 with me, told me what would happen and also explained  
16 about the documentation that -- when they do the death  
17 certificate and not to worry about that, they would  
18 email it direct to the registrar and the registrar would  
19 get in contact with me and sort everything out.

20 The registrar as well, she was lovely. When she  
21 phoned, she said, "Look, I have gone through your civil  
22 partnership and your marriage certificates. I have most  
23 of the information I need. I just need it confirm  
24 a couple of points", so I didn't have to go through all  
25 of Jacky's details and family details.

1 Q. I suppose in any circumstance that is important, but  
 2 particularly in the circumstances you faced —  
 3 A. Yes.  
 4 Q. — that was particularly important?  
 5 A. Yes. Yes. COVID was given as the cause of death.  
 6 In fact it was "pandemic COVID-19" that was the cause of  
 7 death. The other conditions might have contributed but  
 8 they wouldn't have caused her death at that time, and it  
 9 was very peaceful. But she had gone in on 4 October,  
 10 died on the 24th, so ... as I say, I have made the point  
 11 about infection control, but with the treatment she got,  
 12 I don't have any complaints about that at all. They did  
 13 everything they could, and every time I phoned up, I got  
 14 answers or, if the person was busy, they would ask if  
 15 they could get a colleague to phone back because the  
 16 other person was dealing with Jacky and that was fine.  
 17 The communication I got on the final day was superb,  
 18 especially when I do hear what other people had to go  
 19 through. As I say, Jacky was fully aware of what was  
 20 going on and the consultant actually commented that it  
 21 is one of the horrible things about COVID for someone in  
 22 Jacky's position because they are fully compos mentis  
 23 and knew exactly what was happening throughout because  
 24 obviously they couldn't be sedated because that would  
 25 suppress the breathing.

1 As I mentioned earlier, my Lord, the only testing  
 2 that was done at that time was if you had one or more of  
 3 the three cardinal symptoms. That was the only reason  
 4 she got the COVID test, otherwise she wouldn't have had  
 5 it.  
 6 Q. You go on in the next section of your statement to talk  
 7 about infection control and some of these points I think  
 8 you have hinted at already: the incidents of people  
 9 coming out of the hospital, meeting their families out  
 10 of the hospital without PPE and then being able to go  
 11 back into the hospital. Just take us through your  
 12 thoughts on that, please, at paragraph 58 and following.  
 13 A. Yes. Within the hospital, the cleanliness and the PPE  
 14 available for visitors, I actually thought it was pretty  
 15 good from what I did see. If we want to nitpick, there  
 16 were a couple of things, like when I went in with some  
 17 fresh clothes and they said, "Oh, we tried to contact  
 18 you to tell you not to visit today because of possibly  
 19 COVID", they didn't know whether I could leave the clean  
 20 clothes or not in a bag. In the end they did take them  
 21 in, which I think was the right thing to do, so Jacky  
 22 could be comfortable. And in maternity unit there was  
 23 an elderly lady who was in and her daughter brought the  
 24 lady's husband with her, but he had Alzheimer's so he  
 25 wouldn't be able to remember what was said and the

1 daughter was allowed to go in with him as well. At the  
 2 time I thought maybe it was a breach of infection  
 3 control, but I felt it was the compassionate and right  
 4 thing to do and I actually subsequently found out  
 5 that — I think it was July 2020 — they brought in  
 6 a rule where people could go in with someone who had  
 7 Alzheimer's or special needs in those circumstances.  
 8 Q. I think one of the points that we are going to hear  
 9 a good deal of is the possible conflict between strict  
 10 infection control and what might otherwise be seen as  
 11 compassionate access to people, whether they are in  
 12 hospital or in care homes, so I think that — what you  
 13 are saying there is perhaps an example of what could be  
 14 done, perhaps shouldn't have been done but was done?  
 15 A. Yes. It's a very difficult thing to get right and I do  
 16 appreciate that it was all new territory with the  
 17 pandemic. I do also believe quite a lot of it was put  
 18 down to problems with PPE. If there had been  
 19 an abundant supply of PPE, I suspect more people might  
 20 have been allowed in in more circumstances to visit,  
 21 particularly in care homes.  
 22 Q. I think you can probably just go on to the section on  
 23 the funeral, if you like, Ms Morrison.  
 24 A. Yes. As I say, not wanting to be the same as everybody  
 25 else, Jacky had already decided that she wanted to be

1 cremated but she didn't want a funeral because she  
 2 didn't want that to be the last thing that people  
 3 remembered about her — this was decided way before  
 4 COVID and that — and she just wanted to be taken off on  
 5 her own for the cremation so that is what I arranged.  
 6 As it was, it worked out well because I was still in  
 7 quarantine at that time because obviously she was still  
 8 infectious at the end. And her family didn't live in  
 9 Scotland and I spoke to them on the phone and told  
 10 everybody what was happening and what time to think  
 11 about her.  
 12 It made it much easier for me, I must admit, being  
 13 selfish, because how the heck do you choose who the  
 14 other five are going to be to go to a funeral? It would  
 15 have been so difficult to have to do that. So that is  
 16 what we did.  
 17 Q. You then go on to tell us about DNRs and I think this  
 18 was something that was applicable, so could you just  
 19 tell us your thoughts on that please?  
 20 A. Yes. Again, just talking about my situation, as you  
 21 know, when we talk about within the group, I have got  
 22 a lot more to say on it. But it's mainly on the final  
 23 day that the — because they hadn't asked me about DNRs  
 24 before that, but the consultant and I had the discussion  
 25 about DNRs. As I say, they thought she was going to be



1 all right before that, but because -- well, once her  
 2 liver went, as you know, we couldn't do anything. As  
 3 I said before, they couldn't do dialysis because her  
 4 blood was too sticky with the COVID, and the  
 5 consultant -- she was also speaking to Jacky at the same  
 6 time, it was a three-way conversation going on, and she  
 7 asked what our views on CPR were and was that something  
 8 Jacky and I had spoken about before. We had -- again,  
 9 thank goodness -- we decided that if nature decided the  
 10 time was right, then that was it and not to do CPR.  
 11 I think a lot of that was also down to the constant pain  
 12 that Jacky was in with her eye condition and she also  
 13 knew that she was going to be totally blind in the  
 14 future, which she was dreading.

15 Also, with her occupational therapist background,  
 16 she knew all about it and what it entailed and she said  
 17 she didn't want it, which I agreed with, but I said if  
 18 she had changed her mind and wants to do it, I would  
 19 support her in whatever she wanted to do.

20 The consultant confirmed that that is what Jacky had  
 21 said to her she wanted and I think she just wanted to  
 22 make sure we were both saying the same thing, but she  
 23 did add that Jacky still had her sense of humour  
 24 because, when she asked her about it, Jacky did add,  
 25 "Mind you, I hoped I would be in my 80s before you asked

1 me that", so a comic to the end.  
 2 Q. You did mention the consultant in paragraphs 69 and 70,  
 3 and in paragraph 70 you do name the consultant.  
 4 Can I ask you not to in your evidence because that would  
 5 be subject to our order?  
 6 A. Yes. Yes, I have got to acknowledge in some ways it  
 7 might be a little bit different for me compared with  
 8 some people because I do come from a medical family and  
 9 I knew what the consultant was talking about, so she  
 10 didn't have to go down to the real basics of explaining  
 11 to me what CPR meant and what it entailed and I did know  
 12 what she was talking about and, yes, the DNR was put  
 13 in place. But I would also like to acknowledge in  
 14 particular the level of communication between myself and  
 15 the consultant on that final day. She was excellent and  
 16 answered all my questions and she -- as I say, even came  
 17 out of the high-dependency unit to talk to me while we  
 18 were waiting to take Jacky off all the machines and  
 19 explained what would happen next.  
 20 Q. With all that background, Ms Morrison, you are in this  
 21 personal statement -- and I know you go on in your  
 22 organisational statement to do the same thing -- but you  
 23 are going to tell us what you see are some of the  
 24 lessons to be learned and also your hopes for the  
 25 Inquiry. I would like you just to read through those

1 parts of your statement, please.  
 2 A. Yes. From my perspective the main lesson to be learned  
 3 is on infection control. What is the point of having  
 4 all these rules of what has got to be done in the  
 5 hospital and all the medical staff have to do if  
 6 patients are just going to walk outside, break all the  
 7 rules and come back in, potentially bringing COVID in  
 8 with them? It's just totally defeats the object of  
 9 infection control, in my view.

10 The next lesson is, if you are moving patients  
 11 around the hospital, they must wear PPE and they must be  
 12 protected by wearing PPE, and if you are moving someone  
 13 around the hospital, you must have the same level of  
 14 protection on all wards.

15 The other massive issue is we must be in a position  
 16 to do a significant number of tests as quickly as  
 17 possible and give consideration for increased testing  
 18 irrespective of symptoms or lack of symptoms in  
 19 healthcare environments.

20 The other one, which is a biggie for me, is  
 21 communication. I -- if you can talk about someone's  
 22 death being a positive experience, in that context for  
 23 myself it was a positive experience, but, as I say,  
 24 there are so many who haven't had that and don't have  
 25 good communication, so if one person can do it, they can

1 all do it.  
 2 Q. Hopes for the Inquiry?  
 3 A. Yes, that we can get infection control right. As  
 4 I said, my personal hobby horse is communication because  
 5 I got excellent communication, but I have listened to so  
 6 many stories from people in our group who have had such  
 7 a dreadful time, and this is why I think something like  
 8 nicely done leaflets, not childish leaflets, just  
 9 explaining each thing, "What does CPR involve and why  
 10 are we saying we are not going to do it", and that sort  
 11 of thing. I would suggest it needs some palliative care  
 12 specialists and doctors and nurses to get together and  
 13 say, "What are the main questions we are asked and how  
 14 can we translate that into something that can be handed  
 15 out to people generally to help them understand what is  
 16 going on?", because you also don't take in everything  
 17 when you are stressed and in that situation.  
 18 But the biggest thing of all, though, is we must  
 19 have proper plans and procedures in place across the  
 20 board so that, when the next pandemic hits us --  
 21 everyone knows it will do -- and from the outset we want  
 22 people to know what needs to be done.  
 23 Q. Thank you, Ms Morrison. You have signed your statement  
 24 and dated it and you confirm that that is your statement  
 25 for the purposes of the Inquiry?

1 A. Correct.  
 2 MR GALE: My Lord, I wonder if we can take a few minutes.  
 3 THE CHAIR: Of course. How long do you want, Mr Gale?  
 4 MR GALE: Just ten minutes.  
 5 THE CHAIR: Ten minutes.  
 6 Do you want to actually take the — let's call it  
 7 "the coffee break", although that is probably the wrong  
 8 term. Do you want to take that now?  
 9 MR GALE: We can do, yes.  
 10 THE CHAIR: Yes, that is the sensible thing. As it happens,  
 11 it is 10 minutes to so why don't we just come back at  
 12 10 minutes past? Thank you very much.  
 13 (10.50 am)  
 14 (A short break)  
 15 (11.10 am)  
 16 THE CHAIR: Right now. Good morning again, Ms Morrison.  
 17 Mr Gale, when you are ready.  
 18 MR GALE: Thank you, my Lord. Ms Morrison, may we look at  
 19 your witness statement, which is described as your  
 20 "organisational statement". It's a longer statement.  
 21 A. Yes.  
 22 Q. There is a lot of material in it that to a certain  
 23 extent you have already touched upon when you have  
 24 spoken about your own personal perspective so there will  
 25 be sections that I will perhaps skim over a little bit.

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1 A. Yes.  
 2 Q. So I should say that everything that is within your  
 3 statement will be considered — every word of it will be  
 4 considered by the Inquiry, so if — simply because it  
 5 hasn't been read out, it is not disregarded. Again you  
 6 set out your background, and at paragraph 3 you explain  
 7 that you are a part of the Scottish Covid Bereaved Group  
 8 and in paragraph 4 you said that you had a meeting with  
 9 the former First Minister in March 2021 as it had become  
 10 clear that you and others of like mind needed to be  
 11 an autonomous group to deal with Scottish issues, and  
 12 you originally started off as a Scottish branch of the  
 13 wider group of COVID Families for Justice.  
 14 A. Correct.  
 15 Q. There were some differences of opinion which for present  
 16 purposes I don't think we need to go through, but at  
 17 paragraph 6 you say:  
 18 "Everybody in the group has been bereaved."  
 19 And you refer to that as being a sort of  
 20 qualification for membership of the group, I suppose —  
 21 A. Yes.  
 22 Q. — putting in bluntly. You then say — and I hope you  
 23 don't mind but I took that next quote and I did  
 24 attribute it to you so I didn't pass it off as my own —  
 25 but I did take that quote in the opening statement that

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1 I made and I think it is probably better that it comes  
 2 from you. So if you could just read paragraph 6, just  
 3 to explain the background for that please.  
 4 A. Yes. So everybody in the group has been bereaved, and  
 5 yes, we do, for want of a better expression, use the  
 6 word — it's a qualification for joining the group.  
 7 Originally it was just that people wanted someone else  
 8 who understood what they were feeling because I think we  
 9 have all found out that bereavement during a pandemic is  
 10 a very different thing from, for want of a better  
 11 expression, "normal" bereavement.  
 12 Q. I think also you go on to indicate that your membership  
 13 of the group had diverse backgrounds and that eventually  
 14 you had a meeting with the former First Minister, as we  
 15 have mentioned, in March 2021, and that was I think in  
 16 part at least because you wanted a Scottish public  
 17 inquiry.  
 18 A. Correct.  
 19 Q. I understand and obviously we understand that there was  
 20 a positive response to that.  
 21 A. Yes.  
 22 Q. I think you say at paragraph 10 that:  
 23 "As a group, we have managed, I hope, to take  
 24 a positive approach to all of this."  
 25 You want answers but you also want to be

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1 constructive in getting those answers?  
 2 A. Yes.  
 3 Q. I think you particularly are aware that there are  
 4 certain matters that this Inquiry can't give you answers  
 5 about, regrettably —  
 6 A. Yes.  
 7 Q. — and I am sure for many people, but there are matters  
 8 obviously that we will endeavour to provide context and  
 9 information for you. You also say at paragraph 10 that  
 10 you have experiences of both good and bad practices.  
 11 A. Correct.  
 12 Q. I think these are matters you want to share with the  
 13 Inquiry. You then go on to talk to us about the type of  
 14 services that — the service that Scottish Covid  
 15 Bereaved provides and continues to provide, and I think  
 16 it began, in part at least, with a Facebook page, but  
 17 I think it is also — you also recognise that some  
 18 people, looking at myself, are not particularly adept at  
 19 social media and therefore you had provision for other  
 20 people to join who weren't — didn't have that approach.  
 21 I think you have also indicated in that section the  
 22 difference between care home deaths and what is called  
 23 "nosocomial death".  
 24 A. That is right.  
 25 Q. Perhaps for the benefit of everybody, can you explain

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1 what that is?  
 2 A. Yes. Obviously the care home deaths, which accounts for  
 3 about 9% of the deaths in our group, which actually  
 4 matches the national statistics as well; the nosocomial  
 5 deaths, which is hospital-acquired infection, and I just  
 6 checked the latest figures well and it's 25% of our  
 7 members have lost someone to nosocomial COVID, so that  
 8 is three times the death rate than it is for care homes,  
 9 nosocomial. Do you want me to explain the definitions  
 10 of --  
 11 Q. I think it is probably useful if you explain what it is.  
 12 A. When someone goes into hospital, if they have COVID in  
 13 day one or day two, it is deemed they caught it in the  
 14 community before they went into hospital. If it is  
 15 day three to seven, it is indeterminate where they  
 16 caught it. If it is day eight to day 14, it is probably  
 17 caught in hospital and day 15 onwards it has definitely  
 18 been caught in hospital.  
 19 Q. Thank you. You do go on to talk in this section of your  
 20 statement about the interaction with other members of  
 21 your group. At the bottom of paragraph 14 you give  
 22 I think probably an anecdotal and general quote, when  
 23 you say, "Ohh, that's what happened to me", and that is  
 24 something that brought you and other members of your  
 25 group together?

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1 A. Yes, yes.  
 2 Q. Then I think you give a slightly more difficult aspect  
 3 of what was said in paragraph 15. Perhaps you could  
 4 just read that, please.  
 5 A. Yes. It is talking about the monthly Zoom meetings we  
 6 do for any members who want to come along, we can just  
 7 share their stories and nobody is mocking them because,  
 8 when you actually say in public, "I lost someone to  
 9 COVID", you are immediately getting the response from  
 10 people, "Oh, there must have been something else wrong  
 11 with them" or "They were very old". It's all those  
 12 sports of stupid things. So a lot of people actually  
 13 don't say in public how they lost someone.  
 14 Obviously within the group we understand what it's  
 15 like and we don't have any of that stupidity, so people  
 16 can talk from a place of -- I wouldn't say "comfort",  
 17 but a place of knowing that the rest of people genuinely  
 18 understand.  
 19 Q. Okay. Can I now just take you on and again remind you  
 20 that we are -- we have all that you have said there.  
 21 Can I take you on to the section on people represented  
 22 by Scottish Covid Bereaved? I think what you say there  
 23 is, as I mentioned earlier, it's of wide and diverse  
 24 backgrounds.  
 25 A. Very much so, yes, because obviously we just got

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1 together because someone had been bereaved, but as the  
 2 group grew and the membership grew and we spoke to more  
 3 people and you find out what they do -- we have people  
 4 from all walks of life and all sorts of jobs and  
 5 professions. You know, we've got medical people,  
 6 nursing people, teachers, retired, scientists, cleaners,  
 7 everything, we've got it, and it's -- it doesn't matter  
 8 what background is, they are all there because they have  
 9 lost someone to COVID.  
 10 Q. At paragraph 25 you mention the interaction of the group  
 11 with the Inquiry's listening project, Let's Be Heard,  
 12 and I think what you are indicating there is that that  
 13 has been quite positive.  
 14 A. Yes. When the Let's Be Heard was being developed, we  
 15 had some volunteers who worked with the team to give  
 16 some thoughts and input and views, and then, once that  
 17 was sorted out and how it was going to be, we were  
 18 giving people ideas on how to get prepared for doing it  
 19 online. We did a few posts and talking to people about  
 20 it, so it was really getting the message home that,  
 21 "This is a good platform to tell your story".  
 22 Q. I think on behalf of the Inquiry and particularly on  
 23 behalf of Let's Be Heard, we are very grateful for that.  
 24 A. Thank you.  
 25 Q. Just going to paragraph 26, you say that the Facebook

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1 page is the group's main focal point, and just to get  
 2 an idea of the size of the group, towards the end of  
 3 that paragraph you say that:  
 4 "We represent families of over 200 bereaved  
 5 individuals who are signed up on the legal side."  
 6 A. Yes.  
 7 Q. Just explain what that is, what being "signed up on the  
 8 legal side" is.  
 9 A. We do have members who just want to be members of the  
 10 group and they didn't want to get involved in the legal  
 11 side and the Inquiry side early, they would find it too  
 12 traumatic. They just wanted to try and cope but know  
 13 they had people they could talk to. So we never forced  
 14 anyone to sign up if they are not comfortable with it.  
 15 They get the choice. They can sign up with  
 16 Aamer Anwar's team to be represented in the Inquiries.  
 17 Q. You touch on the geographical area covered and I think  
 18 you indicate that this is across Scotland. Much of your  
 19 communication is done remotely by Zoom --  
 20 A. Correct.  
 21 Q. -- and other platforms, I suppose. You then go on to  
 22 talk about the roles within Scottish Covid Bereaved and  
 23 I think there were effectively -- I don't know whether  
 24 I'd call it a "committee", but there were five of you  
 25 who spoke to the former First Minister?

