

OPUS2

Scottish Covid-19 Inquiry

Day 9

November 14, 2023

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1 Tuesday, 14 November 2023
 2 (10.00 am)
 3 THE CHAIR: Good morning, everyone.
 4 MR CASKIE: Good morning, my Lord.
 5 THE CHAIR: Good morning, Mr Caskie.
 6 Now, what do you have for us today?
 7 MR CASKIE: I have two witnesses this morning for you, the
 8 first of whom is Shona Wallace, and I'll ask that she be
 9 brought in.
 10 THE CHAIR: Thank you very much.
 11 Miss? Mrs?
 12 MR CASKIE: Mrs.
 13 MRS SHONA WALLACE (called)
 14 THE CHAIR: Good morning, Mrs Wallace. Please have a seat.
 15 Make yourself comfortable.
 16 Now, when you're ready, Mr Caskie.
 17 MR CASKIE: Thank you.
 18 Questions by MR CASKIE
 19 MR CASKIE: Would you tell the Inquiry your full name,
 20 please?
 21 A. Shona Wallace.
 22 Q. We already have your address and your contact details.
 23 You have provided a witness statement for the Inquiry.
 24 Have you read over that?
 25 A. Yes, I have.

1

1 Q. And are you content that the statement is true?
 2 A. I am, yes.
 3 Q. And do you want Lord Brailsford to take that into
 4 account when deciding matters?
 5 Just for the record, the witness statement is
 6 reference SCI-WT0362-000001.
 7 Now, in relation to the hearing today, there are no
 8 restriction orders in place regarding the evidence that
 9 you give so nobody is being made confidential. We're
 10 here today to talk about your daughter. Can you tell us
 11 her name, please?
 12 A. Clare Wallace.
 13 Q. I understand that Clare has a congenital condition?
 14 A. Correct, yes.
 15 Q. Okay, I'm going to ask you about her condition in
 16 a moment — okay? — but before we do that, can you tell
 17 me about Clare?
 18 A. Clare is now 32. She's lively, chatty, knows her own
 19 mind, very determined, loving. She just loves family,
 20 she loves being around people. She likes to get
 21 outdoors. She loves to go shopping, out for meals. She
 22 just likes to be doing all the time.
 23 Q. She has a learning disability?
 24 A. She does.
 25 Q. And does that have any physical impact upon her?

2

1 A. No, she's fully mobile. She's small, she's only the
 2 size of a 10/11-year-old, but other than that, no.
 3 Q. Can she dress and wash?
 4 A. She can do most of it herself. She needs help just to
 5 make sure she's doing things properly and support —
 6 just guidance and prompting.
 7 Q. What about her communication?
 8 A. Her communication is quite good. She can't — she can
 9 read a few words. She sometimes misunderstands things
 10 or she has to be given short instructions. Yes, I think
 11 that's ...
 12 Q. One thing that's quite common in people with learning
 13 disabilities is that they are very suggestible.
 14 A. Yes, she'll tell you what she thinks you want to hear.
 15 She's very good at reading body language.
 16 Q. And — give me just a second. I'm jumping back and
 17 forward.
 18 Tell me about social work involvement with Clare.
 19 A. There has been some social work involvement over the
 20 years and obviously when she went into the care home she
 21 needed a social worker to put a package in place and
 22 things, but there's not monthly involvement or anything,
 23 it's reviews and when guardianship orders need renewed
 24 and things —
 25 Q. I'll ask you about the guardianship. Tell me about the

3

1 guardianship order just now.
 2 A. I have welfare guardianship for Clare. It was last
 3 renewed in April 2021 for ten years.
 4 Q. When did you get that?
 5 A. The initial one would be when she was 18, when I could
 6 no longer make decisions on her behalf.
 7 Q. And why did you get it?
 8 A. Just because legally I couldn't make any decisions and
 9 she was unable to make them, but mums don't count.
 10 You've got to have the legal bits of paper.
 11 Q. Prior to the pandemic happening, what was the impact of
 12 having a welfare guardianship order in place?
 13 A. Clare wasn't aware that I would be making decisions on
 14 her behalf or anything. It was just really I'd manage
 15 her money — just organising.
 16 Q. What about if you were dealing with outside agencies,
 17 social work?
 18 A. Yes, obviously social work or any appointments. She
 19 can't manage any of that herself. I'd be doing that,
 20 yes.
 21 Q. Right. So decisions in relation to that, would those
 22 decisions be taken by you?
 23 A. Yes.
 24 Q. Okay. Did that change?
 25 A. It did change and appointments were cancelled and things

4

1 without — I was told after they were cancelled and ...
 2 Q. Who was it that was doing the cancelling?
 3 A. The care home manager.
 4 THE CHAIR: You obviously took decisions for her health,
 5 doctors and dentists and the like?
 6 A. Yes, it would be me that would take her to these
 7 appointments most of the time.
 8 THE CHAIR: And decide whether she should have them?
 9 A. Yes, aha.
 10 MR CASKIE: In terms of the care home, she wasn't sectioned
 11 into the care home?
 12 A. Oh, no. No, no. It was voluntary.
 13 Q. When she was a child, did she live at home with you?
 14 A. Yes, she lived at home with us until she was 23.
 15 Q. 23?
 16 A. Yes.
 17 Q. Then how did that change? How did the change come
 18 about?
 19 A. Obviously Clare was quite well supported at school and
 20 then went to the local college and then it was a day
 21 centre, four days a week, with a few hours of direct
 22 payments, but what I found was other people were doing
 23 the nice things. They were taking Clare out, out for
 24 meals and doing things, and I was left with the personal
 25 care, the washing, the shopping, doing all these kinds

5

1 of things, and I wanted to flip it over and me do the
 2 nice things, and her sisters were leaving home so it
 3 seemed a natural time to do that.
 4 Q. Tell me about her sisters. How many are there? What
 5 age?
 6 A. There's two younger sisters.
 7 Q. Two younger sisters. And how much younger?
 8 A. Three years younger and five years younger.
 9 Q. Right. So she lived with you until she was 23, I think
 10 you said.
 11 A. Yes, aha.
 12 Q. And you reached the point in your life where your
 13 younger daughters were in the process of leaving home.
 14 At that point, what was decided in relation to Clare?
 15 A. I mean, I had been saying since she was 18 that we
 16 wanted her to have some degree of independence and not
 17 live at home with us forever so we started to look for
 18 somewhere for her to stay.
 19 Q. And where did you select? Where was it decided?
 20 A. So I'm allowed to say the name of the —
 21 Q. Yes.
 22 A. Abbotsford Care Home in East Wemyss.
 23 Q. Can you explain physically what that place is like?
 24 A. There are three units. One unit is for people with
 25 learning disabilities, younger people and it operates

6

1 independently from the other two units. There's no cook
 2 or cleaner or anything. The staff in the residence —
 3 it's like a home so the staff do everything for the
 4 residents in that unit.
 5 Q. How many residents are there in that unit?
 6 A. 11.
 7 Q. And are there any nurses in the unit?
 8 A. No. There are nurses in the adjacent units that could
 9 be called on if they needed to be.
 10 Q. So a nurse might come through from an adjacent unit —
 11 A. Yes.
 12 Q. — if a nurse was required. I'm talking about
 13 pre-pandemic, tell me what your view was on the care
 14 home.
 15 A. I was happy. Clare had been well looked after, she was
 16 happy, she had lots going on, she was out at lunch clubs
 17 and they would take her bowling and she would go to her
 18 day centre once a week. She had a very full life.
 19 Q. And then the pandemic happened. Okay. Now, your
 20 statement indicates towards the end that you had some
 21 involvement with the Care Commission.
 22 A. The Care Inspectorate, yes.
 23 Q. The Care Inspectorate.
 24 A. Yes, I'm an inspection volunteer.
 25 Q. You're an inspection volunteer. What does that involve?

7

1 A. I go out on inspections and speak to residents and
 2 families. I don't see any paperwork or ... obviously
 3 you have to speak to the staff to see who you're going
 4 to speak to, but you don't actually — you don't speak
 5 to the staff. It's purely to hear what the residents
 6 and the families feel about the care home.
 7 Q. And do you feed that back to the Care Inspectorate?
 8 A. Yes, to the inspector and then that goes — forms part
 9 of their report.
 10 Q. Right. Was that something that you found a useful,
 11 rewarding exercise?
 12 A. Yes — aha, yes.
 13 Q. So you had experience of a number of care homes because
 14 of that?
 15 A. Yes.
 16 Q. Okay. So around about February/March 2020 — so this is
 17 just before lockdown happened — did you take Clare away
 18 somewhere?
 19 A. Yes, we were in Florida for three weeks' holiday.
 20 Q. You were in Florida for three weeks?
 21 A. Yes.
 22 Q. Did that straddle February/March?
 23 A. No. We came back just before — I can't remember —
 24 well, we came back on 3 March. I have got the date
 25 there, yes, 3 March.

8

1 Q. So you returned on 3 March and by that point generally
2 lockdown hadn't happened.
3 A. No, but, I mean, obviously we'd seen the news and things
4 when we were there and we could see what was happening.
5 We did forsee what did happen.
6 Q. Although you had taken Clare to Florida for three weeks,
7 what was the general pattern up to that point between
8 Clare staying in the care home and staying somewhere
9 else?
10 A. She would come and stay with us at the weekends.
11 Q. Aha.
12 A. Yes.
13 THE CHAIR: Every weekend?
14 A. Most weekends, yes. I would generally pick her up at
15 10/11 o'clock on a Saturday and take her back about 7.00
16 on a Sunday.
17 MR CASKIE: So she had the Saturday night overnight. Would
18 that be a normal routine --
19 A. Yes.
20 Q. -- for Clare? How did you become informed that lockdown
21 was happening?
22 A. I had an email from the provider.
23 Q. So you got an email, and do you recall what that
24 basically said?
25 A. I mean, it just outlined what was happening with the

9

1 pandemic and they actually closed the doors a week
2 before the Government said they had to, and then I was
3 allowed to take Clare for that one drive in the car --
4 I think I've got the date. It was 21 March I was
5 allowed to take her out. I think they really did that
6 to give me the opportunity to try and explain to her
7 what was happening.
8 Q. Was there any differential treatment or different
9 treatment for people within the care home, within the
10 unit, the 11, or was everyone dealt with the same way?
11 A. Everyone was dealt with the same way regardless if you
12 had one visitor every six months or you went home every
13 weekend.
14 Q. At the time you were informed about lockdown, what was
15 your reaction to that?
16 A. I could see why it was happening, I could understand and
17 I didn't think it was going to be for a long time so
18 I really wasn't that concerned.
19 Q. Just to help Lord Brailsford -- I'm now at paragraph 41
20 of your witness statement -- can you tell us about
21 window visits?
22 A. The first window visits -- Clare's bedroom window is
23 right at the entrance to the care home so I had to walk
24 past her bedroom window to walk round the building to go
25 to the dining room window for my window visit. I'm only

10

1 5 foot 3 and the window was quite high up. It was hard
2 to see her. She was looking down and I'm looking up.
3 There was no privacy because it was a dining room
4 window. The kitchen is attached to the dining room so
5 staff were in the kitchen. I could hear noise.
6 I didn't know how many people were there and could hear
7 everything. There was three other -- three residents'
8 windows overlooking where I was. Then the manager came
9 through to tell me how well Clare was and things.
10 Q. Were the window visits time-limited?
11 A. Yes, 30 minutes.
12 Q. 30 minutes?
13 A. Yes.
14 Q. So if the manager comes through to speak to you, does an
15 extra -- do you get that time back?
16 A. No.
17 Q. No. So the manager speaks to you, you've lost time with
18 Clare?
19 A. Yes.
20 Q. Okay. At paragraph 44 you talk about 7 April.
21 A. Yes.
22 Q. Do you see that?
23 A. Yes.
24 Q. Can you tell us about that?
25 A. By this --

11

1 Q. Sorry, let me just read that:
2 "On 7 April, I had a window visit and saw Clare from
3 the car park through her window. I had to be two metres
4 from the window, but I remember the window was open at
5 this visit, so we were able to have a conversation."
6 Tell us about that.
7 A. It felt strange, obviously, because the window was there
8 and then there was the ramp going up and I was behind
9 the fence (Indicates). She couldn't understand why
10 I was so far away from her and she's shouting out the
11 window and I'm shouting in, but it didn't feel
12 satisfactory. But at least we were now at her window
13 and there was a little bit more privacy because there
14 was nobody else in the room beside her.
15 Q. You talk at paragraph 46 about having to stand 2 metres
16 away from the window and wear a mask. Initially the
17 windows were open and then eventually they were closed.
18 A. Yes, I don't know why I was wearing a mask 2 metres from
19 a closed window to try and communicate with somebody
20 with a learning disability.
21 Q. In terms of trying to find a work-around, did you use
22 any equipment to try to speak to her?
23 A. Eventually -- we did use phones eventually, yes. They
24 had an extra phone line and I was able to -- a mobile
25 phone, and I was able to phone that mobile phone and

12

1 then speak to her that way.
 2 Q. So, what, the two of you are standing on opposite sides
 3 of the window with your phones on speaker?
 4 A. Yes, aha, but then obviously you had to stand back
 5 because there was crackling and all sorts.
 6 Q. Were you able to hand things in for her?
 7 A. Yes, but they had to be quarantined, which seemed
 8 ridiculous, because I wanted to do -- normal things to
 9 us would be to -- there was little conversation because
 10 Clare wasn't doing anything, so what do you talk about?
 11 You talk about what you're actually doing at that time.
 12 So normally you would go and you would have a drink and
 13 a cake or something and talk about what you were doing.
 14 So all I wanted to do was hand in maybe a bar of
 15 chocolate, she'd eat her bar of chocolate, I'd eat mine
 16 on the other side of the glass and we'd talk about how
 17 we were enjoying it. But despite the chocolate being
 18 double-wrapped, it still had to be quarantined, she
 19 couldn't have it, and it just seemed very unfair.
 20 Q. When you were handing things in, a bar of chocolate, for
 21 example, who would you physically hand that to?
 22 A. A member of staff.
 23 Q. And would they be wearing PPE?
 24 A. They must have been, yes.
 25 Q. And so your idea being that they could take the first

13

1 wrapper off, the inner wrapper would then be effectively
 2 sterile --
 3 A. Yes.
 4 Q. -- and that would be handed to Clare?
 5 A. Yes.
 6 Q. Do you know what precautions the staff in the care home
 7 were taking?
 8 A. I mean, they were going and buying food for the care
 9 home. I presume it was all getting wiped down when they
 10 brought it in but I'm quite certain it wasn't
 11 quarantined.
 12 Q. Now, I understand that when Clare was younger, around
 13 about ten --
 14 A. Yes.
 15 Q. -- she had to have an operation.
 16 A. Yes, she had open heart surgery then, yes.
 17 Q. Right, and did that require a follow-up?
 18 A. She has annual follow-ups.
 19 Q. And what happened to the follow-ups during lockdown?
 20 A. They were cancelled, first by the hospital and then --
 21 which one are we at because there was different ones.
 22 So the one on 14 April was cancelled by the hospital,
 23 yes, and then there was another one cancelled.
 24 Q. And who was that cancelled by?
 25 A. Which are we at? The 5th. Yes, they were both

14

1 cancelled by the hospital, these ones, I think.
 2 Q. Were any subsequently cancelled by the care homes, so
 3 far as you're aware?
 4 A. There was another one cancelled by the care home because
 5 they were wanting to test Clare a second time when the
 6 member of staff that had been on holiday had tested
 7 positive.
 8 Q. Right. At paragraph 54 you mention a key worker.
 9 Please don't name the key worker --
 10 A. No, no.
 11 Q. -- but can you tell us about your relationship with the
 12 key worker?
 13 A. Normally she would be the person if there was an issue.
 14 I mean, obviously you can speak to any of the staff, but
 15 she would be the one that would sort things out that had
 16 to happen or mention to me if Clare was needing
 17 something. So we had a good relationship.
 18 Q. And what happened during lockdown in terms of that
 19 member of staff?
 20 A. I mean, we still had contact but -- yes, we still had
 21 contact but it was just different.
 22 Q. In what way different?
 23 A. I suppose she was fearful of saying the wrong things or
 24 doing the wrong things, so, you know, I had to ask for
 25 information rather than it being volunteered.

15

1 Q. And why do you think she became reticent at that time?
 2 A. I just think there was so much going on and there was so
 3 much information and they were being told so much by
 4 different -- you know, by their manager, by senior
 5 managers, by the Government, by Public Health, by
 6 everybody.
 7 Q. Okay. So for someone who doesn't want to say the wrong
 8 thing, saying very little is a good strategy; is that
 9 right?
 10 A. Yes.
 11 Q. Paragraph 55, you talk about a photograph on Facebook of
 12 Clare. Tell us about that.
 13 A. I saw a photograph with a member of staff and it looked
 14 like Clare was being -- was reluctant to be next to this
 15 member of staff by her body language. The picture was
 16 subsequently taken down but then it made me a bit --
 17 I don't know. By that stage my anxiety was very high,
 18 so I then felt were all the photographs staged, do you
 19 know, was everything -- were photos being taken to keep
 20 relatives -- do you know, to make relatives think
 21 everything was good and maybe it wasn't.
 22 Q. You then talk at paragraph 57 about a garden visit.
 23 A. Yes. That was --
 24 Q. Yes, tell us about that.
 25 A. -- a major low point of the whole ... so the garden

16

1 visit was arranged. It was in a gazebo just outside the
 2 main door. So I was given my instructions, my PPE,
 3 I was sat in the gazebo and then I had to wait on Clare
 4 being led out by the hand and there was a coffee table
 5 between us and then the two chairs and the member of
 6 staff sat beside her with her hand on the arm of the
 7 chair to make sure that Clare wasn't going to break any
 8 social distancing. So obviously the whole 30 minutes
 9 was supervised and timed very exactly.

10 Clare wasn't herself. She wasn't answering my
 11 questions. She was looking to the staff to answer the
 12 questions. To have that -- such an unnatural
 13 interaction for us -- do you know, at one point she'd
 14 drooled and to see her sitting there drooling and to
 15 have a tissue in my pocket that I could have wiped her
 16 chin and not be allowed to do it was just awful. The
 17 visit came to an end and it was like, "Say goodbye to
 18 Mum", and she was led away and I was frankly a wreck.

19 Q. Tell me about "frankly a wreck".
 20 A. Well, I don't actually know how I walked from there to
 21 the car but I certainly never left the car park for at
 22 least 30 minutes and I don't remember much of my journey
 23 home.
 24 Q. Were you safe to drive, do you think?
 25 A. Probably not.

17

1 Q. Are you okay?
 2 A. Yes.
 3 Q. Good. Okay. So I think relatively soon after that
 4 garden visit you took some fairly significant steps in
 5 relation to Clare. Can you tell us what that was?
 6 A. I decided that she was coming home to stay with us. She
 7 couldn't be living like that. We couldn't be apart.
 8 Q. She wasn't sectioned or anything like that?
 9 A. No, no. The care home were okay about it, they were
 10 supportive, they could understand the reasons, but they
 11 did say, "We can't guarantee that she can walk back in".
 12 Q. Right. We'll come back to that. So up until this point
 13 you're seeing Clare at a garden visit, wearing PPE and
 14 very time-limited, but you have the ability just to take
 15 her home?
 16 A. Yes.
 17 Q. And is that what you did?
 18 A. Yes.
 19 Q. How long did she stay at home?
 20 A. So that was the July and it was September --
 21 29 September till she went back, yes.
 22 Q. So almost three months?
 23 A. Yes.
 24 Q. Two months. Did window visits resume when she went back
 25 in?

18

1 A. Yes, aha.
 2 Q. And did anyone else have window visits with her apart
 3 from you?
 4 A. Yes. Well, my husband was with me and then later on her
 5 sister was able to go and her grandparents were able to
 6 go, yes.
 7 Q. At 75 you talk about the rules changing.
 8 A. Yes.
 9 Q. Tell me about that communication.
 10 A. Well, obviously, I was watching for any rule change that
 11 happened and I would be instantly on the phone, but they
 12 would have to wait till senior management issued them
 13 with new guidance.
 14 Q. So you were more up to date, as it were, than they were?
 15 A. Well, they had, to be fair, got the information at the
 16 same time, but they couldn't do -- the care home could
 17 do nothing with that until senior managers had decided.
 18 Q. At paragraph 76 you talk about a phone call on
 19 9 November. Again don't name the person --
 20 A. No.
 21 Q. -- who made the phone call, but tell us about the phone
 22 call.
 23 A. I had a phone call from a member of staff telling me
 24 that Clare had been really upset and she'd never seen
 25 her as upset before. And, do you know, that rang alarm

19

1 bells and then -- I felt that she had done that off her
 2 own bat, that she had decided that, "No, this -- we
 3 can't ignore this, we have to phone her mum".
 4 Q. And what was the consequence of that?
 5 A. I was able to have a window visit that afternoon.
 6 Q. And what did you find?
 7 A. Clare was just not herself at all. She pulls at the
 8 necks of her T-shirts -- that's her anxiety thing, she
 9 twists it. She was doing that. She just hardly spoke
 10 to me. She normally wants to know what everybody is
 11 doing, do you know? If I'm visiting her, it's, "Where's
 12 Dad?", what are her sisters doing, what are her
 13 grandparents -- questions all the time, and she just
 14 wasn't doing that. She just ...
 15 Q. Did you ever find out what the problem was, what had
 16 made her so anxious?
 17 A. No, I don't know what had caused that that day. I don't
 18 know if it was a realisation that things weren't
 19 changing. Do you know, her sister had moved house and
 20 things so she knew that things were happening in the
 21 outside world that she was not part of.
 22 Q. And what impact did that have on you?
 23 A. Well, I was just devastated.
 24 Q. Aha.
 25 A. Yes.

20

1 Q. Was that because you were powerless?
 2 A. Definitely, yes.
 3 Q. At paragraph 81 you talk about the first indoor visit .
 4 A. Yes.
 5 Q. Tell us about that.
 6 A. So the first indoor visit was held in the foyer which is
 7 actually outwith the unit that Clare stays in, so the
 8 residents of that unit had been confined to their own
 9 unit until these visits started. Then they were allowed
 10 to go through an internal door into the foyer for the
 11 indoor visit. The table was longer than 2 metres and
 12 she's at one end and I was at the other and strict
 13 instructions not to move. The main door -- there was
 14 a sign on the main door to stop anybody else entering
 15 because we were obviously having the visit, but then
 16 there was the corridor behind me where staff were going
 17 back and forward and, do you know, could overhear
 18 everything. Again, do you know, you don't naturally sit
 19 that distance apart from a loved one. It's just ... and
 20 all we could do was talk and she had nothing to talk
 21 about and I obviously was being very careful what I told
 22 her because I didn't want to tell her that, do you know,
 23 I could meet a friend and go for a walk when she
 24 couldn't do these things.
 25 Q. And so at the time that this was happening, lockdown in

21

1 the outside world had diminished to some extent --
 2 A. Yes, yes.
 3 Q. -- but not within the care home?
 4 A. No.
 5 Q. Does Clare -- apart from -- you've told us about her
 6 requiring check-ups for her heart surgery --
 7 A. Yes.
 8 Q. -- 20 years -- ten years ago or now 20 years ago. Does
 9 she have any other general health problems?
 10 A. She has an eye condition that's monitored as well.
 11 Q. Was she any more at risk from COVID than you or me?
 12 A. I don't think so, no.
 13 Q. But you were able to go out and meet people?
 14 A. Yes, aha.
 15 Q. And because she was a care home resident --
 16 A. Yes.
 17 Q. -- she wasn't?
 18 THE CHAIR: I don't think you mentioned it -- you did,
 19 I apologise -- but I see from the paragraph that you've
 20 been alluding to or referring to that during this
 21 meeting you also had to wear full PPE.
 22 A. Yes, I did.
 23 THE CHAIR: Mask, apron, gloves.
 24 A. Yes.
 25 THE CHAIR: I think it's pretty obvious, but that presumably

22

1 didn't help the communication?
 2 A. No, no.
 3 MR CASKIE: And presumably you didn't do that when you went
 4 for a walk with a friend?
 5 A. No, certainly not.
 6 Q. So we've spoken about that visit. Your husband, her
 7 dad, Clare's dad --
 8 A. Yes.
 9 Q. -- [redacted] --
 10 A. Yes.
 11 Q. Tell me about [redacted's] visits at that time.
 12 A. He could only have a window visit because there was only
 13 one person allowed inside.
 14 Q. Could you change the person?
 15 A. For the inside visit?
 16 Q. Aha.
 17 A. I can't remember if at that time you were allowed to or
 18 not.
 19 Q. That's okay. I've just been -- it's just been pointed
 20 out to me that your husband, whatever his name is, is
 21 a beneficiary of the restriction order so I don't know
 22 if we need to change that now or we can do that later.
 23 THE CHAIR: We just won't mention it again, will we?
 24 Probably the record should be amended to reflect that.
 25 They've heard me say this so they'll do it.

23

1 MR CASKIE: Yes. What was the impact on your husband who
 2 we're not naming of not being able to see his daughter?
 3 A. He's not one to really express his feelings, but -- no,
 4 he appreciated that my need was greater than his,
 5 I suppose, and supported the fact that I was going but
 6 wished he could come with me, and the fact that the two
 7 of us were living together, I don't see that it was any
 8 more risky for us both to go than for one of us to go.
 9 Q. My Lord, I'm being told that we need to adjourn briefly
 10 as a result of that. I wonder if you would just give me
 11 30 seconds.
 12 THE CHAIR: It will take me more than that to walk to my
 13 room and back, but you can --
 14 MR CASKIE: I'll just pop out for a second.
 15 THE CHAIR: Do you want me to stay here actually?
 16 MR CASKIE: Yes.
 17 THE CHAIR: Yes, I'll stay here. I promise we won't say
 18 anything. (Pause)
 19 MR CASKIE: Sorry, sir.
 20 THE CHAIR: Sorted?
 21 MR CASKIE: No, unfortunately not. We need to take it out
 22 of the live-stream so that will take about five minutes,
 23 so can we have a five-minute adjournment?
 24 THE CHAIR: All right.
 25 MR CASKIE: I apologise and I apologise to you also. It was

24

1 me that started it.
 2 THE CHAIR: Well, it was actually. We won't hold you
 3 terribly culpable. Well, that's the first hiccup we've
 4 had in three weeks. I'm sorry about it, but it seems to
 5 be only five minutes. Stretch your legs.

6 (10.34 am)

7 (A short break)

8 (10.37 am)

9 THE CHAIR: Now, do we have someone to get Mrs Wallace?
 10 Thank you. Yes, it's done. I have the all clear. We
 11 can start.

12 Right, sorry about that, Mrs Wallace, but we're
 13 ready to go again. Good. Yes, Mr Caskie.

14 MR CASKIE: Thank you, my Lord.

15 When you're going for a window visit or an inside
 16 visit, tell me about the testing that was done.

17 A. Initially it was PCR testing, so I would have to go
 18 48 hours beforehand along to the care home and be tested
 19 by one of the nurses, and then we moved to lateral flow
 20 tests that the nurse would do at the care home where
 21 I would sit in the car park for 30 minutes. Then they
 22 trusted me to do it at home and I just had to send
 23 a photograph of the negative test to them.

24 Q. And in terms of the geography of the care home, if
 25 you're going to get the PCR test or to pick up the

25

1 lateral flow test, where is that in relation to
 2 Clare's --

3 A. About 20 minutes from our house.

4 Q. From your house, and then when you get there, what about
 5 Clare's room, where was that?

6 A. So I would be walking past her -- her window would be
 7 here (indicating) and I would be walking up the side of
 8 the building to go to have my test. I wasn't to have
 9 any interaction with her.

10 Q. So you couldn't -- you weren't supposed to have any
 11 contact or any through the window contact?

12 A. No, I was just there to have my test, yes.

13 THE CHAIR: Did you go into the building?

14 A. I did go into the building but not her unit. Again this
 15 foyer area that ... so there's one -- her building sits
 16 with an internal door to the connecting building where
 17 the other two units are, where the foyer area is, which
 18 is where I would go to get tested. I can't imagine how
 19 that was for her if she could see my car in the car park
 20 because she would recognise my car.

21 MR CASKIE: And presumably if you were walking past her
 22 window, then she could see you some of the time as well?

23 A. Yes, I would wave, but -- yes, if I thought she was
 24 there, but I think she was probably not in her room at
 25 these times.

26

1 Q. At paragraph 81 you talk about an indoor visit.

2 A. Yes.

3 Q. Can you tell us about that?

4 A. At that point I was allowed an indoor visit in the foyer
 5 wearing full PPE and sitting at the other end of a very
 6 long table opposite Clare, and that was the main -- the
 7 main door was -- there was a sign on that to stop people
 8 coming in, but staff were moving about behind me and
 9 could hear everything we were saying.

10 Q. Now, you explained that to us earlier and you said that
 11 the contact was unnatural.

12 A. Yes.

13 Q. You also said that was because Clare didn't really have
 14 much to say to you.

15 A. That's right, yes.

16 Q. Did you ask about that? Did you do anything to try to
 17 make that a bit better?

18 A. I was asking to play games -- if I could play a game or
 19 something with her so that -- because that's what she
 20 enjoys doing. I said, "Could I not bring dominoes and
 21 we can play the dominoes and we can still play or
 22 something?", but that wasn't allowed. Eventually I was
 23 able to get paper and pen so we would -- I would make up
 24 silly games when she's got her bit of paper and pen and
 25 I've got mine -- we would make up bingo games or both

27

1 write down a number and see if we got the same number,
 2 just silly things to try and amuse her.

3 Q. For the 30 minutes?

4 A. Yes.

5 Q. You had been taking her home every weekend --

6 A. Yes.

7 Q. -- for I think 36 hours roughly?

8 A. Yes, aha.

9 Q. What happened during lockdown in relation to those
 10 visits?

11 A. Well, there was no home visits until -- I can't remember
 12 what the date was when we were allowed to have home
 13 visits again.

14 Q. Now, we're getting up to Christmas 2020 and I think we
 15 have Clare's date of birth. Her birthday is when?

16 A. 19 January.

17 Q. So in the lead-up to Christmas did you take Clare out of
 18 the care home?

19 A. Yes, I did because there was no way she wasn't
 20 spending -- she had spent every other Christmas with us.
 21 There was no way she wasn't spending Christmas with us.
 22 And I said at that point we would keep her with us until
 23 after her birthday in the January. It was her
 24 30th birthday. When you have a child that's been --
 25 when they were born you were told you were lucky to see

28

1 their 3rd birthday, there's no way you're going to miss
2 any birthday.
3 Q. There was a point at which she was due to go back but
4 couldn't. Can you tell us about that?
5 A. She couldn't go back because there was COVID in the care
6 home.
7 Q. How were you notified of that?
8 A. By email.
9 Q. And was it just, "She can't come back"?
10 A. Well, no, I had an email to say that the care home
11 was -- Public Health had closed ... So then I was
12 reluctant to send her back there or take her back.
13 Q. Aha. Was there communication around about that point
14 between yourself and social work?
15 A. Yes, that was when social work -- I mean, I'd never
16 heard from social work throughout the pandemic until
17 this point, but they said that if I didn't -- if she
18 didn't go back almost immediately, then she would lose
19 her place, so my hand was kind of forced at that point.
20 Q. And she did go back?
21 A. Yes.
22 Q. When was that? I think -- I'm looking at paragraph 91.
23 A. So that was 15 -- would it be 15 March then? Yes.
24 Q. So she had been out since I think 18 December --
25 A. 18 December.