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1 A. Yes.  
 2 Q. How did that group come about?  
 3 A. We put our hands up at the wrong time! No, it came  
 4 about really because, when we knew we would have  
 5 a meeting with the First Minister, Alan Wightman, who  
 6 was putting it all together, he asked if there was  
 7 anybody who particularly wanted to speak to the  
 8 First Minister and we all said "Yes". And just sort of  
 9 from there the wee group we started was — we called it  
 10 the "First Minister's speaker group" and then we became  
 11 what would be called the "Lead group" and we said our  
 12 aim was to get the Inquiry and to get legal  
 13 representation for the group.  
 14 We formally disbanded as a lead team a few weeks ago  
 15 (a) because we met our commitments but also to fit in  
 16 with the UK Inquiry. Because of the modular approach  
 17 taken, it seemed silly to have people who were involved  
 18 just because they were on the lead team for that  
 19 specific topic but they didn't have personal experience  
 20 of it. So what we will actually do for each topic is  
 21 have a wee group who will be the lead group for that  
 22 topic. That is how it is going to work.  
 23 Q. Can I take you on in your statement to paragraph 45?  
 24 Taking a bit of a leap, you there look at the approaches  
 25 taken by this Inquiry and the UK Inquiry, and we know

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1 what you say and we are well aware of what you say in  
 2 paragraph 49 in particular —  
 3 A. Yes.  
 4 Q. — and we take that on board. In paragraph 50 you say  
 5 that we are taking in this Inquiry something that is  
 6 quite different an approach to what is being taken in  
 7 the UKI. Obviously you have heard my opening statement  
 8 and you have heard me say this before, that this was  
 9 a considered decision and we have a particular view on  
 10 that. I suppose from your point of view and indeed from  
 11 many people's point of view, if I can put it this way,  
 12 the jury is out on whether or not this is the correct  
 13 approach?  
 14 A. Yes, I actually — I find it a very interesting approach  
 15 and I think it works well. Whether the difference is  
 16 because we are a smaller country so there is — we are  
 17 not going to have hundreds of thousands of people  
 18 speaking at the Inquiry that you can do it like that.  
 19 I mean, the UK one, it would be a far bigger task to do  
 20 that. But, no, I totally understand the logic of it.  
 21 The other thing is that for those who are called to  
 22 speak at the Inquiry, no disrespect to the Inquiry, but  
 23 you have got it out of the way at the beginning and to  
 24 a certain extent don't have to keep re-living the  
 25 experience, so from that point of view I think it is

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1 very positive.  
 2 Q. Thank you. From paragraph 51 onwards — and it's  
 3 a lengthy section in your statement and that is not  
 4 a criticism — but what you do is you set out various  
 5 matters that you want this Inquiry to take notice of.  
 6 Some of these you have already talked about. DNACPR,  
 7 you've talked about, communication, you have talked  
 8 about, infection control, you have talked about, but now  
 9 you are giving it more from the perspective of the group  
 10 rather than from your own personal perspective, albeit  
 11 that is informed by your own personal perspective?  
 12 A. Yes.  
 13 Q. I think probably paragraph 51 is important, albeit it is  
 14 in general terms. It is important for this to be said  
 15 and I would like to you say it, please, what is in  
 16 paragraph 51.  
 17 A. Yes. As a group we are saying please listen to us  
 18 because we have so much information and we really don't  
 19 want anyone to ever go through what we went through. As  
 20 I said before, we have examples of good practice as well  
 21 as bad practice, and if some places can get it right,  
 22 everybody can get it right.  
 23 Q. Can you go on in 52, please?  
 24 A. Yes. What we are finding is we have different health  
 25 boards who are acting slightly differently or the ethos

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1 within the health board is different. Sadly, if someone  
 2 comes to me and says that they have had such and such  
 3 a problem, in my mind I am thinking of particular  
 4 hospitals, particular health boards, and very often it  
 5 is the case when they eventually name the hospital. So  
 6 we are already seeing clear trends of areas that don't  
 7 do it as well as other areas, shall we say? Sometimes  
 8 you are getting differences between hospitals within one  
 9 health board and even between wards in one hospital  
 10 there is a lack of consistency across the board.  
 11 Q. Thank you. Again, you go on to talk about CPR and  
 12 I think really you have made that point: the need for  
 13 that to be properly communicated so it can be properly  
 14 understood by the recipients?  
 15 A. Correct, yes.  
 16 Q. And again you go on to talk about communication in  
 17 general terms, I think.  
 18 A. Yes.  
 19 Q. You again praise Jacky's consultant for her level of  
 20 communication and I suppose also one of the things that  
 21 comes across from your particular experience is that do  
 22 not resuscitate and CPR is something that you and Jacky  
 23 had talked about.  
 24 A. Yes.  
 25 Q. Could you go to paragraph 63, please? You've said there

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1 that you think that the organisation will be asking more  
 2 questions than giving answers, and, "if the purpose of  
 3 the organisation with regards to the Inquiry is to point  
 4 in the direction ... [that] the Inquiry should be  
 5 speaking to, to get information that the Inquiry is  
 6 looking for".  
 7 Can you just then go on to read perhaps the next few  
 8 paragraphs so we can have the context of that  
 9 introductory remark?  
 10 A. Yes, it's -- as a group, as I have mentioned before, we  
 11 want answers and we want to know why things went wrong,  
 12 why wasn't there appropriate plans in place. But we  
 13 have a load of issues we want to raise with the Inquiry  
 14 and we want answers, but, again, as I have said before,  
 15 we want to help by sharing our experiences and our  
 16 knowledge. Obviously a lot of it is going to be  
 17 political because that's the structure of the nation,  
 18 but we hope that the politicians, the scientists, the  
 19 chief medical officers and so on are big enough to  
 20 put politics aside and just tell it like it was; you  
 21 know, what issues did they have and how can we make it  
 22 easier in the future -- how can they make it easier in  
 23 the future to make decisions and that sort of thing.  
 24 Basically we are asking for a full and frank discussion,  
 25 if you will, on it.

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1 Q. I think you are directing that particularly at  
 2 decision-makers and possibly also implementers and,  
 3 putting it in a particular term, you are looking for  
 4 candour?  
 5 A. Yes. Yes. I think, as well, if I may say that we are  
 6 hoping that within the Scottish Inquiry that it will go  
 7 down to the level of individual health boards, possibly  
 8 in some instances individual hospitals as more  
 9 information becomes available, and perhaps ask  
 10 Social Services a question, "Were you aware of any  
 11 issues in a care home during that time and, if so, what  
 12 did you do?", rather than just talk about care homes  
 13 generally.  
 14 Q. Could you go to paragraph 72, please? You are talking  
 15 there -- I think immediately prior to that you have  
 16 drawn the description between a nursing home and  
 17 a care home --  
 18 A. Correct, yes.  
 19 Q. -- which sometimes gets blurred --  
 20 A. Yes.  
 21 Q. -- or possibly not understood, so that is quite  
 22 important to make that distinction. You then refer to  
 23 the guidance given by the British Geriatric Society,  
 24 in March 2020 and, for your information, we will be  
 25 hearing from a representative of the British Geriatric

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1 Society in a much wider response, but you have  
 2 a particular issue that you want to raise under  
 3 reference to that information?  
 4 A. Yes. Just emphasise the point because a nursing home  
 5 will have a qualified nurse in it and a care home is  
 6 personal care, helping them get up, get dressed, feeding  
 7 people, that sort of thing. So basically you are  
 8 suddenly asking care home staff, who have no experience  
 9 whatsoever, things like, "What is the correct way to  
 10 take a temperature?", and while they may have taken  
 11 temperatures before and they might have done readings,  
 12 would they know what to do them, what had they recorded?  
 13 Did they understand what different readings meant in the  
 14 context of COVID? Because they didn't have that  
 15 knowledge and experience to do that and to some extent  
 16 you feel sorry for them because they were chucked in at  
 17 the firing line with no preparation for dealing with  
 18 that.  
 19 Q. At paragraph 73 you talk about PPE. I am interested  
 20 just to have your comments in 73 and 74 on that, please.  
 21 A. Yes, with PPE -- and the UK sent a lot of PPE to China  
 22 at the start of the pandemic, I think it was actually  
 23 in February 2020, and there's other things. The army  
 24 used to be the custodian of the UK PPE stockpiles,  
 25 in fact for all the stockpiles. They had the

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1 Green Goddess fire engines and so on and they looked  
 2 after all that. They had very good systems in place and  
 3 they were careful to rotate stock, so if something was  
 4 getting towards the end of its life, it would be sent  
 5 out to the hospitals so it was used in time and you  
 6 didn't end up with out-of-date stock on the shelves.  
 7 I think the privatisation of PPE has been -- I don't  
 8 actually use the word in my statement, but I think it  
 9 was a disaster. There is evidence of at least one  
 10 privatised company who put a lot of PPE in a leaky  
 11 warehouse which had asbestos problems and everything  
 12 else and it was just sitting there in the warehouse not  
 13 even on shelves. There was another one that has just  
 14 fairly recently been exposed, where somewhere in the  
 15 New Forest they found tonnes of PPE dumped in the open.  
 16 Q. Paragraph 76 is, as you put it, your bugbear -- I think  
 17 you call it your "biggie" in your other statement -- and  
 18 that is testing. Can you just go through that section,  
 19 if you would, please?  
 20 A. Yes. As I mentioned before, originally tests were only  
 21 available if you had -- at that stage it was two  
 22 symptoms, it was temperature and cough. And then  
 23 following information from the ZOE Health Study, which  
 24 identified the lack of taste and smell, it went up to  
 25 only those three symptoms. Yet the same paper referred

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1 to earlier on from the British Geriatric Society and in  
 2 plenty of other papers just referencing the BGS one,  
 3 which was right at the beginning of the pandemic, it was  
 4 already recognised that elderly people would not have  
 5 those symptoms, they would have completely different  
 6 symptoms, and I can't remember the exact figure off the  
 7 top of my head, but I think it is something very low.  
 8 It's either less than 10% or less than 20% would even  
 9 present with a fever and they wouldn't have coughs, so  
 10 they would have completely different symptoms, but they  
 11 weren't eligible for tests because they were not those  
 12 three symptoms.

13 Q. Just an observation, if I may. You reference the BGS  
 14 paper and that was obviously very early in the pandemic.  
 15 Am I right in thinking that you have educated yourself  
 16 very much in what was the pandemic and its circumstances  
 17 and a lot of very detailed information?

18 A. Yes, it was one of the ways that I coped. I wanted to  
 19 know everything and anything all about it, so I have  
 20 well over 1,000 documents I had acquired. I also did  
 21 a timeline for the first year for UK Government and  
 22 Scottish Government and other items which comes to  
 23 nearly 100 pages of detail. So, yes, I did a lot of  
 24 research into it.

25 Q. Thank you. If we just go to paragraph 79, please.

1 Perhaps you just read that out because I think we are  
 2 talking there about testing.

3 A. The Government, UK Government, they made quite  
 4 a big thing of they were the first ones to develop  
 5 a COVID test, which, yes, they did, but they didn't go  
 6 on and take the opportunity of having it  
 7 mass-manufactured. They were offered a chance to go in  
 8 with Roche in Germany to do a joint manufacturing thing  
 9 and it was turned down by the UK Government because  
 10 their stance was, "We've left Europe. We can manage on  
 11 our own", and Germany were producing, by the end  
 12 of February — it says there "2021", but that's actually  
 13 an error. It should be "February 2020" — they were  
 14 producing 4 million tests — I can't remember off the  
 15 top of my whether it was either a week or a month, but  
 16 they were producing millions of tests and we weren't.

17 Q. Paragraph 80, you talk about I suppose the devolved  
 18 element that this Inquiry is investigating and you say  
 19 at 81 that the Inquiries are intertwined and the remit  
 20 particularly of the Scottish Inquiry.

21 At 82 you make an interesting point, and again  
 22 I would like you to read that out, please.

23 A. Before I do that, would you like a little bit of the  
 24 historical background to it?

25 Q. Please do.

1 A. After the Swine flu pandemic in 2009, the governments of  
 2 the four nations got together and they agreed they would  
 3 go on a unified approach and they produced a document in  
 4 2011 for a flu pandemic — I think the devolved nations  
 5 had two paragraphs in it — and in 2012 there was  
 6 another document produced for a communication strategy  
 7 between the four nations. But overall in the  
 8 preparation, Scotland seems to have done a lot more  
 9 preparation than the rest of the UK and they have been  
 10 in the process of doing their Let's Prepare Scotland  
 11 leaflet system, and this has done a whole series of  
 12 documents on different events that they have to prepare  
 13 for and plan for. As I mentioned to you earlier, one of  
 14 the ways I coped with Jacky's death was looking at all  
 15 of those plans and the local authority plans and so on.  
 16 But there is a series of them dating from 2016 through  
 17 to 2018. John Swinney was the man responsible for that  
 18 aspect of it all.

19 But they were public documents for people to read  
 20 and local authorities to look at and use to prepare  
 21 their plans, but it covers all emergencies, so it does  
 22 cover flooding, bad weather and so on. The structure in  
 23 Scotland, it seems to be more simplified and there is  
 24 one document that showed the difference in the  
 25 UK Inquiry and Module 1, where they were showing the

1 structures for the four nations, and if we say the  
 2 UK England one was actually called the "Spaghetti  
 3 chart", including by the legals there as well —

4 Q. I think I have seen that, yes.

5 A. Yes, it's so complex, "Spaghetti chart" is the best  
 6 description you can give. So the Scottish one was much  
 7 more simplified.

8 Q. Thank you. You say at paragraph 88 that what you are  
 9 telling the Inquiry is second-hand, but you also  
 10 obviously have first-hand experience.

11 A. Yes, yes.

12 Q. I should indicate that the Inquiry is very interested in  
 13 receiving information particularly from people like  
 14 yourselves of what you term "second-hand", anecdotal —

15 A. When I am telling it, yes.

16 Q. — and we are not — we emphasise we are not a court, we  
 17 are not hidebound by rules on the admissibility of  
 18 evidence, so we are very interested in hearing this.  
 19 Again you make the point at 89 that you represent —  
 20 your group represents 200 families.

21 A. Yes.

22 Q. At paragraph 92 you say that you do have a lot of  
 23 stories and, "at a high level, it would be more  
 24 appropriate to focus on the issues arising further down  
 25 the chain ... which confronted our members, loved ones,

1 ultimately leading to their deaths". Can you just  
 2 explain what you mean by that?  
 3 A. Yes, for example, we know that every health board had  
 4 infection control plans in place, which incidentally  
 5 only ever say in them that reference to patients — the  
 6 only reference to patients and visitors is they can use  
 7 alcohol hand gel. There is no other reference. But how  
 8 did those plans come down through the organisations?  
 9 Did they go, the same plan, to each hospital or did  
 10 hospitals tailor their own plans to sort out their own  
 11 needs and then how was that translated down to the  
 12 front-line staff? Because I know many organisations,  
 13 they would write a document and say, "Yes, we've got  
 14 one", and it was put on the shelf, so we need to know  
 15 was that properly communicated to all the people on the  
 16 front-line.  
 17 Q. Paragraphs 93 and 94 you get a bit political, put  
 18 simply. Perhaps you can just read that out please?  
 19 A. Yes. It doesn't matter if the plans in place are the  
 20 best in the world or not if the political comprehension  
 21 of the coming storm is lacking and it's partly driven by  
 22 pandering — and I do say, sorry, this was directed to  
 23 the UK side — to the loudest MPs in Government,  
 24 irrespective of the science, rather than doing what is  
 25 in the best interests of the people. Then more people

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1 would die than would otherwise be the case.  
 2 Many times during the pandemic, it appeared there  
 3 was a culture of contempt for the ordinary people and,  
 4 as I said before, hubris does not stop a pandemic and  
 5 I think this attitude has been confirmed by the  
 6 investigation into the so-called Partygate scandal.  
 7 Q. Thank you. I don't wish to cut out large sections of  
 8 your statement but I think a lot of what you go on to  
 9 say are matters that you have already touched upon so  
 10 I would like to skip on a little bit, if I may.  
 11 Paragraph 111, if you could just read from there on  
 12 a little bit down in that section please.  
 13 A. Yes. This is in the context of lockdowns and the whole  
 14 dealing with the pandemic. We do know that it did have  
 15 a tremendous negative effect on individuals,  
 16 particularly in care homes, particularly those with  
 17 dementia who couldn't understand what was going on.  
 18 Also, if you had dementia patients who were known as  
 19 "wanderers", the ones who need to wander, what could you  
 20 do? You can't lock them in their room.  
 21 This issue with not allowing people to visit and so  
 22 on wasn't because of a lack of PPE. Could loved ones  
 23 have put PPE on and come on in and — you know, at the  
 24 same time you are getting care home workers saying,  
 25 "We're owned by a big group. We've a shortage of staff

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1 here", and they're bringing people in from other areas  
 2 of the country. So you've got people coming up from  
 3 Birmingham, which was a COVID hotspot at that time, to  
 4 to work in a care home, yet you're not letting the  
 5 nearest and dearest in; and you might have people who  
 6 are doing a shift in one care home and then moving to  
 7 a different care home to do another shift. So, as  
 8 I think other groups have said, if the loved one came in  
 9 and had PPE to do that, it would be of tremendous  
 10 benefit not only to the individuals in the care home but  
 11 also to the organisation of the care home with the  
 12 assistance they could give.  
 13 Q. You continue on in your statement to look at a number of  
 14 other countries and the approaches that were taken in  
 15 other countries. I can tell you and indeed the wider  
 16 Inquiry that this is an area that this Inquiry will be  
 17 looking at and we will be obtaining comparative evidence  
 18 so that it can inform our view. So this is something  
 19 that we will look at and we take on board all that you  
 20 say in that part of your statement.  
 21 Just going towards the end of this part of the  
 22 statement, could you go to paragraph 130, please?  
 23 A. Yes.  
 24 Q. You are talking there about the concept of lockdown.  
 25 A. Yes.

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1 Q. We understand what that is, you have explained what that  
 2 is. Can you just read on from 130 to the bottom of that  
 3 section, please?  
 4 A. Yes. I think no one had considered the concept of  
 5 lockdown. I think it was too little, too late, and  
 6 I mean that in the context of, if something had been  
 7 done earlier and if it could have been managed better,  
 8 we wouldn't have perhaps had the long lockdowns that we  
 9 did, but there was absolutely no plan for it and, let's  
 10 be honest, they were winging it. Personally I didn't  
 11 have a problem with lockdown, it didn't cause Jacky  
 12 and I an issue, it kept her safe, but I know that some  
 13 people did find it very difficult and very traumatic,  
 14 particularly families whose older loved ones who lived  
 15 on their own and the family used to pop in several times  
 16 a day to look after them and that is what enabled them  
 17 to live on their own in their own home. With all that  
 18 being stopped, I think it was incredibly damaging and  
 19 I think, if people had been treated more like adults and  
 20 had it explained to them, "This is what we've got to do  
 21 to stop the virus. We need you to do this and do that",  
 22 I think that would have helped.  
 23 When masks were brought in, I don't think it was  
 24 handled as well as it could be. I know — I didn't have  
 25 this witness statement — I know that from the UK lead

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1 on this, they were quite adamant that they didn't want  
 2 masks because they didn't have masks stockpiled to deal  
 3 with it. But it's said, "If you wear a mask, you stop  
 4 other people getting COVID", and there is a lot of truth  
 5 in that, but it all does depend on the mask. If I may  
 6 just expand on that slightly.

7 Q. Yes, please do.

8 A. If you just make your own mask or just buy a mask in the  
 9 shop that has no filtering material in it, then it is  
 10 pretty ineffective. If you then go on and use the  
 11 surgical-type mask, that is designed to stop people --  
 12 the germs coming out of someone's mouth and going to the  
 13 person they are talking to, but naturally they don't fit  
 14 very well, and then you are getting into the more  
 15 important masks for dealing with an illness like COVID,  
 16 when you've got -- the main European Standard is FFP2,  
 17 and that prevents 94% of the particles coming into the  
 18 lungs of the person who is wearing it. The American  
 19 version of that is the N95 mask, which actually stops  
 20 95%. And then you've got the one which is really  
 21 important, particularly for healthcare workers, people  
 22 who are dealing up close and personal --

23 Q. In a clinical setting.

24 A. Yes -- and that stops 99.8% of particles coming in. But  
 25 it was sort of "Wear a mask and that's it", whereas in

1 Portugal, for example, masks were called "freedom masks"  
 2 and enforced the concept of everybody wearing a mask  
 3 because it would free the country from COVID faster, so  
 4 they turned into a much more positive thing and brought  
 5 people on board with it.