29

1 Q. This is now 15 March.
2 A. Yes.
3 Q. Does she need to get tested to go back in?
4 A. Yes, they had to send someone to the house to test her
5 and then she needed further testing once she went back.
6 Q. At that point -- and I'm now looking at paragraph 92 --
7 at that point you took some steps to ease communication.
8 Can you tell us about that?
9 A. Yes, but at that point we bought the Alexa to have, the
10 Echo Show, so that I could drop into her room and speak
11 to her without having to ask staff to take a phone to
12 her. It was difficult because we wanted daily contact
13 and you didn't want the other residents to see that
14 Clare was getting daily contact when they weren't
15 getting it, so that was a way of us having daily contact
16 without, do you know, other residents thinking, "Why
17 am I not getting -- why is nobody phoning me?", kind of
18 thing.
19 Q. And within the care home, I suppose that's quite
20 important, that people are treated to a degree equally?
21 A. Yes.
22 Q. Why was it right that Clare could access that when
23 others couldn't?
24 A. They didn't have a relative that was being as proactive
25 as I was.

30

1 Q. Right. They weren't as lucky?
2 A. Well ...
3 Q. Give me a second.
4 I ask this question more to Lord Brailsford than to
5 yourself.
6 Do you know how the technology that she's talking
7 about works?
8 THE CHAIR: I've got one. I've got several in fact in
9 various places!
10 MR CASKIE: Sometimes --
11 THE CHAIR: You're quite right, but it happens that I do
12 know about this one.
13 MR CASKIE: It's a "Who are the Beatles?" moment, sir.
14 THE CHAIR: I've had those!
15 MR CASKIE: At paragraph 99 you name another member of staff
16 at the care home and I would like you not to do that,
17 but can you tell us what the rest of that paragraph is
18 about?
19 A. That was about an appointment being cancelled without
20 asking me first because a member of staff that was on
21 annual leave had tested positive. Obviously I do not
22 know who that person was, whether they were a person
23 that worked in Clare's unit or one of the other units.
24 I don't know.
25 Q. And you say in paragraph 100 that you took that to the

31

1 social work department. Tell me about your
2 communication with the social work department.
3 A. I just felt that, as welfare guardian, it should have
4 been my decision and at that point she should have been
5 able to go for appointments, but the social worker just
6 deferred to the care home manager.
7 Q. At paragraph 101 you say something more generally about
8 deference to the care home.
9 A. I just feel that the care home manager, the provider,
10 nobody would challenge them at all.
11 Q. And why do you think that was?
12 A. I don't know really. I can't ...
13 Q. No need to guess; no need to guess.
14 Paragraph 103, you talk about taking her out --
15 A. Yes.
16 Q. -- from the care home for a walk --
17 A. Yes.
18 Q. -- but the care home are saying, "Well, you can't touch
19 her"?
20 A. Yes, I was still meant to maintain social distance as
21 much as ...
22 Q. How did you respond to that?
23 A. Well, I obviously wasn't going to let her run out in the
24 road in front of a car, but I did try to maintain
25 distance, which again wasn't natural because she would

32

1 hold my hand normally if we were out for a walk.
 2 Q. Then at paragraph 105 you talk about something that you
 3 think was a big mistake.
 4 A. Yes, I got a message from the care home asking me or
 5 telling me that Clare had had a taster session with
 6 a therapist that comes into the home, an aromatherapy
 7 session.
 8 Q. What kind of therapist?
 9 A. Aromatherapy.
 10 Q. Aromatherapy?
 11 A. Well, yes, that's what she was doing, yes, and that
 12 Clare had enjoyed it and they wanted me to authorise
 13 payments for further sessions.
 14 So I was just distraught, do you know, that somebody
 15 else could touch her and I couldn't and this person was
 16 the same as me. They didn't work in the care home
 17 generally. Do you know, why could someone else do
 18 something I couldn't do? I complained and, to be fair,
 19 the care home said, "No, you're right. You can do that
 20 next time if you want".
 21 Q. Sorry, say that again.
 22 A. The care home — when I complained about it, the care
 23 home did say, "No, okay, we understand your concerns
 24 and, yes, if you want to do that when you're next in,
 25 do you know, we'll support that".

33

1 Q. Right. At paragraph 107, you talk about PPE.
 2 A. Yes.
 3 Q. So we're now up to May.
 4 A. Yes, so I was allowed at that point to take Clare out.
 5 I think we could have an hour at that point and I think
 6 the first time I went and spent half an hour in her room
 7 and then we went for a walk. But then it was just —
 8 do you know, I had to go in and then I had to put all
 9 the PPE on, go in her room, take it all off when I came
 10 out, then go for a walk, so it became easier just to
 11 meet her at the door and not enter the care home at all.
 12 And, I mean, these walks — it was lovely to get out
 13 with her and go for a walk, but I can't look at my watch
 14 without her realising I'm looking at my watch so she was
 15 worried about the time and neither of us knew what the
 16 consequences were of being late or ... because we were
 17 told "You have an hour". That's ...
 18 Q. You talk about testing in relation to that at
 19 paragraph 107.
 20 A. 107?
 21 Q. No. Sorry. 108.
 22 A. Oh, right. So this was another instance where I was
 23 allowed to take Clare back to our house for a few hours
 24 and that was going to be allowed without her being
 25 tested because if I had already submitted a negative

34

1 test, and my husband, because we would both be in the
 2 house, she was allowed to come for that set length of
 3 time. But then, when I spoke to Clare the next day, she
 4 told me she had been tested. Clare can make things up
 5 so I then phoned the care home to check and they said,
 6 "No, she hasn't been tested". I was like, "Okay". So
 7 then I used the drop-in facility on the Echo Show and
 8 said to Clare, "You can't do that. You can't be telling
 9 Mum lies. It's not on. We can't — that's not how it
 10 is. You've not been tested", only for the next morning
 11 to get — I think it was — I can't remember if it was
 12 a phone call or an email from the manager to say,
 13 "Sorry, Clare actually had been tested".
 14 So I had, do you know, I had given her a row for
 15 something that she was telling me the truth and it was
 16 just — do you know, it was just horrible. I mean, the
 17 member of staff that did the test felt bad and
 18 apologised, but the instant it happened and the fact
 19 that you can't go and give somebody a cuddle and say,
 20 "I'm sorry, Mum should have listened to you", or
 21 whatever, it was awful.
 22 THE CHAIR: I see what you say about testing and the consent
 23 aspect and I see what you say in the subsequent
 24 paragraph, paragraph 110. Did you give at any time
 25 blanket authority to the care home to consent —

35

1 A. To testing?
 2 THE CHAIR: — to testing?
 3 A. I did sign something.
 4 THE CHAIR: You did. So you might have done?
 5 A. Yes.
 6 THE CHAIR: Fair enough.
 7 MR CASKIE: Okay. Paragraph 121, you talk about a workbook.
 8 A. Yes, I was asked if I would complete an infection
 9 prevention control workbook, which I believe was the
 10 same that the staff were completing, which I did
 11 readily, but then it was taken away to be marked and
 12 I said, "Well, can I have it back and keep it for
 13 reference?"; "No, we need to file it". So it just
 14 seemed, do you know, bizarre to complete something like
 15 that and then not be allowed to — I was sitting in the
 16 car for half an hour waiting on test results or
 17 whatever — just flick through it or give reference to
 18 it, but they had to file it. I couldn't keep it.
 19 Q. Would it have been helpful for you in some way to have
 20 it?
 21 A. It just made more sense for me to have it than it to sit
 22 on the shelf.
 23 Q. You say at paragraph 122:
 24 "Throughout the pandemic channels of communication
 25 with the care home remained open and all emails were

36

1 answered. Clare is still there and is happy. Things
2 have returned pretty much to normal.”
3 A. Yes. I’m still happy with her care. I mean, I say
4 “pretty much to normal”, but a lot of the services
5 haven’t returned so ...
6 Q. That’s something I want to ask you about.
7 A. Yes.
8 Q. Prior to lockdown happening, she was attending day
9 centres?
10 A. There was a day centre — she went once a week to a day
11 centre, yes.
12 Q. And what else was she doing outside the care home?
13 A. I mean, she went with the care home to lunch club Monday
14 and Friday. If she chose not to go, that was fine. She
15 went to the day centre on a Wednesday. They would
16 generally do something on a Thursday, maybe go shopping
17 or bowling or she could be out during the week helping
18 do the shopping for the unit. So she was out pretty
19 much every day.
20 Q. Swimming?
21 A. Yes — sometimes, yes, with the day centre that would
22 be.
23 Q. When you say that things have pretty much returned to
24 normal, except for all of those things —
25 A. Well, not all of them. They haven’t all returned, no.

37

1 The day centre, once there was a social work review and
2 they said that she doesn’t need that anymore so that got
3 scrapped and like the lunch club has only restarted one
4 day a week instead of two days and things.
5 Q. Can I take you to paragraph 130? Can you read that to
6 us?
7 A. “The units in the care home were not allowed to mix and
8 staff weren’t allowed to move units yet you were always
9 ... told we had to stick by the rules to protect the
10 other residents but there was no mixing with them
11 anyway.”
12 So I’m referring to the fact that the frailer
13 residents in the other units, Clare wasn’t mixing with
14 them and — but we were told that we had to protect
15 everybody. It just didn’t make sense.
16 Q. You talk at 132 of there not being a debrief, as it
17 were, at the end of the lockdown period.
18 A. Yes.
19 Q. Has that happened yet?
20 A. No, I don’t think care home providers have been
21 particularly asked to do that bit. I think it might
22 have been helpful to restore relationships.
23 Q. Have you suggested that to the care home?
24 A. No, I haven’t.
25 Q. You say at 133 that there are individual care plans but

38

1 that the family form a part of that care plan.
2 A. Yes, definitely.
3 Q. Did that continue throughout lockdown?
4 A. Not to the extent it did before. I would say before,
5 you would have a balance of Clare in the middle and the
6 care staff and me, do you know, so you had a balance,
7 and then the balance just tipped completely the other
8 way, that I was — well, I fell off the see-saw,
9 didn’t I?
10 Q. Okay. You then talk about Care Home Relatives Scotland.
11 A. Yes.
12 Q. Tell me why that was important to you.
13 A. I read an article in the newspaper which was where
14 I first became aware and realised that there were
15 a fantastic group of people that were campaigning and
16 that I could be part of and, do you know, people that
17 understood what I was going through. By that time,
18 quite frankly, I think my friends and family were fed up
19 hearing me moaning about it all.
20 Q. Did Care Home Relatives Scotland get fed up hearing from
21 you?
22 A. No, not that I’m aware of.
23 Q. Was that a good thing for you?
24 A. Yes.
25 Q. You’ve got two daughters and I see from the statement

39

1 essentially the impact on the two daughters was a bit
2 different.
3 A. Yes, just because we’re very different, yes. So,
4 I mean, they both found it hard in different ways and —
5 because one was in Edinburgh and one was in Glasgow, so
6 they were subject at different times to different
7 restrictions, but I mean, they’re very much part of
8 their sister’s life, do you know. One of them is
9 a substitute guardian.
10 Q. But not the other? And they’re aware of that?
11 A. Oh, yes, aha. Absolutely, yes.
12 Q. Good, okay. Grandparents?
13 A. Grandparents — we’re still fortunate enough to have two
14 sets of grandparents so generally she would go to the
15 grandparents’ house on a Wednesday night for her tea
16 after the day centre. They would pick her up and then
17 drop her off later on. And the other ones quite often
18 took her out on a Friday night. So they were very much
19 involved in her life and then, do you know, couldn’t
20 understand how they could no longer see her.
21 Q. What was the impact on them of the reduction in contact
22 with Clare?
23 A. I mean, they were unhappy about it. They couldn’t
24 understand. She could obviously, do you know, have
25 phone contact, but it just put more pressure on me

40

1 because, obviously, they were constantly asking me if
 2 things had changed and — yes, it was hard for them.
 3 Q. Tell me about your husband. What was the impact on him
 4 of this regime?
 5 A. I was hard to live with. No, I mean, it was difficult
 6 for him not feeling as involved. He actually is hard of
 7 hearing so the whole window thing was even more
 8 difficult for him as well. Yes, it was just ...
 9 Q. But, as far as you were concerned, there couldn't be any
 10 variation in who it was that was doing the visit? It
 11 had to be one person forever?
 12 A. Yes, but I probably didn't ask because I wanted to be
 13 the person.
 14 Q. Right. Paragraph 147, when she comes home at the
 15 weekend, who is she supposed to be interacting with?
 16 A. Normally, most weekends, we would go to my parents for
 17 lunch on a Saturday but obviously she just had to come
 18 to my house and we would visit her other grandparents at
 19 some point over the weekend. She would see her
 20 sisters — not every weekend, but, do you know, she
 21 would certainly see them, and her aunt and uncle and
 22 cousins.
 23 Q. You wrote to the Fife Free Press?
 24 A. Yes.
 25 Q. We spoke about this before you came in and you said you

1 weren't sure if you would be able to read it.
 2 A. No, I'm going to read it.
 3 Q. Please do.
 4 A. So I sent this letter after the garden visit that had
 5 been horrendous. It was my way of trying to get my
 6 feelings down on paper. So I took Clare's — I made it
 7 anonymous:
 8 "A garden visit sounded better than a window visit
 9 but do you think it was?
 10 "I saw you twisting the neck of your t-shirt,
 11 jiggling your leg and avoiding eye contact; all the
 12 things you do at review meetings when you are anxious.
 13 "You also wanted to get a letter to show me but you
 14 were not allowed to do that.
 15 "I had a tissue in my pocket, but would have broken
 16 the rules if I had given it to you to wipe your chin
 17 when you drooled. That made me sad.
 18 "The whole visit felt like that day almost 19 years
 19 ago, you were 10, when you were going for major heart
 20 surgery.
 21 "Leaving the house in plenty of time so we arrived
 22 well before the appointment time. Filling in forms,
 23 although yesterday it was my details that were required
 24 for the visitors' booking form. Today it was me who had
 25 to have my temperature recorded before the visit could

1 proceed and you could be allowed out. I wasn't allowed
 2 to have dad there to support me today though — one
 3 designated visitor, for 30 minutes once a week is all
 4 that is allowed.
 5 "Like that day, once everything was checked I began
 6 to dread seeing you being led away again.
 7 "I tried to keep talking to you just as we would
 8 normally but your responses were not the same as they
 9 usually would be.
 10 "I mentioned a relative's new house but you didn't
 11 ask when you could go and see it or them. You seem
 12 resigned to life as it is now because you didn't once
 13 mention 'the bloody bug' or ask when you could come to
 14 stay with us for the weekend. In early days of lockdown
 15 you asked every time I spoke to you.
 16 "When you were being taken down to the operating
 17 theatre I was able to kiss you, tell you I loved you and
 18 that I would see you soon but today I could only blow
 19 you a kiss while wearing a face covering — kisses are
 20 magic they can get through.
 21 "It felt wrong on so many levels."
 22 I'll just take a breath.
 23 "When we were told the time was up and you were led
 24 away, hand firmly held in case you tried to break the
 25 social distancing rules.

1 "I then had to get up and walk to the car but didn't
 2 reach it before the tears started to fall just like that
 3 day so long ago when we had to leave you at the hospital
 4 ward. It was at least 20 minutes before I could drive
 5 away breathing and heart rates returned to near normal.
 6 "The outcome of your surgery was never 100 percent
 7 certain so the six—seven hours of waiting was hard for
 8 dad and I.
 9 "The phone call afterwards then the rush to be by
 10 your side — people moving in the corridors to let us
 11 pass — and the relief that everything had gone to plan.
 12 "We could then both be by your side day and night if
 13 we wanted to be.
 14 "Today when you were led away I knew that the rules
 15 would have to be followed so it would be six days,
 16 23 hours and 30 minutes before I could be two metres
 17 away from you again.
 18 "Love Mum."
 19 Q. You then move on to lessons learned. Can you read the
 20 first sentence in 151?
 21 A. "Family are not the enemy."
 22 Q. Does that express your view as to what the situation was
 23 or how you were seen?
 24 A. That's how I felt because we were the ones that were
 25 going to bring COVID into the care home.

1 Q. Aha, and then the first sentence of 152?
 2 A. "There was no trust ..."
 3 Q. The first sentence of 153?
 4 A. "Why did it have to be blanket policies?"
 5 Q. 154?
 6 A. "The staff initially tried to be innovative but that
 7 stopped, the staff would be tired. Initially Abbotsford
 8 put out a thing saying they might reach a stage where
 9 they may need volunteers because they didn't want to
 10 bring on agency staff, which I was all for.
 11 "I said, absolutely, I would come and do the dishes
 12 or the laundry while staff were doing activities. Then
 13 they said no, they couldn't do it, they weren't allowed.
 14 I don't know that they weren't allowed."
 15 Q. Just stop there. Tell me about the relatives' clinics
 16 you talk about at 157.
 17 A. They set up Zoom meetings, relative clinics, so -- the
 18 provider set them up so it was for all the care homes
 19 that they have. It was very much about the statistics,
 20 the Government statistics, the transmission rates,
 21 et cetera, and how the staff were doing and how --
 22 do you know, like how well the staff were doing and how
 23 grateful we should be, which I am. I will be forever
 24 grateful for what the staff did through COVID. That
 25 was -- do you know, I can't imagine how hard it was.

45

1 But it really wasn't about how they were monitoring the
 2 mental well-being of the residents or their relatives.
 3 Q. 158, could you just read that, please?
 4 A. "It became 'our residents'. They went from being 'your
 5 relatives' to 'our residents', Clare didn't belong to
 6 them."
 7 Q. 159, you say that you got an email on Hogmanay saying
 8 that things are changing daily --
 9 A. Yes.
 10 Q. -- due to the new variant and how transmissible it was.
 11 That had the impact that anyone going back to the care
 12 home after a trip out would require to isolate?
 13 A. Hmm--hmm.
 14 Q. What was your reaction to that?
 15 A. It meant if I took Clare home for an overnight stay at
 16 the weekend, she would be in constant isolation because
 17 she would be isolated until the following week.
 18 Q. Can I take you on to 162, where you say:
 19 "Nobody was measuring the impact this was having on
 20 the mental wellbeing of the residents and ... families."
 21 What impact did it have on you?
 22 A. I wasn't sleeping properly. I was anxious. I was going
 23 out for long walks and not telling anybody where I was.
 24 Do you know, I wasn't myself.
 25 Q. What impact did it have on your husband?

46

1 A. He was obviously having to support -- try and support me
 2 and he did support me. Most of the time he put his
 3 feelings aside to support me really.
 4 Q. At 168 you talk about us.
 5 "If I'm totally honest, I don't have high
 6 expectations of [the Inquiry] of what the Inquiry is
 7 going to achieve. I think it's going to be a lot
 8 of paperwork and I'm not sure who's going to pay
 9 attention ..."
 10 If they heard your evidence, would they pay
 11 attention?
 12 A. Well, I hope so, but I think having been -- well, the
 13 parent of a child with a learning disability for coming
 14 up to 33 years and had hopes dashed of change and policy
 15 changes through these years, I have become very cynical.
 16 Q. I've certainly heard you. Thank you very much.
 17 THE CHAIR: Yes, thank you very much indeed, Ms Wallace.
 18 I'm very grateful.
 19 A. Thank you.
 20 THE CHAIR: Right, we'll take a break and come back --
 21 MR CASKIE: Sorry, sir, I've been asked to ask you to remind
 22 those in the hearing room that the witness' husband's
 23 name is covered by the restriction order and they can't
 24 repeat it.
 25 THE CHAIR: Right. You heard all that. Good. You've

47

1 probably forgotten it as much as I have, but there you
 2 go.
 3 Shall we say 11.25?
 4 MR CASKIE: Yes.
 5 THE CHAIR: And it's you again, Mr Caskie.
 6 MR CASKIE: Yes.
 7 THE CHAIR: Very good. Thank you.
 8 (11.10 am)
 9 (A short break)
 10 (11.27 am)
 11 THE CHAIR: Right, thank you. Mr Caskie.
 12 MR CASKIE: Our next witness is Margaret Kilpatrick. There
 13 is a restriction order in relation to her mother, who
 14 will be the subject of much of the evidence, and also
 15 the family GP.
 16 THE CHAIR: Right, Miss or Mrs?
 17 MR CASKIE: Mrs?
 18 MRS MARGARET KILPATRICK (called)
 19 THE CHAIR: Good morning, Mrs Kilpatrick. Please take
 20 a seat and make yourself as comfortable as you can.
 21 Right. When you're ready, Mr Caskie.
 22 MR CASKIE: Thank you.
 23 Questions by MR CASKIE
 24 MR CASKIE: Would you tell Lord Brailsford your full name
 25 please?

48

1 A. It's Margaret Charlotte Kilpatrick.
 2 Q. You've provided details, your contact details and your
 3 date of birth in a witness statement that you've
 4 provided. You also indicate what you did when you
 5 worked.
 6 A. Yes.
 7 Q. What was that?
 8 A. I worked in HR.
 9 Q. Okay. At what level?
 10 A. I was director level when I stepped down.
 11 Q. You've provided the Inquiry with a statement and that
 12 statement has been signed. Before you signed it, had
 13 you read it over?
 14 A. Yes.
 15 Q. Are you happy that the content is true?
 16 A. Yes.
 17 Q. Do you want Lord Brailsford to have regard to all of
 18 that statement in reaching his conclusions?
 19 A. Yes.
 20 Q. Now, one of the things which — one of the orders that's
 21 in place is an order that we don't name the subject of
 22 much of the evidence that you'll give, who is your
 23 mother —
 24 A. Hmm—hmm.
 25 Q. — and we also shouldn't name one of the GPs involved.

49

1 A. Okay.
 2 Q. I'd like you to tell me a bit about your mum before her
 3 care needs arose. What kind of woman was she?
 4 A. She was a very strong, determined lady, great sense of
 5 humour, a great love of life, learning, education, a bit
 6 of a force of nature, but a good mum and loved her
 7 family.
 8 Q. And she had been married?
 9 A. Yes, she was.
 10 Q. That was your dad?
 11 A. Yes.
 12 Q. When did he die?
 13 A. Dad died in 2011.
 14 Q. And after he died, what happened with your mum in terms
 15 of where she was living and so on?
 16 A. She still was in the family home that she'd been in for
 17 about 40—odd years. After about five years, health
 18 complications meant she couldn't handle stairs anymore.
 19 Q. Tell me about the health complications.
 20 A. She had osteoporosis, osteoarthritis, she had
 21 gastro—intestinal problems — I'll put it that way —
 22 macular degeneration, she was going deaf. So multiple
 23 things.
 24 Q. And what age would she be about this time?
 25 A. At that time she was about 62 kilos, 63 kilos.

50

1 Q. No, what age was she?
 2 A. Oh, age? What age was she? She was 80 when Dad died,
 3 so between 80 to 85 she was okay. From 85 onwards,
 4 that's really when things started to decline.
 5 Q. That's when the conditions that you've named —
 6 A. Yes, yes.
 7 Q. — developed? Did those conditions progress?
 8 A. Yes, very much so. Her mobility became a real problem
 9 because she had been very active. She used to walk
 10 a lot. Mum and Dad never drove so walking was, you
 11 know, a big activity and she just couldn't walk. She
 12 started needing a zimmer to get about and then
 13 eventually she couldn't really go out for shopping or
 14 anything. I would have to take her.
 15 Q. Before she reached that stage, what care was she
 16 provided with?
 17 A. Before she reached that stage, she did everything — she
 18 was very independent. She did everything herself. My
 19 sister and I, if she needed anything done, we would be
 20 there for her, but she was a very independent lady who
 21 liked to do things her way.
 22 Q. Was a care package eventually put in place for her?
 23 A. A care package was put in place following a hospital
 24 discharge and that was by the time she'd left the family
 25 home and moved to a flat. The family house had been

51

1 very high in the hill, not very accessible and she
 2 decided to move downtown where there was more facilities
 3 and she thought life would be easier. She came out of
 4 hospital and a care package was put in to assist with
 5 meal—times, really.
 6 Q. Anything else apart from meal—times at that stage?
 7 A. Well, there was to be personal care for bathing, but Mum
 8 didn't really like anybody else doing that so she
 9 would — my sister or I would go down and assist with
 10 that and do housekeeping and shopping and cleaning.
 11 Q. Over time — you talk about that, the care package that
 12 was initially put in place, at paragraph 13 in your
 13 witness statement, but you go on at paragraph 14 to say
 14 that the care package wasn't really working.
 15 A. Yes.
 16 Q. Tell us about that.
 17 A. Well, sometimes people wouldn't turn up when they should
 18 turn up or it would be different people coming in.
 19 Generally it was maybe two or three of the same ladies
 20 that came in all the time, but sometimes it was just —
 21 somebody was ill or on holiday or emergency cover and
 22 Mum didn't like — she saw it as strangers coming into
 23 the house. She didn't like people that she didn't know.
 24 She couldn't get up to open the door so they would have
 25 a key access so — she just was unnerved by this. She

52

1 wasn't comfortable with it.
 2 Q. Now, at paragraph 15 you talk about the process of or
 3 beginning the process of thinking about a care home.
 4 A. Yes.
 5 Q. Tell us about that. Tell us about the selection
 6 process.
 7 A. We kind of broached the subject with Mum following
 8 discussions with the doctor and there was more and
 9 more — she was getting very anxious, more and more
 10 phone calls and my sister and I didn't live in the town
 11 so we couldn't like be there quickly. So we spoke to
 12 Mum, saying, "If you're discharged — if you're in
 13 hospital again, you could be in a situation where you
 14 have to go wherever there is a space", and she wouldn't
 15 like that. So we were kind of future-proofing,
 16 thinking, you know, what could happen in the future.
 17 She said — she was a bit reluctant, but then she said
 18 she put on her head rather than her heart, that she
 19 would look, and there was one particular home that she
 20 was happy. She visited it and she was quite happy to go
 21 there. She felt that it was the best if she had to do
 22 that move.
 23 Q. Now, paragraph 17, you talk about your mum having
 24 problems with her legs.
 25 A. Yes.

53

1 Q. Can you tell us a bit about that?
 2 A. Around about June Mum started this condition with her
 3 legs, where her legs became very red and swollen. The
 4 doctor thought it might have been cellulitis, they
 5 weren't sure what it was, but Mum wasn't able to go to
 6 the surgery and districts nurses were coming in to treat
 7 the legs with creams and bandages, but it just seemed to
 8 become progressively worse and they kept saying, "We'll
 9 try different things".
 10 My sister and I, we thought — because we went
 11 looking about to try and find out what it might be — it
 12 was venous ulcers, and we had a long battle with the
 13 community team to get them to listen to us, that this
 14 was what we thought it was. They kept saying, "No, no,
 15 we don't think it's that". So it gave Mum real
 16 problems. Her legs had to be bandaged with big heavy
 17 bandages every day, they would have fluid weeping out of
 18 them. It was quite unpleasant, painful and embarrassing
 19 for her.
 20 Q. You spoke about a dispute between yourself and — I'll
 21 just say it generally — the doctors —
 22 A. The NHS service.
 23 Q. — the NHS service — about the nature of her condition.
 24 Did that become resolved?
 25 A. It did eventually. On the February of 2020, when we

54

1 finally — we'd pushed to get a tissue viability nurse
 2 to come and see Mum while she was in the care home and
 3 she thought, "Oh, yes, this maybe should be seen by
 4 someone else", and Mum went to the local hospital where
 5 she saw a vascular surgeon, who literally, yes,
 6 unbandaged all the legs and went, "Oh, yes, that's
 7 venous ulcers and the treatment will be compression
 8 bandages".
 9 Q. Tell us about the compression bandaging. What does that
 10 involve?
 11 A. It's basically like a very stretchy elasticated bandage
 12 that has to be applied to ensure that it makes up for
 13 the venous failure of the legs. Apparently it's
 14 quite — it has to be done properly or it can cause
 15 problems.
 16 Q. And in general, who does it? Who applies it?
 17 A. Well, it was a vascular nurse in the hospital and it is
 18 the community nurse — it wasn't the nurses in the care
 19 home, sort of general nursing. It's like a vascular —
 20 Q. Specialist?
 21 A. Yes, but the community nurses were trained in that.
 22 Q. You spoke about the care home. Which care home was it?
 23 You can say.
 24 A. Sorry?
 25 Q. You can say.

55

1 A. I can name the care home? It was Holy Rosary Residence.
 2 Q. Tell me about that. Why was that selected and what was
 3 it like pre-pandemic?
 4 A. Pre-pandemic it was very well known in Inverclyde and
 5 it's been there for a long, long time and it's run by an
 6 order of nuns in conjunction with clinical nursing
 7 staff. About 15 years ago they decided to build
 8 a facility that they said — to make elderly care as
 9 good as it could be, and it's almost like a kind of
 10 village-y atmosphere. It's got like a small — what
 11 they call the "town hall", where they put on concerts.
 12 It's got a little shop, it's got a cafe, a nice
 13 restaurant. The public could go into the restaurant as
 14 well or visitors. Flats were built for people who just
 15 maybe needed that wee bit more, almost like sheltered
 16 accommodation, and then they had the care floor for
 17 people who needed like more full-time nursing care.
 18 Q. And when your mum went in, did she go into a flat or did
 19 she go into the care —
 20 A. No, Mum was beyond the independent living in a flat. It
 21 was nursing care that Mum needed.
 22 Q. Right. At paragraph 23 you tell us when she goes in.
 23 A. Yes, 10 October.
 24 Q. 10 October 2019.
 25 A. 2019.

56

1 Q. Then you tell us something in the next paragraphs about
2 the care home that she arrived in, if I can put it that
3 way.
4 A. Sorry?
5 Q. The care home that she arrived in, you know, without
6 lockdown --
7 A. Yes.
8 Q. -- and so on. Tell us about that.
9 A. Well, it was a pleasant place to be as care and nursing
10 homes can be. It was very open. There was a lot of
11 volunteers coming in. There was coffee mornings. There
12 was always a sort of buzz about the place. You could
13 come and go. I mean, residents could go out and go and
14 do their shopping and come back in. There was
15 a hairdresser facility there. It was just very much
16 a community.
17 Q. I just pick up from the name that it's connected with
18 the church.
19 A. Yes, aha.
20 Q. Do the church also have an involvement in the care home
21 in terms of people going in and so on?
22 A. Yes, aha. There's pastoral care there. There's
23 a church as well in the premises, which was very handy
24 for Mum.
25 Q. It sounds as though it was quite a nice wee community.