6 I personally am a fairly risk-averse person  
 7 and I actually ordered masks in January 2020. I am  
 8 a reasonably, I think, intelligent member of the  
 9 population, probably more risk-averse than many, but I'd  
 10 seen the tweet from Devi Sridar, Chair of Public Health  
 11 at Edinburgh University, on 16 January, when she said  
 12 people were asking her, "Is this something we should be  
 13 worried about?", and she said, "Yes, we should be", so  
 14 I thought I would just play safe and do it, but that is  
 15 me.

16 Q. Right. I don't want to go through in any great detail  
 17 your observations on the supply and distribution and use  
 18 of PPE. I think we have got a flavour of what you are  
 19 saying about that and obviously we can read what is in  
 20 your statement on that; also the section on do not  
 21 resuscitate, paragraphs 143 and following.

22 I think perhaps it is perhaps important that you go  
 23 to 151 in the statement. I think you explain there  
 24 where some of your information comes from, which is very  
 25 helpful. Your father was a doctor, your mother was

1 a nurse?

2 A. Yes.

3 Q. You explain from that perspective you were able to  
 4 understand the rationale behind the advice and  
 5 discussion of do not resuscitate.

6 A. Yes.

7 Q. I think you go on at 152 and following to reiterate the  
 8 point that you made in the context of your personal  
 9 statement this morning about the need to have  
 10 information conveyed both directly and also in writing  
 11 in an intelligible and easily understood manner.

12 A. Yes.

13 Q. You touch on in this section, the next section of your  
 14 statement, on prolonged grief disorder and I am going to  
 15 ask you to defer that until we look at your specific  
 16 statement on that. Then you go on to the guidance that  
 17 was handed out by the group. This is your group, I take  
 18 it, you are referring to?

19 A. Which ...

20 Q. Sorry at paragraph 160, "Guidances handed out by the  
 21 group".

22 A. Oh, yes, that was the title of question. We didn't hand  
 23 out official guidances, but if people asked us for  
 24 information or were trying to discuss it, then from my  
 25 perspective I would say what I knew or send an email to

1 them to explain what was happening. We did do updates  
 2 and let people know where we were at and what was  
 3 happening, but we didn't do guidance as such. We did  
 4 say things, "If you want someone's medical notes to find  
 5 out what treatment they were given, you can request that  
 6 from the hospital. Contact this person", that sort of  
 7 thing, or, "If you feel your complaint hasn't been dealt  
 8 with properly, you can go to the Ombudsman", that sort  
 9 of thing.

10 Q. Lessons to be learned. Again this is something you have  
 11 touched on in your own personal statement. Is there  
 12 anything in particular from a wider group point of view  
 13 that you would like to emphasise?

14 A. The one thing I would say prior to the views of the  
 15 group, that we were actually -- the world was actually  
 16 incredibly lucky, again for want of a better word, with  
 17 COVID, that the case fatality rate was only around 1%.  
 18 If it had been a flu pandemic, it would have been more  
 19 in the region of 3% to 5%, something like SARS it would  
 20 be 10% and if it was MERS you would up at 30% fatality  
 21 rate. So as scary and horrible and frightening as the  
 22 death rate was, we were incredibly lucky, given the lack  
 23 of preparing, that it wasn't significantly worse.

24 Q. Also in "Lessons to be learned", at 168 of your  
 25 statement, you talk about dealing with the aftermath and



1 counselling. What do you want to tell us about that?  
 2 A. People in the group, from the feedback that they've  
 3 given me, they have not found it that helpful. A lot of  
 4 counselling groups are volunteer groups and they are not  
 5 able to deal with the complexities that arise from  
 6 a death in a pandemic. This is why we let people -- not  
 7 let people -- we encourage people to talk in the group,  
 8 but I am very aware that I am not a counsellor, that I'm  
 9 not trained in it, so I worry that, if I say something  
 10 wrong, I could do more harm than good. So we do need to  
 11 have some form of counselling service that can step in  
 12 in adequate numbers, and even if it ends up doing group  
 13 counselling rather than one-to-one counselling -- we  
 14 have had people where they have gone for counselling and  
 15 they have walked away because they felt the counsellor  
 16 has not understood where they are coming from with grief  
 17 in a pandemic.  
 18 Q. A phrase I have heard you say, both in reading your  
 19 statement and I think I have seen you on television on  
 20 a number of occasions, you often say that people "don't  
 21 get it".  
 22 A. Mm--hmm.  
 23 Q. Does that encapsulate --  
 24 A. Yes.  
 25 Q. -- some of the views that you are expressing?

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1 A. Very much so, yes.  
 2 Q. Could we move on to funerals because I know this is  
 3 something you had to encounter --  
 4 A. Yes.  
 5 Q. -- after Jacky's death and obviously a lot of your  
 6 members had to encounter after the deaths of loved ones.  
 7 So perhaps we you could just take us through from 172  
 8 onwards, please.  
 9 A. Yes. Some of our members were told when -- well, they  
 10 were given a choice, "You can either be with your loved  
 11 one when they die or at the funeral. You cannot do  
 12 both", and that was incredibly difficult for those  
 13 individual who were put in that situation. People have  
 14 to make -- people make decisions in different ways. For  
 15 some people a funeral is a very, very important ritual;  
 16 for other people, it is not so much. They want to be  
 17 with the person as they pass away. But people did find  
 18 the whole process so traumatic, starting off with many  
 19 didn't realise that their loved one was double-bagged in  
 20 a sealed body bag which could not be opened, could not  
 21 be unlocked, so they couldn't have viewings, they  
 22 couldn't go and see them quietly in the funeral home  
 23 afterwards and they couldn't have their loved ones dress  
 24 appropriately.  
 25 Those sorts of things were very difficult because,

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1 if you couldn't be with them at the end, you would have  
 2 quite liked to have gone and just sat quietly with them  
 3 in the chapel of rest or whatever, and they couldn't do  
 4 that. And then of course deciding -- how do you choose  
 5 who goes to the funeral when it was only six people  
 6 allowed to attend? You can't have singing because that  
 7 produces aerosols and that sort of thing.  
 8 And one of the things that I think was the most  
 9 difficult was the lack of physical contact after  
 10 bereavement or at a funeral, and if another family  
 11 member was there and you didn't live together, they  
 12 couldn't come up and give you a hug and I think it was  
 13 wrong to stop that. I mean, it was seven months after  
 14 Jacky died before I got a hug, and that is just not  
 15 right, you know. It's so important, it's such  
 16 a comforting thing and not to do that ... and,  
 17 of course, on the subject of people wearing masks at  
 18 that time, at funerals you can understand why they had  
 19 to put restrictions on and a lot of crematoriums and  
 20 churches did act very quickly in putting video links in,  
 21 but it is a very difficult situation to deal with.  
 22 The only blessing we did have was, thank goodness,  
 23 people were still able to have personal funerals and the  
 24 death rate wasn't at the size that it had to be mass  
 25 burials. But some funeral directors were very good when

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1 they said, "I am sorry, we can't unseal the body bag,  
 2 we can't dress your loved in appropriate clothes, but  
 3 then, if you give us what you would have wanted them to  
 4 wear or their favourite clothes or something, we will  
 5 put them in the coffin with them", and things are like  
 6 that. And they did that and that was a comfort to  
 7 people, but some places were almost cruel.  
 8 I can't remember who it was, but someone said that  
 9 at their burial they were not allowed to even leave the  
 10 cars in the car park until the undertakers were ready  
 11 with the coffin at the graveside and then they were  
 12 told, "Come on, you can come over now", and then, as  
 13 soon as the coffin was in the ground, they were told,  
 14 "You've got to go now. You can't hang around over the  
 15 grave". We have to -- as a society we have to find a  
 16 better way. I can understand why you wouldn't have 200  
 17 people at a funeral like that, but we've got to find  
 18 a better way.  
 19 Q. Thank you Ms Morrison. Paragraph 182 and following, you  
 20 repeat your observation that as a group you want answers  
 21 and want to understand what went wrong --  
 22 A. Mm--hmm.  
 23 Q. -- and why it went wrong and, "we want to see better  
 24 procedures and systems and more humanity in place for  
 25 the next pandemic because there will be one", and you

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1 say, "Hopefully it won't be until after the Inquiry and  
 2 people have had a chance to learn lessons, so I hope  
 3 that people are going [to] be already learning lessons  
 4 and put new things in place".  
 5 So do I take it from that observation that you would  
 6 want those who are taking decisions in the event that  
 7 there is a future pandemic to be listening to what is  
 8 being said at these Inquiries?  
 9 A. Absolutely, yes.  
 10 Q. You also say in 183 — would you read out 183, please?  
 11 A. Yes. I said I think we've got to think outside the box  
 12 more because I am sure a lot of things can be improved  
 13 dramatically just by thinking outside the box and  
 14 I think authorities have not to underestimate the people  
 15 that they were dealing with.  
 16 Q. Carry on, please.  
 17 A. Yes. As I said before, we've got a range of educated  
 18 people to people who might have learning difficulties  
 19 and that sort of thing, but if things are explained  
 20 properly and we really understand what is going on and  
 21 we see everybody else going through the same, it does  
 22 make it much easier to comply. And the big thing we've  
 23 got to do is get a grip on social media in a pandemic  
 24 and they've got to stop all these ridiculous conspiracy  
 25 theories going on and it has to stop because, apart from

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1 the fact that some people do fall for some of these  
 2 stories, it is so hurtful to those who have been  
 3 bereaved to hear the naysayers saying, "It's a load of  
 4 rubbish. It is not happening. It's just flu", and so  
 5 on.  
 6 Q. I think you conclude by saying that freedom of speech is  
 7 acceptable if it cannot be allowed to hurt other people.  
 8 A. Correct. Yes.  
 9 Q. Again you have signed that statement, Ms Morrison, and  
 10 dated it, and again this is your evidence to the Inquiry  
 11 on the organisational aspect.  
 12 A. Yes.  
 13 MR GALE: My Lord, I wonder if we could again take five or  
 14 ten minutes before the next statement, which will be  
 15 shorter.  
 16 THE CHAIR: Shall we say 12.20 pm?  
 17 MR GALE: Thank you, my Lord.  
 18 (12.07 pm)  
 19 (A short break)  
 20 (12.20 pm)  
 21 THE CHAIR: Right. Now, Mr Gale, when you are ready.  
 22 MR GALE: Thank you, my Lord. Ms Morrison, thank you again  
 23 for coming back. I would like to move to the final  
 24 statement that you have given. This is relatively brief  
 25 but there is a lot of important information in it that

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1 I would like to discuss with you.  
 2 It's entitled "Grief and bereavement during  
 3 a pandemic", and I think in the first paragraph you  
 4 mention something that you think that needs to be looked  
 5 at, and that is what is called "prolonged grief  
 6 disorder", also known as "traumatic bereavement", and  
 7 you give some data from an American report that says  
 8 levels may be as high as over 60%.  
 9 A. Correct.  
 10 Q. You then were asked to look at a report prepared by  
 11 Dr Emily Harrop and her teams from Cardiff and Bristol  
 12 Universities. This was published last month and it is  
 13 entitled "Prolonged grief during and beyond the  
 14 pandemic: factors associated with levels of grief in  
 15 a four time—point longitudinal survey of people bereaved  
 16 in the first year of the COVID—19 pandemic". I think you  
 17 have looked at that.  
 18 A. Yes.  
 19 Q. I think also you have indicated that there are certain  
 20 points within that statement, that paper, that you  
 21 haven't considered or indeed commented on and in  
 22 particular the socio—economic status of some of the  
 23 people who were surveyed for the purposes of that work.  
 24 So you have made no comment on that.  
 25 A. Mm—hmm.

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1 Q. You say at paragraph 4 that there is one issue that you  
 2 think needs stressing, and I wonder if you could just  
 3 read on from there and then we will come to look at  
 4 various sections of the paper at a later stage.  
 5 A. Yes. One issue that I thought needed to be stressed is  
 6 the report says you have different levels of PGD  
 7 depending upon all the factors they have looked at. For  
 8 our purposes as a group, we have never got into the  
 9 realms of, "Your grief is worse than their grief because  
 10 of X, Y and Z", and we have simply taken the approach  
 11 that some members are really struggling to deal with  
 12 their grief.  
 13 Q. I think what you then set out at (a) to (d) are various  
 14 factors that the authors of the report identify —  
 15 A. Correct.  
 16 Q. — and you make comment on that when you come to it.  
 17 A. Yes.  
 18 Q. So we can just take those as read, and if you carry on  
 19 at paragraph 5, please.  
 20 A. Yes, so the four things we looked at is the relationship  
 21 with the person who died — that is a significant  
 22 factor — the cause, expectedness and the place of  
 23 death — these are the criteria within the report — the  
 24 circumstances of the death and the disruption to  
 25 grieving, coping and the support process. There are

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1 other considerations not fully examined, but obviously  
 2 I can only speak as a lay person and base my view on  
 3 talking to other members in Scottish Covid Bereaved and  
 4 I think — during the pandemic I think the trauma starts  
 5 before the death of the loved one.  
 6 Q. Yes. Please continue on and I will come back to look at  
 7 various aspects of the report as you come to the  
 8 specific items in paragraphs 14 and following, but if  
 9 just carry on reading what you are saying.  
 10 A. For example, if someone's loved one was in a care home,  
 11 I believe there was a little — an initial low level of  
 12 constant fear. People were hearing all the dreadful  
 13 stories in the press, initially from the horrendous  
 14 things that were happening in Italy and Spain, so they  
 15 are fearful that their loved ones will get COVID and  
 16 die. Then, when there was the decision to discharge all  
 17 of those elderly and, to use the official words,  
 18 "bed-blockers", from hospitals untested into care homes,  
 19 it soon became apparent that this was a problem in  
 20 care homes and some of those discharged were bringing  
 21 COVID with them, which, as an added bit there, it  
 22 occurred to me the other day that if they are bringing  
 23 COVID with them, then it will be nosocomial COVID that  
 24 they have got.  
 25 But naturally it ramps up the anxiety levels of the

1 families; some care workers, as we mentioned before, who  
 2 did shifts in more than one care home and some larger  
 3 care home groups sent staff up from places like  
 4 Birmingham, as I said before. So the families all see  
 5 these things going on and they feel quite helpless and  
 6 they couldn't go in and see how their loved one was  
 7 doing, to check if they are all right, because they were  
 8 banned from visiting, and that in itself is also  
 9 traumatic. And then, if their loved ones caught COVID,  
 10 the whole thing is ramped up tenfold, the helplessness  
 11 and so on, and some care homes were being told, "We  
 12 don't take care home residents to hospital. Order the  
 13 end-of-life pack".  
 14 We even have one group member who had a legal  
 15 arrangement in place that she could take her mother out  
 16 of care at any time, and when her mother got COVID and  
 17 I believe was only getting end-of-life care, she wanted  
 18 to take her mother home to nurse her and she was  
 19 threatened with action by Social Services. As it was,  
 20 she did remove her mother from the home and nursed her  
 21 in her final days. Imagine the trauma of coping with  
 22 your worst fear realised. Your mother has COVID and is  
 23 dying and on top of that you're having to battle the  
 24 system and cope with threats and so on, when all she  
 25 wanted to do was enable her mother's final days to be

1 the daughter who loves her and has time to properly care  
 2 for her.  
 3 So many more had the trauma of just, if they were  
 4 lucky, looking through a window, trying to shout  
 5 messages of love, knowing full well that nobody has  
 6 helped put their loved ones' hearing aids in so they  
 7 can't be heard. You had the trauma of those who were  
 8 sitting by the phone waiting for updates, if they were  
 9 lucky, once a day from the hospital to find out how  
 10 their loved one was doing.  
 11 I know from my own experience, those days are so  
 12 long and your stress levels are going through the roof,  
 13 you are praying, hoping for the best, at the same time  
 14 you are fearing the worst, and the guilt and  
 15 helplessness that you feel is unimaginable. Promises  
 16 you have made to each other that you would always look  
 17 after each other and be there when times are tough, here  
 18 it was the toughest of times and breaking those promises  
 19 through no fault of our own.  
 20 So the point I am trying to make is there has  
 21 actually been a significant build-up of trauma before we  
 22 even get to the actual death. As you know, some of us  
 23 were fortunate enough to be there at the end, even when  
 24 we were wearing gloves and masks, but even the final  
 25 holding of hands is tainted because you are wearing

1 gloves, you know, and you couldn't even kiss them  
 2 goodbye. You were there trying your best to comfort  
 3 them and even then you couldn't do it properly.  
 4 For those who could not be there, I think it was  
 5 even worse. Again this total helplessness, that the  
 6 brain runs riot with all these questions, "Do they know  
 7 they are dying? Are they in pain? Are they gasping for  
 8 breath? Are they completely alone or is the nurse  
 9 holding their hand? Do they know I'd be there if  
 10 I could be?", and so on. And if you're in lockdown and  
 11 you're on your own, it's even worse. You don't even  
 12 want to talk to anyone else on the telephone just in  
 13 case the hospital phones during that time. And, again,  
 14 if your loved one had a pre-existing health condition,  
 15 you are living on tenterhooks for much of the time,  
 16 worrying about them, because of the risk they are at.  
 17 All these factors are traumatic, but I think they may be  
 18 a significant contribution to the subsequent PGD.  
 19 Q. If I can just stop you there and ask that you be shown  
 20 the paper by Dr Harrop and her teams. The reference is  
 21 at SCI-WT0730-000002. This paper was produced  
 22 in September so it's very, very recent. I will take  
 23 some of the burden off you having to talk all the time,  
 24 if I can read out certain passages from this paper.  
 25 The background in the abstract at the beginning

1 is — it begins:  
 2 "The COVID-19 pandemic has been a devastating and  
 3 enduring mass-bereavement event, with uniquely difficult  
 4 sets of circumstances experienced by people bereaved at  
 5 this time. However, little is known about the long-term  
 6 consequences of these experiences, including the  
 7 prevalence of Prolonged Grief Disorder (PGD) and other  
 8 conditions in pandemic-bereaved populations."  
 9 Then there are details of the methods and the  
 10 results, and going on to the next page, there is in the  
 11 rubric, the "Conclusion":  
 12 "[The] Results [these] suggest higher than expected  
 13 levels of PGD compared with pre-pandemic times, with  
 14 important implications for bereavement policy, provision  
 15 and practice now ([for example], strengthening of social  
 16 and specialist support) and in preparedness for future  
 17 pandemics and mass-bereavement events ([for example],  
 18 guidance on infection control measures and rapid support  
 19 responses)."  
 20 Again taking matters very briefly, there is  
 21 a lengthy but very informed background section which  
 22 those who wish can read. Then if one goes on within the  
 23 document to the section ... if we go on to the  
 24 section 4.1 — it's at page 20 within the document  
 25 itself — there is a section entitled "Grief levels and

1 the effects of time". I think again this is something  
 2 that you have looked at and you make some comments on.  
 3 I think we see from the report that the writers say:  
 4 "We found relatively high levels of indicated PGD  
 5 and grief vulnerability overall and across time. As in  
 6 other studies, time since death was negatively  
 7 associated with overall levels of PGD symptoms and to  
 8 a lesser extent levels of grief vulnerability, with  
 9 a pattern of improvement and 'normal' grief trajectories  
 10 for many. However, there are also patterns of worsening  
 11 grief and grief which remained relatively static over  
 12 time."  
 13 The writers then go on to consider the person who  
 14 died, and I think this is the obvious one, the  
 15 relationship with that person, and I don't think I need  
 16 to go through that in any detail. I think we can  
 17 understand that. They then go on to consider, in 4.3,  
 18 the "Cause, expectedness and place of death", and  
 19 obviously again that's something that is of  
 20 significance, and probably related to that, at 4.4, the  
 21 circumstances of death.  
 22 Then the other element of this report that you gave  
 23 consideration to was the disruption to grieving, coping  
 24 and support processes.  
 25 A. Yes.