57

1 A. Oh, yes, aha.
2 Q. Was it integrated into the wider community?
3 A. Yes, aha. It's a lot of -- it's very well supported in
4 the town and they would have like their fundraising
5 dances and raffles and Christmas events. There was
6 always things going on.
7 Q. Okay. Now at paragraph 27 you tell us about a medical
8 review --
9 A. Yes.
10 Q. -- that happens at that stage. What was the conclusion
11 of that review?
12 A. Well, this was on 10 March. So Mum had been receiving
13 four weeks of the treatment for her ulcers and it was
14 from the nurses who were administering the treatment
15 just to see how things were progressing, and it all
16 seemed very satisfactory and my sister and I were like,
17 "At last, progress", breathe a sigh of relief.
18 Q. Okay. That didn't last very long?
19 A. No, it didn't.
20 Q. Okay. While she's in the care home, even during that
21 brief period, does she take part in the community
22 activities that you've described?
23 A. Of her choosing because she could be quite selective.
24 I mean, Mum would be quite happy to sit and read a book
25 or watch some debate on the telly and shout at the telly

58

1 and giving her opinions, but she would go down for
2 coffee mornings or people would pop in to see her or if
3 they were showing a film or something or there was
4 a concert on.
5 Q. What about contact with GPs and nursing staff at that
6 time, either for your mum or yourselves?
7 A. Prior to COVID --
8 Q. Yes.
9 A. -- that had not been any issue.
10 Q. You were able to communicate any concerns that you
11 had --
12 A. Yes.
13 Q. -- without difficulty?
14 A. We had no problems. My sister or I would contact the
15 GPs or the nurses or the care home, the nursing staff.
16 No, there was no issue. They were probably saying, "Oh,
17 no, it's them again".
18 Q. Your overall assessment of the care home pre-pandemic,
19 what was that?
20 A. That it was a safe place for Mum to be, where she was
21 looked after and the staff were caring and kind.
22 Q. Tell me about the staffing levels.
23 A. There didn't seem to be any issue. We were not aware of
24 any issues with staffing levels. They tended to have
25 a lot of long-serving people. They didn't seem to have

59

1 any great high turnover of staff.
2 Q. And what was happening at this stage with the treatment
3 for your mum's legs?
4 A. You mean until ...?
5 Q. Prior to COVID.
6 A. Prior to COVID? Well, once we'd established that she
7 needed the compression bandages for the four weeks, that
8 seemed to be going no problem.
9 Q. And then it stopped?
10 A. Yes.
11 Q. Why?
12 A. Because the nursing staff -- the community nursing staff
13 phoned the home to say they were no longer able to come
14 in because of COVID. That was on Friday, 13 March.
15 Q. How appropriate.
16 A. Hmm.
17 Q. So what was to happen? What was the idea as would
18 happen with your mum's legs?
19 A. Well, the nursing staff in the home are not trained to
20 apply the compression bandaging so basically they were
21 told just to revert to the treatment of the cotton wool,
22 cream and bandages basically, to stop the exudate coming
23 from the legs. It was to revert back to the treatment
24 that hadn't been working before.
25 Q. Right. What happened when lockdown started with your

60

1 mum?
 2 A. In terms of the legs or in general?
 3 Q. No, just in general.
 4 A. In general I last saw Mum on — I went down on 17 March
 5 to see her and at that time it was mentioned to me that
 6 the home may be closing imminently and it was the next
 7 day that the home was closed, which meant we couldn't
 8 visit. Fortunately we had a landline installed in mum's
 9 room which allowed us to keep daily or several times
 10 a day contact. We could phone Mum and Mum could phone
 11 us when anything popped in her head.
 12 Q. And prior to lockdown happening, how often were the
 13 family going in to visit her?
 14 A. Oh, well, my sister and I would be down each a couple of
 15 times a week. It would be every second day somebody
 16 would be in or grandchildren going at the weekend, so
 17 she had frequent visitors.
 18 Q. Was she able to move around when lockdown started, move
 19 around the care home?
 20 A. As far as I know, yes, she was, but if there was any
 21 outbreak, you were not allowed to leave your room. But,
 22 as far as I know, she could move within the home but she
 23 obviously couldn't leave. But there were times when
 24 they were restricted to their room and also the
 25 dining — people going to the communal dining room, that

61

1 was stopped and people were being fed in their rooms
 2 individually.
 3 Q. Right. But she was still able to move around the home
 4 some of the time?
 5 A. Yes, aha.
 6 Q. Did you notice any impact of the restrictions at that
 7 stage on your mum?
 8 A. Only — my contact was purely on the telephone so she
 9 would just say, "I'm not listening to that television
 10 anymore because all I'm hearing is how many people have
 11 died today, don't do this, don't do that", and she said
 12 just — life was miserable enough not seeing her family,
 13 but to be told — she didn't want to hear that, so she
 14 kind of withdrew a wee bit from what was going on in the
 15 outside world.
 16 Q. Was that unusual for her?
 17 A. Oh, yes, because she liked to know everything that was
 18 going on. She was very — liked to keep up to date with
 19 the world.
 20 Q. Did that impact on her view or her approach to the
 21 family? Was that — did that become more withdrawn?
 22 A. She was still very keen to speak to us but she didn't
 23 have as much to speak about because her life was more or
 24 less becoming confined to four walls.
 25 Q. Okay. In terms of communication — I'm now looking at

62

1 paragraph 41 — in terms of communication with the care
 2 home, tell us a bit about that.
 3 A. We could contact them — we could phone the care home.
 4 It wasn't always necessarily easy to get hold of people
 5 because they were obviously very busy and I'm sure they
 6 were probably struggling to get staff as well. I mean,
 7 I know there was people who stayed in the care home,
 8 but — yes, we could phone and eventually you would
 9 always get somebody who would speak to you and answer
 10 any questions and I could get emails — they would send
 11 out email updates —
 12 Q. I'll ask you about those in a second. You said there
 13 were people who stayed —
 14 A. Yes, sometimes they had like — rather than — to make
 15 sure they had staff there, they stayed in the
 16 accommodation —
 17 Q. The staff stayed in the accommodation?
 18 A. Yes.
 19 Q. Yes.
 20 A. And they would send like — they had a wee bus that
 21 would go round to pick staff up so they weren't having
 22 to rely on public transport. They were trying to do
 23 things just to keep things well staffed.
 24 Q. Did your mum get shielding letters?
 25 A. My mum had frequent shielding letters. Every few weeks

63

1 or months she got letters telling her how she was in the
 2 most vulnerable group and how they were very concerned
 3 for her and how she must shield and be kept safe.
 4 Q. Was there any recognition in those communications that
 5 she was in a care home?
 6 A. Only the address to which it was sent, but it was a very
 7 broad brush of detail about, "Try and avoid meeting
 8 people, you know, limit your shopping, limit your social
 9 contact". It didn't really cater to people who were in
 10 a nursing or care home.
 11 Q. In your statement at paragraph 41 you say it was a one
 12 size fits all. Tell me why you came to that conclusion.
 13 A. Well, it seemed to be, "You can't meet people, you can't
 14 go out, you can't do this", but with no cognisance of
 15 people who are confined to a care home with — feeling
 16 they had no control or no say in what was happening to
 17 them, basically almost locked up.
 18 Q. You're talking, in the next section, about isolation.
 19 Could you read me the last sentence in paragraph 42?
 20 A. 42, the last sentence. The last sentence:
 21 "It was just a big blanket guideline."
 22 Q. Is that your view of the information you were given or
 23 that care home residents were given?
 24 A. From the external sources?
 25 Q. Yes.

64

1 A. Yes, aha. And people in care homes are — my mum had
2 mental faculty. I mean she was very aware of what was
3 going on and she found the restrictions very hard.
4 I can't even imagine for people who — with dementia or
5 Alzheimer's, how they could have processed what was
6 happening.
7 Q. You indicate at paragraph 43 — you say:
8 "The biggest impact on ... mum was being deprived of
9 the family, of her freedom and also the doom and gloom
10 and the scare factor that was around. All of [this]
11 affected mum."
12 Can you continue where I've stopped?
13 A. You want me to read?
14 "There was a pandemic of a virus and ... a pandemic
15 of terror. There was no cognisance of the fact that
16 a care home was a person's home. Residents were paying
17 for their care but they were being told what they could
18 and couldn't do. They had no say in what was happening,
19 but [their] money was being taken every week."
20 Q. You say that the care home was your mum's home.
21 A. Yes.
22 Q. Do you think that was recognised? I'm not talking about
23 within the care home, I'm talking about wider than that.
24 A. No. The care home had said, "This is your mum's home",
25 yes, (inaudible), and we were to treat it like that, but

65

1 externally, no. It was almost like you were in an
2 institution and you were just to do what you were told.
3 THE CHAIR: Mrs Kilpatrick, you didn't read the last three
4 lines in paragraph 43; I think you should. I know you
5 didn't do it deliberately, by the way. It's because
6 it's over the page.
7 A. Oh, is it? Oh, sorry.
8 THE CHAIR: No, no, it's just they're fairly powerful.
9 A. "During the first lockdown, my mum said to me it was
10 worse than during the war because you were deprived of
11 your family and community contact."
12 Yes, she did say that. It was — at least during
13 the war you can see family and go about your business.
14 MR CASKIE: Paragraph 45, there is reference to clinical
15 guidance —
16 A. Yes.
17 Q. — and your mum's treatment should have been
18 continued —
19 A. Yes.
20 Q. — but it wasn't.
21 A. No.
22 Q. Tell us about that.
23 A. This was a document that I found and it basically was
24 a traffic light system of the treatments that, despite
25 COVID, should go ahead, the ones that were up for

66

1 consideration and the ones that should be stopped, and
2 compression bandaging was in the category of: should go
3 ahead, this treatment should not be withdrawn.
4 Q. So it was on a green light?
5 A. Yes.
6 Q. But in practice what happened?
7 A. In practice it was red-lighted on 13 March.
8 Q. At paragraph 47 you say there's some recognition of that
9 and the vascular nurse tried to secure alternatives.
10 A. Yes.
11 Q. Tell us about that.
12 A. This is the vascular nurse who we had seen on
13 10 February, when we first got the final proper
14 diagnosis, and he was very helpful to me. He'd actually
15 given me his NHS card with his phone number to say if he
16 could be of any assistance. I did contact him. He was
17 no longer in the hospital in Inverclyde, he'd been moved
18 to another hospital, but he said he would see what he
19 could do and contacted the clinical lead in the care
20 home to see if they could come up with something better
21 than —
22 Q. A solution?
23 A. Hmm—hmm.
24 Q. And what happened? What was the outcome of that?
25 A. Whatever it was, it wasn't working. It wasn't back to

67

1 the compression bandages. He wasn't able to reinstate
2 the correct treatment. But — I think he just
3 prescribed different creams or whatever he discussed
4 with the clinical lead at the home.
5 Q. At paragraph 49 you talk about the outcome of that.
6 A. Yes.
7 Q. Tell us about that.
8 A. Well, Mum had to go back to these bulky bandages on her
9 legs and she just found it very distressing and
10 upsetting. It was — both legs were bandaged, like from
11 little legs like that (Indicates), they were this size
12 with bandaging to stop all this exudate. They were very
13 uncomfortable. It was like raw meat. It was horrible
14 to look at.
15 Q. At paragraph 50 you say something about the reflecting
16 the severity of her condition. Could you read that?
17 A. "Mum was ... in pain because of these ulcers but was
18 already on morphine and other drugs [for] her other
19 problems, [but] there was no additional medication to
20 ease [this]."
21 Q. Okay. You then talk about visits. You firstly talk
22 about visits before the pandemic.
23 A. Yes, aha.
24 Q. I think I've already asked you about that. Is there
25 anything you think you can usefully add to what you've

68

1 already said?
 2 A. No. It was just it was very free. We could turn up
 3 whenever we wanted. There was no restrictions at all.
 4 It was just like visiting mum's house.
 5 Q. And then during the pandemic?
 6 A. Yes. It just -- basically the doors closed on 17 March
 7 and I saw Mum once on her birthday, on 25 May -- that
 8 was the next time -- but it was through a window. I had
 9 gone down to leave a gift for Mum -- you had to leave
 10 things to be sanitised -- and I was allowed to go round
 11 to the side of the building and Mum came to the window
 12 and waved. The next time I saw Mum after that was on
 13 9 June, when she'd been admitted to hospital.
 14 Q. We'll come back to that. In terms of the May when you
 15 saw her and waved to her in May, was the window open --
 16 A. No.
 17 Q. -- or closed?
 18 A. No, it was closed.
 19 Q. Were there attempts -- I know you had the telephone and
 20 presumably you were on the telephone all the time --
 21 A. Yes, aha.
 22 Q. -- or at least she was.
 23 A. Yes, she was.
 24 Q. What about higher tech? iPads, things like that?
 25 A. My mum was a smart and intelligent woman but she was not

69

1 digitally aware. Things like -- even the mobile phones
 2 were a bit of a struggle for her. She just saw that as
 3 like sci-fi gadgetry and she couldn't really come to
 4 terms with that.
 5 Q. Yes, there are some judges like that as well!
 6 THE CHAIR: (Inaudible).
 7 MR CASKIE: Does she then go into hospital?
 8 A. In June.
 9 Q. In June. Tell me about that admission.
 10 A. I received a phone call from Mum, quite distressed, to
 11 say she wasn't well, she wasn't well, they were taking
 12 her into hospital. And I spoke to the clinical lead at
 13 the home and they said that Mum had had severe abdominal
 14 pain and they were concerned about her. They'd
 15 contacted the GP and the GP had said, "Just get an
 16 ambulance and go straight to hospital". At that point
 17 I said, "I will meet Mum at the hospital", and I was
 18 told, "Well, you'll not be allowed in because of COVID.
 19 You will not be allowed there".
 20 I phoned the hospital and they said that Mum was
 21 waiting to be seen, they would phone me back when they
 22 had some information for me. This had happened in the
 23 morning. By the afternoon I hadn't heard anything.
 24 I phoned late afternoon and spoke to someone, who told
 25 me that Mum was being admitted, she had -- they

70

1 suspected she had a tumour on the bowel which was
 2 causing a blockage. She needed emergency surgery to
 3 remove that or she would not survive.
 4 Q. How long was she in?
 5 A. In the hospital? She went in on 8 June and she was
 6 discharged -- it was either -- I think it was 24 June.
 7 Q. Did you see her when she was in the hospital?
 8 A. I saw her for ten minutes on the morning prior to the
 9 operation, on 9 June, when --
 10 Q. Was that just you or anyone else?
 11 A. Sorry, myself and my sister. The consultant who was
 12 doing the surgery -- the surgeon -- said we could come
 13 down and he would give us a brief time with Mum because
 14 he didn't know that she would survive and it would be
 15 our chance to see her.
 16 Q. Potentially the last chance to see her?
 17 A. Yes, yes.
 18 Q. You travelled here today with someone?
 19 A. Yes.
 20 Q. Who?
 21 A. My husband.
 22 Q. Did he get to see his mother-in-law?
 23 A. No. No one got -- it was just my sister and I. No one
 24 saw Mum -- the grandchildren, no one.
 25 Q. When she had completed her hospital treatment, where did

71

1 she go?
 2 A. When she was discharged from hospital?
 3 Q. Yes.
 4 A. Back to the care home.
 5 Q. And tell me about visits at that stage.
 6 A. Well, initially it was -- because she'd come out of
 7 hospital, it was a 14-day isolation. We were speaking
 8 to Mum on the phone but she was very tired and quite
 9 distressed. She'd had very major surgery and she found
 10 it quite hard to come to terms with what she'd come
 11 through. But she did say that if she couldn't see her
 12 family, life wasn't worth living; what was the point of
 13 coming through all that if she couldn't see her family.
 14 Q. And did she see her family?
 15 A. The manager of the home agreed to allow my sister and
 16 myself on alternate weeks, so I would go one week, my
 17 sister would go the other week, for an hour, and they
 18 would kind of -- where Mum was on the first floor, we
 19 could access it through a fire exit so we weren't really
 20 traipsing through the home or -- "footfall" was
 21 a word that -- we had to avoid any footfall. So they
 22 allowed ...
 23 Q. Did that proceed in a straightforward way?
 24 A. For us, yes. I do believe someone complained about the
 25 fact that, you know, this had been -- access had been

72

1 granted.
 2 Q. Who did they complain to?
 3 A. The police.
 4 Q. Do you know if any action was taken?
 5 A. I believe they did speak to the manager of the home, but
 6 they explained that this was for compassionate grounds
 7 and that, as far as I know, was the end of that. I did
 8 have to carry a letter from the home — because I lived
 9 in a different council area from Mum, I had to carry
 10 a letter to prove that I was going to see my mum.
 11 Q. Did you ever have to use that letter? Were you ever
 12 stopped?
 13 A. No, no.
 14 Q. I think the next thing which happened in terms of
 15 lockdown easing was that outdoor visits were allowed.
 16 Did that work for you and your mum?
 17 A. Not really, no. After the surgery that Mum had been
 18 through — and she was very frail and she'd lost an
 19 awful lot of weight when she came out of hospital after
 20 surgery — and it just wasn't realistic, no.
 21 Q. What time of year was this?
 22 A. Well, Mum came out of the hospital in July but it
 23 just — she felt the cold. It didn't matter what it was
 24 like, she always felt the cold. You would go into her
 25 room, it was like sauna city.

73

1 Q. When indoor visits were allowed, were you able to get in
 2 and see her?
 3 A. Yes.
 4 Q. Was your sister?
 5 A. Yes.
 6 Q. Did you have to wear PPE?
 7 A. Yes, we had to wear masks and you'd have hand sanitisers
 8 and an apron and you were to sit a distance from Mum and
 9 there was not to be any contact.
 10 Q. So you're going in one week and your sister is going in
 11 the next week?
 12 A. Yes.
 13 Q. And you're in full PPE?
 14 A. Oh, yes.
 15 Q. How did that make your mum appear?
 16 A. Well, she wasn't over the moon about it and she also was
 17 hard of hearing, so if we had masks on, she couldn't —
 18 you know, it made it harder for her to hear what you
 19 were saying. She was glad to see us, it was almost at
 20 that stage you were grateful for crumbs from the table
 21 that you were able to see her, but it wasn't like
 22 a normal visit.
 23 Q. In what way?
 24 A. Well, I couldn't hug Mum or sit and hold her hand or
 25 just be relaxed with her. You know, you don't normally

74

1 go in with masks and plastic aprons on.
 2 Q. Tell me about the administrative process for visits.
 3 Was that straightforward?
 4 A. The home actually employed two people who sort of
 5 administered the tests and, you know, if you had to
 6 phone up and book an appointment to come in, there was
 7 like a phone number like the appointment line. And
 8 then, when you went down to the home and you got to
 9 reception, you either went for — initially they were
 10 doing the tests. You would go for your test and then
 11 you would sit in a room until your test was okay and
 12 then you were allowed to go up to the care floor or
 13 latterly, when you were doing your own test, they would
 14 record that.
 15 Q. Did you have to fill in any forms?
 16 A. Yes, aha. We had to fill in a form every time you
 17 visited saying that, you know, you hadn't been in
 18 contact with anybody, you didn't have any symptoms of
 19 anything. These were — yes, and that went on for —
 20 I think that went on right up until about February 2022,
 21 and that was right through.
 22 Q. At paragraph 64 you talk about 8 June —
 23 A. Yes.
 24 Q. — and your mum being distressed and having to go to the
 25 hospital. Now, you say some things about the particular

75

1 hospital that she was going to being a particularly
 2 difficult place.
 3 A. Yes.
 4 Q. But that's a matter properly unique to her, her
 5 experience; yes?
 6 A. Yes.
 7 Q. She gets taken to the hospital and then, paragraph 66,
 8 what does it say there?
 9 A. "The problem at the time [was that] no one from the home
 10 was allowed to go with her and she had to go in the
 11 ambulance on her own. I said I would meet her at the
 12 hospital, but was told I wouldn't be allowed near ...",
 13 which obviously was very distressing for me.
 14 Q. 67?
 15 A. "I called the hospital and they said that Mum was there
 16 and was waiting to be seen and they would call me back."
 17 Q. Right. She then undergoes her surgery.
 18 A. Yes.
 19 Q. You're told that when she comes out of surgery she'll go
 20 into the high dependency unit or intensive care.
 21 Did you ask about COVID at that stage?
 22 A. I did. I asked when — the ward that she had been
 23 admitted to, obviously there was no risk of COVID, and
 24 they said, "No, it's a green pathway ward". I said,
 25 "And when Mum comes through the surgery, she will be in

76

1 a green pathway ward?", and they said "Yes".
 2 Q. Did she remain in that ward during the period she was in
 3 the hospital?
 4 A. No. The ward that she was admitted to — she had her
 5 surgery, she then went to the high dependency unit and
 6 was transferred from there on the night of I think
 7 11 June into another ward.
 8 Q. And was that also a green pathway?
 9 A. I subsequently found out, having asked the question,
 10 that, no, it was a red pathway COVID ward.
 11 Q. And did you communicate with the hospital? I'm not
 12 talking about after you found out. I mean at the time
 13 when she's in that ward, do you have communication with
 14 the hospital at that time?
 15 A. I was on the phone to the nurse and the ward, just
 16 enquiring how Mum was, when I asked the question —
 17 I don't know why I asked it — "This isn't a COVID
 18 ward?", and she went, "No, this is the red pathway
 19 ward", which obviously took me by great shock, wondering
 20 what my mother was doing in a red pathway ward.
 21 Q. Because she had had no —
 22 A. No, she didn't have COVID. There was no ...
 23 Q. Do you have any idea why she was transferred from the
 24 first ward to the second ward?
 25 A. Apparently they needed the bed from high dependency for

77

1 someone else and that was the only place they could find
 2 a bed for my mum. I was asked, "Was she shielding?".
 3 Q. Sorry?
 4 A. I was asked, "Was she shielding?".
 5 Q. And presumably you would have said "Yes"?
 6 A. Which I was even shocked that they asked the question
 7 because the letter she previously referred to from NHS,
 8 the Government telling how Mum was shielding and very
 9 vulnerable, did make reference to the fact that, "NHS
 10 are aware of your situation and know you're shielding".
 11 Q. So in terms of the communications you were getting from
 12 the unit that were dealing with shielding —
 13 A. Yes.
 14 Q. — was that joined up with the hospital?
 15 A. Absolutely not.
 16 Q. No. Was that a cause of concern for you?
 17 A. Of course.
 18 Q. In what way?
 19 A. Well, we'd been living from March till June in lockdown
 20 with the fear of COVID and then my very vulnerable
 21 mother, post very major surgery, is put into what I'm
 22 told is the red pathway COVID ward when she doesn't have
 23 COVID.
 24 Q. Did you phone the hospital and ask why she had gone into
 25 a red route?

78

1 A. Yes.
 2 Q. And what were you told?
 3 A. Well, initially nobody seemed to know why the decision
 4 had been made and who had made the decision.
 5 I eventually spoke to the weekend beds manager, who just
 6 said that was the only place that there was a bed for
 7 Mum. It was a four-bed ward. I think there was
 8 three other people in it initially. Two had been
 9 discharged, I think, on the Saturday and I said,
 10 "Well, could Mum even be put in a single room rather
 11 than being ..." — well, actually I wanted her
 12 transferred out of the red pathway, but I was told that
 13 once you were in it you couldn't be transferred out,
 14 even though they assured me she didn't have COVID and
 15 she was perfectly safe. And I thought, "Well, if you're
 16 perfectly safe and you don't have COVID, why can you not
 17 come out of this ward?", but apparently, once you're in
 18 red pathway, that was it. They did find a single room
 19 for Mum still within the red pathway ward.
 20 Q. At paragraph 80 you indicate that you asked if they were
 21 sure she didn't have COVID and they said "Yes", they
 22 said she'd been tested. At that stage they were still
 23 waiting for results. You then say the situation was
 24 confusing. Tell me about that.
 25 A. Well, this goes again back to — you know, all these

79

1 letters have been — told of how she was shielding
 2 because she was in the most vulnerable group and I just
 3 can't imagine how the decision was made to choose this
 4 very vulnerable elderly lady to go into this — it was
 5 the only place they could find her a bed in the
 6 hospital.
 7 Q. The answer to this question is "Yes" or "No" at this
 8 stage; okay?
 9 A. Right.
 10 Q. Did you ever find out who made the decision?
 11 A. No.
 12 Q. Do you know if it was a clinical decision or another
 13 kind of decision?
 14 A. As far as I was aware, it was a beds availability
 15 decision. I couldn't say if it was a clinical decision
 16 or not.
 17 Q. How long was your mum in hospital?
 18 A. She was discharged on 24 June back to the care home.
 19 Q. Do you know if she was tested at the point at which she
 20 was sent back?
 21 A. I can't categorically say "Yes, I do" but I would have
 22 assumed that she was. I may be wrong, but I assumed she
 23 was.
 24 Q. You then ask — at paragraph 83 there's talk about her
 25 weight.

80

1 A. Yes.
 2 Q. And weight for women or for people in your mum's age
 3 group with a series of health problems is very
 4 important.
 5 A. Hmm—hmm.
 6 Q. Tell me about the information you were given about that.
 7 A. While she was still in the hospital, I'd asked what
 8 weight Mum was because, I mean, she'd had major surgery,
 9 she had been in for almost two weeks and hospital food
 10 was not the best and Mum was a very faddy eater, so
 11 I knew what weight she had been when she went in and the
 12 nurse told me, "Oh, she was still — she was 63 kilos",
 13 which was the weight she was when she went in, which
 14 I did find surprising in light of the fact of the
 15 surgery that she'd had and the time she'd been in
 16 hospital but, no, they assured me that was the case, but
 17 on return to the nursing home where she was weighed, she
 18 was 53 kilos.
 19 Q. And she didn't lose 10 kilos in the ambulance?
 20 A. I doubt it very much. It wasn't a long journey.
 21 THE CHAIR: Pretty obvious having regard to the nature of
 22 the surgery she had, which I won't repeat, but I read.
 23 A. Yes.
 24 THE CHAIR: Just as a matter of fact there is going to be
 25 weight loss.

81

1 A. Undoubtedly, yes, but apparently the scales were
 2 correct.
 3 MR CASKIE: At paragraph 85 you talk about her legs again.
 4 A. Yes.
 5 Q. Tell me about that.
 6 A. Well, one of the good things about being in hospital was
 7 she was able to get the hospital—approved treatment for
 8 her leg ulcers. Prior to the surgery, when my sister
 9 and I had spoken with the surgeon on 9 June and he was
 10 talking about mum's chances of survival, he did say it
 11 was unfortunate that she had this condition with her
 12 legs because it made her much more vulnerable to
 13 infections and it would be a harder battle for her. But
 14 she did get the legs treated while she was in hospital
 15 and when she was discharged the arrangements were made
 16 for the nursing staff to come back in. Coincidentally,
 17 the day that Mum was admitted to hospital on the 8th was
 18 the day apparently that the community nursing team were
 19 planning to come back in to start treatment —
 20 Q. Right.
 21 A. — but events overtook that.
 22 Q. Yes. So when she went back to the care home, were the
 23 community nursing team coming in at that stage?
 24 A. Yes. They came back in — I think Mum went back to the
 25 home on the Wednesday and I think it was the Thursday

82

1 that they came in.
 2 Q. Now, you talk about having contact with the GP and I'm
 3 going to ask you not to name the GP.
 4 A. Yes, okay.
 5 Q. But there was a hiccup —
 6 A. Yes.
 7 Q. — with antibiotics?
 8 A. Yes. When Mum was discharged from the hospital and got
 9 back to the home, both the nursing home staff and, the
 10 following day, when the community nurse came in, they
 11 were a bit concerned. They didn't think Mum was that
 12 good. Obviously after surgery they weren't expecting
 13 her to be great but they had concerns and both contacted
 14 the GP to say they think the GP should have a look at
 15 Mum. Sadly, the message was not passed on via reception
 16 and the GP and it was the following Monday before the
 17 doctor came out to the care home and Mum had a chest and
 18 urine infection which required antibiotics.
 19 Q. Was there a problem with the antibiotics she was
 20 initially prescribed?
 21 A. Initially the one she was given was one that Mum had had
 22 a reaction to before, but fortunately the pharmacist had
 23 picked up and then that was rectified and she did get —
 24 eventually got the correct antibiotic.
 25 Q. Okay. At paragraph 88 you talk about diet and mental

83

1 health.
 2 A. Yes.
 3 Q. Tell me a bit about that.
 4 A. I think when she was — after the surgery Mum was told
 5 she had to be quite careful about what she ate. She
 6 already was very careful about what she ate. But it
 7 became quite a psychological thing and she felt she
 8 couldn't take — like all her meals had to be liquidised
 9 and she was very limited what she would eat and it did
 10 impact her weight. I mean, latterly, when Mum passed
 11 away, she was 36 kilos.
 12 Q. Paragraph 90, you talk about complaints.
 13 A. Yes.
 14 Q. I think you say earlier in the statement that you and
 15 your sister — what's the phrase? You pick a phrase —
 16 aren't slow?
 17 A. Well, aha, we wouldn't be easily fobbed off. We were
 18 quick to fight any battle for Mum that needed to be
 19 fought.
 20 Q. I think when I spoke to you, I said, "You're the kind of
 21 woman that no one would take a busted pay packet home
 22 to".
 23 A. Oh, yes.
 24 Q. Did you complain about the problems with her legs —
 25 A. Yes.

84

1 Q. -- once you had found out that this was a green-lighted
2 treatment?

3 A. Yes, aha. This was the NICE recommended treatment for
4 leg ulcers and it was with the Health and Social Care --
5 local Health and Social Care Partnership we spoke to
6 because we just -- it was constantly hitting our head
7 off a brick wall saying, "No, we think this", and it was
8 just, "No, this is how we're going to do it". Meanwhile
9 we're watching Mum suffering and deteriorating while the
10 treatment didn't work.

11 Q. And what was the outcome or how far did you take your
12 complaints?

13 A. We went to -- finally it was the head of the Health and
14 Social Care Partnership and they agreed that, yes,
15 things had not been handled properly, mistakes had been
16 made, and they had introduced a whole new kind of
17 protocol of how venous ulcers should be dealt with by
18 community nursing.

19 Q. I don't want to put words in your mouth, but was it your
20 complaints that resulted in that change of policy,
21 do you think?

22 A. Undoubtedly.

23 Q. And you were able to sustain those complaints, it might
24 be said, because you got information about the red,
25 amber and green treatments?

85

1 A. Yes, but -- yes.

2 Q. You want to say some more? Say some more.

3 A. It was just we -- we just found -- it was just
4 a constant battle to get anyone to listen to you.
5 Everyone always seemed to think they knew best and this
6 was how they were doing things.

7 Q. At paragraph 91 you talk about a complaint about weight
8 loss. Do you have that?

9 A. It was three complaints with the Health Board. It was
10 the fact that she was put into the red pathway, the
11 dispute about what mum's weight was and the discharge
12 arrangements. On paper you're given a discharge, "This
13 is what will happen", but the reality is it was not
14 always deliverable.

15 Q. In what way?

16 A. Well, the accessibility of the -- say, well, Mum, if she
17 requires a stoma nurse, yes, they'll come in, but the
18 stoma nurse, there's one person who covers the whole
19 area and I believe she was off unwell herself at the
20 time so there was no back-up. Also, you had to go to
21 the hospital. They wouldn't come out to the home, which
22 wasn't realistic for Mum. Dieticians were very hard to
23 get hold of. Speech and language for swallowing -- Mum
24 had a swallowing problem. It was like it would be
25 a six-month waiting list.

86

1 Q. For a woman who was 89?

2 A. Yes.

3 Q. You ultimately complained about at least one of the
4 complaints to the public sector ombudsman. Tell me
5 about that process.

6 A. That was a soul-destroying process. Again, when you
7 first make contact to them, they were working -- the
8 offices were closed and it was limited hours because it
9 was COVID restrictions. I was allocated a person who
10 was dealing with my complaint, who took an awful lot of
11 information, was very positive and then they were on
12 leave of absence.

13 After three months, when I hadn't heard anything,
14 I contacted them again to be told that, "Oh, there's
15 nobody dealing with your case and it's kind of on
16 a shelf somewhere". I was reassigned a new person and,
17 to be honest, had really no contact -- he picked up from
18 the information I'd already provided, never asked me any
19 further questions, no further contact and maybe every
20 six weeks or so, about 4 o'clock on a Friday, I would
21 get an email from him, saying, "I'm still pursuing the
22 case. I will be in touch in two weeks" --

23 Q. Due course.

24 A. -- and there was no -- and it took 18 months to get to
25 the end of it.

87

1 Q. And what was the outcome?

2 A. The outcome was a kind of partial apology. I did ask
3 for -- I didn't want a written apology, I wanted
4 a verbal apology. I got a written apology, which seemed
5 as if it had been put together by committee. They then
6 said that there was an amber pathway that Mum was
7 actually in -- it wasn't a red pathway, it was an amber
8 pathway, which was completely news to me. I'd never
9 heard it referred to until I got the apology. The staff
10 in the hospital didn't -- they only referred to red and
11 green pathways, but apparently this amber pathway was
12 what Mum was in, but I still don't quite understand.
13 You either have or you haven't got COVID, so what was
14 the amber pathway for?

15 Q. You then say something about the care home and infection
16 control and testing, paragraphs 98 through to 103, and
17 then on to inspections and, again, information about the
18 care home. Reading those paragraphs together, along
19 with the other parts of your statement, it seems to me
20 that you had a genuinely positive view of what the care
21 home had done in terms of care.

22 A. I had great sympathy with the care home. They were in
23 a very difficult situation because I think it was like
24 a constantly changing set of instructions or information
25 and rules that they had to abide by and I think they

88

1 tried their best for the residents, their families,
 2 keeping the staff safe, but it was a hard time for them
 3 as well. But any time I had dealings with them or spoke
 4 to them, they were helpful to me and Mum.
 5 Q. You then say something about lessons learned.
 6 A. Yes.
 7 Q. Do you want to just read that, paragraph 107?
 8 A. "... if there was to be another pandemic, I think there
 9 needs to be greater thinking [about] not terrifying
 10 people ... [not this] knee jerk reaction [of] just
 11 slamming the gates shut."
 12 I think the --
 13 Q. Paragraph -- sorry?
 14 A. I was going to say they used words like "shielding" and
 15 "protection", which sound very soft, and "we're looking
 16 after you", whereas the harsh reality was people were
 17 just shut off and isolated.
 18 Q. Was there a difference between the language and the
 19 reality?
 20 A. Yes, yes.
 21 Q. Okay. Paragraph 110, there should be consequences?
 22 A. Yes.
 23 Q. Okay. You then say something about paragraph 111, about
 24 Anne's Law.
 25 A. Yes.

89

1 Q. We know what Anne's Law is. Tell me why you think
 2 Anne's Law is important.
 3 A. Because it would give that right to maintain family
 4 contact which is so important to people. I found it so
 5 disheartening when I contacted my MSP and their
 6 caseworker -- and that was in February 2022, following
 7 a manifesto election promise of Anne's Law -- that they
 8 hadn't heard of it and weren't aware that there was
 9 a consultation. So you think, "How much importance are
 10 people, supposedly our representatives in Parliament,
 11 giving to that?", because it is so important that that
 12 family contact is maintained and people are not deprived
 13 of that.
 14 Q. How would it help?
 15 A. How would it help? It brings humanity back. It
 16 would -- I mean, I had power of attorney for Mum.
 17 I had -- I just felt I had no rights. I had no -- I was
 18 powerless to see my mum.
 19 Q. Okay. Paragraph 112, you say something about us and our
 20 human-rights-based approach.
 21 A. Hmm--hmm.
 22 Q. One of the aspects of a human-rights-based approach is
 23 that we listen and we give people the opportunity to be
 24 heard.
 25 A. Hmm--hmm.

90

1 Q. Do you think you've had that today?
 2 A. Today I do, yes. I do feel I've been heard. I have
 3 spoken to lots of people on various things and I've had
 4 lots of apologies from people, but unless -- the words
 5 are easy. It's the actions that need to be seen. They
 6 need to follow through with apologies.
 7 MR CASKIE: Thank you very much. I don't have any further
 8 questions for you.
 9 A. Thank you.
 10 THE CHAIR: I likewise am very grateful, Mrs Kilpatrick.
 11 Thank you very much indeed.
 12 Very good. Thank you, Mr Caskie. I think it's
 13 Ms Bahrami this afternoon on at 2.00. We're obviously
 14 well ahead of schedule. If it's possible that we can
 15 start at 1.45.
 16 MR CASKIE: I'll do my best.
 17 THE CHAIR: You're doing very well!
 18 If it's possible that we could start -- I understand
 19 that there may be difficulties with the witness not
 20 being here and so forth and so on, but if possible, it
 21 would be sensible to start if we could start at 1.45.
 22 Do your best. Thank you very much.
 23 So possibly 1.45, but, if not, then 2 o'clock.
 24 Thank you all.
 25 MR CASKIE: Thank you, sir.

91

1 (12.25 pm)
 2 (The short adjournment)
 3 (1.46 pm)
 4 THE CHAIR: Right. Good afternoon, everybody.
 5 Now, Ms Bahrami.
 6 MS BAHRAMI: Thank you. Good afternoon, my Lord. The next
 7 witness is Gillian Duncan. Her statement reference for
 8 the record is SCI-WT0372-000001.
 9 THE CHAIR: Very good. Thank you very much indeed.
 10 MS GILLIAN DUNCAN (called)
 11 THE CHAIR: Good afternoon. Please come in and make
 12 yourself comfortable.
 13 Ms Bahrami, when you're ready.
 14 MS BAHRAMI: Thank you, my Lord.
 15 Questions by MS BAHRAMI
 16 MS BAHRAMI: Good afternoon, Mrs Duncan.
 17 A. Good afternoon.
 18 Q. Please could you confirm your full name?
 19 A. Yes, it's Gillian Sarah Duncan.
 20 Q. Thank you. The Inquiry has your date of birth and
 21 contact details; is that correct?
 22 A. Yes.
 23 Q. You're currently employed as a part-time sales
 24 assistant?
 25 A. Yes.

92

1 Q. And before the pandemic you were an actress?
 2 A. Yes.
 3 Q. Thank you. You live in Edinburgh with your husband and
 4 two sons; is that correct?
 5 A. That's right.
 6 Q. And you're here today to give evidence about your mother
 7 and father. They were both in the same care home in
 8 Edinburgh?
 9 A. Yes.
 10 Q. Thank you. Now, you can mention the name of the care
 11 home but please don't mention the name of any
 12 individuals who worked there or any of your family or
 13 friends.
 14 A. Okay.
 15 Q. Thank you. Now, we know from your statement that both
 16 your parents sadly died during the pandemic.
 17 A. Yes.
 18 Q. Your mother's cause of death was recorded as COVID and
 19 Alzheimer's --
 20 A. Yes.
 21 Q. -- and your father's cause of death was recorded as
 22 COVID.
 23 A. Yes.
 24 Q. But there was some mention of -- sorry -- your father's
 25 cause of death was recorded as Alzheimer's but there was

93

1 some mention of long COVID?
 2 A. Yes, "residual COVID" they called it.
 3 Q. Residual COVID, but that wasn't recorded on the death
 4 certificate?
 5 A. Exactly, yes.
 6 Q. Now, your parents were both residents at
 7 Northcare Manor, which is a care home in Edinburgh?
 8 A. Yes.
 9 Q. Thank you. I understand from your statement that your
 10 mother was diagnosed with Alzheimer's in 2013; is that
 11 correct?
 12 A. Yes.
 13 Q. And your father looked after your mother until he also
 14 started to show signs of Alzheimer's in mid-2017?
 15 A. Yes.
 16 Q. Thank you. At that point you and your sister started to
 17 assist with your parents' care?
 18 A. Hmm--hmm, yes.
 19 Q. Thank you. And in December 2017 your mother was
 20 hospitalised, suffering from flu?
 21 A. Yes, that's right.
 22 Q. And a week later your dad was also hospitalised in the
 23 same ward --
 24 A. Yes.
 25 Q. -- for the same illness?

94

1 A. Yes.
 2 Q. You say in your statement that at the time of discharge
 3 social workers had said that your parents couldn't
 4 return to the home; is that correct?
 5 A. Yes.
 6 Q. Was that because of the extent of Alzheimer's?
 7 A. It was. Both my parents also had delirium with the flu.
 8 It seemed to bring this on. My mum went back to what
 9 was called a "baseline normal" and my dad didn't, and it
 10 was felt that being in the home wasn't -- their home
 11 wasn't suitable for them anymore.
 12 Q. Okay, thank you. But initially you and your sister were
 13 able to convince them otherwise?
 14 A. Yes.
 15 Q. And you were able to put in place 24-hour care in their
 16 home --
 17 A. Yes.
 18 Q. -- through Edinburgh Council; is that right?
 19 A. It was not through Edinburgh Council. We got direct
 20 payments through Edinburgh Council. We sorted our own
 21 care out through a company called "Bluebird Care".
 22 I think I'm allowed to say that, am I?
 23 Q. Yes.
 24 A. We went against what the social workers advised because
 25 we just felt -- we wanted to give our parents a chance

95

1 at home with a 24-hour carer before we went to a care
 2 home, which was our last resort, as it is for most
 3 families, I think, so we tried.
 4 Q. And you mentioned that your father's baseline hadn't
 5 returned to what it was before?
 6 A. Yes.
 7 Q. Was it as a result of that that after six weeks his
 8 situation was reviewed?
 9 A. Yes, it was -- I think we realised very quickly that it
 10 wasn't going to work. Our mum accepted the carer but
 11 our dad just couldn't, and I think, with his delirium,
 12 he was confused about where he was, was he in home, was
 13 he in a hospital, and it just wasn't working. Me and my
 14 sister just thought, "Actually, at least we tried, but
 15 it's more important now that our parents are safe", and
 16 it was difficult with the stairs in the home. We were
 17 having to be there a lot of the time. Although we had
 18 young children, we were happy to be there, but it was
 19 just all -- it was just not working. So we had to just
 20 go to our absolute last resort and a care home was the
 21 only option that we were left with.
 22 Q. Thank you. The care home -- so they moved into
 23 Northcare Manor in 2018?
 24 A. Yes.
 25 Q. Did you and your sister choose that home?

96

1 A. We did, yes.
 2 Q. Were you happy with the care your parents were receiving
 3 there prior to the pandemic?
 4 A. We were, yes. We saw many care homes — I think it was
 5 about ten care homes we looked at — and we chose that
 6 one. We were happy. However, care homes are not
 7 perfect places and me and my sister were in there a lot,
 8 several times a week for hours at a time, and we oversaw
 9 everything. So if we felt something wasn't right, we
 10 just fixed it. We had a good relationship with the
 11 owner and, yes, we managed it. We managed it that way.
 12 Q. So you were able to go to the owner if any issues arose?
 13 A. Yes, we realised that the care home manager had no power
 14 and we thought, "Right ..." — we got to know the owner
 15 and we thought, "Right, it's her we'll go to", and she
 16 was good with us actually, yes.
 17 Q. Thank you. What kind of things were your parents able
 18 to do in the care home?
 19 A. Well, I mean, you know, our parents were kind of — they
 20 had Alzheimer's and it was getting to quite a difficult
 21 stage, but what they were able to do was, when we were
 22 with them — it was when we were with them that
 23 everything — we always said that we just want things to
 24 be normal, for want of a better word, we want them to
 25 feel comfortable, to feel everything is familiar. So we

97

1 decorated their rooms a bit like their home, we had
 2 pictures up, we had books, we had CDs, we had lots of
 3 stuff there and we just made it work.
 4 Our parents were able to go out, so we would go out
 5 on little trips, sometimes down to the coast or we took
 6 them to see the Queensferry Crossing, we took them to
 7 see the Christmas lights, which they enjoyed, and there
 8 was a cafe in the care home which was lovely and it was
 9 open to the public and we would take them there. And
 10 then things felt normal because we were there and there
 11 was — we got to know other people there. Again we made
 12 it work.
 13 Q. How often did you visit?
 14 A. I would say it was about three times a week,
 15 sometimes more, sometimes less, depending on what was
 16 going on, but there was two of us so we managed it
 17 between us, so ...
 18 Q. When you visited, how long would you typically stay for?
 19 A. Gosh, hours actually. We were never like in and out in
 20 half an hour. We were — sometimes a whole day. Go in,
 21 go to the cafe, have lunch with them, maybe take them
 22 for a walk, and then we would go — and then we would
 23 have an evening meal and watch a film. We were able to
 24 be there as much as we wanted, so — yes, we took the
 25 kids in and did all sorts really.

98

1 Q. And you say in your statement that there were about
 2 70 residents in the home —
 3 A. Yes.
 4 Q. — and it was over two floors.
 5 A. Yes, so it was 70 — I'm not sure if it was at capacity,
 6 but I know there was room for 35 people on the ground
 7 floor, and that was for people that had Alzheimer's and
 8 cognitive issues, and on the floor above were people
 9 that needed care but they didn't necessarily have any
 10 kind of dementia, so yes.
 11 Q. Okay. You said that you'd been able to set up your
 12 parents' room to make it feel like home.
 13 A. Yes.
 14 Q. Were your parents in the same room?
 15 A. No. Most care homes now, sort of modern ones, it's all
 16 single rooms —
 17 Q. Okay.
 18 A. — so my parents had to have their own separate rooms.
 19 They were quite big rooms, though, and they were
 20 ensuite, but dad's was right next to mum's. But they
 21 spent all the time in Mum's room, so that was just like
 22 their kind of — it was like their living room. So,
 23 yes, that's what it was like.
 24 Q. Now, there came a point where the care home locked down
 25 because of the pandemic.

99

1 A. Yes.
 2 Q. Do you recall when that happened?
 3 A. Yes, it was 13 March that it locked down, so I think
 4 ten days before the sort of lockdown in the country
 5 happened, I think.
 6 Q. And how was that communicated to you?
 7 A. Well, it was quite quickly. It was kind of — I think
 8 it was maybe just a few days' warning. Can I just
 9 elaborate on that a wee bit —
 10 Q. Yes, of course.
 11 A. — because me and my sister had been obviously watching
 12 the news — you couldn't really avoid it — and we'd
 13 been hearing what the WHO were saying, so we knew what
 14 was kind of coming and we were terrified for our
 15 parents, so it was no surprise when the care home locked
 16 down, basically. We were kind of prepared for it, we
 17 were ready for it, although we thought it would only be
 18 a few weeks. We didn't realise it would be as long as
 19 it was, you know.
 20 Q. Yes. Just for clarity, when you say that you watched
 21 the news and knew what was coming, what was it that you
 22 were seeing in the news?
 23 A. Well, it was basically — actually it's on the screen so
 24 I just — what we were seeing was the fact that there
 25 was a virus and it was in China but it was spreading

100

1 really fast, and our fear was that it was causing
 2 absolute devastation in care homes in Italy and Spain at
 3 that time that we could see. It was around this time
 4 the WHO, World Health Organisation, advised "Test, test,
 5 test". We kind of felt that our Government in Scotland
 6 weren't doing this and we knew that that's what they
 7 needed to do because we had read about asymptomatic
 8 transmission and we were really, really worried. The
 9 thought of a lockdown really terrified us, though we
 10 knew our parents needed to be protected. We did agree
 11 with the care home lockdown and we were glad that they
 12 set it up earlier than the Scottish Government did. We
 13 agreed with it at the time.

14 Q. Yes. Thank you.

15 A. We thought it wasn't going to be for very long, of
 16 course, so ...

17 Q. Yes. I will come back to some of those points --

18 A. Okay.

19 Q. -- but initially I want to know, were your parents able
 20 to see each other when the care home locked down on
 21 13 March?

22 A. They were. Our dad had a fall and he ended up in
 23 hospital for a couple of days, but when he got back from
 24 hospital -- I think it was around 15 or 16 March -- we
 25 said to them, "Can they be together in their room?", and

101

1 they were until my mum tested positive for COVID and
 2 then they were separated and they never saw each other
 3 again.

4 Q. Do you know how your parents felt about the lockdown?

5 A. I don't really know how much they understood at all.

6 Q. Were you able to discuss it with them?

7 A. Yes, we did. I think the care home -- we went in the
 8 night before the lockdown happened and we did. We just
 9 said, "Look, there's this flu going around and we're
 10 going to have to wear masks and it all feels a bit
 11 strange but we can't come in for a while because we need
 12 to all protect each other". We did explain, but my mum
 13 and dad, with their Alzheimer's, their memory was so
 14 short by then that they wouldn't have kind of
 15 remembered -- you know, they wouldn't have remembered,
 16 yes.

17 Q. What effect, if any, do you think the lockdown and
 18 isolation would have had on your parents, given their
 19 Alzheimer's?

20 A. Well, I think terrible really because, you know, they
 21 were isolated within their room and at one point my mum
 22 and dad could be together for a little while and that
 23 gave us comfort, but with Alzheimer's that caused
 24 confusion as well. But when they were isolated, they
 25 were apart from each other. I just think -- they had

102

1 their TV, they had their books, but they needed one of
 2 us or one of the carers in there with them to talk
 3 through a TV programme, to talk through a book. I can't
 4 imagine what it would be like for them being isolated
 5 with Alzheimer's. Being isolated without Alzheimer's
 6 when they fully understood what was going on, they would
 7 have coped with, but not with Alzheimer's.

8 Q. Are you saying that it would have been difficult for
 9 them to follow a book or a TV programme without input
 10 from someone else?

11 A. Yes. I think for my dad at that stage because his
 12 Alzheimer's seemed worse. My mum used to watch a lot of
 13 musicals and that probably saved her in a way because
 14 she would watch Calamity Jane over and over again.
 15 I think we said to the carers at the time, "Put on
 16 Calamity Jane so she can hear the songs". As we know,
 17 for people with Alzheimer's, sometimes the music and the
 18 singing can stay in your memory. So, yes, it might have
 19 been a bit easier for our mum than our dad.

20 Q. Were the carers able to help with that, to watch TV with
 21 them or --

22 A. I mean, they were great, the carers, but very quickly
 23 COVID got into the home -- I don't want to jump on
 24 because I know you'll come to that -- and I think the
 25 carers were run off their feet, yes.

103

1 Q. Do you know what your parents were spending their day
 2 doing?

3 A. To be honest, I don't know. I think we were probably
 4 asking the carers, "Are you able to go in? Are you able
 5 to help out with things? Are you able to sit and
 6 chat?", and they would go, "Yes, your parents are
 7 fine". We did hear that a lot, "Your parents are fine".
 8 I remember speaking to my sister one day, saying, "Gosh,
 9 they always seem fine. Are they fine?". Whether they
 10 were trying to protect us, I don't know, but I thought,
 11 "I don't think they're fine all the time", you know.
 12 I'm not sure, but ...

13 Q. And you mentioned that your father had a fall the day
 14 after lockdown --

15 A. Yes.

16 Q. -- and was admitted to hospital.

17 A. Yes.

18 Q. Can you tell us what happened?

19 A. Yes, so it was the day after the care home locked down
 20 and Dad had a fall -- and he'd had a few falls. The
 21 care staff were really busy -- I think they were
 22 short-staffed, as did happen quite a lot actually -- so
 23 me and my sister said to them, "Can we come in? We know
 24 that you're under -- in lockdown. Can you just take our
 25 temperature? We'll wear a mask, we'll put on hand

104

1 sanitiser . Can we come in?", and they let us do that
 2 because it wasn't the official lockdown, so I think it
 3 was quite good practice of the care home. I remember
 4 the nurse taking our temperature on our forehead.
 5 We went in, and poor Dad, he was in a terrible
 6 state. He was in pain and it was taking a long time for
 7 the ambulance to arrive. But what we could do
 8 [redacted] and I -- me and my sister, sorry. I said her
 9 name.
 10 MS BAHRAMI: I'm sorry, my Lord. There's been a breach of
 11 restriction order.
 12 THE CHAIR: Right. I think we know the procedure from this
 13 morning. It's not your fault. Easily done.
 14 A. I'm sorry.
 15 THE CHAIR: Could you go and check? I think we may have to
 16 stop for five minutes while they snip it out the
 17 recording.
 18 A. Sure.
 19 THE CHAIR: Nothing to worry about.
 20 (2.03 pm)
 21 (A short break)
 22 (2.07 pm)
 23 THE CHAIR: Don't worry.
 24 MS BAHRAMI: It's very easy to do that when you're giving
 25 evidence of a personal nature. I have been asked,

105

1 though, to remind you just to try your best not to ...
 2 A. Try my best, yes.
 3 Q. But don't worry about it, please.
 4 A. Thank you.
 5 Q. Now, I think you were telling us that after your father
 6 had his fall, you and your sister attended the care
 7 home; is that right?
 8 A. Yes. So we got into the room and our dad was just in
 9 a terrible state and our mum was very confused, but we
 10 were able to say to the carers, "Look, you go and you
 11 help other people", because it was evening-time and
 12 people were being put to bed and stuff, "and we'll stay
 13 with our dad until the ambulance gets here". So that's
 14 what we did. We were able to do that.
 15 Q. Were either of you able to go to the hospital with your
 16 dad?
 17 A. My sister was. She went to the hospital and I stayed
 18 with my mum.
 19 Q. Okay.
 20 A. Yes.
 21 Q. And what did you and your mum do?
 22 A. Yes, it was -- this is quite hard because this is the
 23 last time I was with her before she passed away. We
 24 just -- my mum was quite confused about what was going
 25 on so I remember we just put on Snow White and the Seven

106

1 Dwarves, the old Disney cartoon from the 1930s, which my
 2 mum loved as a child. We sat there drinking tea and
 3 eating Turkish Delight. It was Mum's favourite sweet.
 4 It kind of brought us comfort. And I think -- yes, Mum
 5 sort of calmed down because I was there with her. Then
 6 I think probably her memory had gone and I remember just
 7 helping her get into bed, she was very tired and -- so
 8 I was able to be with her for that time, which was nice.
 9 Yes.
 10 Q. Thank you. Now, while your father was in hospital,
 11 were you contacted by a doctor and asked to sign
 12 a DNACPR or do not attempt pulmonary -- sorry -- do not
 13 attempt cardio-pulmonary resuscitation order?
 14 A. Yes. I was. Yes.
 15 Q. Can you tell us about that conversation?
 16 A. Yes, it was -- I think it was the next day I went in
 17 after Dad had been admitted, and it was just a doctor
 18 that asked me -- and it was all quite matter of fact --
 19 "Would you sign this", and I did sign it actually
 20 because my dad had had a few falls and he was -- with my
 21 dad's Alzheimer's, he seemed to be sometimes one foot in
 22 our world and one foot in the world of Alzheimer's, if
 23 that makes any sense. Sometimes he was quite lucid and
 24 then he wasn't. He was very distressed by this and we
 25 just thought, "Yes, this would be what Dad would have

107

1 wanted". That's what we thought, yes.
 2 Q. And did the doctor explain to you why he considered it
 3 to be clinically appropriate?
 4 A. No, he didn't at the time. No.
 5 Q. He just told you about the order and asked if you wanted
 6 to sign?
 7 A. Yes.
 8 Q. Okay. Thank you. Was there ever a DNACPR order in
 9 place for your mum?
 10 A. No, not that I can remember. No. I would remember --
 11 Q. And nobody had that conversation with you?
 12 A. No, nobody had that conversation.
 13 Q. When your dad returned -- sorry, you told us your dad
 14 returned to the care home after a few days; is that
 15 right?
 16 A. Yes.
 17 Q. Was he tested for COVID before he returned?
 18 A. He was tested actually and he tested negative, so he
 19 went back into the care home, yes.
 20 Q. Now, going back to the part in your statement which you
 21 looked at on screen about the World Health Organisation
 22 message of "Test, test, test" --
 23 A. Yes.
 24 Q. -- back in March of 2020 you say in your statement that
 25 wasn't happening with care home staff -- is that right?

108

1 A. That's right, yes.
 2 Q. -- or visitors to the care home?
 3 A. No, nobody was getting tested. We knew that this wasn't
 4 in place. We were terrified about people taking the
 5 virus in, like the staff. No, the Scottish Government
 6 hadn't put any testing in place despite the message of
 7 "Test, test, test" and the care home were crying out for
 8 the test as well, along with family members. I think
 9 the care home was powerless really to do anything about
 10 that.
 11 Q. Did they tell you that, the care home owner or manager?
 12 A. Yes, that they didn't have the tests and they wanted
 13 them.
 14 Q. They told you they wanted the tests?
 15 A. Yes, they did, yes.
 16 Q. You say in your statement that you were most worried
 17 about asymptomatic transmission.
 18 A. Yes.
 19 Q. Is that right?
 20 A. Yes.
 21 Q. What worried you in particular about that?
 22 A. Well, I mean, this is what we were hearing on the news,
 23 asymptomatic transmission, and we heard about this very
 24 early on. We just thought the carers, unbeknownst to
 25 them, could carry this virus into the care home, could

109

1 have COVID with no -- nothing -- no symptoms, and that's
 2 what we felt was probably the most dangerous part of the
 3 virus and that's why we were crying out for tests.
 4 Q. Thank you. You also mention in your statement at
 5 paragraph 86, going forward a bit here, that
 6 Nicola Sturgeon had mentioned that testing was not the
 7 holy grail --
 8 A. Yes.
 9 Q. -- but you say that in those early days you felt that it
 10 was the only defence against the virus.
 11 A. Yes, that's exactly what we thought. We thought that
 12 it's the only defence that we have against this virus
 13 that nobody has any immunity to. So although she was
 14 saying it's not the holy grail, I think, when she said
 15 that, I thought, "Does that mean you don't have the
 16 tests?". That's how I took it. I don't know if that
 17 was the case, but -- yes, I felt it was the only defence
 18 that we had and I would like them to have erred on the
 19 side of caution with people in care homes --
 20 Q. Yes.
 21 A. -- who were very, very vulnerable.
 22 Q. You say you would have liked -- you consider that they
 23 were very slow in putting testing in place?
 24 A. Yes, yes.
 25 Q. And so in March 2020 you say that there were no tests

110

1 for staff and you say in your statement there were only
 2 five tests for 70 residents; is that correct?
 3 A. Yes. We were given that information because me and my
 4 sister were asking for this all the time, asking for
 5 information, and we were told the care home had been
 6 allocated five tests for that amount of residents and
 7 you could only be tested if you displayed symptoms.
 8 Q. Without mentioning anyone's name, who told you that?
 9 A. It was -- I think it was the care home owner.
 10 Q. Okay, thank you.
 11 A. It might have been the care home manager. I'm not quite
 12 sure.
 13 Q. Thank you. In your statement you say that it wasn't
 14 until 25 May 2020 that staff were being tested and you
 15 say that members of staff tested positive despite being
 16 asymptomatic.
 17 A. Yes.
 18 Q. Given your concerns, how did that make you feel?
 19 A. It made us feel -- oh, it was traumatising. It was
 20 traumatising for us and the other families, I'm sure,
 21 and for those staff members. I think -- I use this
 22 phrase, which is horrible really but I think it says it
 23 all. I said I believed our parents were "sitting
 24 ducks". Our parents didn't wander within the care home,
 25 they stayed within their own room, and I feel like the

111

1 virus was brought into the room they were isolated in
 2 and for them there was no escape. I might have that
 3 date wrong actually, it might have been a bit before
 4 25 May, but I think it was around that time.
 5 Q. Okay. Thank you. You say in paragraph 89 of your
 6 statement that when routine asymptomatic testing became
 7 available for staff, it was only done once per week.
 8 A. Yes.
 9 Q. What did you think of that?
 10 A. I mean, we couldn't quite believe it was once per week.
 11 We kind of thought surely it would be every time they
 12 came in for their shift or maybe -- maybe that was too
 13 much, I don't know -- maybe twice a week. We thought at
 14 least twice a week. We were quite astounded that it was
 15 only once per week.
 16 Q. Do you know why it was once per week?
 17 A. I think -- my guess is that they didn't have the tests,
 18 they didn't have enough. Our Government didn't have
 19 enough to hand out --
 20 Q. Okay.
 21 A. -- I think.
 22 Q. But you didn't have a conversation about that with the
 23 care home?
 24 A. No, that was all that they were given. That was all
 25 they were given.

112

1 Q. Thank you. Now, going back in your statement, while the
2 care home was locked down, did you have any video calls
3 with your parents?
4 A. Yes, we had Skype calls, which we'd never done before
5 with our parents. It was really, really unusual for us
6 to do that. I remember one with my Mum, and it actually
7 worked quite well because there was a really nice carer
8 with her and she was sort of explaining the whole
9 situation and what was going on. I think when my face
10 popped up on the screen, my mum started laughing, and
11 I remember — she was laughing and I remember taking her
12 around my flat and showing her around the flat and stuff
13 like that. That kind of worked.
14 There was another call that I had with her where she
15 started to cry and I went, "Mum, are you okay? This is
16 a really difficult situation", and she went, "I'm crying
17 because I'm happy", but I don't think she was happy.
18 I think she was trying to make me feel better. I think
19 she had that in her still.
20 Q. So the calls worked well with your mum, with the staff
21 assisting?
22 A. Yes, with the staff.
23 Q. How did the calls work for your dad?
24 A. They didn't work at all. In fact, Dad was distressed by
25 the call for whatever reason, we're not sure, but he was

113

1 really terribly distressed. It seemed to cause more
2 confusion. So we couldn't have calls with Dad after
3 that, which actually meant that we had no communication
4 with Dad.
5 Q. Okay.
6 A. Yes.
7 Q. How often would you have calls with your mum?
8 A. It was only once per week that we were allowed because
9 they were trying to facilitate calls for everyone in the
10 care home, so it wasn't very often at all, yes.
11 Q. Did you feel there were enough staff in the care home?
12 A. Well, because we weren't there, we didn't know. I felt
13 there was never quite enough staff in care homes. It's
14 a private care home, like most of them are in Scotland,
15 and I always feel that there's never quite enough staff.
16 We did raise this with the care home owner at night. We
17 felt there wasn't enough staff and we made a complaint
18 to the Care Inspectorate — this was before the
19 lockdown — due to lack of staffing cover at night.
20 Actually the care home owner, she accepted this.
21 We had been noticing that — we came — went in one
22 night about — I think it was about 7 o'clock — to see
23 our parents and they were already in their — ready for
24 bed, and we were quite appalled at this because we were
25 like, "Our parents like to have an evening and not go to

114

1 bed", but the day-shift staff were trying to get people
2 ready for bed to make it easier on the night-shift
3 staff, and we thought that was unacceptable. The care
4 home owner actually agreed with us and she said they
5 would be putting more staffing in place at night-time,
6 but then it locked down and so we don't know if that
7 ever happened.
8 Q. And in fact the Care Inspectorate agreed and they upheld
9 your complaint —
10 A. They upheld the complaint, yes.
11 Q. But you're not sure whether the care home owner, despite
12 agreeing, did put in more staff?
13 A. Yes, I mean sometimes they would say, "We have enough
14 staff, we have adequate staff", but I don't know what
15 that means.
16 Q. And it seems that there weren't — however many staff
17 there were, there weren't enough to facilitate a Skype
18 call more than once a week?
19 A. No, there weren't. No, we were trying to get photos,
20 "Could we send photos on something like WhatsApp?", but
21 that couldn't be done for some reason. Maybe it's
22 because people couldn't use their private phones or
23 something.
24 Q. Did they ever explain to you why that couldn't be done?
25 A. I think they said it was a legal thing that they

115

1 couldn't do that, so — not in detail really, but yes.
2 Q. So even just taking photos of your parents, they told
3 you that there was a legal issue preventing them —
4 A. On WhatsApp. We thought WhatsApp would be so much
5 easier for the staff, just to show them photos and
6 things. But I think we emailed some in but we don't
7 know if our parents ever got them.
8 Q. And you emailed photos of —
9 A. Photos of us, of the family, just to keep things going
10 and stuff like that, and tried to get them to send
11 photos of Mum and Dad to see how they were doing, but it
12 just became very difficult —
13 Q. At that time?
14 A. Yes.
15 Q. And you're not sure whether they showed the photographs.
16 Did they comment on whether they were showing them
17 photographs that you were sending?
18 A. I think there was a lot of confusion at that time and
19 there was so much going on that — no, I can't remember
20 them commenting. No.
21 Q. Now, I understand from your statement that just before
22 lockdown you telephoned the GP who covers the area that
23 the care home is in.
24 A. Yes, hmm—hmm.
25 Q. What did you call him about?

116

1 A. It was my — it was because I was so scared because
 2 I had seen what was happening with care homes in Italy
 3 and Spain and I was — and also we would see people on
 4 the news in ventilators, and by that time I had heard
 5 that people in care homes were not allowed to go to
 6 hospital, they had to be treated within the care home,
 7 and we were thinking, "How would that work if somebody
 8 is fighting for breath, is suffocating? How would that
 9 work?". That is why I phoned the GP, to see what would
 10 happen in that situation. He said to me as well — he
 11 said, "Well, they wouldn't be taken into hospital and
 12 they would instead be treated within the care home".
 13 I asked about oxygen or a fluid drip — I'm not medical
 14 so I just — the basics. He said worryingly that would
 15 not be available within the care home. Care homes
 16 aren't hospitals. They would be given paracetamol to
 17 bring down a temperature if things progressed — sorry,
 18 and if things progressed, end-of-life medication would
 19 be prescribed and administered. That was it. That was
 20 it.
 21 Q. Did he tell you why that would be the case?
 22 A. He just said this was Public Health. This was what the
 23 care homes had been told.
 24 Q. By Public Health Scotland?
 25 A. By Public Health Scotland, and the GPs weren't going

117

1 into the care home, so ...
 2 Q. Okay. Did he tell you that only those in care homes
 3 couldn't access hospitals or was this something that was
 4 to be across the general population?
 5 A. It seemed to very much be only people in care homes,
 6 yes.
 7 Q. So your parents wouldn't be provided with medical care
 8 that the non-care home population would?
 9 A. Exactly.
 10 Q. So essentially, if they could have stayed at home, they
 11 would have had access —
 12 A. Yes.
 13 Q. — in the exact same health condition, state of health
 14 that they had, they would have been allowed access to
 15 hospital treatment. But because of where they were
 16 living, they were denied — they were going to be denied
 17 that?
 18 A. Yes.
 19 Q. How did you feel about that?
 20 A. Terrible, angry. I couldn't quite believe it actually.
 21 We knew that hospitals are not great places for people
 22 with Alzheimer's, it causes so much confusion, so we
 23 didn't really want our parents to go to hospital, but if
 24 they needed to, of course, to get the correct medical
 25 care. Our parents were doing okay in the care home.