1 Q. If I can take you also to the discussion — I'm sorry,  
 2 not the discussion section — the conclusion section at  
 3 section 5, and this is probably worthy of lengthy  
 4 read-through and I will do that. The authors say:  
 5 "We found relatively high levels of indicated PGD at  
 6 [circa] 8, 13, and 25 months post-bereavement when with  
 7 compared with similar non-pandemic studies of bereaved  
 8 populations ... "  
 9 And skipping on, if I may, to the paragraph towards  
 10 the end of that right-hand column:  
 11 "Based on these findings we make the following  
 12 recommendations: to inform bereavement support and  
 13 policy at the present time and in future pandemics, many  
 14 of which resonate with the recent report by the UK  
 15 Commission on Bereavement ...  
 16 "1. In view of the higher proportion of people  
 17 experiencing or at risk of PGD following the pandemic,  
 18 bereavement support services require increased  
 19 investment to ensure adequate levels of specialist  
 20 provision which can effectively cater for those with  
 21 more complex needs, as well as robust methods of  
 22 identifying and reaching people most in need of more  
 23 intensive support. Bereaved people are more likely to  
 24 require such support include those grieving children,  
 25 partners and siblings and following unexpected deaths,

1 as well as people who are isolated and have limited  
 2 social support, health conditions and low levels of  
 3 formal education.  
 4 "[Secondly] Opportunities for informal emotional and  
 5 social support should be strengthened through provision  
 6 of peer-support groups as well as compassionate  
 7 community initiatives and educational programs which  
 8 seek to improve grief literacy and the support available  
 9 to people within existing social and community networks.  
 10 Communities worst affected by COVID-19 and structural  
 11 inequalities should be prioritized in such initiatives."  
 12 Then:  
 13 "Policies and training should be implemented to  
 14 ensure compassionate and supportive communication and  
 15 behaviors from healthcare professionals at the end of  
 16 life, especially in acute and care home settings.  
 17 'Follow-up' contact should be consistently delivered by  
 18 care providers following the death and enable meaningful  
 19 discussion and reflection on difficult and troubling  
 20 experiences, with signposting to locally and nationally  
 21 available bereavement support services."  
 22 I would stop there, if I may, Ms Morrison. Can we  
 23 go back to your statement, having looked at those  
 24 various passages? If we can go back to paragraph 14,  
 25 where you deal with the first of the significant factors

1 as it was put. If you could just read from there,  
 2 please.  
 3 A. Yes, the first one is the relationship to the person who  
 4 had died, and to me this seems obvious. The closer you  
 5 were to the deceased, the more grief you will have to  
 6 deal with. But within that I think again the level  
 7 of — for want of better expression — the  
 8 responsibility the bereaved had for that individual is  
 9 a big factor; for example, if it's a parent, you have  
 10 lost your child, even if they are grown up and have  
 11 their own life. In addition to the natural shock and  
 12 trauma, there is also an element of guilt that you  
 13 should have been there to protect their child and  
 14 I think it is also true when your partner is lost to  
 15 COVID.  
 16 I can only reflect on my personal situation, but  
 17 I know every time and day in relation to Jacky's death,  
 18 yet my mother died not from COVID but the following year  
 19 and I couldn't even tell you date she died or when her  
 20 funeral was. I mean, I went to it, but I couldn't tell  
 21 the dates. There's just no room in my psyche to take  
 22 any more information like that on board.  
 23 Q. Then the cause, expectedness and place of death?  
 24 A. Yes, although the reports looked at this as separate  
 25 topic, I think it links in very much with the next

1 point, point 3, and I do not think it is appropriate for  
 2 me to comment on whether dying in one location, eg,  
 3 a care home, is better or worse than dying in  
 4 a hospital.  
 5 Q. Yes, and the circumstances of death, which is obviously  
 6 the connect with what you have just said.  
 7 A. Yes, the report says, for example, that hospital deaths  
 8 from COVID were the most traumatic. To me there is  
 9 a certain logic to that because the individual has  
 10 obviously become so ill that, unless it was nosocomial  
 11 COVID and they were already in hospital, they were being  
 12 rushed to hospital for treatment.  
 13 So you imagine the scenario where you have seen your  
 14 loved one decline rapidly in health, you have been  
 15 worried about them, looking after them, and then you  
 16 think, "It's bad. I have to phone for the ambulance",  
 17 and they decide hospital admission is the correct course  
 18 of action. So you are dashing around, putting things  
 19 together with them to take to hospital, trying to think  
 20 of everything because you won't be able to take anything  
 21 in if you forget later on. The ambulance crew have your  
 22 loved one in the ambulance by now, you hand over the  
 23 bag, a quick masked kiss and off they go, and then  
 24 suddenly you are left standing there and it hits you  
 25 that you have just probably seen them for the last time.

1 So you are thinking that did you remember to tell them  
 2 you loved them, did you remember to take a phone  
 3 charger. You know, all these things are whirling around  
 4 in your head and you can't ask your best friend to come  
 5 over to support you. You are literally on your own.  
 6 And I have already described what it's like waiting to  
 7 know what was happening.  
 8 But when we consider the death itself in relation to  
 9 PGD, this can be summed up as poor end-of-life care,  
 10 whether actual or perceived, with poor communication and  
 11 support immediately after death, and I particularly  
 12 welcome that recommendation at point 3 in the report  
 13 about improved communication and training.  
 14 Many of our members have concerns about the death of  
 15 their loved one and I believe much of it is down to poor  
 16 communication during the time leading up to death, as  
 17 I have previously outlined. They are left feeling that  
 18 their loved one was not being properly looked after or  
 19 cared for, and I used the word "cared" quite  
 20 deliberately as some people who were getting little or  
 21 poor communication felt that this was because the  
 22 medical staff didn't care, and I was particularly  
 23 pleased the report recognised that communication has to  
 24 be better.  
 25 Of particular concern was the withdrawal of fluids

1 and nutrition from elderly patients and the issue of  
 2 DNRs, as we have previously discussed. Particularly  
 3 I think for those who couldn't be with their loved one  
 4 at this time, because they are haunted with what  
 5 happened to their loved ones; were they just left to die  
 6 on their own? They didn't know if the death was  
 7 peaceful or traumatic and, when you are not there, your  
 8 imagination runs riot. I know that many hospitals and  
 9 care homes try to have someone with the person at this  
 10 time, but even then it's not a family member, it's not  
 11 someone who knew and loved them. Again, many people  
 12 feel guilt because of this. It's just a natural  
 13 reaction, "I wasn't there for them".  
 14 Q. The final part of Dr Harrop's work so far as your  
 15 commenting on is "Disruption to grieving, coping and  
 16 support processes", which obviously include funerals.  
 17 A. Yes.  
 18 Q. Again, I would be grateful if you would just read what  
 19 you say there, from paragraph 21 onwards.  
 20 A. Sadly for some people this impact came on immediately.  
 21 We have one member who lost her father. She was with  
 22 him at the end, but immediately after he died she was  
 23 taken into a side room where she was sprayed down with  
 24 something by a nurse. She doesn't know what it was,  
 25 assumes it was some type of disinfectant and she was

1 told to go home. And she was unable to go and tell her  
 2 mother, who was in the same hospital, that her husband  
 3 had died and her mother died a few days after this.  
 4 We have other members who were able to be with their  
 5 loved one at the end but not offered a chance to sit  
 6 with them for a while after they died and they felt they  
 7 were being rushed out of the hospital. And depending on  
 8 the timing of the death and the relevant restrictions ,  
 9 we had people going back on their own to an empty house  
 10 and unable to have even their own adult children around  
 11 to come over and support them and help organise the  
 12 funeral.  
 13 I have already mentioned not being able to view and  
 14 dress the deceased and the issues of socially distanced  
 15 funerals have been well reported and desperately  
 16 difficult to choose who can attend. A funeral, as we  
 17 know, is normally a time to celebrate the life of  
 18 a person, to bring people together from all areas of  
 19 a person's life and hear all the stories about them, to  
 20 share the happy stories as well as the sad and to  
 21 reaffirm that that individual made a difference in  
 22 people lives, and to have that human contact with hugs  
 23 as well as tears, and so many families were denied this  
 24 opportunity.  
 25 There was also the difficulty in trying to sort out

1 someone's belongings or indeed clear their house during  
 2 a pandemic. Charities would not accept clothing, house  
 3 clearance firms were significantly reduced and only  
 4 a few firms would take it on because of all the  
 5 additional steps required, such as PPE and so on. There  
 6 was also the difficulty for next of kins if they stayed  
 7 in a different area or even abroad, dependent upon the  
 8 restrictions at the time, but even when the restrictions  
 9 were eased, there were still moments that appeared to  
 10 add insult to injury.  
 11 We have a member who lives outside Scotland who came  
 12 back home when her parents were ill, her father died in  
 13 hospital with COVID with her mother dying a week later  
 14 and another family member was in intensive care at the  
 15 time, so she had to stay at her parents' home while she  
 16 organised and paid for the funerals, cleared the house  
 17 out and sort out all the other admin that comes along  
 18 with bereavement, but, in addition to dealing with all  
 19 that, she received a bill of £500 from the council for  
 20 staying in the property after her parents' deaths. Many  
 21 people didn't even get a call from the GPs' practice  
 22 just to see how they were doing and the expression "cast  
 23 adrift" comes to mind.  
 24 However, even with all that trauma going on, there  
 25 was the massive impact of being bereaved simply from the

1 point of view that everywhere we went, every time we  
 2 switched on the news, picked up a paper, COVID was in  
 3 the headlines, actually day after day, week after week.  
 4 Then, as time went by and the conspiracy theorists  
 5 seemed to gain more ground and the COVID deniers were  
 6 becoming more vocal, it was incredibly distressing. But  
 7 I think the ultimate insult came when all of the  
 8 so-called Partygate stories came out. People became so  
 9 angry and felt they had been punished for following the  
 10 rules, they felt they had been treated with absolute  
 11 contempt and they felt they had been taken for a ride  
 12 and treated as mugs, and that produced so much anger it  
 13 is difficult to find the words to adequately describe  
 14 it. But all of those factors contribute, in my view.  
 15 Q. Again, Ms Morrison, you have signed that statement,  
 16 dated it and again that constitutes your evidence to the  
 17 Inquiry?  
 18 A. Yes.  
 19 MR GALE: Ms Morrison, that is all that I need to ask you  
 20 about. Can I thank you on behalf of the counsel team  
 21 and the Inquiry team more widely for the obvious care  
 22 you have put into putting together your statements. We  
 23 are very grateful to you. Thank you.  
 24 THE CHAIR: Thank you very much, Ms Morrison.  
 25 Mr Gale, it's 12.45 pm. Is it possible to start at

1 1.45 pm?  
 2 MR GALE: Yes, my Lord. I think the witnesses will be here.  
 3 THE CHAIR: I suspect they will be here. If, by any chance,  
 4 it is impossible, that doesn't matter, but if I could  
 5 ask everyone to be here for 1.45 pm. Thank you.  
 6 (12.49 pm)  
 7 (The short adjournment)  
 8 (1.45 pm)  
 9 (Delay in proceedings)  
 10 (2.00 pm)  
 11 THE CHAIR: Good afternoon. Mr Gale.  
 12 MR GALE: Thank you, my Lord.  
 13 My Lord, the next witnesses are four members of the  
 14 Care Home Relatives Scotland group. They are  
 15 Catherine Russell, Sheila Hall, Alison Leitch and  
 16 Natasha Hamilton.  
 17 Care Home Relatives Scotland (called)  
 18 MR GALE: They have asked if they can give evidence together  
 19 in this way. They are used doing that, I think, from  
 20 various occasions on which they have given presentations  
 21 to — including parliamentary committees and other  
 22 groups. I have exhorted them not to talk over each  
 23 other and I think they are accepting of that.  
 24 Questions from MR GALE  
 25 MR GALE: If we can just go through so that everybody in the

1 room and those watching know who is who.  
 2 (Introductions made)  
 3 MR GALE: Mrs Russell.  
 4 MS RUSSELL: Cathie Russell, yes.  
 5 MR GALE: I think we know you were born in 1955, we don't  
 6 need your precise date of birth, which means that you  
 7 are probably the same age as me in that case, you are  
 8 68. The Inquiry is aware of your address. For present  
 9 purposes, I think the group is designed care of your  
 10 solicitors, Thompsons.  
 11 Mrs Hall.  
 12 MS HALL: That's myself.  
 13 MR GALE: Yes, and you were born in 1995.  
 14 MS HALL: Correct.  
 15 MR GALE: Again, your address is known to the Inquiry.  
 16 Ms Leitch —  
 17 MS LEITCH: Yes.  
 18 MR GALE: — you were born in 1977 and, Ms Hamilton, you  
 19 were born in 1986.  
 20 MS HAMILTON: Yes.  
 21 MR GALE: This is probably not something you actually need  
 22 to answer to, but you are four of the core members of  
 23 the Care Home Relatives Scotland group, CHRS, as it is  
 24 known, and you have indicated a willingness to provide  
 25 a statement to the Inquiry in the form of what we are

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1 terming an "organisational statement", in which you talk  
 2 about the way in which CHRS has acted and campaigned  
 3 over the past few years.  
 4 You are in agreement that your statement is  
 5 published and is available to be considered.  
 6 For the reference, my Lord, the Inquiry reference to  
 7 the statement is SCI-WT0731-000001.  
 8 Looking at your statement, if we could go to  
 9 paragraph 3, it will either be in front of you or be on  
 10 the screen in front of you, I think you indicate there  
 11 that you are prepared to provide the statement and you  
 12 wish to all speak to it and you can each speak to  
 13 different parts of the statement, and while you  
 14 indicated when the statement was written that you  
 15 thought it may not be possible, we have done our best to  
 16 accommodate your wish on that matter.  
 17 You have also provided the Inquiry with a lot of  
 18 documents, some of which we will be referring to today,  
 19 but a lot of documents you have given to us and, as with  
 20 all witnesses, I will indicate that all documents that  
 21 have been provided will be considered and analysed by  
 22 the Inquiry team and taken account of.  
 23 At paragraph 5 you talk about the group and you set  
 24 out the name, the aims and objectives of the group,  
 25 which were written in September 2020. I wonder if

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1 somebody from the group — I think it is probably  
 2 Mrs Russell — would you like it read out what are the  
 3 aims and objectives of the group?  
 4 MS RUSSELL: Yes. We set out very early on exactly what we  
 5 were trying to achieve, and that was to enhance the  
 6 quality of life of our loved ones in care homes by  
 7 resuming essential family contact by working to  
 8 introduce the concept of essential care-giver status  
 9 within the Scottish visiting guidelines for care homes,  
 10 to encourage a person-centred approach, enhancing and  
 11 supporting emotional well-being and avoiding further  
 12 social isolation, and, thirdly, to develop lines of  
 13 communication with policy-makers and represent the views  
 14 of relatives with loved ones in care homes.  
 15 We did this because we were very conscious that,  
 16 when we set up the group, there was a huge outpouring of  
 17 emotions. We were absolutely — we had all been  
 18 struggling individually dealing with the fact that we  
 19 had been cut off from our relatives for so long, some  
 20 visiting guidance had been published but it didn't  
 21 vaguely resemble how we would normally have spent time  
 22 with our loved ones and we were starting to see pictures  
 23 of people sitting two metres/three metres away behind  
 24 police tape and so on, and we thought we really wanted  
 25 to work positively with the Scottish Government to try

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1 and get some common sense back into this because we felt  
 2 that the measures being taken were so detrimental to our  
 3 loved ones.  
 4 MR GALE: You say at paragraph 6 that the group does not and  
 5 has never received any funding.  
 6 MS RUSSELL: That is correct. We were set up essentially as  
 7 a Facebook group so we didn't need funding to run that,  
 8 and we have really just kept it — we have found there  
 9 have been advantages in not being funded by anyone.  
 10 MR GALE: You have over 2,000 members.  
 11 MS RUSSELL: That is correct.  
 12 MR GALE: What you say in paragraph 8 is that the group was  
 13 brought together out of sheer desperation and  
 14 desperation to get access to loved ones in care homes.  
 15 You then go on to say when you were founded, which was  
 16 on 12 August 2020, and can you just explain how you all  
 17 came together?  
 18 MS RUSSELL: I think I had noticed people on Facebook.  
 19 I had also been aware there were petitions going around.  
 20 One of those petitions had been founded by Natasha and  
 21 there was another petition by another lady that I had  
 22 signed and I had met a few people on Facebook who were  
 23 making the same observations as myself. And so I just  
 24 messaged people and very quickly the group grew really,  
 25 really quickly. I think people were desperate to find

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1 somewhere they could coalesce and take this forward.  
 2 MR GALE: I think in paragraph 9 of your statement you do  
 3 individually set out the connections that you each had  
 4 with somebody in a care home. Again, it's not necessary  
 5 to go through those in detail. We are aware of that  
 6 information and have obviously have noted it.  
 7 There is also a mention of a lady who had a daughter  
 8 in a care home and she became part of your team.  
 9 I don't want you to mention her name or the daughter's  
 10 name, but that was a slightly different situation, where  
 11 you had a person whose daughter was in a care home  
 12 rather than somebody, if I can put it this way, elderly.  
 13 MS RUSSELL: That is right.  
 14 MR GALE: At the bottom of paragraph 9 you say that you were  
 15 all concerned about visiting guidance and the lack of  
 16 contact with their loved ones in care. We are talking  
 17 about when your group was established in August 2020, so  
 18 what was the nature of your concern?  
 19 MS LEITCH: I think at that point things were opening up in  
 20 society for the general public. You could Eat Out to  
 21 Help Out, there were travel corridors, but there was  
 22 nothing meaningful changing for care homes. It was as  
 23 if residents had just been forgotten about. And that  
 24 was really the driver. I could see my friends going for  
 25 lunch with their mum, they could go on holiday with

1 their mum, but I couldn't have any meaningful contact  
 2 with my mum, and that was really where the frustration  
 3 came from, that nothing was changing for residents.  
 4 MR GALE: If I can put it this way, was there perhaps  
 5 a feeling of unfairness? Was that something that you  
 6 experienced when you saw others who were able to  
 7 interact with their loved ones?  
 8 MS HAMILTON: Yes, I think that's the basis behind also why  
 9 the group was set up and that is certainly why, in  
 10 paragraph 9, the petition was set up. I found it very  
 11 unfair in July 2020, yes.  
 12 MR GALE: Ms Hamilton, you are the daughter of Anne Duke and  
 13 the concept that we will come to look at of what is  
 14 called "Anne's Law" is named after your mother.  
 15 MS HAMILTON: Yes, that is correct.  
 16 MR GALE: Going back to paragraph 10, your Facebook group --  
 17 who is the originator of the Facebook group?  
 18 MS RUSSELL: I was the one who physically set up the group,  
 19 but, as I say, I was already in touch with people who  
 20 could immediately join it and we shared it around  
 21 community organisations and so on so that people would  
 22 be aware of it.  
 23 MR GALE: It appears that that group started to expand quite  
 24 considerably.  
 25 MS RUSSELL: Yes, it did. There was a huge -- it was like

1 a pressure cooker really. I think people had been very  
 2 distressed at being cut off from people who were a huge  
 3 part of their lives. Once the group opened, you  
 4 realised particularly husbands and wives -- we had a lot  
 5 of husbands and wives who had been together for 40 or  
 6 50 or more years and they were no longer being allowed  
 7 to see each other. They could just look through  
 8 a window. And this was at a time where, had their  
 9 husband or wife been in hospital, they could have sat  
 10 and held hands with them for an hour every day because  
 11 hospital visiting had been re-established indoors but it  
 12 hadn't been re-established in care homes, and people  
 13 felt very -- people normally, when they go into  
 14 hospital, it's only a short time, but we had been cut  
 15 off since March and were not being allowed to establish  
 16 any kind of reasonable contact or meaningful contact  
 17 with our loved ones. We were left standing -- in my  
 18 case, even when open visiting started, like outdoor  
 19 visiting, my mother was kept in the home and I would be  
 20 stood several metres away shouting at her through open  
 21 patio doors. That wasn't how we spent time together and  
 22 that was the case with I think everyone in the group,  
 23 that they just -- they couldn't do the things for their  
 24 loved one and provide the companionship and love and the  
 25 touch that they had always done.

1 MR GALE: Was that something that resonates with all of you?  
 2 MS LEITCH: I think there is a misconception about who lives  
 3 in care homes. It seems that people think it's  
 4 90-year-old bed-bound severely demented people that are  
 5 in care homes that don't know if they get a visitor,  
 6 whereas that's not true. There's a huge population from  
 7 the age of 18 right the way up that are in care homes  
 8 and they can have very fulfilling lives that are still  
 9 involved with the community, they can be very active.  
 10 They can still have fulfilling lives. And I think  
 11 the members all felt quite isolated.  
 12 You don't know what it is like to live with a loved  
 13 one in care home unless you actually live it, and I know  
 14 from my own experience a lot of people just kept telling  
 15 me, "But your mum is safe". Nobody else was taking  
 16 account of the other harms that were happening, of her  
 17 being isolated. So by Cathie starting the group, it  
 18 brought everybody together and it was a sense of relief  
 19 that you were no longer alone in feeling like this  
 20 because, if you don't know somebody else that is living  
 21 that life, then you are very isolated.  
 22 MS HALL: I think it is kind of important to emphasise how,  
 23 once we all came together, we appreciated how we had all  
 24 been in the same situation, that feeling of isolation  
 25 and frustration, and we had all been individually just



1 desperately trying to find someone in authority to write  
 2 to or question or find out why the guidance wasn't  
 3 improving, and it was almost when we came together it  
 4 gave a sense of community and power and momentum when we  
 5 started then contacting the different bodies.  
 6 MR GALE: What you say in paragraph 10 of your statement,  
 7 mid-way down that paragraph you indicate people you got  
 8 in contact with. That included the Scottish Government,  
 9 Scottish Government officials and other bodies,  
 10 including campaigning groups, and you contacted MSPs  
 11 from each political party, Scottish Human Rights  
 12 Commission, the Mental Welfare Commission, Human Rights  
 13 Consortium Scotland, Scottish Care, care home providers,  
 14 Public Health and the Care Inspectorate and  
 15 Alzheimer Scotland. So you became very active in  
 16 putting out your case to a wide variety of Government  
 17 agencies and other agencies which had an interest in  
 18 care homes.  
 19 MS HALL: And we very quickly formed a logo and kind of  
 20 presented ourselves in a professional and official way  
 21 so that ...  
 22 MR GALE: I think somebody has -- or had some involvement in  
 23 PR, so you were able to utilise that experience.  
 24 MS RUSSELL: I had certainly worked in corporate  
 25 communications but also Natasha was heavily involved in

1 marketing and so on, and I think throughout the group,  
 2 not just the core team but all the members, we did have  
 3 a lot of people who brought a lot of skills that we  
 4 could use; for example, in developing all the surveys  
 5 and in carrying out research and so on.  
 6 MR GALE: In paragraph 11 you say that the group started to  
 7 think about how they could progress matters and bring  
 8 the plight of care home resident to the public's  
 9 attention and there's the reference to the background in  
 10 PR, and you thought that a demonstration would further  
 11 the profile of your group; is that right?  
 12 MS RUSSELL: Yes. We had been sending lots of letters but  
 13 we weren't getting lots of replies, and not so much as  
 14 when we were a group, but certainly individually, you  
 15 know, I had started sending letters in March, and to  
 16 say, you know, "This situation is going to go on for  
 17 more than a year. You can't stop me seeing my mum for  
 18 more than a year", basically. So I think we knew that  
 19 simply letters weren't getting us anywhere, whereas  
 20 a demonstration with placards and so on would generate  
 21 press attention and that might ensure that politicians  
 22 would pay more attention.  
 23 MR GALE: Were your letters just being ignored or were they  
 24 responded to in particular ways?  
 25 MS HALL: Certainly I can remember sitting with Cathie and

1 making a list of all the directors of Public Health --  
 2 there were 14 in Scotland -- and writing to them all and  
 3 very few did we get replies from. We would send the  
 4 letters by email and we would possibly get  
 5 an acknowledgement, "Oh, yes, we hear you", but nothing  
 6 really concrete came out of that. So, yes, we didn't  
 7 get anything ...  
 8 MR GALE: Substantive, would that be the way to put it?  
 9 MS HALL: Substantive.  
 10 MS LEITCH: I think also it is important to remember at this  
 11 time there was nobody speaking out for care home  
 12 residents at all. There was no voice for them.  
 13 MR GALE: You managed to organise a demonstration which you  
 14 tell us about in the section "Next Steps" of your  
 15 statement at paragraph 12. Perhaps somebody would read  
 16 out what actually happened at that time.  
 17 MS HAMILTON: Paragraph 12. So a demonstration was planned  
 18 outside the Scottish Parliament for 16 September 2020,  
 19 marking six months from the start of lockdown  
 20 restrictions and the last meaningful contact with the  
 21 relatives in care homes. The group's aim for the  
 22 demonstration was to highlight the issue and get into  
 23 conversation with the Scottish Government team, who were  
 24 issuing the guidance.  
 25 MR GALE: Carry on please.

1 MS HAMILTON: So the police at the Scottish Parliament were  
 2 notified in advance by CHRS of the planned  
 3 demonstration. The group asked those attending to  
 4 follow social distancing guidance and to wear face  
 5 masks. The media became aware of the planned  
 6 demonstration and the group were invited to speak on the  
 7 Kaye Adams BBC Radio show on the morning of  
 8 16 September 2020. Members of the group also appeared  
 9 on Politics Scotland that evening to put forward their  
 10 position and featured on Reporting Scotland. Sheila and  
 11 Alison were interviewed on BBC Radio Scotland Drivetime  
 12 and the demo was covered on many local radio stations.  
 13 At the demonstration, the group used posters and  
 14 placards to try and bring attention to the forgotten  
 15 community of those in care homes. There was a very good  
 16 media turnout. Members of the CHRS core group have  
 17 featured in the press and media on numerous occasions.  
 18 MR GALE: Can I just stop you there? That was obviously on  
 19 16 September and it appears from what happened  
 20 thereafter that you got the attention of at least some  
 21 politicians. In particular, you got attention of  
 22 Jeane Freeman, the Cabinet Secretary for Health, and  
 23 I think you then were invited to a meeting with her and  
 24 you met her online on 18 September, so just two days  
 25 later.

1 MS RUSSELL: Yes.  
 2 MR GALE: So what you tried with your demonstration at least  
 3 to that extent had a successful outcome.  
 4 MS RUSSELL: Yes, we got a call on the day of the 16th.  
 5 I was contacted by someone just trying to check my phone  
 6 number and Jeane Freeman phoned that day.  
 7 MR GALE: So was it the four of you who went to the meeting  
 8 with Jeane Freeman?  
 9 MS RUSSELL: At that time we had just met Alison for the  
 10 first time at the demonstration and there was a lot of  
 11 people there, but — so it was three of us that went and  
 12 one other person who was in the core team. She was  
 13 an interesting lady in that she, throughout the pandemic  
 14 from April, had always been able to have contact with  
 15 her mum in the care home, so in a way she was the  
 16 perfect demonstration of what we were trying to show  
 17 could happen, could be achieved, quite safely.  
 18 MR GALE: So what was the outcome of this meeting with  
 19 Jeane Freeman on 18 September?  
 20 MS RUSSELL: Well, the outcome was like the outcome of most  
 21 meetings, another meeting, but what they said was they  
 22 would go away and they would look again at the guidance.  
 23 She said she could hear what we were saying, that we  
 24 wanted to meet in a relative's own room rather than  
 25 outside, that we wanted touch. She summarised

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1 everything that we were looking for and said that we  
 2 would meet again, and I think it was probably nearer  
 3 two weeks later that we met, and that is when we heard  
 4 that the new guidance was coming forward that would  
 5 gives us four hours with touch.  
 6 MR GALE: So to an extent you had achieved something through  
 7 that contact with Ms Freeman?  
 8 MS RUSSELL: Yes, I think we were all really happy that day.  
 9 Alison was at that meeting too and we were just  
 10 delighted that we had made progress.  
 11 MR GALE: Ms Freeman I think did continue to meet you on  
 12 regular occasions and you communicated with her and sent  
 13 her in particular surveys —  
 14 MS RUSSELL: Yes.  
 15 MR GALE: — of the impacts that you and your loved ones  
 16 were experiencing and others.  
 17 So far as the improvement that you were made aware  
 18 of by Ms Freeman in October 2020, did the advantage in  
 19 that last?  
 20 MS RUSSELL: Not at all because on the day that we were  
 21 given advance notice of what might be in the guidance,  
 22 we were really delighted, but by the time the guidance  
 23 came out, I knew, for example, that it would make  
 24 absolutely no difference to me because Glasgow had gone  
 25 into a different tier, which excluded care home

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1 visiting, so there wasn't going to be any in Glasgow and  
 2 there wasn't going to be any in Lanarkshire or  
 3 Greater Glasgow, and immediately a number of care home  
 4 groups were saying that they would be implementing it.  
 5 So Alison and Natasha did a great deal of work really to  
 6 establish how well that was going down.  
 7 MR GALE: Can you explain what work you did and the results  
 8 of that work?  
 9 MS LEITCH: Yes. I think after the initial reaction from  
 10 some care providers about what was being proposed and  
 11 them saying they wouldn't implement it, we gave — we  
 12 decided — we had already done one survey at the end  
 13 of September just to try and quantify what the situation  
 14 was —  
 15 MR GALE: Can I just pause you there? Can you tell me how  
 16 you did your surveys?  
 17 MS HAMILTON: We did it through Google Drive, it just  
 18 emphasising how much we actually were just family  
 19 members using like what we had at our hands to try and  
 20 prove to Government bodies that the guidance they had  
 21 put out wasn't working. So we felt that we could sit in  
 22 meetings and talk about it, but we might just come  
 23 across as bunch of families that are just getting angry,  
 24 but if we could actually show them physically that we  
 25 went to our members and we've taken information from

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1 them, "Here's the feedback", then we felt like that's  
 2 something that could really give us the upper hand  
 3 I guess in these meetings and prove what we were saying  
 4 was actually true.  
 5 MR GALE: What was the reaction to that, to the information  
 6 that you were providing?  
 7 MS LEITCH: I think on the survey — we carried out a survey  
 8 from 27 October to 3 November, so we gave the October  
 9 guidance a couple of weeks to be embedded. I think that  
 10 was the biggest response to any survey that we have had  
 11 and that we had 347 respondents and only 10% reported  
 12 an improvement in visiting arrangements. So when we  
 13 were able to feed this back, I think Jeane Freeman was  
 14 quite shocked as to how poorly it was being implemented.  
 15 33% of respondents reported that the visiting had  
 16 actually worsened in the period since the new guidance  
 17 had been — and 7% reported having a visit that included  
 18 touch in the three weeks that followed the guidance  
 19 coming out.  
 20 MS HAMILTON: Can I just add, on the back of — if we — we  
 21 strongly believe that, if we hadn't have done these  
 22 surveys, no families would have had their — or  
 23 care home residents would have had their voices heard  
 24 how the guidance was being implemented. It was purely  
 25 asking the care homes, "Is this guidance working?", and

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1 they were giving the feedback, so it was only care homes  
 2 that would have had their official voice heard unless we  
 3 had given this information to the Government.  
 4 MR GALE: So far as reasons as to why this wasn't working,  
 5 what did you become aware of?  
 6 MS HALL: I think something that we very quickly became  
 7 aware of was the confusion with guidance. There was  
 8 guidance coming from so many different places, and so  
 9 the Scottish Government were doing their guidance but  
 10 they were dependent on Public Health guidance. There  
 11 was guidance coming from CPAP groups, there was guidance  
 12 coming from infection control groups and there wasn't --  
 13 there didn't appear to be one person, one concrete  
 14 voice, giving clear guidance. And we kept saying that  
 15 to Jeane Freeman, "We need clear simple guidance", but  
 16 we were trying to plough through this plethora of  
 17 32 page documentation that kept coming out, so there was  
 18 a definite lack of clarity that caused confusion and  
 19 difficulty .  
 20 MS RUSSELL: There was also an implication that the reason  
 21 care homes were so reluctant to let us in was that they  
 22 weren't indemnified and --  
 23 MR GALE: I will come to that in a moment, if I may. So far  
 24 as confusion with guidance is concerned, obviously you  
 25 would be people who were interested in the terms of the

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1 guidance so that you could inform yourselves and indeed  
 2 other members within your group as to what the guidance  
 3 was at any particular time. Now, you clearly were  
 4 having difficulty in assimilating all the guidance that  
 5 was being passed around. Did you find that that was  
 6 a difficulty that was being shared by those who were  
 7 caring for your relatives?  
 8 MS HALL: Without a doubt. Absolutely. I had a very  
 9 good -- well, speaking for myself, I had a very good  
 10 relationship with the manager in mum's care home and she  
 11 used to be tearing her hair out and would say, "Oh, for  
 12 goodness' sake, what does this mean? What do I do here?  
 13 I am getting this from this and this from this". And,  
 14 you know, I used to sit with her and we used to chat  
 15 about it and I would say, "Actually, we can do this",  
 16 and she'd go, "All right. Okay. Yes". It was very  
 17 difficult to follow.  
 18 MR GALE: I think one of the indications that was mentioned  
 19 was the question of indemnity.  
 20 MS RUSSELL: Yes.  
 21 MR GALE: Can you just explain that, please?  
 22 MS RUSSELL: Well, in one of the letters that I'd sent to  
 23 Dr Macaskill at Scottish Care, I had said to him -- he  
 24 had mentioned -- I had said that Macron,  
 25 President Macron, had given -- just instructed the

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1 French care homes to open in May, and he said, yes, but  
 2 he was able to do that because the French care homes  
 3 were indemnified against prosecution and that didn't  
 4 happen in the UK and that care homes were finding it  
 5 very difficult to even get insurance.  
 6 MR GALE: Paragraph 21 of your statement, there you mention  
 7 the former First Minister and you say that she did not  
 8 meet with the group despite many requests to do so.  
 9 What was your reaction to that?  
 10 MS LEITCH: I think we were all very disappointed. The  
 11 First Minister seemed to me -- or sent messages out to  
 12 certain demographics. There was a message to children  
 13 that Santa was still a key worker. She met with the  
 14 group that gave evidence this morning. There was the  
 15 message to students, telling them to go home for  
 16 Christmas one year. It just always felt that our  
 17 residents were just not on her radar. This was enforced  
 18 by care home residents never being included in the daily  
 19 briefings or, when there were updates for the general  
 20 public, care home residents were never mentioned in  
 21 this.  
 22 We would raise it time and time again and we raised  
 23 it at a meeting with Kevin Stewart, when he came into  
 24 post. It was quite a fraught meeting, that one, and at  
 25 the next update care home residents were mentioned in

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1 with the general public for the first time.  
 2 MS HAMILTON: Can I just add on the back of that that one of  
 3 the only times that care home residents were actually  
 4 mentioned was in Christmas 2020, when the whole country  
 5 was going to go into a lockdown on Boxing Day and  
 6 everybody was told you could have a family bubble on  
 7 Christmas Day because Boxing Day we'd be having  
 8 lockdowns. But the former First Minister stood up and  
 9 said, "Unless you are visiting someone in a care home,  
 10 do not create a bubble". She didn't tell staff not to  
 11 create a bubble. She told families, "If you are  
 12 visiting someone, do not create a bubble", and that had  
 13 a major impact on how people viewed care homes and  
 14 visitors .  
 15 MR GALE: You did seem, however, to have the ear of  
 16 Jeane Freeman, and I think at paragraph 22 you make  
 17 reference to another meeting with her, where you explain  
 18 to her what was going on at grass-roots level in  
 19 care homes. You say in your statement:  
 20 "For people who did not have a loved one in  
 21 a care home they simply did not know what it was like  
 22 'on the ground'."  
 23 So was it your impression that there was  
 24 a difficulty in the wider public in understanding what  
 25 the position was in care homes?

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1 MS RUSSELL: I think they were — I think in a sense they  
 2 were almost believing their own PR. I mean, very early  
 3 on, when they brought in visits with touch, there were  
 4 a number of press things done, you know, photo calls  
 5 done of people meeting and greeting in care homes, but  
 6 for vast majority that never happened. I was still  
 7 sitting behind closed windows and that was the case of  
 8 virtually everyone in Greater Glasgow and Lanarkshire,  
 9 and lots of other parts of the country were simply not  
 10 getting that type of access to relatives and it was very  
 11 much outdoor visiting only. There were very few places  
 12 doing any indoor visiting, although there were a few  
 13 examples, like Kelso House, and there were a couple  
 14 around the country that did a good job, but not many.  
 15 MR GALE: Paragraph 23 of your statement is only a single  
 16 sentence and it's very brief, but it contains, I think,  
 17 what you would see as being a very important  
 18 observation, and that is that you saw yourselves as  
 19 "essential care-givers". Do I take it that for many of  
 20 you prior to the pandemic you were actively involved in  
 21 the care of your loved ones, wherever they may have  
 22 been, whether they were at home, whether in care homes?  
 23 MS HALL: Absolutely and absolutely, and I think from the  
 24 very first meeting we kept saying, "We are not  
 25 visitors". They kept talking about us as "visitors" and

1 over the years that kind of filtered through and that  
 2 was appreciated. But, yes, we were not just visitors.  
 3 We weren't just popping in on a Sunday afternoon once  
 4 a month. We had been in virtually every day and for  
 5 many of our members, they would have been going in every  
 6 day to help with mobility, to help with feeding, to help  
 7 with touch, to help with just general care and  
 8 companionship.  
 9 We keep coming back to the fact that we should have  
 10 been — anyone in a care home is looked after by a team  
 11 of people, from the laundry ladies, the cleaners, the  
 12 carers, the nurses. There is a team that have to look  
 13 after them and we are part of that team, as the  
 14 visceral husband, wife, daughter, son, and that's what  
 15 was never ever and still is not being fully recognised,  
 16 and that's what we mean by being "essential care-givers"  
 17 or "essential partners" or "essential contacts".  
 18 MR GALE: Also you come to the, if I can put it this way,  
 19 exercise of trying to see your loved ones from the  
 20 standpoint of being a relative, being a friend in many  
 21 cases, a partner who loves the person who is in the  
 22 care home, so it would be rather odd if you were  
 23 negligent or unconcerned about the way in which you  
 24 conducted yourselves in that situation.  
 25 MS RUSSELL: Yes, we felt that they really just didn't —

1 I don't know if it was a lack of trust or what the  
 2 problem was, but to us, as Sheila has said, our  
 3 relatives needed a lot of support around them and we  
 4 always recognised that COVID was extremely dangerous to  
 5 our loved ones, but stopping relatives getting in was  
 6 not stopping COVID getting in. And one of the other  
 7 things that used to upset me at the daily briefings,  
 8 when Nicola would announce the number of people that had  
 9 died of COVID, she wasn't announcing the number of  
 10 people that died in care homes that had never seen their  
 11 relatives since March.  
 12 We were getting people on the group every single day  
 13 announcing that their loved one had died and by the end  
 14 of — after 12 months, more than 15,000 of them had died  
 15 and only one in five of COVID. I am not saying "only",  
 16 I am not underestimating in any way COVID deaths, but  
 17 the point was that a great many people — although the  
 18 care home population is very diverse and there are young  
 19 people and there are people with all sorts of different  
 20 conditions, there's a very large majority of people who  
 21 are approaching the end of life, and this is known to be  
 22 the case. And so people were just completely  
 23 distraught, and those whose loved ones died before they  
 24 were in any way reunited with them are finding it  
 25 extremely hard to cope with that loss.