118

1 Dad had a few falls and stuff, but Mum was sort of doing
 2 okay, so we thought we need them to have proper medical
 3 care.
 4 Q. Did you try to challenge that?
 5 A. I don't think we did. I think we were all just so, "Oh,
 6 gosh, that's what ..." — there was panic. At that time
 7 there was panic in the country and we felt panic. We
 8 felt, "Our Government aren't prepared for this".
 9 I don't know what we were thinking. We were very, very
 10 scared, really, really worried — off-the-scale worried
 11 actually. Yes.
 12 Q. I think in your statement you mentioned that you
 13 discussed this with a GP and nurse at the care home.
 14 A. Yes.
 15 Q. What did they say to you?
 16 A. Well, they just said that's — I mean, I think they
 17 were — I think the people in the care home, certainly
 18 the owner, was like — they couldn't quite believe that
 19 people weren't to be admitted to hospital, but they were
 20 just going with what they were being told. Yes.
 21 Q. And you've already mentioned that you were told GPs
 22 weren't to enter care homes.
 23 A. Hmm—hmm.
 24 Q. Who was to look after the residents?
 25 A. Well, our parents were in a nursing home but a nursing

119

1 home — I don't know if this is the same for all care
 2 homes. There was two nurses for 70 residents, so there
 3 was one nurse on the top floor and one nurse on the
 4 ground floor. But they would administer medication,
 5 take temperatures — you know, they were trained NHS
 6 nurses.
 7 Q. So two nurses —
 8 A. Only two.
 9 Q. — to look after 70 people?
 10 A. For 70 residents, yes.
 11 Q. You say in your statement that the care home told you
 12 that Public Health Scotland had told them not to tell
 13 families about people contracting COVID in care homes.
 14 A. Yes.
 15 Q. Was that just about the individuals who had contracted
 16 COVID or was it numbers or was it the fact that there
 17 was COVID in the care home?
 18 A. It was so confusing because we — me and my sister were
 19 always saying, "What's going on? Tell us what's going
 20 on. We need to know", and we were told, "Public Health
 21 have told us not to give information to families, only
 22 to let you know if your own family member tests
 23 positive", and we were saying, "But we need to know how
 24 many people have got COVID in the care home. We need to
 25 know that. We don't need to know what individual person

120

1 or names, but we need to get a picture of what's
 2 happening". But that information was denied and it was
 3 Public Health Scotland that had given the care home that
 4 information.
 5 Q. Okay, thank you. Later on down the line there came
 6 a point where you wrote to the Scottish Government about
 7 your conversation with the GP — is that right?
 8 A. Yes.
 9 Q. — as well as a range of other matters that caused you
 10 concern?
 11 A. Hmm—hmm.
 12 Q. What did you write to them?
 13 A. So I wrote to the First Minister — I don't know, can
 14 I say the name — the former First Minister?
 15 Q. Yes.
 16 A. So I wrote to her and — shall I read what I said? It's
 17 in there. I expressed all my concerns in relation to
 18 testing, infection control and visiting in the care
 19 home. I asked for — this was after my parents had
 20 passed away — I asked for an acknowledgement that bad
 21 decisions were made which contributed to my parents'
 22 deaths as well as thousands of other care home residents
 23 in Scotland. I also asked for an apology. Instead
 24 I received a very unsatisfactory reply from
 25 a Scottish Government official, and both of these

121

1 letters are with the solicitors and a copy is available.
 2 Q. We have the response that you received. Perhaps we
 3 could bring that on screen, please? The reference for
 4 that for the record is SCI—WT0372—000002. Now, if you
 5 look at the screen, please, was that the response you
 6 received?
 7 A. Yes, yes, that's it.
 8 Q. If we can scroll down, please, to the highlighted
 9 sections, I'm just going to read the sections that are
 10 highlighted —
 11 A. Yes, okay.
 12 Q. — to address the points that I'm particularly
 13 interested in at this point.
 14 A. Okay.
 15 Q. Now, the letter says that:
 16 "We recognise that not being able to see loved ones
 17 indoors in care homes has been particularly difficult
 18 for both residents and their relatives, especially those
 19 with conditions such as Alzheimer's disease like your
 20 mother and father. Where restrictions have been in
 21 place, these have always been designed to protect
 22 residents who are at highest risk, as well as staff from
 23 the virus."
 24 Then further down it states:
 25 "Throughout the pandemic, we have always been clear

122

1 that essential, non routine, visits should always be
 2 supported and have encouraged care homes to allow this.
 3 This should apply in circumstances where it would be
 4 beneficial for residents, such as those who have
 5 dementia or in end of life situations such as your
 6 parents' case."
 7 Then if we scroll down again, please, then it says:
 8 "... there has always been a recognition of the fact
 9 that face to face consultations with a GP are still
 10 clinically necessary in some cases, and that they be
 11 allowed to continue to enter care settings such as care
 12 homes to provide ongoing care and support when
 13 required."
 14 If we scroll down, I think there's a further
 15 section. Thank you. Oh, no, that's ... sorry, if we
 16 could go slightly further up. Yes, just there, "In
 17 terms of provision ...", the final paragraph of that
 18 second page, it states:
 19 "In terms of provision of oxygen, arrangements were
 20 made by NHS National Services Scotland to obtain
 21 additional oxygen concentrators to be made available to
 22 patients in the community, including care homes. If
 23 your mother required supportive or palliative care
 24 oxygen, this could have been requested and delivered to
 25 her care home where required. Health board oxygen leads

123

1 were in place to ensure that access to additional oxygen
 2 supplies could be ordered by other appropriate
 3 healthcare professionals working within the community to
 4 ensure that oxygen is available when required."
 5 Now, those statements made by the
 6 Scottish Government don't coincide with your experience
 7 and they don't coincide with what the care home told
 8 you; is that correct?
 9 A. Absolutely not at all. None of it. None of it.
 10 Q. Were you ever able to find out why the position put
 11 forward in the letter didn't transpire in your mother's
 12 case?
 13 A. No. I think I was a bit broken when I got this letter.
 14 Also, the person who wrote it was from the Pandemic
 15 Response Adult Social Care, but this person didn't give
 16 their full name in the letter. They wrote — they gave
 17 their — I'm not going to say the name.
 18 Q. Yes, thank you.
 19 A. They just signed it with their first name and they
 20 didn't give a surname, and I was quite amazed by that.
 21 THE CHAIR: (Inaudible). We can see it's taken out, but it
 22 is simply the first name, is it?
 23 A. The first name — the first name printed and it's been
 24 signed with a first name, and I kind of felt this is an
 25 official Scottish Government letter and, to me, that

124

1 spoke volumes.
 2 THE CHAIR: It spoke volumes. It doesn't seem to me to be
 3 a correct way to --
 4 A. No.
 5 THE CHAIR: -- sign a formal letter, but -- you used the
 6 language, "It spoke volumes". What did it speak volumes
 7 of to you?
 8 A. To me, what it said -- what it spoke to me was they
 9 didn't maybe want me to come back and challenge because
 10 I felt everything in this letter was very against what
 11 I had experienced and -- or if I did come back and
 12 challenge, I wouldn't be able to get in touch with that
 13 particular person because I didn't have their full name.
 14 That's what it said to me.
 15 THE CHAIR: Thank you very much indeed.
 16 MS BAHRAMI: Did you ever speak to the care home owner about
 17 this letter? I know that this came at a later point,
 18 but have you ever spoken with her about this?
 19 A. No. This was a few months after my dad died so we never
 20 did.
 21 THE CHAIR: Is the situation therefore that what you were
 22 told by the care home owner, if it was the care home
 23 owner that spoke to you about it, was inconsistent with
 24 that which is in the letter you received from a person
 25 in the Scottish Government?

125

1 A. Yes, yes.
 2 THE CHAIR: And of course I assume you're not able to judge
 3 which one of them was correct, but both of them could
 4 not be correct.
 5 A. Yes. I think we always felt that the care home were
 6 correct because that's what we felt --
 7 THE CHAIR: You may be correct in that.
 8 A. Exactly. That was my feeling.
 9 THE CHAIR: You do not know. All you can say is that they
 10 were mutually inconsistent.
 11 A. Exactly, yes.
 12 MS BAHRAMI: Thank you, my Lord.
 13 Now, your mother did ultimately contract COVID.
 14 A. Yes.
 15 Q. When did you find out that your mother had tested
 16 positive for COVID?
 17 A. Well, I was on a Skype call with her and I just noticed
 18 that she just didn't seem very well and I said -- she
 19 was just looking really tired and really sort of sunk
 20 into her chair and her voice wasn't right. I said,
 21 "Mum, are you okay?", and she was able to say to me, "My
 22 throat is really sore". So I came off the call and
 23 I phoned the care home and the nurse went in and took
 24 her temperature and found -- she was found to have
 25 a high temperature. So, because she had symptoms of the

126

1 virus, she was then able to be tested and two days --
 2 they tested her there and then and two days later she
 3 was tested and it was positive.
 4 Q. Thank you. Was your father also tested for COVID?
 5 A. Yes. So -- because they were in -- they were with each
 6 other a lot, so he was tested -- he must have had
 7 symptoms as well, actually, but it was two days after
 8 Mum tested positive that Dad tested positive.
 9 Q. And did your mother's symptoms of COVID progress?
 10 Did they become more noticeable?
 11 A. Well, after that it was very difficult to get Skype
 12 calls with her. It was -- things were happening in the
 13 care home and it was just -- it was very hard and
 14 eventually we said to one of the carers, "We have to
 15 have a Skype call with Mum. We have to see her", and
 16 the care home was -- the carer was a little bit
 17 reticent, I think she was worried about our reaction,
 18 but we had to see her because we weren't able to get in,
 19 we weren't allowed in. So that's when it was very, very
 20 hard because we saw our mum in the bed and we -- she was
 21 struggling a bit to breathe and she was sort of saying
 22 "Love you, love you" -- she was saying "Love you" and
 23 she couldn't -- it was quite difficult for her to speak.
 24 And we just knew that she wasn't good and we just felt
 25 that call, that might have been the last time we ever

127

1 saw our mum and we had to prepare ourselves for that.
 2 We didn't know if she was going to come through COVID or
 3 not. We hoped that she would but we didn't know.
 4 Q. Thank you. Did you -- at that point you'd already been
 5 told that she couldn't be taken to hospital. Did you
 6 ask again?
 7 A. Yes, we did ask again. We were asking about oxygen. We
 8 were asking about a drip. We were asking about, "Can
 9 Mum go to hospital?". Mum needs obviously more care
 10 than the care home was able to give because the care
 11 home isn't a hospital and it was -- there was nothing.
 12 Mum got nothing.
 13 Q. You mention in your statement that the care home told
 14 you that Public Health Scotland had told them that
 15 residents couldn't be taken to hospital and that the
 16 care home owner had emails to that effect.
 17 A. Yes.
 18 Q. Were you ever shown those emails?
 19 A. No. The care home manager -- owner said that she had
 20 the emails to prove it, that Public Health Scotland had
 21 said that people in care homes can't go to hospital.
 22 I didn't see them.
 23 Q. But she didn't ever show you?
 24 A. I've not seen them, no.
 25 Q. Do you know how your mother's symptoms were treated?

128

1 A. It was paracetamol and then it was end-of-life
2 medication.
3 Q. Okay. And you say in your statement that you were
4 trying to prepare yourselves for your mum dying.
5 A. Yes.
6 Q. Is that because of how you saw her on the call?
7 A. Yes, and I think from what the care home -- I remember
8 speaking to the nurse in the care home and saying to
9 him, "Do you think Mum is going to come through this?",
10 and he said "I just can't say". He said "She might, but
11 I think you should prepare yourself for her passing
12 away". And I think it was at that time I said to him,
13 "Will you make sure that somebody is with her?", and he
14 said, "We will do our best". But that felt awful to
15 hear because I couldn't bear the thought of her being on
16 her own.
17 Q. Did you often hear -- did the care home ever call you to
18 update you about your mother or did you always call
19 them?
20 A. It was us calling them -- yes, it was us calling them,
21 yes.
22 Q. And I believe the last time you called the care home
23 about your mother was on 28 April.
24 A. Yes.
25 Q. Can you tell me about that conversation?

129

1 A. So I phoned to say, "How is Mum doing today?", and the
2 nurse I spoke to said to me, "I think your mum is very
3 close to passing away", and although we were -- we
4 thought we were prepared, we weren't at all prepared.
5 And I was thinking, "Gosh, why didn't they phone
6 before?". And they said, "You can come in but you won't
7 be able to come inside". But my mum's room had a patio
8 door that went into the garden. They said, "You can
9 come there". And they were going, "Drive carefully",
10 because it looked like it was going to be -- I don't
11 know -- half an hour -- I don't know -- and I phoned my
12 sister, and she lives further away, and then we both
13 drove in.
14 Q. You said you wondered why they hadn't called you.
15 Did you ask them why they hadn't contacted you?
16 A. At the time, no, because we were just, "We've got to get
17 there, we've got to get there". That's all we were
18 thinking.
19 Q. Did you feel that if you hadn't called them, that
20 perhaps nobody would have called you?
21 A. Quite possibly.
22 Q. How did that impact you?
23 A. I don't know. To be honest, I think at the time it was
24 so awful, what was happening, we weren't thinking too
25 much about that, we were just thinking "Get there".

130

1 That was all we were thinking, "Get there and be with
2 Mum".
3 Q. And so you did go to the care home?
4 A. Yes.
5 Q. And I understand from your statement that you wrote
6 notes while you were in the car?
7 A. I don't know why I was doing that. I'd never been in
8 that situation where someone had been in end of life and
9 I thought maybe Mum would be able to see me through the
10 glass, so I was in the car writing, "I love you. Me and
11 my sister are both here. We are here with you".
12 I don't know why I was doing that -- because I was
13 thinking I'll hold them up to the glass. Of course,
14 when I got there, I realised that my mum was -- her eyes
15 were closed and she was very, very close to passing away
16 and -- shall I go on? Is it okay to go on?
17 Q. Yes, of course.
18 A. So the nurse and carers were with my mum, and they
19 opened the door and I had full PPE on. I had a pinny
20 on, gloves and a mask, but I was outside and I was
21 2 metres away from her. The nurse and carers were
22 holding her hand. They were stroking her hair and --
23 sorry -- and I was just standing 2 metres away.
24 I'm fine, I'm fine.
25 Q. If you would like to take a moment?

131

1 A. No, I'm fine. I just need to get through this. I was
2 2 metres away and I understood I couldn't be near her --
3 I did know that. I wasn't going to break the rules. It
4 was hard, obviously, but I was there and I was speaking,
5 and the carers and the nurse were very kind and they
6 knew my mum, so I felt that she was being cared for in
7 that moment. I was trying to be calm and I was trying
8 to say calm things, but I don't think I was. I think
9 I was crying out her name and I was just calling her
10 "Mummy", and I've never called her that since I was
11 tiny, so I don't know -- I was really trying, but
12 failed, and she did pass away. Yes.
13 Q. So the carers were in your mother's bedroom?
14 A. Yes.
15 Q. And your mother was in bed; is that right?
16 A. Yes.
17 Q. And they were by her side?
18 A. They did, and they angled her bed so she could see me,
19 so we got as near as we could, but still with the
20 2 metres' distance still. But I was outdoors. I wasn't
21 in the room.
22 Q. You were outdoors. So with full PPE --
23 A. Full PPE.
24 Q. -- you weren't allowed by your mother's bedside at that
25 point?

132

1 A. No, the door was open but I was 2 metres away from it.
 2 Q. Was your sister there at that time?
 3 A. No — and this is just something that's really hard
 4 because my sister lives further away and she wasn't
 5 there when my mum passed away. She missed it by
 6 minutes. I just remember her coming into the care home
 7 garden, sort of running in, and I just shook my head,
 8 and I just remember her just sort of — I don't —
 9 I think almost collapsing, couldn't quite believe that
 10 she'd missed her. Yes.
 11 Q. What effect did that have on your sister?
 12 A. It's been hard for my sister. It's been really hard and
 13 I think she struggles with it and she feels terribly
 14 guilty and she often says that, "I live with this", and
 15 it's not her fault. It's nobody's fault. It's
 16 definitely not her fault. But this is the problem with
 17 guilt, isn't it, that guilt has a way of making you
 18 feel — you feel guilt anyway, whether it's your fault
 19 or not. So, yes, it's really affected her. Yes.
 20 Q. Do you think that if there had been maybe a protocol in
 21 place or something and the care home had contacted you
 22 before you had called them, that your sister might have
 23 made it?
 24 A. Yes, definitely. Yes.
 25 Q. Thank you. Was your dad able to see your mum before she

133

1 died?
 2 A. No. Dad was — Dad had COVID then as well so he was in
 3 the room next door. He wasn't aware of what had
 4 happened. And the carers went into his room, and this
 5 was when me and my sister were standing in the care home
 6 gardens sobbing. There's people walking their dogs
 7 around the side, I seem to remember, and we couldn't hug
 8 each other because that was against the rules, of
 9 course, but the carers angled my dad's bed towards us
 10 and they got him to wave. And we waved back, smiling at
 11 him. It was just heartbreaking. It felt just the
 12 saddest, saddest of times and we couldn't quite believe
 13 what was happening. You look back and you go, "Did that
 14 happen?". Yes.
 15 Q. So even though he was next door and he already had
 16 COVID, he wasn't allowed to go to your mother's room or
 17 see her outside?
 18 A. No. No, he wasn't. No.
 19 Q. Did the care home tell you that this was down to the
 20 rules or was it their procedure or did they not discuss
 21 it?
 22 A. We asked. We said, "If Mum and Dad both have COVID, can
 23 they be together?", and the nurse said, "Look, it's very
 24 difficult because we're sort of nursing your mum at this
 25 stage and it ..." — we said, "Could you put both beds

134

1 in the room and then ..." — we were trying everything
 2 to get them together and they said it was just very —
 3 it wasn't possible, with the care that they were needing
 4 to give to my mum, to have my dad there as well. We
 5 sort of — we did accept that. We kind of saw that that
 6 would be difficult.
 7 Q. Thank you. Now, you said you waved at your dad from the
 8 garden.
 9 A. Yes.
 10 Q. Were you able to visit with him at that point?
 11 A. No, because Dad had COVID and we weren't able to visit
 12 him.
 13 Q. Okay, not even at a distance?
 14 A. No. It wasn't even — that wasn't allowed. It was just
 15 waving to him and then we had to leave.
 16 Q. How did that affect you all? You were grieving for your
 17 mother at that point and —
 18 A. Yes, it just felt like, "Gosh, Dad ..." — Mum and Dad
 19 were married for 62 years and they were together a lot,
 20 especially when they were in the care home. We
 21 understood why we couldn't get in at that point because
 22 Dad had COVID and the care home had COVID, so we did
 23 understand — as hard as that was, we did understand.
 24 We didn't understand quite so much, to put it mildly —
 25 when the care home had no COVID in it and our dad was

135

1 COVID-free, then we couldn't understand why we couldn't
 2 get in. I know we'll come to that though.
 3 Q. Thank you. I understand from your statement that you
 4 and your sister decided not to tell your dad that your
 5 mother had passed.
 6 A. Yes.
 7 Q. Can you tell us about your reasons for that?
 8 A. Well, our reasons were that firstly we couldn't be with
 9 Dad so we couldn't tell him that and be there to comfort
 10 him —
 11 Q. Okay.
 12 A. — and the other reason was, due to his Alzheimer's —
 13 and Dad had — his memory was going to very —
 14 seconds — and what had happened 15 years previously,
 15 his older brother had also suffered from Alzheimer's
 16 and, when his wife passed away, their daughters decided
 17 to tell him that, which was terrible for him, but then
 18 he would forget, and they said that they had to tell him
 19 every single day until he too passed away, and that is
 20 the tragedy of Alzheimer's and we didn't want to put our
 21 dad through a similar experience. We might have thought
 22 differently if we'd been able to get into his room.
 23 There might have been a moment. Dad was a very
 24 intelligent, bright man and he would have hated us to
 25 have withheld things from him but we don't know because

136

1 we were never allowed in, so we don't know.
 2 Q. Thank you. Was not being able to visit your father
 3 having — what kind of impact was that having on you,
 4 following your mother's death?
 5 A. Well, it was really hard because Dad recovered from
 6 COVID. He was one of the ones in the care home that
 7 recovered. He wasn't — even though he recovered, he
 8 wasn't allowed to go to the funeral because he wasn't
 9 allowed out of the care home and — although maybe it
 10 would have been very confusing having him at the
 11 funeral, me and my sister would have liked to be the
 12 ones who made that decision and we might have made that
 13 decision at the very last minute if Dad would come along
 14 or not, but he couldn't.
 15 We did ask around that time if we could get an
 16 essential visit because we felt, "Our mum has died in
 17 the care home and our dad is in the care home, surely we
 18 should be allowed to get in". This was a bit later when
 19 the care home was COVID-free and so was our dad, so I've
 20 jumped on a bit. But they said it was — Public Health
 21 Scotland said we didn't fit the criteria for essential
 22 visits.
 23 Q. Okay. Thank you.
 24 You touched on your mother's funeral. Who was
 25 allowed to attend that?

137

1 A. Well, at that time it was just very, very few people and
 2 it just ended up being me and my sister. Our husbands
 3 could have come and our children but our kids were very
 4 young at the time and we just thought it would be quite
 5 distressing for them to go to a funeral like that and
 6 not have the thing afterwards that people do, so you
 7 need both bits. So we thought, instead, that we will
 8 just go together and just have the funeral, just the two
 9 of us, and then maybe in the future we'll do a kind of
 10 end-of-life — sorry, a celebrate their life.
 11 Q. Sure. Going back to not being able to visit your
 12 father, you mention in your statement that you made
 13 a rummage box for him.
 14 A. Yes.
 15 Q. Could you tell us about that, what it is and what you
 16 put in it?
 17 A. Yes, I don't know where — I probably Googled something
 18 and I found this thing. Basically it was just like
 19 a little box and we put things in this box that might
 20 have made Dad feel comforted. Because we weren't able
 21 to be with him, we wanted a connection, so things that
 22 meant something to our dad. So we put little photos in,
 23 we put letters from the grandchildren — they'd all
 24 written letters and did drawings. We put things like
 25 golf balls — my dad was a very good golfer. Little

138

1 cards, little tools, because Dad was good at fixing
 2 things. It was just — we were trying everything.
 3 I think we also included daffodil bulbs and things like
 4 that to try to get him to engage with his love of
 5 outdoors even though he wasn't allowed to go out. We
 6 were trying — we were trying to make the best of
 7 a terrible situation really.
 8 Q. Did the staff help with the rummage box?
 9 A. Yes, they did. They did their best. At that time
 10 actually, because that was the time that many people in
 11 the care home passed away from COVID and the staff were
 12 having to deal with that — and this was the time when
 13 things had eased off a bit and there wasn't COVID in the
 14 care home and the staff did. And there was a really
 15 nice man, who was a sort of handyman in the care home,
 16 and we were sent photos of him and my dad planting
 17 daffodil bulbs indoors. But — yes, so they did their
 18 best and we're grateful to them for that.
 19 Q. Now, you've mentioned that your dad wasn't able to
 20 attend the funeral but you mention in your statement
 21 that you visited him after the funeral.
 22 A. Oh, yes.
 23 Q. Could you tell us about that?
 24 A. After the funeral me and my sister didn't have anywhere
 25 to go and I just remember on the way home I just went to

139

1 the care home for some reason and I just — I don't know
 2 why I did it — I just stood outside the gates and
 3 I just wanted to be near Dad, and one of the carers saw
 4 me and she got Dad dressed up. They didn't have COVID
 5 at this time. She got him in a big coat, she put a mask
 6 on him and she came out to the garden with him and I was
 7 able to see him. And it was really heartbreaking
 8 because we had a huge high fence between us and several
 9 metres. I'm not sure if it benefitted Dad, but I just
 10 felt — I just felt I just wanted to see him and be
 11 close to him. I'll never forget her kindness, that
 12 carer, for doing that. So, yes, she recognised the need
 13 for something at that point.
 14 Q. Thank you. Apologies, I have a bit of a sore throat.
 15 A. That's okay.
 16 Q. It's playing up now.
 17 You say in paragraph 61 of your statement that you
 18 weren't then aware of different approaches being used in
 19 other care homes —
 20 A. No.
 21 Q. — and at that point you weren't aware of essential
 22 visits?
 23 A. Yes, we didn't really know enough about essential visits
 24 but we'd heard this, essential visits. That's why we
 25 did ask. But we were told the criteria seemed to be —

140

1 and this was from Public Health Scotland -- that you
 2 could only get essential visits if somebody was at end
 3 of life .
 4 Q. Okay. When you say that this was from Public Health
 5 Scotland, was this what Northcare were telling you that
 6 Public Health Scotland had advised or did you get that
 7 directly from --
 8 A. Yes, it was what they had -- the care home had told us
 9 this, but also my sister had gone and looked at -- she
 10 could find what she could in the guidelines, which were
 11 changing a lot.
 12 Q. Yes.
 13 A. Yes.
 14 Q. You say at paragraph 62 of your statement that you had
 15 no in-person visits from 13 March until the 28th, other
 16 than 15 March, when your father was taken to hospital
 17 after falling over.
 18 A. Yes.
 19 Q. And on 28 April, the day your mother died, you've
 20 already told us you only had an outside visit .
 21 A. Yes, if you can class it as a visit . It was -- our mum
 22 died that day and we were standing outside in the
 23 garden. Yes, so that was the only time.
 24 Q. And on 25 May your dad developed a bladder problem?
 25 A. Yes.

141

1 Q. Is that correct? And the care home nurse called the
 2 hospital for your dad to attend to have a catheter
 3 inserted; is that correct?
 4 A. Yes.
 5 Q. In your statement you say that paramedics initially
 6 refused to attend.
 7 A. Yes.
 8 Q. How did you find out about that refusal?
 9 A. Well, the nurse in the care home who was quite strong --
 10 she was strong -- she told us that. It was a bit of
 11 a medical emergency at that point and she told us that
 12 the paramedics had refused to attend. I mean, they were
 13 following orders, obviously, but -- and she said to
 14 them, "This gentleman needs care and he needs to go to
 15 hospital", and she said, "I'm recording this call", and
 16 it seemed to be once she said that that they came in and
 17 they took Dad to hospital. He didn't have COVID at the
 18 time so I don't know if that made a difference.
 19 Q. So your dad didn't have COVID at the time but the
 20 paramedics were saying that they were instructed not to
 21 attend?
 22 A. Yes.
 23 Q. But when the nurse said she was recording the call, at
 24 that point their position seemed to change --
 25 A. Yes.

142

1 Q. -- and they agreed that they would attend?
 2 A. They would, yes.
 3 Q. Once your father was in hospital, I understand the
 4 attending doctor telephoned your sister .
 5 A. Hmm--hmm.
 6 Q. What did he say to your sister?
 7 A. He said to her, "Do you want your dad to be treated?"
 8 Q. What did your sister think of being asked that?
 9 A. She was horrified, horrified, because we weren't allowed
 10 to be there with him due to the lockdown rules so we
 11 couldn't properly assess the situation so of course we
 12 wanted him to be treated.
 13 Q. Could you think of any reason that it might have been
 14 better not to treat him?
 15 A. The only reason I can think of was that our dad was
 16 probably very distressed when we went in, but we don't
 17 know. Again, if we'd been able to be there, we might
 18 have been able to help calm him down. One of the carers
 19 was there with him. The carers were allowed to be there
 20 but we weren't allowed to be. But, yes, we said, "Of
 21 course treat him", of course. We didn't really know
 22 what was wrong at the time.
 23 Q. I understand he was in hospital for a week.
 24 A. Yes.
 25 Q. Was he again tested before being discharged and

143

1 transferred back to --
 2 A. He was, and he was negative.
 3 Q. Okay. So that was on 25 May. Do you recall when you
 4 last saw your father before that?
 5 A. It would have been the day that Mum -- the day of the
 6 funeral, when I saw him through the fence, yes.
 7 Q. Just shortly after -- towards the end of April, then,
 8 or --
 9 A. Yes, it was 13 -- sorry, 13 May.
 10 Q. 13 May. Okay. And that's the only time you'd seen him
 11 since your mother passed away?
 12 A. Yes.
 13 Q. And you say in your statement that the next time you saw
 14 him after the admission to hospital was 6 July. That's
 15 almost a month and a half after hospital admission.
 16 A. Yes.
 17 Q. Given your father's Alzheimer's, do you know how he was
 18 affected by not being able to see you or your sister ?
 19 A. I mean, our dad -- I mean, we're a very close family and
 20 we would visit the care home a lot. Our dad's
 21 Alzheimer's, which we think was probably made a bit
 22 worse from COVID -- we don't know if it was COVID or his
 23 isolation and Mum not being there -- but his Alzheimer's
 24 did definitely get worse. It took a dip. So it must
 25 have been awful for him. That's all I can say. It must

144

1 have been awful without us there with him.
 2 Q. Thank you. After 6 July, how often were you able to
 3 visit ?
 4 A. We were able to visit once a week.
 5 Q. And how long did the visits last ?
 6 A. They were — I think they were about half an hour.
 7 Q. Okay. Where did they take place?
 8 A. Well, at first it was in the doorway of the care home.
 9 So it was — the care home had to declare itself
 10 COVID-free to have the visits, and Dad was COVID-free,
 11 and there was a — I remember we went to the care home
 12 and there was a giant table — I don't think I've ever
 13 seen a table so big — in a doorway — it was huge —
 14 and it was definitely designed so people couldn't get
 15 past it.
 16 Q. Okay.
 17 A. I think the worry was — what we took it as, the worry
 18 was people would try and hug their person, but there's
 19 no way you could do that. It was very clinical. It
 20 was, you know, hand sanitiser and a sort of plastic
 21 thing with instructions about what we had to do to sign
 22 in and, you know, masks obviously, yes.
 23 Q. And you say in your statement that the care home told
 24 you that Scottish Government restrictions meant that
 25 visits had to take place in the doorway of the care

145

1 home.
 2 A. Yes, the doorway or outdoors, yes. I mean, it was
 3 outdoors. We were outdoors. Our dad was in the
 4 doorway, yes.
 5 Q. And did staff always adhere to protective measures with
 6 PPE and so on?
 7 A. Well, I mean, they were all wearing surgical masks. We
 8 felt the masks were kind of ineffective actually. We'd
 9 done lots of research into masks and we always wore FFP2
 10 masks, which we bought ourselves. There were these
 11 surgical ones, the blue masks, and sometimes people
 12 would be wearing them — they would slip — wearing them
 13 under their chin and they were propping them back up.
 14 There was a bit of that — not all the time. We saw
 15 this a few times though.
 16 Q. You mention in your statement that sometimes they wore
 17 them just below their nose.
 18 A. Yes.
 19 Q. Did you raise concerns about that?
 20 A. We did, we did. Absolutely we did. We raised concerns
 21 with the owner and she took it seriously. But they just
 22 didn't seem to fit. Our FFP2 masks fitted us. They were
 23 a snug fit. And we were quite, "Why don't they get them
 24 to wear ..." — they were European standard, that's what
 25 they were, the FFP2, our ones.