1 MR GALE: Did you feel that there was an appreciation either  
 2 on the part of decision-makers or those who were  
 3 implementing decisions as to the detrimental effect on  
 4 your relatives of isolation?  
 5 MS HAMILTON: I don't think anyone took that into any sort  
 6 of consideration. Everybody was just concentrating on  
 7 COVID. And although they were talking about us getting  
 8 in, all the restrictions and the guidance that were put  
 9 in place never put in favour for the residents who were  
 10 shut off from everything that they'd ever known. I was  
 11 shut off from seeing my mum, but I could still speak to  
 12 my husband, I could still make phone calls, I could  
 13 still go to the shops, but my — or people in  
 14 care homes — but people in care homes didn't have that  
 15 option.  
 16 So the isolation just heightened that and I don't  
 17 think anyone took that into consideration. They didn't  
 18 take any pre-existing conditions, reasons why anyone was  
 19 in care home. All they were thinking of doing was  
 20 protecting them from COVID and didn't listen to any of  
 21 us when we said the reasons why they are in care homes  
 22 are worsening because of isolation.  
 23 MS LEITCH: And the alternatives that were offered, such as  
 24 a window visit or an iPad — and I think it is a large  
 25 percentage of people in care homes have a cognitive

1 impairment. That is not going to work for anybody in  
 2 that — we probably never used iPads to communicate in  
 3 care homes prior to this, so suddenly you've got a voice  
 4 coming out of somewhere that — if the person can  
 5 concentrate on the iPad, you are lucky, but if they're  
 6 not used to that, it could well cause distress.  
 7 We had people — sometimes the window could be open,  
 8 sometimes the window could be closed. You could be  
 9 stood at a closed window with a mask on trying to  
 10 communicate with somebody with a cognitive impairment.  
 11 It just didn't feel like anybody had thought this  
 12 through of how any kind of meaningful contact could be  
 13 maintained.  
 14 MR GALE: Going back to your statement because I think some  
 15 of what you have said is really anticipated in some of  
 16 the next paragraphs of your statement, at 24 you say you  
 17 were not campaigning for open door access and you make  
 18 the point that many of those in your positions were  
 19 people who had cared for their loved ones prior to them  
 20 being in care homes. You also refer to the "essential  
 21 care-giver" status and we will come to that in a little .  
 22 And I think really in 26 you encapsulate what is — has  
 23 been said. Perhaps somebody would just read that out so  
 24 we can have it from one of you. Paragraph 26.  
 25 MS RUSSELL: CHRS were concerned that Scottish Government

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1 and their Public Health Advisers saw COVID-19 as the  
 2 only harm. They did not consider the trauma and the  
 3 effect on mental health that enforced separation from  
 4 loved ones would cause.  
 5 MR GALE: Thank you. At paragraphs 27 you go on to indicate  
 6 some of the work that your group has been engaged in  
 7 since the start of the pandemic, and again it's perhaps  
 8 useful just if somebody reads this out.  
 9 MS HALL: Since the start of the COVID-19 pandemic, CHRS  
 10 have had in excess of 130 meetings with  
 11 Scottish Government and decision-makers. Following the  
 12 initial meeting with Jeane Freeman, these then took  
 13 place at regular intervals via Teams on the computer.  
 14 After the Scottish Parliament elections in 2021, contact  
 15 continued through Kevin Stewart, Minister for Mental  
 16 Well-being and Social Care, and still continues with  
 17 Marie Todd, Minister for Social Care, Mental Well-Being  
 18 and Sport. The meetings have also been held with the  
 19 Care Inspectorate and Scottish Care as well as other  
 20 organisations which are detailed on a spreadsheet  
 21 provided to you.  
 22 MR GALE: You have provided that to the Inquiry and we were  
 23 aware of it. You also gained some awards for your  
 24 campaigning work.  
 25 MS LEITCH: We have not won any yet. We were nominated.

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1 MR GALE: Sorry, I am anticipating what may happen. You  
 2 have been recognised —  
 3 MS RUSSELL: We were finalists.  
 4 MR GALE: I apologise for that, and you list those for us  
 5 there. You have also been active in giving  
 6 presentations at events to a very wide range of bodies  
 7 and you list them as NHS Lothian, Scottish Care, TUC,  
 8 Infection Prevention Society and the organisation, TIDE,  
 9 Together in Dementia Everyday.  
 10 The next section in your statement is on  
 11 inconsistencies and this is something we have probably  
 12 already touched on briefly, but again I would like you  
 13 to take us through that, and given that Ms Leitch is the  
 14 person mentioned in paragraph 30, perhaps you would just  
 15 read that section so that we have it.  
 16 MS LEITCH: Sure. Following the improved guidance  
 17 in October 2020, I was asked to take part in a trial  
 18 involving visits with touch. Three of these visits took  
 19 place prior to them being halted by the care home  
 20 provider. The reason that was given was that the  
 21 provider felt that these types of visits were too risky  
 22 and that the Government had made the wrong decision.  
 23 One major concern of CHRS was that the guidance —  
 24 when the guidance was published, it was the  
 25 responsibility of the individual care home managers to

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1 interpret and implement it. The guidance was not clear  
 2 and individual care home managers would often err on the  
 3 side of caution and CHRS heard reports of some Scottish  
 4 care homes applying English guidance.  
 5 MR GALE: Continue please.  
 6 MS LEITCH: The group was concerned that care home managers  
 7 and Public Health Scotland were giving insufficient  
 8 reasons as to why relatives were being excluded from  
 9 care homes, often simply citing "infection control  
 10 measures" as reasons for refusing visits. Relatives had  
 11 no right of appeal to these decisions.  
 12 The group was often asked for their views on the  
 13 guidance. They played an extensive role, including  
 14 commenting on and suggesting edits for all versions of  
 15 the Open with Care documents. The group has also  
 16 reviewed guidance produced by Public Health. In order  
 17 to clarify the confusing guidance, the group often  
 18 produced their open summary documents to provide  
 19 clarifications for our members.  
 20 MR GALE: Can I just stop you there? From this section of  
 21 your statement, again did you take — did you gain the  
 22 impression that inconsistencies and confusion were  
 23 inherent in the way in which you saw the guidance being  
 24 operated but also was inherent in the way in which it  
 25 was actually being operated?

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1 MS HAMILTON: Yes, I think — certainly from our members'  
 2 point of view there was an inconsistency across the  
 3 country, we would call it a "postcode lottery", so that  
 4 played a big part on the frustration that relatives felt  
 5 that, just because your relative was in  
 6 South Lanarkshire, you are getting different access to  
 7 someone that was maybe in North Lanarkshire, and that  
 8 added a lot of confusion within members as well, so,  
 9 like, "Why are they getting in differently than I am?"  
 10 So, yes, that is always a big thing I think was  
 11 inconsistent was between different Public Health bodies  
 12 and it depended on where the care home was, it depended  
 13 on the access you got, or depending on who the provider  
 14 was as well depended on the type of access you got, so  
 15 the guidance was interpreted sometimes to possibly  
 16 benefit the care homes.  
 17 MR GALE: Just to go back to paragraph 34, the observation  
 18 is made there that relatives have no right of appeal to  
 19 the — to or of these decisions that were made by  
 20 individual care homes, and that I think is in the  
 21 context of decisions often being said that access would  
 22 not be permitted for infection control reasons.  
 23 Throughout the pandemic did you ever find or get the  
 24 view that any decisions were being personally framed or  
 25 had regard to the personal rights of your loved ones?

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1 MS RUSSELL: No we felt the rights of our loved ones had  
 2 been completely trashed from day one and we felt our  
 3 rights had been completely trashed from day one.  
 4 MR GALE: It wasn't just your loved ones, it was yours.  
 5 MS RUSSELL: Yes, and we think that, even if you look at the  
 6 existing care standards which were in place before  
 7 the most recent care standards, all of those were  
 8 breached. No one asked my mother would she — what  
 9 would her preference be, would she rather take a risk  
 10 with a virus and see her family, and I can absolutely  
 11 100% guarantee what she would have chosen.  
 12 Also people in care homes had actually been  
 13 incarcerated. This is — I remember absolutely rage  
 14 in September 2020, when the poor students were — and  
 15 I did — I do feel sorry for the students, but the  
 16 student were absolutely up in arms that they had been  
 17 closed in halls for a week. Our relatives had been  
 18 banged up since March and there didn't seem to be anyone  
 19 in the human rights community, anyone anywhere,  
 20 actually, calling this out. This was including young  
 21 people. It wasn't all — the likes of my mum, we —  
 22 every time I went to the home, I took her out in her  
 23 wheelchair, but all of that was gone, and yet everyone  
 24 else was encouraged to go out on their daily walk.  
 25 I actually had a call from one care home, from

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1 a relative in — of a care home, where they said  
 2 a gentleman had committed suicide because he normally  
 3 walked the promenade near his home every day and that  
 4 had been stopped, and six months in that man took his  
 5 own life, and this is what we were up against. And  
 6 I did tell Jeane Freeman about that and gave her the  
 7 details, but ... it was ... it was a dreadful way to  
 8 treat people.  
 9 MR GALE: Paragraph 36 makes reference to an open letter  
 10 which was published in the Nursing Times in  
 11 October 2020, signed by a number of infection prevention  
 12 control specialists and consultants, and I think this is  
 13 something — this letter came to your attention; is that  
 14 correct?  
 15 MS HALL: Yes, this — we were busy saying, "Look, with the  
 16 same infection prevention control measures as the staff,  
 17 why can we not get in to see our relatives?" This was  
 18 our plea. Then I was made aware of this letter —  
 19 I have a nursing background and it had been placed in  
 20 the Nursing Times. They published it by this consultant  
 21 called Jules Storr, who is a specialist in infection  
 22 prevention and control, with a nursing background, and  
 23 it was signed by many prominent members of that  
 24 community.  
 25 It turned out I knew one of the authors, and so

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1 I got in touch with Jules and the other main author, and  
 2 it was like a light bulb moment because they were  
 3 saying, with their professional hats on, exactly what we  
 4 were saying, that surely we could have contact with our  
 5 loved ones using good IPC, and Jules' mantra was that  
 6 IPC should be used with compassion to enable meaningful  
 7 contact and not as a barrier.  
 8 So as a group we worked with them, with  
 9 a web designer, who gave her time free of charge, with  
 10 a graphics person from the World Health Organisation,  
 11 whom Jules had done a lot of work with. She did  
 12 consultancy work for the World Health Organisation. So  
 13 we worked really hard to bring together documents, and  
 14 a website which we called "Enable Safe Care" which still  
 15 holds its domain name and is up there that anybody can  
 16 look at. We produced documents to say, "This is how you  
 17 can use infection prevention control measures and be  
 18 able to visit your loved one safely. This is how you  
 19 could safely take them out in a car. This is how you  
 20 can safely go to their room". And it received really  
 21 very positive feedback.  
 22 We sent it to the IPC consultants in Public Health  
 23 Scotland, we gave it to Scottish Government, and people  
 24 would say, "Oh, yes, it's very good", but it was never  
 25 formally recognised or adopted. It did get recognition

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1 interestingly from the National Library of Scotland, who  
 2 very soon after it was published contacted us and said,  
 3 "We would like to use this as part of our COVID  
 4 collection", or whatever it is called.  
 5 MR GALE: Can we have look at that letter, please? That is  
 6 the letter open letter in the Nursing Times. The  
 7 reference is SCI-CHRS-00014, and that will be brought up  
 8 in front of you on the screen. As I think we can see at  
 9 the end of the letter, it was signed by Jules Storr and  
 10 a number of other past presidents of IPS -- what is  
 11 "IPS"?  
 12 MS HALL: "Infection Prevention Society".  
 13 MR GALE: -- and also a considerable number of others, as  
 14 you have said, who have, at least on the face of it,  
 15 a lot of experience in these matters and expertise.  
 16 MS HALL: Yes. I don't know if this is relevant, but just  
 17 a couple of week ago I collaborated with Jules at  
 18 a conference for infection prevention control,  
 19 a national conference in Manchester, with her saying --  
 20 coming back to saying that IPC should be used as  
 21 an enabler and with compassion, and I was there speaking  
 22 about what had happened in care homes.  
 23 MR GALE: Looking at the terms of the letter, at the  
 24 beginning we see the writers saying that:  
 25 "Restrictions are being imposed in relation to

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1 COVID-19 across too many nursing, care and residential  
 2 homes in the UK and beyond, in the name of infection  
 3 prevention and control."  
 4 And then:  
 5 "As experts in this field, and together with  
 6 interested and concerned individuals and organisations,  
 7 we summarise why infection prevention and control should  
 8 be an enabler [and] not a barrier to ... compassionate  
 9 human interaction in nursing, care and residential  
 10 homes."  
 11 As a broad concept, is that something with which you  
 12 are all in agreement?  
 13 MS HALL: Yes, absolutely.  
 14 MR GALE: I think the writers go on to say:  
 15 "It is almost impossible to underestimate the harm  
 16 and mental anguish that barring entry to nursing, care  
 17 and residential homes has caused to thousands of  
 18 residents, their families and significant others. Such  
 19 action also supports the dangerous narrative that  
 20 elderly and vulnerable people mattered less."  
 21 Is that the impression you had?  
 22 MS HALL: Yes.  
 23 MR GALE: Then the writers going on to say that there is  
 24 an appreciation of the seriousness of the disease. They  
 25 then say that those -- they put it:

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1 "... from a scientific perspective ... it is  
 2 possible to both protect people from infectious disease  
 3 through infection prevention and control while enabling  
 4 safe compassion, human interaction, including physical  
 5 contact between loved ones."  
 6 So this would have been manna from heaven for you.  
 7 MS HALL: Absolutely, yes. It was a huge incentive.  
 8 Perhaps we will come on to this, but unfortunately  
 9 that's the way of thinking that Public Health have never  
 10 adopted. They have never taken a positive approach,  
 11 saying, "Okay, let's use the infection prevention  
 12 control measures to work with you to enable you to see  
 13 your loved ones". It was always, "No, you cannot".  
 14 MS RUSSELL: I think we also have issues with the way  
 15 guidance was written generally in that it always  
 16 included a kind of Sword of Damocles which dangled over  
 17 the manager's head because it always said in the end,  
 18 "At the end of the day it is entirely up to a manager to  
 19 ensure it's safe", and so very often you were having  
 20 managers -- we've got huge compassion for the staff in  
 21 care homes and we were extremely grateful for the love  
 22 and affection that they gave our loved ones -- you know,  
 23 a lot of them were absolutely brilliant -- but I think  
 24 that the way -- I think they could have done -- I think  
 25 they would rather have been told, "You do these things

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1 and we've got your back", whereas they were between  
 2 a rock and a hard place. If they did what we would  
 3 think was the right thing and anything went wrong, then  
 4 they were going to get hammered. There were would be --  
 5 Operation Koper would be knocking on their door to  
 6 interview them. There was all these things going on and  
 7 we just felt that, although the Government was in a way  
 8 looking like the good guys in the guidance by saying,  
 9 "We will allow all of this", they were then just putting  
 10 all the onus on people and so in some ways we weren't  
 11 overly surprised that we didn't always get the -- that  
 12 they were quite reticent about enabling contact.  
 13 MR GALE: I mentioned in my opening statement to the Inquiry  
 14 on Tuesday that I had read a statement in which --  
 15 I can't remember the precise words, but a health  
 16 professional who also had experience of knowing somebody  
 17 in a care home said that there was too much emphasis on  
 18 what she called "the hard stuff", and not enough on the  
 19 soft stuff, which -- she mentioned spiritual and  
 20 compassionate. I take it that is something that you  
 21 would agree with?  
 22 MS RUSSELL: Yes, very much so. You have to, at the end of  
 23 the day, think, "What is life for?" That is -- if you  
 24 were 90 and you were in a nursing home, would you want  
 25 to see your family? We were only asking for one person

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1 who could then try to — you know, who would stimulate  
 2 their memory and show them photographs of their  
 3 grandchildren and their great—grandchildren, how they  
 4 were all doing. That’s all we were wanting. We weren’t  
 5 demanding that people come in with a cast of thousands.  
 6 And yet they just didn’t ever seem to recognise that  
 7 love is — and affection of your family is as much to  
 8 you as food and drink. It’s every bit as important.  
 9 MR GALE: I suppose then in many ways the writers of this  
 10 letter put it probably better than many could in the  
 11 final paragraph on that first page, where they say:  
 12 “We know that in a lot of cases, people are simply  
 13 trying to do their best within the resources and  
 14 circumstances they face, and we would like to help them.  
 15 Therefore we now call for urgent action to end what we  
 16 perceive to be incorrect application of infection  
 17 prevention and control, often disproportionate to the  
 18 realities of nursing.”  
 19 Again, that reflects the position that you have  
 20 taken and are taking today before this Inquiry.  
 21 My Lord, 3 o’clock.  
 22 THE CHAIR: We will come back at 3.15 pm. Thank you.  
 23 (3.01 pm)  
 24 (A short break)  
 25 (3.15 pm)

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1 THE CHAIR: Yes, Mr Gale.  
 2 MR GALE: Thank you, my Lord.  
 3 Can we go back to your statement, please, and we  
 4 were looking at the letter in the Nursing Times and  
 5 I think that document is and has been in front of you.  
 6 Obviously we can all read the document, but I think we  
 7 can see in the document that the writers draw specific  
 8 attention to certain matters, and while again we can  
 9 read them, there are one or two that I would just like  
 10 to highlight with you because I think you have really  
 11 made reference to these but I just want to obtain your  
 12 views on it.  
 13 The second bullet point:  
 14 “Infection prevention and control should instead be  
 15 used as an enabler and a supporter of safe entry to  
 16 homes.”  
 17 That is the basis of all your respective views?  
 18 MS HAMILTON: Yes, if staff can go in the same way, then we  
 19 should be able to go in the same way.  
 20 MR GALE: The third bullet point is quite interesting. It  
 21 says:  
 22 “The longer the current situation prevails, the more  
 23 likely it is to become routinized and de—implementation  
 24 could become a concern in the future.”  
 25 Is that something you’ve found?

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1 MS RUSSELL: Very much so. From day one we kind of realised  
 2 that how long is this going to go on because you  
 3 couldn’t see what the strategy was. You know, you  
 4 couldn’t work out what are they waiting for. Are they  
 5 waiting on a vaccine? Are they waiting on treatments  
 6 are they waiting on better infection ... you know, you  
 7 just couldn’t work out what it was going to take to get  
 8 us back in. And in the end, for many of us,  
 9 particularly those in Greater Glasgow and Lanarkshire,  
 10 it did take a year to get back in and, by that time, we  
 11 had been double—vaccinated and there was testing, so —  
 12 but if that hadn’t come along, would I ever have got  
 13 back in? I don’t know.  
 14 So to us infection control was the only thing that  
 15 would work because we always knew that there could be  
 16 changes to the virus, that things might not work, the  
 17 injections might not work and so on, vaccines might not  
 18 work. You would get changes going on and so for us the  
 19 key thing was always infection prevention and control.  
 20 MS HALL: And what is written there, we took this to the  
 21 senior infection prevention control nurse in  
 22 Public Health and she agreed with this. So they were  
 23 agreeing with the concept and what was written in this  
 24 letter, but to this day nobody grasped that concept,  
 25 nobody seemed to have the authority to grasp that

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1 concept and come along in a positive way and say, “Here  
 2 we are. This is how we can help you become that  
 3 essential contact person”. And to our mind that was  
 4 perfectly simple, but there was a — that person was  
 5 lacking, that authority was lacking, from Public Health,  
 6 from wherever.  
 7 MR GALE: Did you feel that the force of what was being said  
 8 in this letter was being understood by some of the  
 9 officials, the people with whom you were discussing it?  
 10 MS HALL: I have email correspondence or we, the group, have  
 11 email correspondence with the senior infection  
 12 prevention control nurse at the time, in Public Health,  
 13 and she said, “Yes”, you know — she agreed with the  
 14 letter and she agreed with our work that we had done as  
 15 Enable Safe Care.  
 16 MR GALE: The two other bullet points on that page I think  
 17 are really, from what you have, said self—evident.  
 18 “Infection prevention and control and compassionate  
 19 care are not mutually exclusive ... ”  
 20 And also:  
 21 “... infection prevention and control should be  
 22 applied as a source for good.”  
 23 MS RUSSELL: Correct.  
 24 MR GALE: The letter then goes on to address, I suppose,  
 25 a number of potential recipients of the letter. It

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1 begins with the nursing, care and residential homes, and  
2 I think what we can see there is that the suggestion is  
3 to:

4 "Allow normal family interactions by stopping  
5 restrictions and instead continuing to inform and  
6 support families on the steps to take for safe contact  
7 in a spirit of trust and cooperation."

8 Again, I think you have already mentioned this, but  
9 the impression that I have from your evidence is that  
10 those with whom you were dealing did not subscribe to  
11 the idea that effectively you could be trusted.

12 MS RUSSELL: I think that's it in a nutshell. They didn't  
13 trust relatives and, in fact, on one occasion, it was  
14 said to me, "It would be all right if they were all like  
15 you", in other words, you know, "if we felt everyone  
16 could be trusted", and in fact it's in recent guidance  
17 as well, isn't it?

18 MS HALL: Yes. We are a bit concerned because the current  
19 Public Health guidance states that they will restrict  
20 visiting during a pandemic if relatives are not adhering  
21 to infection prevention and control measures, which we  
22 find completely unfair. We are interpreting it if one  
23 person breached a rule, then they would —

24 MS RUSSELL: — just shut down.

25 MS HALL: — close visiting.

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1 MR GALE: The other potential recipients of this letter, of  
2 the directions in this letter, number 2, the Government,  
3 local authorities, Public Health departments, and the  
4 essence of what is being said there is:

5 "Remove ... statements that may be seen to justify  
6 'blanket bans' on visiting."

7 Again that is, I understand, something you are very  
8 much in favour of?

9 MS HALL: Yes, the problem with blanket bans was a constant  
10 really.

11 MS HAMILTON: There was no consideration given to everyone's  
12 individual reason why they were in a care home. You  
13 resided in a care home, you weren't seeing your family.  
14 That is blanket ban.

15 MR GALE: Then number 5, families, so directed against your  
16 cohort, it says:

17 Understand, respect and adhere to the infection  
18 prevention and control recommendations recommended of  
19 you to support the safety of yourself, your loved ones  
20 and care home staff."

21 Any problems with that?

22 MS RUSSELL: No, I think everyone would have been more than  
23 happy to do that.

24 MR GALE: Thank you. Can we go back to your statement —  
25 because we then go on to Anne's Law in the statement at

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1 paragraph 37. Ms Hamilton, this is really your project  
2 and I wondered if you would just read on from  
3 paragraph 37 so we have that in the transcript of the  
4 Inquiry.

5 MS HAMILTON: So prior to joining CHRS, Natasha Hamilton  
6 started a petition on change.org in July 2020. (PE1841  
7 refers). She publicised this on social media and was  
8 directed to CHRS in August by Rights for Residents,  
9 a campaign for care home residents in England.

10 This petition sought to ensure that people who live  
11 in adult care homes have the right to see and spend time  
12 with people who are important to them.

13 Natasha had been unable to see her mother for  
14 prolonged periods and the petition called for a  
15 designated visitor to be allowed into care homes to  
16 support loved ones.

17 The position now has more than 97,000 signatures.

18 It was placed before the Scottish Parliament  
19 Petition Committee in November 2020.

20 It received a lot of media coverage, particularly  
21 from the Sunday Mail, which coined the name  
22 "Anne's Law", named after my mum, Anne Duke.

23 Anne's Law was added to the SNP manifesto during  
24 their election campaign in 2021. It was also included  
25 by Labour, Liberal Democrats and the Green Party in

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1 their manifestos.

2 Anne's Law has not yet been enacted in legislation.  
3 It has been taken forward as part of the National Care  
4 Service Bill, however CHRS believe the bill does not go  
5 far enough.

6 Section 40 of the National Care Service Bill does  
7 not give residents the right to have a designated carer  
8 or visitor but gives ministers, in consultation with  
9 Public Health, the power to make directions to allow  
10 people into care homes or indeed to keep people out of  
11 care homes.

12 CHRS believes a stronger statement is needed to  
13 ensure that at least one essential care-giver/visitor  
14 will always be allowed into care homes if there are any  
15 visiting restrictions imposed.

16 In the meantime, two new Health and Social Care  
17 Standards were introduced in March 2022, reinforcing the  
18 rights of people in care home to see and get support  
19 from people close to them. All registered adult  
20 care homes are expected to meet these standards and they  
21 are used by the Care Inspectorate during inspections.

22 The group are concerned, however, that because  
23 Anne's Law is not yet enacted in legislation, there are  
24 no guarantees that another prolonged lockdown that would  
25 imprison care home residents and deny them any access to

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1 their loved ones could not happen again. For example,  
 2 in December last year, Public Health Fife took  
 3 a decision on Christmas Eve to stop all visits to a care  
 4 home. This decision was reversed after 48 hours and  
 5 later admitted the decision was wrong, but families live  
 6 with the constant fear that they can be locked out.  
 7 MR GALE: Clause 40 of the National Care Service Bill is  
 8 still before Parliament; that is correct?  
 9 MS HAMILTON: Yes.  
 10 MR GALE: It has not been enacted and as yet there is no  
 11 indication as to when it will be enacted?  
 12 MS HAMILTON: No.  
 13 MR GALE: I think you have a concern about it and you have  
 14 expressed that concern. Do you feel that what is  
 15 contained within clause 40 goes far enough?  
 16 MS HAMILTON: I will hand over to Cathie in a second, but --  
 17 sorry -- I just want to add something about the base of  
 18 Anne's Law. The reason why I -- if we are talking about  
 19 impacts in these hearings, the reason that I personally  
 20 set up that petition was, when my mum moved into  
 21 a care home, she was told that was a home that -- our  
 22 family had treat that as a home, and that goes for every  
 23 single care home resident across the country, so that  
 24 mirrors what they would have been told at the same time  
 25 and that impact that happened to families during

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1 lockdown, that they were kept out and care-givers were  
 2 kept away from their family purely because the place  
 3 they resided in played a huge impact on why this all had  
 4 to happen.  
 5 But Cathie will be more able to speak about ...  
 6 MS RUSSELL: Yes, the problem we have with 40 is that it  
 7 basically -- the National Care Service Bill is enabling  
 8 legislation so that there is nothing which says what it  
 9 does on the tin. It just -- what it does it gives  
 10 a minister the right to instruct care homes. Now that  
 11 doesn't fill us with confidence because we were locked  
 12 out for a year because of the instructions of ministers  
 13 on the advice of Public Health. So, in actual fact,  
 14 I think when that happened to us the first time round,  
 15 it may well not have been legal, what happened to us.  
 16 I have grave doubts about whether or not it was and I am  
 17 sure if we had managed to get a case to court, we  
 18 would've won. But the problem was that this clause  
 19 is -- it's just not -- it doesn't guarantee us -- it  
 20 doesn't guarantee us anything, and it would in fact make  
 21 a situation, which I believe was illegal when it  
 22 happened to us, legal because it would give ministers  
 23 the power to lock us out or to let us in.  
 24 MR GALE: I think what is essentially in clause 40 is the  
 25 issuing of what is termed a "visiting direction" --

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1 MS RUSSELL: Yes.  
 2 MR GALE: -- and that would enable, in those particular  
 3 circumstances, for people get into care homes.  
 4 MS RUSSELL: That is right. Part the National Care Service  
 5 Bill is involved with -- as you say, is underpinned by  
 6 directions and they are depending on a lot of  
 7 co-production and, to be fair, we have been involved in  
 8 the discussions around the directions.  
 9 We keep pushing on this to try and get nearer to  
 10 this idea of an essential care-giver, essential care  
 11 companion -- they seem to have a lot of problems with  
 12 the language -- but to give people the right to someone  
 13 getting in. We are getting closer, but the problem with  
 14 it only being directions is that the directions can be  
 15 changed.  
 16 MR GALE: Yes. There is no mention in clause 40, as I read  
 17 it, of the concept of an essential care-giver; is that  
 18 right?  
 19 MS RUSSELL: There is no mention of that, no.  
 20 MR GALE: And as you have just indicated, there is a power  
 21 to ministers to vary or revoke a visiting direction.  
 22 MS RUSSELL: That is correct.  
 23 MR GALE: Is that something that you are particularly  
 24 concerned about?  
 25 MS HAMILTON: Yes, that is not Anne's Law, and I will stand

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1 up. It is named after my mum and the only way we will  
 2 allow Anne's Law to go ahead is unless it ensures that  
 3 anyone resides in a care home has access to at least one  
 4 person. Anything that says anything bar that will not  
 5 go through as Anne's Law and we will make sure of that.  
 6 MS RUSSELL: This isn't a revolutionary idea. It has  
 7 already been accepted in a lot of hospitals as part of  
 8 John's campaign, that when a vulnerable person comes  
 9 into hospital, that their care companion -- their carer,  
 10 the person who looks after them, usually their husband  
 11 or wife or daughter, can be there with them and -- you  
 12 know, as they are admitted and so on, and that is all we  
 13 are asking for in a care home, that people will be able  
 14 to maintain that contact.  
 15 THE CHAIR: Do I understand your evidence to be that in the  
 16 discussions around the drafting of this bill you have  
 17 had some involvement?  
 18 MS RUSSELL: We have had extensive involvement in the  
 19 directions. We haven't had any involvement in the  
 20 clause.  
 21 THE CHAIR: No.  
 22 MS RUSSELL: We have been told this week that they are  
 23 looking again at the clause.  
 24 THE CHAIR: I understand that. Do I understand in the  
 25 discussions that you have had that there has been

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1 discussion about the concept, the idea, whatever you  
 2 care to call it, of an essential care-giver?  
 3 MS HALL: Yes, and we have been involved in rewriting the  
 4 direction and editing them. Our perception is that one  
 5 of the problems is they have to defer to Public Health,  
 6 and it's Public Health who are not keen to accept this  
 7 concept of an essential contact person.  
 8 THE CHAIR: Is it the entire concept of an essential  
 9 care-giver, so far as you understand -- I appreciate  
 10 that you may not know this -- is it the entire concept  
 11 of an essential care-giver that causes Public Health or  
 12 the Government problems or is it simply the definition  
 13 of that term?  
 14 MS HALL: No, it's a concept --  
 15 MS HAMILTON: Sorry, there is definitely a definition  
 16 because there's been many a time in meetings there's  
 17 back and forth about what should we call it, and it  
 18 seems like there's a lot of complications --  
 19 THE CHAIR: Well, that's a good -- "what should we call it?"  
 20 I take it that you couldn't care less what it was  
 21 called as long as the concept --  
 22 MS RUSSELL: A rose by any other name.  
 23 THE CHAIR: To be fair to parliamentary draftsmen, there may  
 24 be -- I don't know -- there may be issues in relation to  
 25 "essential care-giver" as a matter of language but that

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1 wouldn't trouble you. It's the concept that is more  
 2 important to you?  
 3 MS RUSSELL: Yes. Any words -- obviously there is also to  
 4 do with family relationships. You know, we couldn't  
 5 have "close relative" because they might not be related.  
 6 So there are these problems, but "companion" --  
 7 THE CHAIR: That is the sort of thing I was driving at. The  
 8 language is plainly -- could be something that drafters  
 9 could have concerns about.  
 10 MS HALL: At the moment the concept, whatever it is called,  
 11 is only being acknowledged by Public Health as somebody  
 12 that is brought in when there is a pandemic. They have  
 13 made it essential only visiting and the person isn't  
 14 actually end of life, and then they might allow  
 15 an essential contact person in, whereas -- that is like  
 16 at the end of the line, whereas we are looking for the  
 17 person to be recognised as soon as someone goes into  
 18 a care home because it will be the husband, the wife,  
 19 the daughter, the son, and they were part of that team,  
 20 pandemic or no pandemic, through thick and thin.  
 21 THE CHAIR: So that is the idea, the concept. What it's  
 22 called is not particularly relevant to you?  
 23 MS HALL: Correct.  
 24 THE CHAIR: I understand that. Sorry, Mr Gale.  
 25 MR GALE: Thank you, my Lord. Very helpful. What I would

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1 like to do is look at just one or two documents that  
 2 perhaps inform some of the points that you have been  
 3 making. You have provided these largely to the Inquiry,  
 4 and can I ask you to look first of all at a letter that  
 5 you made available to political candidates in the --  
 6 whatever year it was -- 2020 election?  
 7 MS HAMILTON: Sorry, could I just say one last thing on the  
 8 back of what you'd said?  
 9 THE CHAIR: Of course.  
 10 MS HAMILTON: When Nicola Sturgeon stood up on 21 September  
 11 and spoke about Anne's Law and their manifesto, she did  
 12 say that family members would be -- they would work to  
 13 make sure that Anne's Law was that family members would  
 14 be allowed the same access to care homes as staff. And,  
 15 again, so that goes into the conversations we were  
 16 having; there's a lot of talk around the name of it, but  
 17 the SNP manifesto spoke about it being the same as  
 18 staff. So that just highlights what we were talking  
 19 about there. Sorry.  
 20 MR GALE: Not at all. I wonder if you could look and be  
 21 shown a document, which is SCI-CHRS-000039. I think  
 22 that is a draft letter that could be sent to election  
 23 candidates. Sorry, have I got the wrong reference?  
 24 MS HALL: Reference 37.  
 25 MR GALE: It is indeed 37. I beg your pardon. That was

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1 a letter that you sent as your group to potential  
 2 election candidates.  
 3 MS LEITCH: We asked members to send it.  
 4 MR GALE: At the second page of that you set out what  
 5 Anne's Law was asking for, and the principles of that  
 6 are set out in the letter under five bullet points.  
 7 Then the paragraph after that you say:  
 8 "People living in residential and nursing homes, for  
 9 whatever reason, have been treated differently to the  
 10 rest of society."  
 11 Then in the final paragraph you say:  
 12 "This situation is the biggest human rights  
 13 catastrophe that this country has ever seen and I ask  
 14 you to support Anne's Law during your election  
 15 campaign."  
 16 You have mentioned on a number of occasions and  
 17 mentioned here what you term a "human rights  
 18 catastrophe". Can you give us some favour of what you  
 19 mean by that?  
 20 MS HAMILTON: I think -- I'll speak for us and then let  
 21 someone jump in -- human rights catastrophe, I sound  
 22 like I am repeating myself, but all of this is because  
 23 of where someone lived, and we have stated it. We have  
 24 so much respect for the staff that had to get put  
 25 through horrendous ordeals due to the guidance and

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1 having to deal with families wanting to get in and they  
 2 weren't allowed to let the families in, but the staff  
 3 never had any infringements put on them and they could  
 4 enter the care home and leave, but those who lived in  
 5 the care home had — were so heavily restricted in their  
 6 lives, which could have been, for many people, the last  
 7 couple of years of their lives, and that to me will  
 8 always be the biggest injustice of what happened.  
 9 MS LEITCH: I agree with Natasha completely. I think, from  
 10 my perspective, my mum's human rights, her rights to  
 11 family life, my rights to family life, they were  
 12 ignored. My obligations under a power of attorney,  
 13 those were ignored. The adults within the  
 14 Incapacity Act — every Act that was there to protect my  
 15 mum was trashed, so that is why I believe that human  
 16 rights have been trashed.  
 17 MR GALE: Again, just to get some more context, I wonder  
 18 could you go to the document ending with the reference  
 19 000119? This is a letter regarding the National Care  
 20 Service Bill in the consultation period that your group  
 21 sent and it attached a submission on your behalf to that  
 22 bill. Just looking at the context of it, you say:  
 23 "This submission summarises the views and  
 24 experiences of our group members, focusing on Anne's Law  
 25 and the importance of family contact. We remain

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1 concerned that the right for a person in care to see  
 2 their husband, wife or other essential care-giver, in  
 3 the same way that they have contact with paid carers, is  
 4 not stated as a 'right' — but simply that the Minister  
 5 has the right are right to direct."  
 6 That is the essential element of your complaint  
 7 about what is in the bill?  
 8 MS HAMILTON: Yes.  
 9 MR GALE: Just looking at some of the concerns in the  
 10 attached document, I think at the numbered page at the  
 11 bottom, page 4 of your appendix to that letter, you  
 12 express a number of concerns. The first is "Human and  
 13 equality rights", then there is the "Option to Suspend  
 14 Designated Visitors", and then you make certain comments  
 15 in relation to "Adults with Incapacity"; is that right?  
 16 If we can go briefly to the "Summary", and this is  
 17 perhaps something that you have in a way been discussing  
 18 with his Lordship a moment ago. What you say there is:  
 19 "Whilst we welcome the ability of Directions giving  
 20 powers of enforcement to Ministers, we continue to have  
 21 grave concerns that within the Ministerial Directions  
 22 for Anne's Law, the commitment to ensure care home  
 23 residents will never again endure enforced separation  
 24 and isolation could become diminished within the  
 25 numerous caveats and possible changes to Directions.

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1 "As we have stated on numerous occasions, being  
 2 a care home resident necessitates regular and close  
 3 human contact for personal care arrangements. That  
 4 essential contact must also continue between husbands,  
 5 wives, mothers, fathers, family members or close  
 6 friends."  
 7 Then you emphasise:  
 8 "For clarify, we would request that the default  
 9 position should be the resident's right to contact with  
 10 their nominated relative/friend at all times, and if  
 11 necessary, by following any recommended PPE precautions  
 12 as per care staff. We must be recognised as a vital  
 13 part of our loved one's care team."  
 14 Have you diluted any way from that?  
 15 MS RUSSELL: No that is spot on.  
 16 THE CHAIR: You require directions or you consider that you  
 17 require directions and you would like recommendations in  
 18 relation to directions. But I am not for a minute  
 19 suggesting that was necessarily practical for you to do  
 20 it, but you could have challenged directions that were  
 21 made by judicial review when they were made. This is  
 22 a lawyer speaking rather than possibly someone in  
 23 practice, but if the directions are fundamentally in  
 24 breach of someone's human rights, whether it be yours or  
 25 the resident in the care home, they would have been

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1 challengeable.  
 2 MS RUSSELL: Well, the directions themselves are just drafts  
 3 at the moment so you might be giving us ideas for the  
 4 future.  
 5 THE CHAIR: I am not suggesting that it's necessarily  
 6 a particularly practical way to go about doing something  
 7 because it takes time and costs money is the obvious  
 8 reason against it, but it is something that could be  
 9 done.  
 10 MS RUSSELL: We would rather it simply — there was  
 11 something simply enshrined there which said that, where  
 12 people are —  
 13 THE CHAIR: I understand that. I suspect that this is  
 14 a point that might be developed by your counsel in  
 15 submissions rather than anything else, but ... yes.  
 16 MS HAMILTON: But it's a point that what happened on the  
 17 run-up to this — and my legal knowledge is — I hate  
 18 speaking about legalities, but the fact that we were  
 19 locked out anyway was against human rights. So we  
 20 shouldn't —  
 21 THE CHAIR: Well, that's extending this argument a little  
 22 further, even though we have got so far, but you may  
 23 have a point.  
 24 MS RUSSELL: There were so many — even the cruel and  
 25 unusual punishment — honestly, when you see some of the

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1 photographs going up on that group and stories of the  
 2 way people were being treated, it was -- it was really,  
 3 really inhumane --  
 4 THE CHAIR: Yes, I see that.  
 5 MS RUSSELL: -- and heart-breaking.  
 6 THE CHAIR: I suppose -- sorry.  
 7 MS RUSSELL: I think we do need to bring that element --  
 8 care is all about relationships and good relationships,  
 9 and to me what they did just drove a coach and horses  
 10 between relatives and staff which should never have  
 11 happened. We were all batting for the same team. We  
 12 just all wanted the best. And I think a lot of  
 13 care home staff have been in contact with me, in fact,  
 14 with the trade union and spoke to me on Monday about it,  
 15 saying how they really supported us because that is what  
 16 they felt too.  
 17 THE CHAIR: I understand. I understand your position  
 18 entirely. As I said, I raised a rather legalistic  
 19 point.  
 20 MS HALL: And for those in care homes who were physically  
 21 frail but mentally had all their faculties, they were  
 22 sitting reading newspapers and watching the television  
 23 and seeing society going back to normal and they weren't  
 24 allowed to put a foot over the front door of the  
 25 care home, so I think they felt very strongly that their