146

1 Q. Thank you. Did you have any privacy when you were
 2 visiting ?
 3 A. No, there was no privacy. There was obviously nobody in
 4 the care home, there was just the girl who was the
 5 administrator was there, but actually, when you say
 6 "privacy", she left us — she did leave us on our own.
 7 I think she trusted me and my sister. So in that way
 8 there was, but it was — the first visit was not very
 9 nice because it was very tightly timed and Dad was quite
 10 distressed.
 11 I think sometimes with Alzheimer's people's spatial
 12 awareness can be affected and he kept saying, "What's
 13 this under the table?", and it was the space under the
 14 table. He said to us — and this is really hard — he
 15 said to us, "Have I done something wrong?", and we were
 16 going, "No, No, Dad, you've done nothing wrong". We
 17 tried to explain about the virus again. And it was only
 18 recently that my sister said to me, "You know what,
 19 I think Dad maybe thought that he was in prison",
 20 because it felt like a prison visit. There was nothing
 21 nice about that visit. Yes, there was nothing there to
 22 make it pleasant. There was no flowers. Maybe they
 23 weren't allowed. I don't know. But it felt very
 24 clinical and, yes, it distressed him.
 25 Q. You mention in your statement being aware of other care

147

1 homes having bunting and flowers and —
 2 A. Yes, I think this is maybe a little bit later on, to be
 3 honest. They had — other care homes had gazebos out
 4 with bunting and it was outside. Our care home wanted
 5 to keep the garden free for the residents. At one point
 6 they were talking about having a Portakabin in the car
 7 park of the care home with a perspex thing dividing me
 8 and my dad, and we were thinking, "What a horrendous
 9 thing to do, how to make it even more like a prison".
 10 Thankfully they didn't do that. And the care home owner
 11 eventually relented to me and my sister. We told her
 12 that our dad was distressed by these visits in the
 13 doorway and she let us come into the garden, and Dad
 14 would be sitting on his little patio and we would be
 15 sitting in the garden with him, 2 metres away with full
 16 PPE on, but it was better than the doorway.
 17 Q. I understand that you contacted the MSP for the area of
 18 the care home —
 19 A. Yes.
 20 Q. — and you subsequently met with him on Skype.
 21 A. Yes.
 22 Q. Can you tell us about that conversation and what came
 23 about as a result?
 24 A. Yes, I think — I'll just look at the notes actually.
 25 Yes, the MSP that was in the constituency of the care

148

1 home, I just sent him a very long letter, telling him
 2 what had happened and just expressing my concerns and
 3 fears about the impact the pandemic was having on my
 4 dad, and I stated in the letter that I would like to see
 5 families of care home residents with special
 6 circumstances, such as my dad, to be given the same
 7 testing rights as key workers, and if that was the case,
 8 we would be able to visit my dad in his room, wearing
 9 PPE, being tested and being more able to supply the
 10 comfort and stability that he desperately needed. So
 11 that's what I asked.
 12 Q. And was he able to help?
 13 A. Not at all. No.
 14 Q. So nothing changed --
 15 A. Nothing changed, no.
 16 Q. Now, you mention in your statement that you were
 17 generally allowed what were called "garden visits"
 18 although they were at the doorway --
 19 A. Yes.
 20 Q. -- of the care home but you weren't allowed to visit on
 21 your dad's 86th birthday --
 22 A. No.
 23 Q. -- which was his last birthday; is that correct?
 24 A. Yes.
 25 Q. And you say that you couldn't visit because it was

149

1 a Sunday.
 2 A. Hmm--hmm.
 3 Q. Why did the day of the week affect whether or not you
 4 could visit?
 5 A. We were just told, "Oh, the care staff can't facilitate
 6 a visit at this time", and it was -- we challenged it,
 7 but we were getting desperate, me and my sister, at that
 8 time. We were getting utterly desperate, so we just had
 9 to go with it. So we sent him in presents and cards.
 10 I don't know if this would have meant much to my dad but
 11 it meant a lot to us. We had to -- they had to be kept
 12 aside for something like 72 hours, so we had to put them
 13 in before, and one of the carers said that she opened
 14 the presents with our dad. But we always were with our
 15 family for birthdays and Christmases and I think it felt
 16 like it was another meaningful moment that was denied.
 17 Q. What impact did that have on your extended family, your
 18 children, your sister?
 19 A. I think we were so beaten down by then -- you know that,
 20 we were so beaten down. We sort of accepted it. And
 21 I think we got our kids as well to write cards and
 22 everything. But, yes, we were exhausted and really sad
 23 because it was our dad's last birthday.
 24 Q. Yes. Now, I understand that your father died in
 25 December and about two weeks before he died you were

150

1 finally given essential visitor status.
 2 A. Yes.
 3 Q. How did that come about? Did you ask for that?
 4 A. Yes. Well, what happened is we'd that had a few visits
 5 with our dad in the garden, as we were allowed to, and
 6 we noticed that he was sleeping an awful lot, which was
 7 unusual. We raised this with the care home, "He's
 8 sleeping", and they said, "Oh, he has had a bit of
 9 a cold and maybe he's a bit tired".
 10 Then there was one day that my sister was in and she
 11 phoned me and she went, "No, this isn't right, it's not
 12 right. He's sleeping through the whole visit and it
 13 just doesn't feel right". She got in touch with the
 14 care home and said, "We need to get a GP in to see Dad".
 15 And -- let me just make sure that I'm getting this
 16 completely correct. Yes, the GP advised at that time
 17 that essential visits would be appropriate and we were
 18 let into the care home on 11 December. However, the GP
 19 didn't actually go in until 15 December, but I think,
 20 because the GP had said to the care home, "I think you
 21 should give essential visits", that seemed to have a bit
 22 more gravitas than us saying it, so the care home
 23 manager and the care home owner accepted that.
 24 When the GP did go in, my sister was on a visit then
 25 and he didn't examine my dad. He stood 2 metres away.

151

1 Q. Right.
 2 A. And we were thinking that this is maybe an end-of-life
 3 situation, but it was all very confusing actually at the
 4 time.
 5 Q. Okay. So even though a GP was able to attend at that
 6 point --
 7 A. Yes.
 8 Q. -- your sister's impression was that he wasn't getting
 9 adequate medical care --
 10 A. No.
 11 Q. -- because the doctor wasn't actually examining him?
 12 A. He was just looking at him, yes.
 13 Q. You say that you wanted to take your parents' dog to the
 14 care home --
 15 A. Yes.
 16 Q. -- but again you were told that Public Health wouldn't
 17 allow that.
 18 A. Yes, their little whippet, Bobby. They loved their
 19 little dog and I took the dog when they went into the
 20 care home and we took him in all the time to visit.
 21 I realise I've mentioned the dog's name. That's okay?
 22 Q. Yes, I think that's okay.
 23 A. Sorry.
 24 Q. That's okay.
 25 A. Right. So, yes, the whippet would go in a lot to visit

152

1 and I think even at the outdoor visits I remember my
 2 sister would run over him with a hand — a wipe,
 3 a sanitiser wipe, but then we were told that pets
 4 weren't allowed, and that had a real impact on my dad
 5 because he loved his dog and it gave him comfort and
 6 familiarity again.
 7 Q. So you think that would have made a difference for him?
 8 A. Definitely made a difference, yes.
 9 Q. Again, you were told that it was Public Health
 10 Scotland —
 11 A. Yes.
 12 Q. — and you say in your statement that you didn't have
 13 any contact details, telephone number or email
 14 address —
 15 A. No.
 16 Q. — for Public Health Scotland so you weren't able to
 17 verify or challenge these rules?
 18 A. Yes, it was really difficult. My sister tried to find,
 19 "How do I contact them?". There seemed to be no email
 20 address, there was no phone number. For the thing with
 21 the dog, we did ask the care home to provide us with the
 22 guidelines and the care home owner did —
 23 Q. Okay.
 24 A. — and we could see very clearly pets weren't to go in.
 25 Q. Would you have liked to have had a point of contact at

153

1 Public Health Scotland?
 2 A. Yes.
 3 Q. Would that have made much of a difference to you?
 4 A. It would have because we would have challenged a lot of
 5 the things that they were saying, yes.
 6 Q. And I suppose, when you received the letter from the
 7 Scottish Government, given the terms of that, had you
 8 been able to contact Public Health Scotland, you could
 9 have perhaps —
 10 A. Yes.
 11 Q. — gotten to the bottom of these conflicts?
 12 A. Yes, exactly.
 13 Q. You say in your statement that your dad could possibly
 14 have been classed as end of life in July 2020. Why is
 15 that?
 16 A. It's just from what I know now actually, that people can
 17 be at an end-of-life stage for quite a long time,
 18 sometimes up to a year, I've heard. I look back now and
 19 I think, yes, Dad probably was end of life, but there
 20 was no GPs going into the care home to assess this and
 21 I don't think a nurse can. So I don't know — yes, it's
 22 hard to say, but I think he could have been classed as
 23 this.
 24 Q. Were your children ever able to visit their grandfather?
 25 A. No.

154

1 Q. Not even at the end of life?
 2 A. No. It was only me and my sister.
 3 Q. What impact did that have on them?
 4 A. Well, I think, like children are — I think, you know,
 5 our husbands probably protected them quite a lot from
 6 it. They were — you know what kids are like. They've
 7 got their own issues. They were doing their home
 8 schooling, and we were trying to keep them close to
 9 their grandparents and showing them photos and
 10 explaining what was going on without too much detail.
 11 I think our children were quite worried about me and my
 12 sister as well, you know, so ...
 13 Q. Thank you. I want to turn to the impact of the
 14 restrictions.
 15 THE CHAIR: How long are you going to be, Ms Bahrami? I'm
 16 conscious of the fact that the stenographer has now been
 17 at it an hour and 25 minutes.
 18 MS BAHRAMI: Thank you, my Lord. Perhaps another five or
 19 ten minutes, my Lord.
 20 THE CHAIR: Well, if you're sure you can do it.
 21 MS BAHRAMI: I don't think it will take longer than
 22 ten minutes but it might take longer than five.
 23 THE CHAIR: All right. I can't let you go beyond
 24 ten minutes because by then the stenographer will be —
 25 they're meant to get a break every hour and ten or

155

1 15 minutes.
 2 MS BAHRAMI: Thank you, my Lord.
 3 Could you read paragraph 74 of your statement,
 4 please?
 5 A. Yes:
 6 "The impact of these restrictions was huge. We did
 7 not see ourselves as merely visitors to our parents. We
 8 were an integral part of their care team. We oversaw
 9 everything. Care homes are not perfect places. Every
 10 little thing that was wrong, my sister and I sorted.
 11 People with dementia lose their voice and we were their
 12 voice. So not being able to get in when my mum died, or
 13 afterwards to comfort my dad, really angered us. The
 14 anger I felt was off the scale. The reason for this
 15 anger was that by this time society had opened up but
 16 care homes were not allowed due to rules from [Public
 17 Health Scotland]."
 18 Q. Thank you. Could you read paragraph 75 as well, please?
 19 A. "In July/August 2020 when society was opening back up,
 20 restrictions were still being imposed on us and our dad.
 21 Dad was never allowed out again for a walk in the fresh
 22 air. We wanted to take him out in his wheelchair for
 23 a walk by the canal to hear the birds singing. Even
 24 though we said that we would wear masks and gloves, this
 25 was not permitted. Meanwhile 'eat out to help out' was

156

1 happening. I believe that care home residents received
 2 the worst of both worlds. They weren't protected in the
 3 early days of the virus and then were pretty much
 4 imprisoned once the Scottish Government realised their
 5 mistakes and the numbers of deaths their decisions had
 6 caused. My dad was like a prisoner in the care home."
 7 Q. Thank you. Sorry, just a moment.
 8 A. That's okay.
 9 Q. Now, your father sadly died on Christmas Day --
 10 A. Yes.
 11 Q. -- and he was given end-of-life medication on that day.
 12 A. Yes.
 13 Q. Was he reviewed by a doctor before being given that
 14 medication?
 15 A. Yes. I think the day that the GP went in and kind of
 16 assessed him. There was end-of-life medication made
 17 available at that time, if the care home needed it.
 18 Q. So the decision was made at that point?
 19 A. Yes.
 20 Q. And there was no discussion about taking him to the
 21 hospital?
 22 A. No, and actually we didn't ask at that time because we
 23 just felt, "This probably is end of life. Our dad
 24 doesn't have COVID. He seemed comfortable". Because we
 25 were allowed in, we could assess the situation and we

157

1 could see what was happening and we thought, "This is
 2 time for Dad to be able to pass away peacefully with us
 3 by his side".
 4 Q. And were you able to hold his hand and comfort him?
 5 A. Yes, we did, but we were wearing gloves and I wish I'd
 6 broken the rules and taken my gloves off at some point,
 7 but I didn't, and I regret that.
 8 Q. Now, in your statement you talk about lessons you
 9 believe should be learned and we have all those and we
 10 will consider them.
 11 A. Okay.
 12 Q. I just want to touch on a couple in particular and
 13 I wonder whether you could please read paragraphs 110
 14 and 111 of your statement.
 15 A. Okay, sure.
 16 "What could definitely have been done better was my
 17 mum getting access to hospital when she was suffering
 18 badly from the effects of Covid 19. She should have
 19 been given oxygen and a fluid drip instead of being
 20 denied these basics. If this had happened, she may have
 21 survived. In any future pandemics, I believe that
 22 better healthcare treatments should be made available in
 23 care homes. NHS nursing teams should be brought in to
 24 administer oxygen and fluids.
 25 "Public Health Scotland should have been able to

158

1 mobilise NHS nursing teams to go into care homes in such
 2 circumstances.
 3 "When it was safe to do so, for example, when a care
 4 home was declared Covid free, they should have let
 5 family members in. They should obviously have been
 6 tested and wearing PPE but families are so important.
 7 Families are not merely visitors, but an integral part
 8 of the care team. Even just one designated person.
 9 That's all we were asking for. Family members could
 10 have provided much needed comfort and they could have
 11 helped their loved one to eat better, mobilise, take
 12 medication, etc. The staff in care homes during Covid
 13 were run off their feet, many of them traumatised having
 14 cared for people who died without their loved ones by
 15 their side. Families should have been allowed in to
 16 help. This is why Anne's Law needs to be implemented by
 17 the Scottish Government as soon as possible. So that
 18 the right to visit a loved one in a care home during
 19 a pandemic is enshrined in law. I think care homes were
 20 very nervous about letting families in. They were
 21 incredibly worried about further Covid outbreaks and
 22 didn't want to shoulder the blame. This is
 23 understandable. The Scottish Government could have
 24 supported the care homes by putting visiting rights in
 25 law rather than merely 'guidance'."

159

1 Q. Thank you very much. Do you think that you've been
 2 heard on everything that's important today?
 3 A. Yes, I think I have. Yes.
 4 Q. Thank you very much. I don't have any further
 5 questions.
 6 THE CHAIR: Thank you very much indeed, Mrs Duncan. I'm
 7 very grateful. Thank you. We'll take a break now until
 8 just before half past.
 9 MS BAHRAMI: Apologies, my Lord. If I may just remind those
 10 in attendance in the hearing room that the witness'
 11 sister's name was referenced. It is subject to
 12 a restriction order and so should not be repeated.
 13 THE CHAIR: Thank you, Ms Bahrami.
 14 (3.15 pm)
 15 (A short break)
 16 (3.28 pm)
 17 THE CHAIR: Good afternoon.
 18 MR GALE: My Lord, I should say the next witness is
 19 Catherine Russell. Her witness statement reference is
 20 SCI-WT0366-000001.
 21 THE CHAIR: Thank you.
 22 MRS CATHERINE RUSSELL (called)
 23 THE CHAIR: Good afternoon, Ms Russell.
 24 Now, when you're ready, Mr Gale.
 25 MR GALE: Thank you, my Lord.

160

1 Questions by MR GALE

- 2 MR GALE: Hello, Mrs Russell. Your full name is
3 Catherine Russell; is that right?
4 A. That's right.
5 Q. You're known as "Cathie", I think, but I think to your
6 family you're known as "Rena"?
7 A. That's right.
8 Q. Your personal details and contact details are known to
9 the Inquiry, but you're now retired. You provided the
10 Inquiry with a statement and you are agreeable that it
11 can be published and that your evidence is recorded?
12 A. That's fine.
13 Q. I think it's apparent from reading your statement that
14 you are able to be very precise about certain dates, and
15 that's obviously something you kept records of during
16 the pandemic.
17 A. Yes, unfortunately I didn't keep a diary during the
18 pandemic, but I did write quite a lot of emails and
19 I have those.
20 Q. Your statement is detailed and lengthy. That's not
21 a criticism. It extends to 35 pages, over
22 200 paragraphs, so you'll forgive me if I concentrate on
23 certain aspects of it. But can I assure you that
24 everything you've said in the statement has been and
25 will continue to be considered by the Inquiry.

161

1 Now, you gave evidence a few weeks ago as part of
2 the core group of Care Home Relatives Scotland group.
3 You do make reference to the establishment of that group
4 at paragraphs 108 and following and also at
5 paragraphs 170 to 184 of your statement.

6 Now, I'm going to ask to take what we see there
7 largely as read because I think a lot of it we have
8 already heard before from you. There are just two
9 matters I would like to refer to within those sections.
10 Can we first of all go, please, to paragraph 113?

11 I think you set out there a statement that you published
12 and I think that's referable to the date in the previous
13 paragraph, which is 12 October 2020.

- 14 A. That's right.
15 Q. You set out that statement that you published and
16 I think that was something that you brought to the
17 attention of other members of the group; is that right?
18 A. That's right. We always agreed that — after we had
19 meetings with Scottish Government, we agreed our kind of
20 briefing for the group that we would publish that day
21 because people were desperate to know of any news.
22 Q. Can you just read what you say, please, at 113 down to
23 116, please?
24 A. "I published a statement that day to the group saying
25 'It's taken me a while to get my head around all this.

162

1 It's a small step in the right direction and could help
2 people in care homes in some areas. The designated
3 visitor or their replacement can stay longer in the
4 resident's own room. The value of touch is recognised
5 and touch is allowed with PPE. People outside the
6 central belt might benefit from outdoor visits where you
7 can bring children or the family dog'.

8 "It goes on to say 'But there are now, however,
9 local restrictions across the whole of the central belt
10 but care home restrictions only apply to Glasgow, East
11 and West Dunbartonshire, East Renfrewshire, Renfrewshire
12 and North and West Lanarkshire and not the rest of the
13 area. (Although it was Greater Glasgow and Clyde, it
14 excluded Inverclyde.)'

15 "I said 'improvements on how essential visitors are
16 defined are really welcome and should enable families to
17 benefit from essential visits'. They had increased the
18 reasons for essential visits, it wasn't only for end of
19 life, it could also be for distress and things like
20 that. 'The guidance falls short of giving essential
21 care giver status with training on PPE and testing and
22 I was disappointed that the guidance provides the
23 designated visitor 1 visit per week for up to 4 hours
24 when I had clearly understood from the meeting that we
25 could visit more often and for longer'. These were the

163

1 words Jeane Freeman had used."

- 2 Q. So this was in the context of following upon a meeting
3 with Jeane Freeman, who was the Health Minister, if we
4 can put it briefly —
5 A. That's right. We'd had a meeting with Jeane Freeman and
6 then — but the guidance wasn't published on that day so
7 we had to wait for another — for several more days for
8 the guidance to actually come out. But, as I say, by
9 the time we saw that guidance, I knew right away it
10 wasn't going to help me or anyone in Glasgow or
11 Greater Glasgow or Lanarkshire.
12 Q. Okay. If you can just finish off with 116 please?
13 A. "I said 'against a tide of rising cases, it's good we've
14 made some progress.' [I said that because] I was trying
15 to keep it positive and not be down on everything all
16 the time. 'I firmly believe that, had we not formed our
17 campaign in August and gone to the Scottish Parliament
18 last month, visiting may have stopped altogether by now,
19 but our campaign continues but we have a very long way
20 to go.'"
21 Q. Okay. That was something you were saying in
22 October 2020, so six months into the pandemic?
23 A. That's right.
24 Q. Yes. Could you go, please, now to paragraphs 181
25 and 182 of your statement? Again, this is in the

164

1 context of your comments regarding Care Home Relatives
 2 Scotland and establishing that. I'd just like to -- so
 3 we've got these comments from you, could you just read
 4 181 and 182, please?
 5 A. "We can't complain about how much time the Government
 6 gave us -- they were very willing to engage with us and
 7 still are. Jean Freeman even gave me her phone number
 8 so I could text with anything urgent, and she had mine,
 9 and this was helpful on a number of occasions. For
 10 example, a member of the group had let me know that
 11 a gentleman in a care home in Ayrshire had committed
 12 suicide because he was so upset ..."
 13 This was because he was a gentleman who normally
 14 went out walking along the promenade every day and he
 15 had been locked up by that time for more than
 16 six months. And I let her know that that had happened
 17 and I passed that information on to her.
 18 "However, we were extremely frustrated that while
 19 the First Minister laid down the law for pubs, for
 20 hospitality and every other kind of business, they
 21 argued they couldn't force care homes to do anything.
 22 We felt that was just not the case -- the care homes in
 23 fact were crying out for clear, simple rules on
 24 a A4 sheet. And managers needed to be told if you
 25 follow these rules -- you have our complete support.

165

1 Instead, all the guidance was written with an underlying
 2 threat to the managers which Operation Koper didn't
 3 help."
 4 Q. Thank you. Those final comments in 182, did that remain
 5 your position for really the bulk of the pandemic?
 6 A. Yes. I would say that things improved from March 2021,
 7 when they brought in Open with Care. There was -- at
 8 that stage there was definitely a shift of gear and much
 9 more -- care homes were coaxed a lot more and advised
 10 a lot more to start re-establishing visiting. But of
 11 course by that time we'd all been vaccinated and the
 12 residents had all been vaccinated and it's my view that
 13 we might never have got to see her -- I would never have
 14 seen my mum again if that hadn't happened because
 15 I think that was the only way I was ever going to get
 16 in.
 17 Q. Thank you. Now, you're here to tell us about your
 18 mother, Rose Hamilton. She died on 20 July 2021?
 19 A. That's right.
 20 Q. And she was 89 when she died. Latterly, she was
 21 a resident at Clarence Court Care Home in Glasgow, where
 22 she'd been since late October 2019, I think.
 23 A. That's right.
 24 Q. Just to get a little flavour of your mother, I think you
 25 tell us at paragraph 3 that she was a mother,

166

1 a grandmother and a great grandmother.
 2 A. Yes, she was.
 3 Q. And to her really her family was everything?
 4 A. That's right.
 5 Q. She was widowed when your father died in 1994, I think,
 6 and thereafter your bond with her became very strong or
 7 even stronger -- can I put it that way?
 8 A. Yes, I think -- we were always close but I think at that
 9 stage -- I mean, my mum was just devastated when my dad
 10 died. That was just never in the script that such
 11 a thing would happen --
 12 Q. He was only in his 60s?
 13 A. She was 63 and she was still looking after her own
 14 mother, who was 98, and it was just such a shock when my
 15 dad -- he ended up in a bowling final and keeled over
 16 with a massive cerebral haemorrhage. So I think at that
 17 stage obviously you become a lot more -- in a way, an
 18 emotional dependence, a codependence, developed at that
 19 stage.
 20 Q. Again, just getting a flavour of your mother in her
 21 later years, particularly she was a keen walker, which
 22 was something she shared with you and your husband?
 23 A. That's right. We got her into walking. We knew she
 24 liked the countryside but she'd never actually -- she
 25 always just ran about looking after us all and my dad

167

1 and my granny, but it was when my dad died we said,
 2 "Well, the one thing you could go and do is start
 3 joining walking groups", and I took her away with -- we
 4 were in a hill walking group but we also took her --
 5 I took her to the CHA and the Glasgow Health Culture
 6 because my mum didn't drive and these were walking
 7 groups that operated on public transport. You just went
 8 along to Central Station and seen the woolly hats and
 9 joined the group. That gave her an outlet for the next
 10 20 years. She was actually up Munros with me on her
 11 80 -- when she was 80, so she was a very fit lady for
 12 a long time.
 13 Q. I think also her faith was very important to her. She
 14 was a regular attender at the Divine Mercy Group in
 15 Glasgow?
 16 A. Yes, I think especially after my dad died, my -- it
 17 tends to pass from one relative to the next -- my
 18 dad was holy, and then, when my dad died, my mum took up
 19 the ... she went to the Divine Mercy and they were very
 20 kind to her there. I think she got a lot of solace from
 21 that.
 22 Q. I think we know from paragraph 146 -- and it's not
 23 necessary for you to look at this -- but your mother did
 24 receive the Last Rites before she died?
 25 A. Yes.

168

1 Q. And I think she acknowledged that by, as you put it in
2 your statement, giving your sister "a big smile and
3 a thumbs up"?

4 A. Yes, she was delighted. Very aware that that was a box
5 ticked.

6 Q. And she retired when she was 65 in 1996 and from what
7 you say I think she had generally very good health.

8 A. Yes, she had great health and she spent Monday to
9 Wednesday every week through here in Edinburgh, where
10 she was Granny Rose to my sister's children. Then
11 she -- at the weekends she would go out with her walking
12 club and she had her own mother for another five years
13 after my dad died. She lived till she was just short of
14 103.

15 Q. I think she did develop osteoporosis and I think she
16 made a fairly pointed comment to you about that.

17 A. Yes, she was very indignant about that. She was annoyed
18 that we hadn't noticed she was shrinking and she would
19 just -- she was so devastated when my dad died that
20 I think she just curled up and I just took it to be
21 that, but she had actually developed osteoporosis. But
22 she did actually improve her bone density by taking all
23 the calcium and everything.

24 Q. I think you also say that she was very sociable. She
25 was a very sociable woman?

169

1 A. Yes, she loved company, she loved a sing-song. She was
2 always visiting people and making fruit cakes and
3 delivering them round neighbours and things.

4 Q. Now, so far as her health was concerned, I think -- and
5 this came about because of individuals -- and please
6 don't name them -- within your family who have medical
7 qualifications -- there was a concern that she might
8 have Parkinson's and that was I think dismissed. But
9 around the same time there was a concern that she might
10 have age-related cognitive decline, which I think you
11 had noticed.

12 A. Yes. I think looking back on it, I think -- my mum
13 probably did have some form of dementia. I think it was
14 probably vascular -- she had many -- it seems
15 subsequently, after a brain scan -- they never said to
16 me, "Your mother has dementia". They just said, "Her
17 brain is full of holes". And I think that means
18 vascular, probably. There's just a bit of damage
19 there --

20 Q. I think you were probably about to say that she did have
21 a history of having some mini-strokes or TIAs, I think.

22 A. We were unaware of that. We had never seen anything
23 like that. But when she had the brain scans, they said
24 there was evidence of damage, and that was in the basal
25 ganglia area, which is the same area that is affected by

170

1 Parkinson's, which probably explains why she showed some
2 of those traits.

3 Q. You and your sister had a power of attorney put in place
4 regarding your mother -- regarding welfare and financial
5 matters?

6 A. That's right.

7 Q. As I understand it, she was at home and you were
8 involved in her care?

9 A. That's right. I had retired in 2013 and we'd kind of
10 developed a -- you know, a nice sort of programme for
11 Mum, whereby I was going up to Aberdeen on a Monday and
12 Tuesday to look after the grandchildren and my mum would
13 be in Edinburgh then because my sister would maybe take
14 her through there on the Sunday night or the Monday, and
15 then I would go back and collect her from Edinburgh on
16 a Wednesday and I would take her out with her friend for
17 a run. You know, we went on lots of day trips and
18 everything.

19 Q. In May 2018 you yourself had a serious accident,
20 I think.

21 A. Yes, that's right.

22 Q. And it was really at that time that you realised that it
23 was going to be difficult to meet your mother's care
24 needs?

25 A. Yes. I was in a lot of pain with quite a bad accident

171

1 and so at that time I did hire a neighbour to help out
2 with Mum.

3 Q. Right. And I think you also say that she had a number
4 of falls.

5 A. Yes. I mean, I know more about these things now and
6 I know that is all related to -- you know, to dementia,
7 that people's balance goes and her balance was poor.
8 She did have quite a lot of falls.

9 Q. And at paragraph 20 of this statement you say that,
10 following another fall, she was admitted to hospital
11 in October 2018, where she remained for a number of
12 weeks. After her discharge, you arranged for care at
13 home?

14 A. Yes. I mean, she had an assessment and she got a very
15 good care package to come out of hospital, but it was
16 withdrawn within two weeks. And she just was getting,
17 you know, one or two visits and not always from the same
18 person. So I kind of built that up myself by hiring
19 another carer and -- as well as the lady that we already
20 had.