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1 human rights were being violated.  
 2 MR GALE: There are a number of other documents that you  
 3 provided us with and they are attached, and these  
 4 include your commentary on the discussion paper, there  
 5 is also a literature review by Care Inspectorate and  
 6 various other papers that make comment on Anne's Law.  
 7 I would like to take you to a document entitled  
 8 "Anne's Law Consultation: analysis of the responses".  
 9 This is a final report. It's dated February 2022. I am  
 10 just searching to find the reference to it. Yes, it's  
 11 SCI-CHRS-000124. It's an analysis of the responses to  
 12 Anne's Law and part 2 of that document contains the  
 13 response, "Delivering Anne's Law".  
 14 Now, within that document there are a number of  
 15 observations and if within the document you go to  
 16 page 23, please -- the number in the bottom corner --  
 17 I think we can see -- these are recording responses that  
 18 have been made to the proposal of Anne's Law and I think  
 19 we can see in relation to question 1 the overall aim of  
 20 Anne's Law:  
 21 "Nearly all participants agreed with the overall aim  
 22 that people living in adult care homes should have the  
 23 right to see those important to them to support their  
 24 health and wellbeing. A total of 280 participants  
 25 responded with 99% of individuals and 97% of

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1 organisations [responding positively and in agreement  
 2 with that]."  
 3 I think that certain of the respondents gave reasons  
 4 for their response and that is set out under the table  
 5 in that page. And the main reasons included:  
 6 "The mental and physical wellbeing of residents and  
 7 their loved ones.  
 8 "Quality of life is paramount.  
 9 "The importance of familiarly connections.  
 10 "The need for residents in care homes to have the  
 11 same human rights as other members of society.  
 12 "The specific negative impact of the restrictions on  
 13 care home residents with dementia."  
 14 Again, I take it that those are all reasons with  
 15 which you are in agreement?  
 16 MS HALL: I would also add the negative effect on not just  
 17 the resident but their relative, the husband or the wife  
 18 or anyone that was denied access.  
 19 MR GALE: Then on what is page 25 there is a response to  
 20 question 2, to the opinions on the main aims of  
 21 Anne's Law, and it says:  
 22 "Nearly all (278) of the respondents to Part 2 of  
 23 the consultation provided a response to the question on  
 24 the main aims ..."  
 25 And the issues raised -- and I will just deal with

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1 the first one, if I may:  
 2 "The need to protect human rights and ensure that  
 3 meaningful contact is enshrined in law."  
 4 Again, that is something with which you were  
 5 thoroughly in agreement, I take it?  
 6 MS HAMILTON: Yes.  
 7 MR GALE: So looking at Anne's Law as it currently stands at  
 8 the moment, are you optimistic or pessimistic about it?  
 9 MS HAMILTON: At the moment I would say I am pessimistic.  
 10 I like to be optimistic about the interaction we are  
 11 having to discuss about it. The reason why I am  
 12 pessimistic is something this simple should not take  
 13 this long to get put through in law. So we clearly have  
 14 someone somewhere that's putting a barrier up for us  
 15 and, if it's taking this long to get us to this point,  
 16 I worry how much longer it is going to take, and that --  
 17 and bringing it back to impact, it's having a huge  
 18 impact on us, having to continue to fight for this right  
 19 for our loved ones, for everyone that is in care homes  
 20 and for potentially -- any one of us in this room could  
 21 end up in a care home for any sort of reason. So we're  
 22 protecting the future rights for everybody as well. But  
 23 I am optimistic about all the interaction we are having,  
 24 but, if you asking about being pessimistic, why is it  
 25 taking so long would be ...

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1 MR GALE: Do you have any indication as to the progression  
2 of Anne's Law? Do you have any indication when it may  
3 be —

4 MS RUSSELL: Well, it is tied to the National Care Service,  
5 which is currently paused, so hopefully they will bring  
6 the NCS back on. They have said that once the NCS is  
7 passed, it wouldn't take long to implement, but they are  
8 implementing something which, as it stands at the  
9 moment, isn't acceptable to us. So unless we get  
10 changes to the main legislation, I don't think we've  
11 achieved what we set out to do.

12 MS LEITCH: I think, whilst we have the new care standards  
13 in place, that we don't really hear of people being  
14 locked out anymore, but my concern is that, because of  
15 the short time that people live in care homes, that  
16 there is not many people in care homes today that lived  
17 through the height of the pandemic and that people don't  
18 know about their standards, so you are relying on  
19 families challenging decisions and being aware of these  
20 and we don't think at any point the guidance has been  
21 made fully available to families in a way that is  
22 meaningful to them.

23 It was my mum's care home that was shut down on  
24 Christmas Eve in December last year from a locum  
25 Public Health consultant making a decision, and there

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1 was — my mum's home is a 40-bed home and it was only  
2 her floor that was closed, so there's 20 beds. There  
3 was 19 families locked out that day and I got in because  
4 I knew the rules. And that just shows you who didn't  
5 know the rules and didn't know what they were entitled  
6 to, and we raised — I wrote to Kevin Stewart and I have  
7 no doubt that he went through Public Health because of  
8 the decision, but he called it a "blip". I don't think  
9 it was a blip. I think that could be happening up and  
10 down the country quite easily, but people just don't  
11 know what they are entitled to, so it needs to be  
12 enshrined in law so that there isn't blips or there  
13 isn't locum health consultants making a decision on  
14 a whim.

15 MS RUSSELL: The reason that we would be unhappy to just  
16 settle for the care standards was that there were  
17 existing care standards during the pandemic and they  
18 didn't help us at all, and they did have lots of things  
19 there which should have ensured that your opinion — if  
20 I am in care, that my views are always taken into  
21 account. There is a whole list of things there that,  
22 had they been applied, what happened to us and our loved  
23 ones wouldn't have happened.

24 MS HALL: I think since the day we started campaigning, we  
25 have highlighted the fact that there is actually no

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1 place, no body, nowhere to go, if a relative is looking  
2 for advice or guidance. I mean, there is the  
3 Care Inspectorate, but they are kind of seen as the —  
4 they police the standards, and we are having ongoing  
5 talks about this because they were keen for our group to  
6 take on this role and we are — that is not what —

7 MR GALE: Not your role.

8 MS HALL: No.

9 THE CHAIR: Just before you leave Anne's Law, can I ask  
10 a question which I admit is of detail but nevertheless  
11 it's quite interesting. Am I right in thinking that the  
12 way you envisage Anne's Law provides for an essential  
13 care-giver, one person?

14 MS HAMILTON: Yes.

15 THE CHAIR: Because in a different context we have heard  
16 evidence from the lady that gave evidence this morning,  
17 I think it was in the context of funerals; you know, if  
18 you've got six relatives — ten relatives and you've got  
19 six at a funeral, how on earth do you pick them? It's  
20 invidious. I can envisage circumstances where a family,  
21 a person in care, has lots more than one relative who is  
22 a potential care-giver. You agree with that a matter of  
23 fact?

24 MS RUSSELL: Yes, that is right.

25 THE CHAIR: If what you tell me about infection control and

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1 if what the lady that wrote the letter that we saw from  
2 the Nursing Times or to the Nursing Times is correct,  
3 then proper infection control, properly applied, should  
4 mean there is no reason to have simply one care-giver,  
5 essential care-giver. As long as they are provided with  
6 whatever the essential infection control measures were,  
7 then the whole family could be essential care-givers; is  
8 that not correct?

9 MS RUSSELL: There are two parts —

10 THE CHAIR: Shouldn't you be modifying Anne's Law to say  
11 that?

12 MS RUSSELL: The first part of it is that during the  
13 pandemic their essential was for end of life, then more  
14 people would have been allowed in, where it was known  
15 about. In the early days of the pandemic nobody knew  
16 they could get essential, but later on, as people became  
17 more knowledgeable about the right to essential visiting  
18 for end of life, then that could have been larger  
19 numbers —

20 THE CHAIR: Because you are actually proposing something  
21 that is going — the minute someone goes into  
22 a care home, that right exists. But I am just wondering  
23 why you are trying to confine it to one person. It  
24 could be more.

25 MS RUSSELL: It is true for pandemics for major outbreaks

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1 where Public Health are determined to reduce footfall,  
 2 it is basically a plea to say: please do not reduce  
 3 footfall below the one person. We weren't seen as  
 4 husbands, wives, lifelong companions. We were seen as  
 5 vectors of infection. That is all we were to Public  
 6 Health and that is why we have said allow — please God  
 7 allow at least one person in.  
 8 MS HAMILTON: So on the back of what you are saying there,  
 9 I totally understand what you are saying, but I think to  
 10 highlight is it shows how worn down we are as families,  
 11 that we are still, three years down the line, fighting  
 12 for a law to allow one person. We are almost maybe  
 13 scared to ... can we up it to two? Can we up it to  
 14 three? So we can't even get the basics from people to  
 15 back us to allow one person in. We don't want to push  
 16 our luck.  
 17 THE CHAIR: The logic of what you are proposing would drive  
 18 me to think that your argument would hold good, if it is  
 19 good, if it is more than one person.  
 20 MS HALL: I think this is the thing we would have to  
 21 convince Public Health. So we feel, well, at least if  
 22 you will at least —  
 23 THE CHAIR: You've convinced me in the first —  
 24 MS HALL: In the worst, worst — in the worst pandemic, the  
 25 worst scenario, there will still be — that husband will

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1 be able to visit the wife; there will be that one  
 2 important person so that it never drops completely that  
 3 there is nobody going in, so it's like the safety net.  
 4 THE CHAIR: I am not sure you are quite getting me. I am  
 5 not suggesting — for example, say you have — forget  
 6 the husband and wife — you have two sons or a son and  
 7 a daughter, two daughters, two people, it's a bit  
 8 invidious to pick one over the other. I am not  
 9 suggesting both of them go at the same time —  
 10 MS HALL: But common sense —  
 11 THE CHAIR: Both of them could be nominated and they could  
 12 go one at a time when they wanted.  
 13 MS HAMILTON: So that is part of what we have proposed as  
 14 well, that although we are saying one person, there  
 15 should be three people that are nominated. But that is  
 16 what we proposed, but only one person — like we are  
 17 saying, because we are very understanding — under  
 18 extreme circumstances we need to try and protect  
 19 everybody, but only one person goes in at a time, but  
 20 there is the option for it to be three people that can  
 21 be rotated on a basis, so we have —  
 22 THE CHAIR: A number of people can be nominated as essential  
 23 care-givers. Yes. Fair enough.  
 24 MR GALE: Thank you, my Lord. That is very interesting. To  
 25 a certain extent restricting it to one person, did you

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1 feel in the way in which you were campaigning that that  
 2 was perhaps what you could get away with?  
 3 MS HAMILTON: I would also say that, on the back of  
 4 restricting it to one person, we have to bring it back  
 5 to the care home residents, so at the time we were  
 6 possibly speaking about it, we were always talking about  
 7 it impacting us, but care home residents were just  
 8 locked away from all their family, so in our heads and  
 9 minds we were thinking, well, if we could at least get  
 10 care home residents to have one person, that allows that  
 11 care home resident to have access to their family. They  
 12 were shut off from everybody, so we were just starting  
 13 from bare minimum to try and help all those residents.  
 14 MR GALE: The "bare minimum" I think encapsulates that,  
 15 doesn't it? Just a few other points, if I may. I take  
 16 the part of your statement on interaction with families  
 17 as read because we can look at that. If you go to  
 18 paragraph 57, in your statement you mention CHRS Lost  
 19 Loved Ones group and you briefly explain the purpose of  
 20 that. Can you just again explain why that group was set  
 21 up?  
 22 MS RUSSELL: That group was set up because, when Open with  
 23 Care came in in February 2021, in the March a lot of  
 24 care homes did start for the first time in—person  
 25 visiting and people were posting a lot of photographs or

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1 selfies with their loved one for the first time and  
 2 people in — a lot of the people in the group by then —  
 3 as I say, by then, 15,200 people had died in care homes,  
 4 of whom about a fifth were from COVID. So we had loads  
 5 of people in the group who had already lost their  
 6 relatives and they were finding these photos — although  
 7 they were really happy for people and they were really  
 8 pleased to see it, they were finding it difficult as  
 9 well and they asked if they could have a separate group.  
 10 MR GALE: Can I take you on to your concerns at paragraph 59  
 11 and onwards? I think it may be just useful if one or  
 12 other of you reads that section from 59 onwards to the  
 13 end of your statement.  
 14 MS LEITCH: The government failed to recognise the need for  
 15 at least one key relative such as a husband, wife,  
 16 mother or daughter to be given essential care-giver  
 17 status. We believe that essential care-givers using all  
 18 the same mitigations as staff, including PPE and  
 19 infection control protocols, could have ensured their  
 20 loved one was supported and kept in touch with their  
 21 wider families throughout the pandemic. Close relatives  
 22 desperate to see their loved ones were made to feel like  
 23 the enemy when they should have been welcomed as part of  
 24 the care team.  
 25 The Scottish Government failed to provide clear

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1 direction to care homes and failed to insist that  
 2 guidance was adopted and followed. This was despite the  
 3 fact they laid down the rules in every other sector of  
 4 society. They claimed they had no levers to do this in  
 5 care homes, but this could have been achieved by  
 6 amending the care standards much earlier or explaining  
 7 that payment of fees or personal care allowances, which  
 8 go direct to homes, would depend on them implementing  
 9 the Scottish guidance.

10 The Government failed to ensure that care home  
 11 residents benefitted from the route out of lockdown.  
 12 Instead, they had no access to services such as  
 13 opticians, podiatry, hairdressing, for more than a year  
 14 and they were unable to get out in the fresh air. It  
 15 was seven months after the Chancellor's Eat Out to Help  
 16 Out before care home residents were even able to go for  
 17 a walk or a run in the car.

18 As a group, we felt that we had no way to challenge  
 19 these decisions, even though we were sure they were  
 20 unlawful. When your rights are being challenged to this  
 21 extent, there should be some way to access justice. We  
 22 felt many others paid by the public purse to protect the  
 23 interests of vulnerable people failed to speak out on  
 24 behalf of those in care homes, such as directors of  
 25 social work and the Office of the Public Guardian.

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1 Imprisoning people for a year and isolating people in  
 2 small rooms for weeks on end should have been  
 3 challenged.

4 The Scottish Government and their Public Health  
 5 advisers failed to recognise the huge impact their  
 6 policies were having on older people who were  
 7 approaching the end of life, even without COVID, and the  
 8 impact that such long periods of isolation and  
 9 confinement were having on the entire care home  
 10 population, which includes a substantial number of young  
 11 adults.

12 The Scottish Government were able to create  
 13 an impression in the press and media that indoor  
 14 visiting had restarted, but in huge areas of Scotland it  
 15 continued to be heavily restricted with only closed  
 16 windows visits or outdoor visits available. Many people  
 17 in Greater Glasgow and Lanarkshire areas had no direct  
 18 contact with their loved ones for a full year.

19 The Scottish Government have never said sorry for  
 20 what relatives of those in care homes have been through.  
 21 The needs of young adults in care homes were ignored.  
 22 When Public Health Scotland produced a final set of  
 23 COVID guidance in January this year, care home guidance  
 24 had been amalgamated with the guidance for prisoners.  
 25 This was only changed after complaints from our group.

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1 Any one of us could end up in care and lessons must  
 2 be learned so that this never, ever happens again.

3 MR GALE: Thank you very much, all of you, for engaging with  
 4 the Inquiry and providing your statement and your  
 5 evidence today. I will always ask or should always ask  
 6 anyone who gives evidence to the Inquiry if there is  
 7 anything you feel you want to add to what you have  
 8 already said and also to say that, if at any time after  
 9 you leave this room it occurs to you that there is  
 10 something that you should have said or would have liked  
 11 to have said, please let us know, contact the Inquiry  
 12 team, and that information will be added to your body of  
 13 evidence that you have provided. So is there anything  
 14 further that any of you would like to add?

15 MS LEITCH: Yes, please. This session is on the impact, and  
 16 the biggest impact we felt from our members was the  
 17 survey that we carried out following the change of  
 18 guidance in October 2020, which allowed four hours with  
 19 touch. We surveyed our members to quantify how  
 20 well these were being implemented. They included a free  
 21 text section for people to include how the restrictions  
 22 were impacting them and we received 322 impact  
 23 statements, which include 165 mentions of stress,  
 24 anxiety or depression, 100 mentions of guilt or worry,  
 25 59 mentions of sadness, abandonment or hopelessness,

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1 49 mentions of heart—break, heartbroken and grief. It  
 2 felt that every time there was progress in terms of  
 3 access to care home residents, another obstacle  
 4 appeared.

5 We would often hear, "We can't trust you to do your  
 6 own tests"; "We can't facilitate visits with touch"; "We  
 7 can't facilitate video calls"; "We can't have Christmas  
 8 decorations"; "We can't accept Christmas presents unless  
 9 they are quarantined for 72 hours"; "We can't have  
 10 hairdressers"; "We can't use rapid testing as we haven't  
 11 had training"; "We can't alternate visitors", "We can't  
 12 give any extra visit even though visits are going  
 13 unused"; "We can't let you push your wheelchair"; "We  
 14 can't facilitate outside visits as we haven't bought  
 15 any heaters for winter"; "We can't you give you an  
 16 essential visit as we would have to give everyone one";  
 17 "We can't allow you to access your relative's room"; "We  
 18 can't let you see your dying relatives for more than  
 19 15 minutes a day"; "We can't let you hold your dying  
 20 relatives' hands"; "We don't trust the  
 21 Scottish Government decisions"; "Guidance is only  
 22 guidance. We don't have follow to it"; "Public Health  
 23 say 'no', Care Inspectorate say 'no', social workers say  
 24 'no', the manager says 'no', head office says 'no', but  
 25 we can test you, dress you up in PPE and make you sit

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1 behind a screen 2 metres away from your hard of hearing  
 2 non-verbal relative for 30 minutes once a week and then  
 3 tell you your time is up".  
 4 In early 2021 we joined forces with family groups in  
 5 England, Wales, Northern Ireland and the  
 6 Republic of Ireland, calling on governments of the five  
 7 nations to act and we still stand by this today. And we  
 8 would like to mention our partners, Care Champions in  
 9 Ireland and Rights for Residents in England because we  
 10 know they are watching today, and they're campaigning  
 11 for a law of care partner in Ireland and Gloria's Law in  
 12 England.  
 13 After a year of fear, distress and countless  
 14 separations, family members from our five nations want  
 15 to re-assert the larger picture of what society should  
 16 be. Over the months of the pandemic, the deepest ties  
 17 of love, the things that make us glad to be alive, have  
 18 been treated as unimportant. Spouses, life partners,  
 19 parents and children have been treated as inessential to  
 20 each other. Their wishes have not been considered;  
 21 their voices have not been listened to. Residents of  
 22 care homes have been shut in and those who love them  
 23 have been shut out. People living in residential and  
 24 nursing homes for whatever reason have been treated  
 25 differently from the rest of society. They have had no

1 agency. Those who have been trusted to speak for them  
 2 have been not been properly listened to. Their  
 3 well-being has been compromised in the name of care.  
 4 This is not the society we wish to pass on to the  
 5 next generation or grow old in ourselves. The test of  
 6 a democracy is how it gives respect and choice to all of  
 7 its members, young or old, in health or in sickness.  
 8 Love is a bedrock of a good society. For hundreds of  
 9 thousands of people, those bonds of love have been  
 10 cruelly disregarded. As members of our individual  
 11 nations and as fellow human beings ourselves, we call on  
 12 our governments and everyone with influence to assert  
 13 what is inalienable right for all of our sakes.  
 14 MR GALE: Thank you very much, Ms Leitch.  
 15 Thank you very much to all of you. We are very  
 16 grateful to you. Thank you.  
 17 THE CHAIR: I share those sentiments. We will adjourn now.  
 18 (4.08 pm)  
 19 (The hearing adjourned until until 10.00 am on Tuesday,  
 20 31 October 2023)  
 21  
 22  
 23  
 24  
 25

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