21 Q. I think as time went on you became concerned that your
22 mother was not eating.

23 A. Yes, you would -- she always ate well when I was with
24 her but I was finding meals in ovens and in the
25 microwave. Food didn't disappear from the fridge, you

172

1 know. But she said, "I'm an old woman. I don't need
2 that much food, I don't need all that feeding".
3 I suppose you expect them to eat the same as you do, but
4 I think she just forgot the food was there.
5 Q. And in July 2020 she suffered I think a serious back
6 injury which again involved her having a period in
7 hospital.
8 A. Yes, she broke her back in two places in a fall in her
9 kitchen. We were out and we got a call from the
10 Telecare service because by that time my mum had
11 Telecare, which is the alarm system, and if they fall,
12 then they can try to speak to the person, and they
13 hadn't been able to speak to her, but they said, "We
14 think she's on the floor". So my husband and I just
15 jumped in a taxi and went up and we couldn't move her.
16 I mean, she was very light but she was in so much pain
17 that we couldn't move her. We had to wait for an
18 ambulance, which didn't take all that long actually, and
19 she was taken to the QE.
20 Q. I think after that -- that was in fact the last day that
21 she was in her own home?
22 A. Yes, sadly that was -- she never got back home after
23 that.
24 Q. And you also indicate that you were very determined or
25 had been very determined that she should not go into

173

1 a care home but the point was reached where you felt she
2 was too vulnerable to be left alone?
3 A. Yes, I think we reached that stage where we really had
4 to decide whether or not -- I think the only way we
5 could have kept her at home would be to move in and deal
6 with all the carers coming and going. We couldn't have
7 left her on her own overnight or anything because she
8 couldn't make a call and she couldn't use a phone
9 anymore. She was just very vulnerable. And she also
10 didn't like the key safe. She was frightened -- when
11 people came in using the key safe, she didn't know who
12 was coming into her house and I think she found that
13 very frightening.
14 Q. Yes. Now, you looked at a number of care homes and
15 settled on Clarence Court Care Home. After a further
16 period of hospitalisation, she moved in there. You tell
17 us about that in paragraphs 36 onwards. Again, just
18 taking it short, you were able to personalise her room?
19 A. Yes. My mum -- there was -- my mum had been taken to
20 an intermediate unit, an intermediate care unit, but she
21 got a very bad infection there and was moved back to
22 hospital. I thought that was the end actually.
23 I didn't think she was going to survive that because she
24 was really, really ill, but she rallied round eventually
25 and we got her back. But during that period, because

174

1 I already had the care home place for her, we went in
2 and got the pictures put up and everything, had the room
3 nice for her coming out.
4 Q. At paragraph 40 you say that it was a very difficult
5 decision for you to make regarding your mother going
6 into a care home, but effectively she needed 24/7 care.
7 A. She did, and even during the pandemic itself, when I was
8 really distressed and saying to the care home, "I want
9 to bring her out", they said, "You couldn't manage your
10 mum. There's no way you would cope".
11 Q. I think you summarise things at paragraph 41 -- I'm
12 sorry -- paragraph 51 of your statement. Perhaps you
13 can just read that, please.
14 A. At 51 I just say:
15 "I know that a lot went wrong during Covid with
16 people being transferred from hospital to care homes,
17 but this was before the pandemic, and I had made the
18 decision [that that was the best way forward]. I had
19 found a care home that I felt would be good [and that
20 was] -- I had her room [nicely] ready for her, put all
21 her familiar things in it, her pictures up ..."
22 And I bought a new TV and put it in, and I just
23 wanted to get her moved over from the Langlands, which
24 I didn't think was a great place.
25 Q. Right. Prior to the pandemic, you say that visiting

175

1 your mother in the months between November 2019
2 and March 2020 went well. I think that's in
3 paragraph 56.
4 A. Yes, I mean, over the last three years -- obviously I've
5 been on a bit of a learning curve about care and all
6 that and now I have real reservations about care homes
7 and the whole set-up and our overdependence on private
8 homes. But I have to say that first few months of my
9 mum in that home went really well and it was -- we were
10 all able to visit, all our grandchildren all came, we
11 were able to get assistance -- I couldn't get my mum in
12 a car because she couldn't stand or transfer. So -- but
13 I could take her out in a wheelchair and get an
14 assistance taxi and bring her up to my flat, which has
15 a lift, so it -- and my brother came up from down south
16 and we all went out for her birthday on 23 November that
17 year, so -- we had a local restaurant and everything
18 because Clarence Court is in quite a busy wee area with
19 lots of cafes and things, so it was quite sociable being
20 there and it was very close to my house.
21 Q. At paragraph 58 you say you had a contract with the home
22 regarding visitation. Was that a formal contract,
23 did you have --
24 A. Yes, because you have to pay for care homes, so you sign
25 a contract and the contract --

176

1 Q. What did it provide in relation to visiting your mother?
 2 A. It said that visiting was unlimited.
 3 Q. And did you exercise that?
 4 A. Yes. Well, it was a busy time in my — because
 5 obviously my mum was only in there — she was
 6 in November and December and I had hoped — you know,
 7 I thought, "We'll give it three months and then see
 8 how — if there's any chance of getting Mum home"
 9 because I still hoped that she might recover enough that
 10 we could have got her back home. But, unfortunately,
 11 you know, we could see that she was still very, very
 12 frail and, you know, I had to kind of then think, "Well,
 13 I'd better try and get her house on the market in case
 14 it takes a wee while to sell". I didn't want to run out
 15 of money. So we put her house on the market at the
 16 beginning of February but it actually did go very
 17 quickly so that was ...
 18 Q. I think one of the things that did continue at least was
 19 your delivery of toasted cheese to your mother.
 20 A. Yes, well, that kept — my mum liked toasted cheese
 21 and — but that happened, to be honest, even during the
 22 pandemic. I know from the group that an awful lot of
 23 care homes were — you know, people were handing stuff
 24 in and it all had to go into solitary confinement, like
 25 the residents — it all had to be quarantined and

177

1 everything, but my mum's care home were quite good about
 2 that sort of thing. I used to take her — I had taken
 3 her toasted cheese on a Sunday. I would go in on
 4 a Sunday morning with that and she always liked it so
 5 I kept it up after the pandemic and handed that in, and
 6 they would send me a wee email to say she'd really
 7 enjoyed it.
 8 Q. Okay. That apparently didn't need to be cleansed before
 9 she ate it?
 10 A. No, I think they just — I think, hallelujah, there was
 11 somebody with common sense. They could see that this
 12 was not any different from someone getting toasted
 13 cheese from any source.
 14 Q. Now, paragraph 63 of your statement, you deal with the
 15 start of the pandemic and the contact that you had with
 16 your mother between March 2020 through to July 2021.
 17 You mentioned that, as I say, members of your family,
 18 extended family — again, please don't name them — but
 19 were in the medical profession and they were aware of
 20 Home Office briefings that had been made about the
 21 emergence of the virus, particularly first of all in
 22 China and then in Europe.
 23 A. That's right.
 24 Q. I think you agreed at that time — and you agreed this
 25 with your sister — that if the position came to be that

178

1 only one person would be allowed to visit your mother,
 2 then that person would be you?
 3 A. That's right because I was the only one in Glasgow. My
 4 sister lives in Edinburgh and my brother is down south.
 5 Q. On 16 March 2020 the care home contacted you and said
 6 that it was proposing one essential visitor —
 7 A. Hmm.
 8 Q. — and that they were reviewing their Skype and FaceTime
 9 arrangements.
 10 A. That's right.
 11 Q. You informed the care home that you would be the one
 12 essential visitor and that at that time you were
 13 generally supportive of the restrictions and precautions
 14 that the care home were putting in place?
 15 A. That's right. In fact, before the care home emailed us
 16 at all about it, I had been in touch with them and said
 17 I thought they should maybe reconsider whether or not
 18 the nursery schools and so on should come in, because
 19 they had a link with the local nursery, just given that
 20 levels of infection might be starting to build up, so —
 21 I mean, it's something that is quite important about our
 22 group is that we've never — I don't think any of us
 23 have ever thought COVID wasn't dangerous but we just
 24 believe that we weren't visitors.
 25 Q. Yes. We'll come to that in a moment. I know you

179

1 express it very forcefully later.
 2 Just on the practicalities, was your mother able to
 3 use FaceTime and Skype?
 4 A. Well, they had a visiting co-ordinator in the home
 5 and — not a visiting co-ordinator. They had an
 6 activities co-ordinator and it became his job to go
 7 round residents and arrange their Skype calls. My mum
 8 got four Skype calls a week. I subsequently realised
 9 that was extremely generous compared to what most people
 10 were getting. My daughter and niece and my brother and
 11 sister all had Skype calls every week and my brother
 12 used to play guitar to her because my brother said to
 13 me, "I don't know what to say to Mum in a Skype call",
 14 and I said, "Well, just sing to her, just play the
 15 guitar", and he actually — he got quite good at it. He
 16 was starting to rehearse and everything and he could
 17 hear other residents singing along with him.
 18 Q. Did your mother get benefit from those Skype calls and
 19 other FaceTime calls?
 20 A. I think she did. I think we were fortunate. I think
 21 most people with dementia and other conditions, an awful
 22 lot of people in care homes couldn't benefit from
 23 online. But my mum's life became quite virtual and in
 24 fact I used to do window visits just after a niece had
 25 a Skype call with Mum and my mum would be sitting

180

1 looking at this screen and then she would turn to me and
2 she'd say, "Where's my granddaughter gone?". You know,
3 she couldn't actually tell the difference in some ways.

4 But I think there's a big difference between
5 physically seeing someone yourself and seeing them on
6 a Skype call. You know, you could see where they're
7 not -- I was able to tell the home, "I think my mum's
8 got a UTI", and I could tell that through a window by
9 looking at her. You know, I just knew.

10 Q. Right. Just moving on, in March 2020 -- I think it was
11 St Patrick's Day -- you had a meeting in your mother's
12 room. It was that night that you were told that all
13 visits were being stopped?

14 A. That's right.

15 Q. At paragraph 70 you describe your reaction as being
16 devastated.

17 A. (Nods)

18 Q. I think it's important that we just go on from there
19 because you subsequently wrote to the care home --
20 I think the prompt of that was Mother's Day --

21 A. That's right.

22 Q. -- which was upcoming -- and you particularly made the
23 point that you could not be kept away from your mother
24 for 18 months and you make reference to
25 Professor Neil Ferguson's paper. Can you just explain

181

1 what you took from that?

2 A. Well, it was very clear from Neil Ferguson's paper on
3 the pandemic that it was going to be a very serious
4 situation from 12 to 18 months and I couldn't really
5 see -- I just felt, "I'm being locked out here and
6 I can't see any way back in. You know, there doesn't
7 seem to be any game plan. It's just like they're
8 locking me out and we haven't sorted out how we might
9 ever get you back in again".

10 Q. How did you become aware of Professor Ferguson's paper?

11 A. I was just online all the time. I was up all night --
12 I was up all night howling and I was just online all the
13 time, reading everything I could about the virus.
14 I mean, that paper was readily available. And I was
15 also reading about a care home in Spain. By 20 March,
16 the BBC had published a story about a care home in Spain
17 where the residents had been abandoned, where, you know,
18 everyone had ran away and left them all dead in their
19 beds. I had been working in Strathclyde and in
20 South Lanarkshire, doing a lot of social work PR all my
21 life, and I know there's nothing more dangerous than
22 a locked institution. You know, I just think to keep
23 people's loved ones away from them like that was a --
24 they were creating an extremely dangerous situation.

25 Q. Having written to the care home on 20 March, as you say

182

1 in paragraph 71, did you get a reply?

2 A. Sorry, which one is that?

3 Q. Paragraph 71 of your statement, you wrote to the care
4 home in relation to your Mother's Day presents and you
5 make reference to Professor Ferguson's paper. I'm just
6 wondering, did you get a response to that?

7 A. No, I don't think so. They would generally reply about,
8 "Yes, that's fine about the flowers" or things, but most
9 of -- mainly it was the admin that replied, so, you
10 know, it was more just on practicalities really.

11 Q. So there wasn't anything in response to you which
12 addressed your concern that you might be kept out of
13 your mother's presence for up to 18 months?

14 A. Yes, and I did stress in that letter that I was --
15 I considered myself an essential visitor and that I had
16 power of attorney and I had been looking after my mother
17 for years. I was her main carer.

18 Q. You tell us about window visits which were both closed
19 and then open. At paragraph 77 you say something about
20 your mother's reaction to those window visits. I think
21 this is something we've heard on a number of occasions.
22 Perhaps you would just explain what was her reaction.

23 A. Yes. Well, my mum kept asking me -- the window visits
24 at my mum's were that she was wheeled into a dining room
25 which had patio doors which were kind of wooden and

183

1 with -- they weren't kind of like big open door -- all
2 glass, they were more like panels, and she kept saying,
3 "Open that, open that door, open that door", but

4 I couldn't open the door. It was locked. But what
5 I did was I would phone in and the staff would bring
6 a telephone and speaker and sit it away from my mum
7 because, if they gave her the phone, she would push
8 buttons and cut me off and I would have to ring in
9 again. So they would sit the phone out of her reach,
10 but she kept asking me to open the doors and I said,
11 "The doors are locked, Mum", and she said
12 "Am I a prisoner here?".

13 Q. At that point in time -- and I appreciate it may be
14 difficult for you to make an estimate about this -- what
15 do you feel your mother's cognitive abilities were?
16 Do you think she understood what the position was?

17 A. Yes, I think she understood quite a lot about it.

18 I told her -- she really laughed when I told her that my
19 grandson, who was three and was at nursery -- had been
20 at nursery and all the hand-washing and everything, and
21 when I said to him, "I'm going to see Granny Rose",
22 which was a window visit, he goes, "You can't see
23 Granny Rose", and he's stamping his feet because it was
24 too dangerous, because he couldn't go and see his
25 grannies, he couldn't come and see me or his other

184

1 granny. And she thought that was really funny, you
 2 know, that [redacted] was being so careful -- sorry --
 3 my grandson was being so careful about these things.
 4 She also said -- yes, at one stage later she said to
 5 me that it was much worse than the war because the war
 6 was sociable and, you know, "You would have to go down
 7 the shelters", she said, "and we would sing and have
 8 parties", but Coronavirus was just miserable.
 9 Q. At paragraphs 78 to 80 you reflect on what I think ...
 10 sorry, I think there's been a breach, my Lord, by the
 11 mention of the grandson's name.
 12 THE CHAIR: That's all right. Don't worry.
 13 A. Sorry.
 14 THE CHAIR: I think we need to sort it out. Don't worry.
 15 Easily done.
 16 (4.07 pm)
 17 (A short break)
 18 (4.11 pm)
 19 MR GALE: Before we continue on, Mrs Russell, can I remind
 20 you -- and I appreciate how difficult it is -- can you
 21 try to avoid naming even members of your close family?
 22 Can I also remind everybody that the restriction order
 23 does apply in relation to that one mention?
 24 Right. Shall we go back to paragraphs 78 and 80,
 25 please, of -- between 78 and 80 of your statement

185

1 because I think you reflect there what you saw as the
 2 unfairness of the situation where others were allowed to
 3 have access to your mother, obviously care home staff --
 4 but other people who could have access to your mother
 5 and you weren't. I think -- can I just ask you to read
 6 the last sentence of paragraph 80, just so that we can
 7 get your full picture on that?
 8 A. Yes. I'm just saying that -- well the last sentence is:
 9 "The carers were delivering a great standard of
 10 care, but I didn't see that I would have greatly [added
 11 to that risk] added to the risk."
 12 Q. I presume that in those situations you would have taken
 13 the appropriate level of precaution and infection
 14 control?
 15 A. Yes, I think -- that's the only thing -- I thought at
 16 the very start -- well, there was a lot in the news
 17 about shortages of PPE, although I had asked the home if
 18 they were short of PPE and they said they weren't, that
 19 they had plenty. But I could understand that if they
 20 were to start giving that to relatives as well, at that
 21 stage it might have created a problem, so I could
 22 understand it right at the beginning. But I really felt
 23 that, with the same measures as staff were using, then
 24 I could have been able to see my mother because I didn't
 25 think I was a visitor. I very much identified as one of

186

1 her carers --
 2 Q. Yes.
 3 A. -- and her daughter.
 4 Q. You've told us that in this period you were staying up
 5 at night searching for advice, information, and I think
 6 also in this period you became a regular responder
 7 with various individuals and you summarised some of this
 8 at paragraphs 81 and following. Again, just at this
 9 stage, can I ask you not to name, but at paragraph 85
 10 you say that -- well, perhaps you can just read
 11 paragraph 85, please.
 12 A. I say:
 13 "I couldn't believe this was happening. Well,
 14 I could as I had a premonition I'd be locked out for
 15 a year. I couldn't see what the game plan was. If the
 16 game plan was that they were stocking up on PPE, well
 17 that was already happening. If they'd told me that
 18 until they could get me PPE and training [you know, in
 19 infection control] you can't get in -- I would have
 20 understood. But it was so obvious if they had any plan
 21 at all -- it was to do nothing to reunite people and
 22 [to] wait on a vaccine."
 23 Q. Yes, now, that may be an inference you had drawn. Can
 24 you just explain why you had come to that view?
 25 A. I couldn't see what else was going to do it because

187

1 I had been saying to people, "Look, I will wear
 2 a moonsuit, you know, whatever I need to do to get in
 3 there, I will do it", and yet I still wasn't getting in.
 4 So I had to conclude that I was going to have to wait
 5 for a vaccine and at that stage we had no idea how long
 6 that would take.
 7 Q. Sorry, my Lord.
 8 Right, paragraphs 89 and following -- and I think
 9 this is something we can safely refer to the name -- you
 10 sent a letter to Gregor Smith, who I think was the
 11 Chief: Medical Officer.
 12 A. That's right.
 13 Q. And you say that you were, in your opinion, quite cheeky
 14 in that letter.
 15 A. Yes, you could see my letters were becoming growingly --
 16 they were becoming more and more irate and irrational
 17 actually in some cases, but, you know, you could see
 18 that I was starting to lose it because I was just so
 19 desperate.
 20 Q. And can you just summarise what you were actually saying
 21 to Professor Smith at that time?
 22 A. Yes.
 23 "I referenced that it had been three months since
 24 I got to spend time with my mother who was in a care
 25 home where there had never been a covid case and that

188

1 'Phase one out of lockdown indicated that a designated
2 visitor system would be introduced. That hasn't
3 happened. Phase two spoke of wider visiting, that's
4 clearly not going to happen either. Now the home have
5 sent me a letter with your name on it telling me I can't
6 see her until 31 July and she is shielded.' I said
7 'That will be 5 months out of the life of a 89-year-old
8 woman with dementia who, incidentally, suffers
9 life-threatening infections associated with having
10 a catheter, every other month. I am, and was my
11 mother's main carer for many years, she only went into
12 a care home 6 months ago after a fall. It is an act of
13 outright cruelty to deny her the company of her children
14 at this stage of her life. She has no understanding of
15 the virus; she will simply feel that we have abandoned
16 her. I believe that what you are doing is a major
17 breach of our right to family life'.

18 "At the end of the letter I said 'I am extremely
19 angry that, through the entire epidemic, neither you,
20 nor the First Minister have ever directed a single
21 comment directly to care home residents or their
22 families explaining what your strategy is and what
23 you're seeking to achieve before we can be reunited with
24 our loved ones, assuming they survive that long.
25 I watch the briefing every day and see all the different

189

1 groups addressed, from care workers to unpaid carers,
2 but never us, perhaps you simply can't look people in
3 care, or their loved ones, in the face'."

4 Q. Do you recall if you got a response to that?
5 A. No, I don't think I got a response to that one.
6 Q. Okay. Right. I'm just looking at one or two other
7 particular points and I am just selecting some of these,
8 Mrs Russell, for emphasis. At paragraphs 98 to 100 you
9 tell us about an opportunity that your grandchildren --
10 again can I just remind you not to name them --
11 A. Yes.
12 Q. -- your grandchildren, I suppose your mother's great
13 grandchildren, had an opportunity to see their great
14 grandmother. How did you feel that went?
15 A. It didn't go very well, that visit, because it was
16 a closed window visit. They still -- I think some care
17 homes started outdoor visits in July but my mum's care
18 home had someone who was detected as having COVID
19 through the national testing. The home were pretty
20 certain that they didn't have anyone with COVID and this
21 person was never ill, but they'd had a positive test
22 result through the random testing that was happening
23 nationally and so they were actually -- the care home
24 manager actually told me she was really pleased that as
25 a result of that they would have to shut for another

190

1 28 days and couldn't open to outdoor visiting. So I was
2 continuing with the closed window visits and I'd gone
3 down there with my daughter and grandchildren. But it's
4 very noisy on the street because it's Crow Road in
5 Glasgow, it's a very busy road --
6 Q. A main road.
7 A. -- and she was looking -- the children were trying to --
8 it was sunny and the children were trying to see through
9 the window and they were crouching down and looking --
10 it was like when they were stood up, there was too much
11 reflection. They were trying to see almost like
12 underneath the window.
13 So I've got a photograph of them crouched down,
14 trying to see their granny, and I found it upsetting
15 because it just reminded me of going to see the meerkats
16 in Aberdeen. I thought, "This just isn't normal. It's
17 a gorgeous day. Everyone else can go outside. Why
18 can't we sit at one of these tables with my mother and
19 her grandchildren playing around? Where would the harm
20 be in that?". There wouldn't have been any harm in that
21 because we could have maintained distance -- we were
22 supervised anyway and we could have maintained some
23 distance and been outside with those children. But she
24 never got to see any of her great grandchildren again.
25 That was the last view she had of any of them.

191

1 Q. Right. Obviously there are two sides to an interaction
2 like that. There's your mother's perception of it and
3 obviously there's also, in this case, specifically your
4 grandchildren's perception of it. First of all, your
5 mother, do you think she gained any benefit from it?
6 A. Probably not.
7 Q. And your grandchildren?
8 A. No, I don't think so. I don't think -- I think it was
9 just sad.
10 Q. Now, we can read what you say about outdoor visits and
11 we've got everything you've said in relation to that,
12 but can I take you to paragraph 124, which is an
13 incident just before Christmas 2020. This was
14 an occasion when you had gone to see your mother. Where
15 was that taking place?
16 A. Well, I had never had any indoor visits because the care
17 home -- because of the way Glasgow shut down, very few
18 care homes had had -- they had to have a risk assessment
19 which they believed had to be signed off by
20 Public Health and that had never happened in my mum's
21 care home before the Glasgow shut-down came in, so, as
22 a result, there was never any indoor visiting in
23 Glasgow. But it did re-open again just a couple of
24 weeks before Christmas, but it was -- my mum's care home
25 had just had a -- had had an outbreak in November and

192

1 they were not for opening up again. But I think the
 2 Chief Nursing Officer had spoken to the local — I think
 3 they felt so sorry for me actually because I'd been
 4 fighting for so long and still hadn't got in, and they
 5 arranged a visit — they finally agreed that I could
 6 have a visit in the foyer but it wasn't any better than
 7 the outdoor visit.

8 The outdoor visits were horrible, they were like
 9 prison visits, when they could have been good because my
 10 mum loved the outdoors and we could have been sat at
 11 a picnic table and had something to eat and drink; you
 12 know, you could have made that an occasion. It wouldn't
 13 have done everyone in the care home because a lot of
 14 people couldn't take the cold or they wouldn't be well
 15 enough to come outside, but my mum would have been good
 16 with that but it was never allowed. She was always kept
 17 in the home and all that an outdoor visit meant was that
 18 the doors were open.

19 Q. And you were outside?
 20 A. And I was outside. But what they arranged before
 21 Christmas was an indoor visit, which was in — but it
 22 wasn't — I mean, my idea of an indoor visit was what
 23 we'd been promised on 12 October, in your mother's own
 24 room with touch, but it wasn't that. It was outdoor —
 25 it was indoors but it was just the same as an outdoor

193

1 visit. You know, I had full PPE on, just had to sit
 2 kind of about 3 metres away from my mother, who was in
 3 an in-shot, and it was in a foyer so there was lots of
 4 people coming and going and it was overseen by
 5 reception.

6 My mum, at one point she sort of reached out to me
 7 and said, "Give me a hug, give me a hug", and she leaned
 8 really, really far forward and I thought she was going
 9 to tip the chair up, so I ran over to try to stop her
 10 and the person behind the reception went absolutely nuts
 11 and was screaming at me, "Get your hands off her, get
 12 your hands off her", but I had been tested and I was
 13 wearing exactly the same as everyone else.

14 Q. I think you say you don't blame the employee —
 15 A. No —
 16 Q. — but you say there was a real fear of culture around
 17 COVID.
 18 A. Yes, they were traumatised. They'd had an outbreak,
 19 they'd lost ten residents. I didn't know that at the
 20 time, but I found it out in the April when the BBC
 21 finally managed to get information on the number of
 22 deaths because that was always considered commercially
 23 sensitive information. You know, I couldn't understand
 24 that because I had worked in emergency planning teams.
 25 I'd looked at COVID — I'd looked at E coli and

194

1 Legionnaires and all of these things. They never gave a
 2 stuff about who they named that had caused — you know,
 3 if there had been any kind of outbreak, but suddenly in
 4 COVID it was commercially sensitive and we weren't to
 5 know how many deaths there were.

6 Q. I think you say that you could see that your mum felt
 7 very embarrassed about you being told off.
 8 A. Yes, she did. I mean — yes, she wasn't very pleased.
 9 But she did say after that — I actually videoed her
 10 that day and she said that she didn't care about COVID
 11 or anything else. She just wanted to see her family.

12 Q. There was an occasion when the care home contacted you
 13 in January 2021, asking if you could arrange an
 14 assistance taxi to take your mother for a hospital visit
 15 because of an infection she had.
 16 A. That's right. It was actually — I had been saying to
 17 them, because my mum kept getting UTIs, could she not
 18 get prescribed preventative antibiotics, which were —
 19 she had a relative who was on those and they seemed to
 20 be quite effective. And they said that they would — so
 21 I didn't hear any more about that, but then I was really
 22 surprised at the beginning of January, when they said
 23 that, "You could take your mother to a hospital
 24 appointment", and I just went and got a PCR test a few
 25 days before and booked an assistance taxi and took her

195

1 over to the QE. And I told her that we were like Thelma
 2 and Louise and we were going on a road trip, and on the
 3 way back I got the taxi driver to take us to the
 4 Botanic Gardens and we sat on a bench in the Botanic
 5 Gardens — well, my mum was in a wheelchair, but I was
 6 on the bench — and she sat and watched a wee child
 7 playing in the field with bubbles or something, and she
 8 just sat and watched that.

9 Q. I suppose the Glasgow Botanic Gardens wasn't quite the
 10 Grand Canyon and the Glasgow taxi probably wasn't a
 11 Ford Thunderbird but you both survived it?
 12 A. I knew it was a place I could go and easily get a taxi
 13 back again, you know, if they dropped me there, so it
 14 was ...

15 But the thing about these one-offs is — it's like
 16 the one I got just before Christmas and then that one
 17 in January — was, when I took my mum back, I had to
 18 leave her just in the foyer. I wasn't allowed to settle
 19 her in or anything. I had just to leave her in the —
 20 before you got indoors at the home. I had just to leave
 21 her there and I had no idea when I would ever see her
 22 again or if I would ever see her again —

23 Q. Right.
 24 A. — because there was no visiting at all at that time
 25 because that was after the Boxing Day shut-down.

196

1 Q. You tell us about your mum's death in paragraphs 141 to
2 149, and I appreciate that will be upsetting for you and
3 I don't want to go through that in any detail. Your
4 mother had I think requested a DNR some years ago.
5 A. Yes, I'd actually been at the doctor's with her that
6 day and the doctor had mentioned it with her and she
7 said, "Oh, yes, I would sign that because I don't
8 believe in ...".
9 Q. What you say is that it was apparent that your mother's
10 system was shutting down.
11 A. Yes, a GP had phoned me and he said they could move
12 her -- in care homes they can't put a line in to do
13 antibiotics -- I don't know if that has changed now, but
14 at that time they weren't allowed to do that -- but
15 he -- when he phoned me, he said, "If you really want
16 that to happen, I'll see if I can get her moved to
17 hospital, but", he said, "to be honest I wouldn't
18 advise it. I don't think it would be effective.
19 I think she's ..." -- the expression he used was, "It
20 would just soak her skin", it wouldn't work, and I could
21 see she was going. I could tell myself.
22 Q. As we noticed earlier, she received the Last Rites from
23 your local priest.
24 A. Yes, that's right, and my mum's death was in the context
25 that we had quite good access from March on -- well,

197

1 good compared to what it had been. I was getting in
2 once a week from March, my sister was getting to take
3 Mum out once a week from March and I would go and meet
4 them at the park, you know, in the wheelchair -- with my
5 mum in the wheelchair and take a picnic with us. Then
6 from about -- you know, in late April/May, I was allowed
7 to take Mum out on Sundays as well, so I was taking her
8 home on a Sunday.
9 So I had quite good access for that three months and
10 I think psychologically that's made a massive difference
11 because we had some really nice times and she was
12 really -- I mean, my mum -- the care staff absolutely
13 loved her. I mean, they were really -- I still visit
14 that care home and that's the difference. I go to the
15 care home now as a visitor to see a lady who I used to
16 work with who is now in there, and if I arrived there
17 one day and they said, "I'm sorry, the home is shut
18 down, we've got an outbreak", I would accept that
19 because I am that person's visitor, but I wasn't my
20 mum's visitor.
21 Q. We understand that.
22 Your brother was also allowed in at the end of your
23 mother's life, but I think you had to argue his case?
24 A. Yes, I did. The visiting co-ordinator said to me --
25 when I said, "My brother will be arriving on Sunday",

198

1 she said, "Oh, well, he'll have to sit behind a screen".
2 And I said, "Look, my brother has been looking at his
3 mother on a screen for 14 months now with a Skype call
4 every week. He's not sitting behind a screen". I said,
5 "This is an end-of-life visit". She said, "Well, no one
6 has told me your mother is at end of life". But that
7 was just a week before my mum died. But because I said,
8 "Well, she is", and so she I think -- I don't know if
9 she made enquiries, but when I met my brother -- I mean,
10 we didn't go in together or anything, but when I met my
11 brother in the street, I said, "Look, if you have any
12 problem, phone me", but he said it was fine, he didn't
13 have to sit behind a screen. I did know that that would
14 be happening to loads of people. The only reason he got
15 in was because I knew the rules and people that didn't
16 know the rules would just be getting told "No".
17 Q. And I think you were with your mother when she passed
18 away.
19 A. Yes, we were there and my mum's end-of-life care and
20 generally her care in the care home -- they were lovely.
21 I mean, I haven't -- the one thing that I was angry
22 about with the home was that they would never consider
23 me for essential and I felt I did meet the criteria for
24 essential visiting, and even where my mum didn't meet
25 it, I felt I met it because of the levels of distress

199

1 that I was feeling.
2 Q. Yes. I think you also say that your mum's funeral was
3 one of the first normal funerals.
4 A. Yes.
5 Q. You had 100 mourners at it and then other people at a
6 lunch?
7 A. Yes, it was exactly how she would have wanted it. It
8 was just how she would have -- she always wanted a good
9 purvey with steak pie and all that, so yes, it was --
10 no, it was good and she was -- it was a lovely service
11 and I think -- yes, I think that made a huge difference
12 to how I have coped compared to I think probably the
13 people who are almost -- I know you can't ever compare
14 different people's grief, but I think people who lost
15 a relative in that first year before they ever got in
16 again, they are really suffering. I see it every day.
17 And my whole life has changed because I spend my life on
18 that group.
19 Q. I suppose for you there was an element of normalcy came
20 at the end --
21 A. Pardon?
22 Q. There was an element of normality came at the end of
23 your mother's life?
24 A. I got a bit of normality at the end, but by the next
25 winter we were back to square one. There was lots of

200

1 people not getting in, there was lots of people who
 2 were — they really got into isolating people really
 3 badly that year. That was terrible. There was people
 4 being isolated — people were coming in the group,
 5 saying, "My mum has been stuck in her room for 45 days".
 6 You thought, "Where is the habeas corpus in this?
 7 Surely you cannot bang people up in a room for that
 8 length of time". I said to Graham Ellis one day, you
 9 know, "Surely — how long would you consider acceptable
 10 to keep someone in prison like that?", you know, you
 11 just cannot do this. And he is the Chair of the CPAG
 12 group and he hasn't been redacted on anything I've got.
 13 I just couldn't — I mean, we all argued that one
 14 out because we just couldn't understand why anyone could
 15 think that was okay because people — care home rooms
 16 are smaller than prison cells in a lot of cases.
 17 I mean, my mum had quite a decent room but a lot of
 18 people were saying their relative's room was tiny and
 19 they were getting stuck in there and, because they came
 20 out and happened to brush past somebody else who was
 21 subsequently found to have COVID, they were getting put
 22 back in. This was going on and on and on, so it was
 23 just as bad.
 24 That winter it was really, really bad for people and
 25 we spent so much time — I mean, my life changed because

201

1 I basically became — Alison and I, we were basically
 2 running a 24-hour call centre for folk that were
 3 distressed, that were getting stuck out, that weren't
 4 getting into see dead relatives — relatives who were
 5 dying, and we were having to threaten people — we were
 6 having to go, you know — and we were running about
 7 going to the Care Inspectorate, we were going — in the
 8 first year in particular it was the nurse — the Chief
 9 Nursing Officer, and her staff were quite helpful. But
 10 then they wouldn't manage to get them in and then you go
 11 to Scottish Care and then they wouldn't ... and
 12 sometimes what got them in was me threatening them with
 13 the Sunday Mail. That happened on a few occasions where
 14 I just had to say, "Well, I'm sorry, but if they're not
 15 letting them in, tell them this is going to be on the
 16 front page of the Sunday Mail this weekend because this
 17 is scandalous", you know.
 18 Q. Can I ask you to look at paragraphs 150 and following,
 19 the impact on you and on your mother. Again, as I've
 20 said earlier, two sides of this. You say at 151 that
 21 you are aware that your mother definitely declined
 22 cognitively.
 23 A. Yes, her life was peopled by folk who had been dead
 24 for 30 years. She just spoke about her mother
 25 and her brothers and sisters and, "I've seen such and

202

1 such ..." — I don't know if I can name dead people, but
 2 she would just say, "I've ..." — so she just had lost
 3 all her bearings. I think — and every now and again
 4 she would — you know, she would look at me once I was
 5 back in and she would say, "They're dead, aren't they?".
 6 It was like a penny would drop.
 7 But I think it was quite — that probably wouldn't
 8 have happened if I'd been seeing her quite regularly.
 9 I don't think she would have gone — because whatever
 10 damage — my mother, I would say — it was almost like
 11 some sort of brain — type of brain damage but in other
 12 ways she was still really sociable and really good
 13 company.
 14 Q. Yes. You didn't get essential visits until the last
 15 fortnight of her life?
 16 A. That's right, yes.
 17 Q. I think that's obviously a point that — let me put it
 18 this way — rankles with you still.
 19 A. Yes — well on behalf of everyone really that was in
 20 that situation. I just think that — I think that by —
 21 I mean, I always said to — can I name the head of
 22 Scottish Care?
 23 Q. I think probably not, if you don't mind.
 24 A. I always said to him — to Donald Macaskill, you know,
 25 that Macron — President Macron instructed the care

203

1 homes in France to open in April 2020 and to relatives,
 2 that you couldn't keep people away from their relatives
 3 like that, and he said, "Oh, but they got indemnity".
 4 So I did wonder if my mum was just a hostage, trying to
 5 get the care home's indemnity. In fact I think they
 6 should have probably got —
 7 Q. I think you repeat the point about her feeling that she
 8 was a prisoner.
 9 A. She felt she was — I think she did feel she was
 10 a prisoner in — I think it was a tragic — my mum had
 11 a really good life and, you know, we had a lot of good
 12 times together and I'm really glad that I did get back
 13 in for that — to enjoy her company for that last wee
 14 while, but I didn't see a need for it. I thought that
 15 there is a care team that looks after — I mean,
 16 a person in a care home can't survive on their own.
 17 They have a team of people that look after them and to
 18 make one of those people, somebody that loves them and
 19 cares about them and really wants to provide that
 20 emotional support and that memory for them — I mean,
 21 I actually had — Graham Ellis actually put up on
 22 Twitter one day a quote from one of my letters which
 23 was, you know, I was my mother's carer, I was her
 24 memory, I was this — and yet the odd job man in her
 25 care home has more rights to see her than I have. He

204

1 actually had used that quite early on. But it's another
 2 nine months after that before I get in. It was nearly
 3 a year after Donald Macaskill said to me, "Yes, this is
 4 terrible. We have to get the balance right". And, you
 5 know — because he wrote to me in the April and yet it
 6 was the March the following year before I got in. And
 7 it was the same for — I mean, I was lucky in the end,
 8 but — you know, that I was reunited with my mum and
 9 I can look back on it all and think, "Well, over the
 10 whole piece, you know, we had good times together and
 11 she had a great life", and I was very, very fortunate.
 12 But I see the things that have happened to people, you
 13 know, a lot of the people that phone me, and it's been
 14 desperate. I think when you look back on COVID, this
 15 will be — the treatment of people in care homes will be
 16 the stand-out disaster.

17 Q. Right. Mrs Russell, time is against us, I'm afraid, so
 18 can I just take a few more points from you? You say at
 19 paragraph 158 of your statement that if you'd known it
 20 would be a year until you would be able to get back in
 21 to see your mother, you are sure that you would have
 22 done things differently. By that I take it that you
 23 mean that you would have tried to accommodate her and
 24 her needs in the community?

25 A. Yes. I mean — well, if it had happened a month earlier

205

1 and I'd still had her home, I could maybe have got her
 2 back out to that. I did — I was thinking through
 3 everything. I'd moved into a modern flat and there was
 4 a one-bedroom flat in the building and I went to ask
 5 about that, but it had been sold, because I was thinking
 6 maybe between us all we could try and get that and move
 7 her in there. But I know from my experience in the
 8 group that people found it very, very difficult, to
 9 get — because my mum would have needed quite a lot of
 10 medical input and I probably wouldn't have got the
 11 nursing —

12 Q. Could you read, please, paragraph 162?

13 A. I'm sorry, I couldn't read that.

14 Q. You can't? That's all right. Don't worry. We can read
 15 it.

16 You do mention spiritual support and we have that in
 17 your statement. Some thoughts of what went wrong in the
 18 pandemic, we'll find that at paragraphs 185 to 193. Can
 19 I just deal with a couple of points that you mention?
 20 You say in paragraph 185 that at the very outset you
 21 were asking the obvious question. You go on to say that
 22 you feel that "a kind of groupthink took over at
 23 meetings of the government and public health". Why
 24 do you think that?

25 A. Well, I just can't understand why — I mean, I would

206

1 love to know and I hope that the Inquiry can find out
 2 what the conversations were in the room, but I can't
 3 understand why, you know — like, one of the guys that's
 4 phoned me throughout this, he's not on the group because
 5 he doesn't use Facebook, but, I mean, he goes to visit
 6 his wife and even, when he finally did get in — and
 7 there were — some dreadful, dreadful things happened on
 8 the way there — but when he did finally get in, if his
 9 wife went on a wander, he wasn't allowed to follow — he
 10 could spend his entire 30-minute visit that he was
 11 allowed in that room on his own because he wasn't
 12 allowed to follow his wife out into a corridor to bring
 13 her back. You just think —

14 Q. Was the issue —

15 THE CHAIR: Mrs Russell, we're trying to get to your
 16 evidence. Poor Mr Gale is trying to get as much out of
 17 you as he can and you are going off at a tangent quite
 18 a lot. Stick to the question so we can get the relevant
 19 information.

20 MR GALE: Just in relation to that, you say you were asking
 21 the obvious question. Do you think at that time that
 22 the issue was obvious or should have been obvious to
 23 those who were taking decisions?

24 A. I think they should have — I think the difference
 25 between having one essential care-giver having access

207

1 and having nobody having access would have been enormous
 2 to families. It would have been incredibly reassuring
 3 if one person was getting in. In a lot of care homes,
 4 a lot of the people don't have — they don't have anyone
 5 who would be in that role so I don't think it would have
 6 put their numbers up by the number of residents. But
 7 I think for those people who were devastated by what was
 8 going on, it could have made an enormous difference to
 9 have had that level of contact and I think that could
 10 have been easily mitigated by ensuring that these people
 11 were following the same rules as the staff.

12 Q. Just one other point. It's a point you've made on
 13 a number of occasions in your statement. I think you
 14 compare the situation that you were in as a loved one
 15 and a devoted daughter to your mother and others, if
 16 I can put it this way — it's how you put it — saw
 17 visiting their relatives in care homes as, I think using
 18 your words, a duty call. Do you think there was too
 19 much emphasis placed on the possibility that people were
 20 doing it as a duty call rather than there being the
 21 importance of a loved one and a continuing carer, as you
 22 were?

23 A. I really don't know. Everyone who spends a lot of time
 24 in a care home will see the awkward visits where people
 25 really don't want to be there. I mean, I'm not putting

208

1 anyone down by that. I think that's just -- you know,
 2 because they're not -- it might be a distant aunt or it
 3 might be someone that you don't know or -- you know,
 4 you're being asked to visit them but you're not really
 5 all that close to them. I think there's a world of
 6 difference between that and people who are absolutely
 7 viscerally attached.

8 Q. Yes. Lessons to be learned, if I can just take you to
 9 that. Obviously the Inquiry will have regard to
 10 everything you've said there, Mrs Russell. I think it's
 11 also right to note that you do recognise that the care
 12 home in your mother's case did get some things right.

13 A. Yes, they did. I mean -- well, the care itself I think
 14 was very good. I know a lot of people got very
 15 distressed about that, but I always actually had
 16 confidence in -- my mum always looked well, she was
 17 always well dressed, she was lovely and the carers were
 18 lovely, so I think that was good. But also I think they
 19 did very well with the online contact. I know that
 20 doesn't -- I would say that that's a very small
 21 percentage of care home residents that's good for, but
 22 it did work quite well with my mum and they were very
 23 good about that and were also good about handing stuff
 24 in. They didn't make a big fuss about it.

25 Q. And the toasted cheese always got there.

209

1 A. I hope I'm not getting anyone into trouble here.

2 Q. I'm sure you're not.
 3 Just at paragraph 202 of your statement, you make
 4 this comment -- and it's one we've heard a number of
 5 times and I think we will continue to hear in this
 6 Inquiry. Perhaps you would just read that through,
 7 please.

8 A. Yes:
 9 "The guidance was overcomplicated, over cooked. We
 10 wanted [we kept asking for] a single A4 sheet telling
 11 people what they should do, not what they couldn't do.
 12 All the guidance was written with an underlying
 13 threatening tone to the managers and that just didn't
 14 help."

15 Q. Yes. Again, so far as the hopes for the Inquiry, you've
 16 set out a number of those in very articulate detail, if
 17 I may say. We obviously will take those forward and
 18 consider them. What I would like you to do, if you can,
 19 is to go to paragraph 214 of your statement and
 20 would you read the quoted section from the Five Nations
 21 statement?

22 A. Yes, I think we actually did this in our group statement
 23 but it was:
 24 "Finally -- I hope the Inquiry takes on board the
 25 Five Nations statement that we issued with

210

1 representatives from other countries and John's Campaign
 2 which called for compassion in care. This summed up the
 3 whole situation up so well. 'Over the months of the
 4 pandemic, the deepest ties of love -- the things that
 5 make us glad to be alive -- have been treated as
 6 unimportant. Spouses, life partners, parents, and
 7 children have been treated as inessential to each other;
 8 their wishes have not been considered, their voices have
 9 not been listened to. Residents of care homes have been
 10 shut in; those who love them have been shut out. People
 11 living in residential and nursing homes, for whatever
 12 reason, have been treated differently to the rest of
 13 society. They have had no agency. Those they trusted
 14 to speak for them have not been properly listened to.
 15 Their well-being has been compromised in the name of
 16 care. This is not the society we wish to pass on to the
 17 next generation or to grow old in ourselves."

18 Q. Mrs Russell, thank you very much indeed for providing us
 19 with that information.

20 A. Thank you. Sorry it was so long.

21 Q. I hope it's given you an opportunity to say what you
 22 wanted.

23 A. Yes, thanks very much.

24 MR GALE: Thank you.
 25 Thank you, my Lord.

211

1 THE CHAIR: Thank you, Mrs Russell. That's all. Tomorrow
 2 morning at 10.00.
 3 (4.50 pm)
 4 (The hearing adjourned until
 5 Wednesday, 15 November 2023 at 10.00 am)

212

1
2 INDEX
3 MRS SHONA WALLACE1
4 (called)
5 Questions by MR CASKIE1
6 MRS MARGARET KILPATRICK48
7 (called)
8 Questions by MR CASKIE48
9 MS GILLIAN DUNCAN92
10 (called)
11 Questions by MS BAHRAMI92
12 MRS CATHERINE RUSSELL160
13 (called)
14 Questions by MR GALE161
15
16
17
18
19
20
21
22
23
24
25

213

214

<p>A</p> <p>a4 (2) 165:24 210:10</p> <p>abandoned (2) 182:17 189:15</p> <p>abbotsford (2) 6:22 45:7</p> <p>abdominal (1) 70:13</p> <p>aberdeen (2) 171:11 191:16</p> <p>abide (1) 88:25</p> <p>abilities (1) 184:15</p> <p>ability (1) 18:14</p> <p>able (85) 12:5,24,25 13:6 19:5,5 20:5 22:13 24:2 27:23 32:5 42:1 43:17 54:5 59:10 60:13 61:18 62:3 68:1 74:1,21 82:7 85:23 95:13,15 97:12,17,21 98:4,23 99:11 101:19 102:6 103:20 104:4,4,5 106:10,14,15 107:8 122:16 124:10 125:12 126:2,21 127:1,18 128:10 130:7 131:9 133:25 135:10,11 136:22 137:2 138:11,20 139:19 140:7 143:17,18 144:18 145:2,4 149:8,9,12 152:5 153:16 154:8,24 156:12 158:2,4,25 161:14 173:13 174:18 176:10,11 180:2 181:7 186:24 205:20</p> <p>above (1) 99:8</p> <p>absence (1) 87:12</p> <p>absolute (2) 96:20 101:2</p> <p>absolutely (8) 40:11 45:11 78:15 124:9 146:20 194:10 198:12 209:6</p> <p>accept (2) 135:5 198:18</p> <p>acceptable (1) 201:9</p> <p>accepted (4) 96:10 114:20 150:20 151:23</p> <p>access (15) 30:22 52:25 72:19,25 118:3,11,14 124:1 158:17 186:3,4 197:25 198:9 207:25 208:1</p> <p>accessibility (1) 86:16</p> <p>accessible (1) 52:1</p> <p>accident (2) 171:19,25</p> <p>accommodate (1) 205:23</p> <p>accommodation (3) 56:16 63:16,17</p> <p>account (1) 2:4</p> <p>achieve (2) 47:7 189:23</p> <p>acknowledged (1) 169:1</p> <p>acknowledgement (1) 121:20</p> <p>across (2) 118:4 163:9</p> <p>action (1) 73:4</p> <p>actions (1) 91:5</p> <p>active (1) 51:9</p> <p>activities (3) 45:12 58:22 180:6</p> <p>activity (1) 51:11</p> <p>actress (1) 93:1</p> <p>actually (6) 8:4 10:1 13:11 17:20 21:7 24:15 25:2 35:13 41:6 67:14 75:4 79:11 88:7 96:14 97:16 98:19 100:23 104:22 107:19 108:18 112:3 113:6 114:3,20 115:4 118:20 119:11 127:7 139:10 146:8 147:5 148:24 151:19 152:3,11 154:16 157:22 164:8 167:24 168:10 169:21,22 173:18 174:22 177:16 180:15 181:3 188:17,20 190:23,24 193:3 195:9,16 197:5 204:21,21 205:1 209:15 210:22</p> <p>add (1) 68:25</p> <p>added (2) 186:10,11</p> <p>additional (3) 68:19 123:21 124:1</p> <p>address (5) 1:22 64:6 122:12 153:14,20</p> <p>addressed (2) 183:12 190:1</p>	<p>adequate (2) 115:14 152:9</p> <p>adhere (1) 146:5</p> <p>adjacent (2) 7:8,10</p> <p>adjourn (1) 24:9</p> <p>adjourned (1) 212:4</p> <p>adjournment (2) 24:23 92:2</p> <p>admin (1) 183:9</p> <p>administer (2) 120:4 158:24</p> <p>administered (2) 75:5 117:19</p> <p>administering (1) 58:14</p> <p>administrative (1) 75:2</p> <p>administrator (1) 147:5</p> <p>admission (3) 70:9 144:14,15</p> <p>admitted (9) 69:13 70:25 76:23 77:4 82:17 104:16 107:17 119:19 172:10</p> <p>adult (1) 124:15</p> <p>advice (1) 187:5</p> <p>advise (1) 197:18</p> <p>advised (5) 95:24 101:4 141:6 151:16 166:9</p> <p>affect (2) 135:16 150:3</p> <p>affected (5) 65:11 133:19 144:18 147:12 170:25</p> <p>afraid (1) 205:17</p> <p>after (60) 5:1 7:15 18:3 28:23 40:16 42:4 46:12 50:14,17 59:21 69:12 73:17,19 77:12 83:12 84:4 87:13 89:16 94:13 96:7 104:14,19 106:5 107:17 108:14 114:2 119:24 120:9 121:19 125:19 127:7,11 139:21,24 141:17 144:7,14,15 145:2 162:18 167:13,25 168:16 169:13 170:15 171:12 172:12 173:20,22 174:15 178:5 180:24 183:16 189:12 195:9 196:25 204:15,17 205:2,3</p> <p>afternoon (10) 20:5 70:23,24 91:13 92:4,6,11,16,17 160:17,23</p> <p>afterwards (3) 44:9 138:6 156:13</p> <p>again (51) 19:19 21:18 23:23 25:13 26:14 28:13 32:25 33:21 43:6 44:17 48:5 53:13 59:17 79:25 82:3 87:6,14 88:17 98:11 102:3 103:14 123:7 128:6,7 143:17,25 147:17 152:16 153:6,9 156:21 164:25 166:14 167:20 173:6 174:17 178:18 182:9 184:9 187:8 190:10 191:24 192:23 193:1 196:13,22,22 200:16 202:19 203:3 210:15</p> <p>against (7) 95:24 110:10,12 125:10 134:8 164:13 205:17</p> <p>age (6) 6:5 50:24 51:1,2,2 81:2</p> <p>agencies (1) 4:16</p> <p>agency (2) 45:10 211:13</p> <p>agerelated (1) 170:10</p> <p>ago (8) 22:8,8 42:19 44:3 56:7 162:1 189:12 197:4</p> <p>agree (1) 101:10</p> <p>agreeable (1) 161:10</p> <p>agreed (11) 72:15 85:14 101:13 115:4,8 143:1 162:18,19 178:24,24 193:5</p> <p>agreeing (1) 115:12</p> <p>aha (24) 5:9 6:11 8:12 9:11 13:4 19:1 20:24 22:14 23:16 28:8 29:13 40:11 45:1 57:19,22 58:1,3 62:5 65:1 68:23 69:21 75:16 84:17 85:3</p> <p>ahead (3) 66:25 67:3 91:14</p> <p>air (1) 156:22</p> <p>alarm (2) 19:25 173:11</p> <p>alexa (1) 30:9</p>	<p>alison (1) 202:1</p> <p>alive (1) 211:5</p> <p>allocated (2) 87:9 111:6</p> <p>allow (3) 72:15 123:2 152:17 172:10,19 190:25 205:1</p> <p>allowed (7) 6:20 10:3,5 17:16 21:9 23:13,17 27:4,22 28:12 34:4,23,24 35:2 36:15 38:7,8 42:14 43:1,1,4 45:13,14 61:9,21 69:10 70:18,19 72:22 73:15 74:1 75:12 76:10,12 95:22 114:8 117:5 118:14 123:11 127:19 132:24 134:16 135:14 137:1,8,9,18,25 139:5 143:9,19,20 147:23 149:17,20 151:5 153:4 156:16,21 157:25 159:15 163:5 179:1 186:2 193:16 196:18 197:14 198:6,22 207:9,11,12</p> <p>alluding (1) 22:20</p> <p>almost (14) 18:22 29:18 42:18 56:9,15 64:17 66:1 74:19 81:9 133:9 144:15 191:11 200:13 203:10</p> <p>alone (1) 174:2</p> <p>along (7) 25:18 88:18 109:8 137:13 165:14 168:8 180:17</p> <p>already (16) 1:22 34:25 68:18,24 69:1 84:6 87:18 114:23 119:21 128:4 134:15 141:20 162:8 172:19 175:1 187:17</p> <p>also (42) 22:21 24:25 27:13 42:13 48:14 49:4,25 57:20 61:24 65:9 74:16 77:8 86:20 94:13,22 95:7 110:4 117:3 121:23 124:14 127:4 136:15 139:3 141:9 162:4 163:19 168:4,13 169:24 172:3 173:24 174:9 182:15 185:4,22 187:6 192:3 198:22 200:2 209:11,18,23</p> <p>alternate (1) 72:16</p> <p>alternatives (1) 67:9</p> <p>although (10) 9:6 42:23 96:17 100:17 110:13 130:3 137:9 149:18 163:13 186:17</p> <p>altogether (1) 164:18</p> <p>always (37) 38:8 57:12 58:6 63:4,9 73:24 86:5,14 97:23 104:9 114:15 120:19 122:21,25 123:1,8 126:5 129:18 146:5,9 150:14 162:18 167:8,25 170:2 172:17,23 178:4 193:16 194:22 200:8 203:21,24 209:15,16,17,25</p> <p>alzheimers (27) 65:5 93:19,25 94:10,14 95:6 97:20 99:7 102:13,19,23 103:5,5,7,12,17 107:21,22 118:22 122:19 136:12,15,20 144:17,21,23 147:11</p> <p>amazed (1) 124:20</p> <p>amber (5) 85:25 88:6,7,11,14</p> <p>ambulance (6) 70:16 76:11 81:19 105:7 106:13 173:18</p> <p>amended (1) 23:24</p> <p>amount (1) 111:6</p> <p>amuse (1) 28:2</p> <p>anger (2) 156:14,15</p> <p>angered (1) 156:13</p> <p>angled (2) 132:18 134:9</p> <p>angry (3) 118:20 189:19 199:21</p> <p>annes (5) 89:24 90:1,2,7 159:16</p> <p>annoyed (1) 169:17</p> <p>annual (2) 14:18 31:21</p> <p>anonymous (1) 42:7</p>	<p>another (17) 14:23 15:4 31:15 34:22 67:18 77:7 80:12 89:8 113:14 150:16 155:18 164:7 169:12 172:10,19 190:25 205:1</p> <p>answer (3) 17:11 63:9 80:7</p> <p>answered (1) 37:1</p> <p>answering (1) 17:10</p> <p>antibiotic (1) 83:24</p> <p>antibiotics (5) 83:7,18,19 195:18 197:13</p> <p>anxiety (2) 16:17 20:8</p> <p>anxious (4) 20:16 42:12 46:22 53:9</p> <p>anybody (4) 21:14 46:23 52:8 75:18</p> <p>anyone (5) 38:2 50:18 62:10 95:11 174:9</p> <p>anyone (10) 19:2 46:11 71:10 86:4 164:10 190:20 201:14 208:4 209:1 210:1</p> <p>anyones (1) 111:8</p> <p>anything (25) 3:22 4:14 7:2 13:10 18:8 24:18 27:16 51:14 59:15 61:11 68:25 70:23 75:19 87:13 109:9 165:8,21 170:22 174:7 183:11 195:11 196:19 199:10 201:12</p> <p>anyway (3) 38:11 133:18 191:22</p> <p>anywhere (1) 139:24</p> <p>apart (6) 18:7 19:2 21:19 22:5 52:6 102:25</p> <p>apologies (4) 91:4,6 140:14 160:9</p> <p>apologise (3) 22:19 24:25,25</p> <p>apologised (1) 35:18</p> <p>apology (6) 88:2,3,4,4,9 121:23</p> <p>appalled (1) 114:24</p> <p>apparent (2) 161:13 197:9</p> <p>apparently (7) 55:13 77:25 79:17 82:1,18 88:11 178:8</p> <p>appear (1) 74:15</p> <p>applied (1) 55:12</p> <p>applies (1) 55:16</p> <p>apply (4) 60:20 123:3 163:10 185:23</p> <p>appointment (5) 31:19 42:22 75:6,7 195:24</p> <p>appointments (4) 4:18,25 5:7 32:5</p> <p>appreciate (3) 184:13 185:20 197:2</p> <p>appreciated (1) 24:4</p> <p>approach (3) 62:20 90:20,22</p> <p>approaches (1) 140:18</p> <p>appropriate (5) 60:15 108:3 124:2 151:17 186:13</p> <p>april (10) 4:3 11:20 12:2 14:22 129:23 141:19 144:7 194:20 204:1 205:5</p> <p>aprilmay (1) 198:6</p> <p>apron (2) 22:23 74:8</p> <p>aprons (1) 75:1</p> <p>area (10) 26:15,17 73:9 86:19 116:22 148:17 163:13 170:25,25 176:18</p> <p>areas (1) 163:2</p> <p>arent (4) 84:16 117:16 119:8 203:5</p> <p>argue (1) 198:23</p> <p>argued (2) 165:21 201:13</p> <p>arm (1) 17:6</p> <p>aromatherapy (3) 33:6,9,10</p> <p>arose (2) 50:3 97:12</p> <p>around (21) 2:20 8:16 14:12 29:13 54:2 61:18,19 62:3 65:10 101:3,24 102:9 112:4 113:12,12 134:7 137:15 162:25 170:9 191:19 194:16</p> <p>arranged (2) 180:7 195:13</p> <p>arrange (4) 17:1 172:12 193:5,20</p>	<p>arrangements (4) 82:15 86:12 123:19 179:9</p> <p>arrive (1) 105:7</p> <p>arrived (4) 42:21 57:2,5 198:16</p> <p>arriving (1) 198:25</p> <p>article (1) 39:13</p> <p>articulate (1) 210:16</p> <p>aside (2) 47:3 150:12</p> <p>ask (31) 1:8 2:15 3:25 15:24 27:16 30:11 31:4 37:6 41:12 43:11,13 47:21 63:12 76:21 78:24 80:24 83:3 88:2 128:6,7 130:15 137:15 140:25 151:3 153:21 157:22 162:6 186:5 187:9 202:18 206:4</p> <p>asked (28) 36:8 38:21 43:15 47:21 68:24 76:22 77:9,16,17 78:2,4,6 79:20 81:7 87:18 105:25 107:11,18 108:5 117:13 121:19,20,23 134:22 143:8 149:11 186:17 209:4</p> <p>asking (17) 27:18 31:20 33:4 41:1 104:4 111:4,4 128:7,8,8 159:9 183:23 184:10 195:13 206:21 207:20 210:10</p> <p>aspect (1) 35:23</p> <p>aspects (2) 90:22 161:23</p> <p>assess (3) 143:11 154:20 157:25</p> <p>assessed (1) 157:16</p> <p>assessment (3) 59:18 172:14 192:18</p> <p>assist (3) 52:4,9 94:17</p> <p>assistance (5) 67:16 176:11,14 195:14,25</p> <p>assistant (1) 92:24</p> <p>assisting (1) 113:21</p> <p>associated (1) 189:9</p> <p>assume (1) 126:2</p> <p>assumed (2) 80:22,22</p> <p>assuming (1) 189:24</p> <p>assure (1) 161:23</p> <p>assured (2) 79:14 81:16</p> <p>astounded (1) 112:14</p> <p>asymptomatic (5) 101:7 109:17,23 111:16 112:6 142:2,6,12,21 143:1 152:5</p> <p>attendance (1) 160:10</p> <p>attended (1) 106:6</p> <p>attender (1) 168:14</p> <p>attending (2) 37:8 143:4</p> <p>attention (3) 47:9,11 162:17 attorney (3) 90:16 171:3 183:16</p> <p>august (1) 164:17</p> <p>aug (2) 41:21 209:2</p> <p>authorise (1) 33:12</p> <p>authority (1) 35:25</p> <p>availability (1) 80:14</p> <p>available (8) 112:7 117:15 122:1 123:21 124:4 157:17 158:22 182:14 180:6,23 187:6 202:1</p> <p>become (8) 9:20 47:15 54:8,24 62:21 127:10 167:17 182:10</p> <p>becoming (3) 62:24 188:15,16</p> <p>bed (13) 77:25 78:2 79:6 80:5 106:12 107:7 114:24 115:1,2 127:20 132:15,18 134:9</p> <p>bedroom (3) 10:22,24 132:13</p> <p>beds (4) 79:5 80:14 134:25 182:19</p> <p>bedside (1) 132:24</p>	<p>131:15,21,23 132:2,12 133:1,4,5 136:16,19 139:11 144:11 148:15 151:25 158:2 164:9 168:3 181:23 182:18,23 184:6 194:2 199:18 204:2</p> <p>awful (11) 17:16 35:21 73:19 87:10 129:14 130:24 144:25 145:1 151:6 177:22 180:21</p> <p>awkward (1) 208:24</p> <p>ayrshire (1) 165:11</p>	<p>B</p> <p>back (83) 3:16 8:7,23,24 9:15 11:15 13:4 18:11,12,21,24 21:17 24:13 29:3,5,9,12,12,18,20 30:3,5 34:23 36:12 46:11 47:20 57:14 60:23 67:25 68:8 69:14 70:21 72:4 76:16 79:25 80:18,20 82:16,19,22,24,24 83:9 90:15 95:8 101:17,23 108:19,20,24 113:1 125:9,11 134:10,13 138:11 144:1 146:13 154:18 156:19 170:12 171:15 173:5,8,22 174:21,25 177:10 182:6,9 185:24 196:3,13,17 200:25 201:22 203:5 204:12 205:9,14,20 206:2 207:12</p> <p>backup (1) 86:20</p> <p>bad (6) 35:17 121:20 171:25 174:21 201:23,24</p> <p>badly (2) 158:18 201:3</p> <p>bahrami (18) 91:13 92:5 6:13,14,15,16 105:10,24 125:16 126:12 155:15,18,21 156:2 160:9,13 213:11</p> <p>balance (6) 39:5,6,7 172:7,7 205:4</p> <p>balls (1) 138:25</p> <p>bandage (1) 55:11</p> <p>bandaged (2) 54:16 68:10</p> <p>bandages (7) 54:7,17 55:8 60:7,22 68:1,8</p> <p>bandaging (4) 55:9 60:20 67:2 68:12</p> <p>bang (1) 201:7</p> <p>bar (3) 13:14,15,20</p> <p>basal (1) 170:24</p> <p>baseline (2) 95:9 96:4</p> <p>basically (12) 9:24 55:11 60:20,22 64:17 66:23 69:6 100:16,23 138:18 202:1,1</p> <p>basics (2) 117:14 158:20</p> <p>bat (1) 20:2</p> <p>bathing (1) 52:7</p> <p>battle (4) 54:12 82:13 84:18 86:4</p> <p>bbc (2) 182:16 194:20</p> <p>bear (1) 129:15</p> <p>bearings (1) 203:3</p> <p>beaten (2) 150:19,20</p> <p>beatles (1) 31:13</p> <p>became (15) 16:1 34:10 39:14 46:4 51:8 54:3 84:7 112:6 116:12 167:6 172:21 180:6,23 187:6 202:1</p> <p>become (8) 9:20 47:15 54:8,24 62:21 127:10 167:17 182:10</p> <p>becoming (3) 62:24 188:15,16</p> <p>bed (13) 77:25 78:2 79:6 80:5 106:12 107:7 114:24 115:1,2 127:20 132:15,18 134:9</p> <p>bedroom (3) 10:22,24 132:13</p> <p>beds (4) 79:5 80:14 134:25 182:19</p> <p>bedside (1) 132:24</p>	<p>beforehand (1) 25:18</p> <p>began (1) 43:5</p> <p>beginning (4) 53:3 177:16 186:22 195:22</p> <p>behalf (3) 4:6,14 203:19</p> <p>behind (7) 12:8 21:16 27:8 194:10 199:1,4,13</p> <p>being (66) 2:9,20 13:17,25 15:25 16:3,14,19 17:4 21:21 24:2,9 30:24 31:19 34:16,24 38:16 43:6,16 46:4 62:1 65:8,17,19 70:25 75:24 76:1 79:11 82:6 91:20 95:10 103:4,5 106:12 111:14,15 119:20 122:16 129:15 132:6 1</p>
--	---	---	---	--	---	--	---

176:5 200:24
 bits (2) 4:10 138:7
 bizarre (1) 36:14
 bladder (1) 141:24
 blame (2) 159:22 194:14
 blanket (3) 35:25 45:4 64:21
 blockage (1) 71:2
 bloody (1) 43:13
 blow (1) 43:18
 blue (1) 146:11
 bluebird (1) 95:21
 board (3) 86:9 123:25 210:24
 bobby (1) 152:18
 body (2) 3:15 16:15
 bond (1) 167:6
 bone (1) 169:22
 book (4) 58:24 75:6 103:3,9
 booked (1) 195:25
 booking (1) 42:24
 books (2) 98:2 103:1
 born (1) 28:25
 botanic (3) 196:4,4,9
 both (24) 14:25 24:8 27:25
 35:1 40:4 44:12 68:10
 83:9,13 93:7,15 94:6 95:7
 121:25 122:18 126:3
 130:12 131:11 134:22,25
 138:7 157:2 183:18 196:11
 bottom (1) 154:11
 bought (3) 30:9 146:10
 175:22
 bowel (1) 71:1
 bowling (3) 7:17 37:17
 167:15
 box (5) 138:13,19,19 139:8
 169:4
 boxing (1) 196:25
 brailsford (5) 2:3 10:19 31:4
 48:24 49:17
 brain (5) 170:15,17,23
 203:11,11
 breach (3) 105:10 185:10
 189:17
 break (11) 17:7 25:7 43:24
 47:20 48:9 105:21 132:3
 155:25 160:7,15 185:17
 breath (2) 43:22 117:8
 breathe (2) 58:17 127:21
 breathing (1) 44:5
 brick (1) 85:7
 brief (2) 58:21 71:13
 briefing (2) 162:20 189:25
 briefings (1) 178:20
 briefly (2) 24:9 164:4
 bright (1) 136:24
 bring (11) 27:20 44:25 45:10
 95:8 117:17 122:3 163:7
 175:9 176:14 184:5 207:12
 brings (1) 90:15
 broached (1) 53:7
 broad (1) 64:7
 broke (1) 173:8
 broken (3) 42:15 124:13
 158:6
 brother (11) 136:15 176:15
 179:4 180:10,11,12
 198:22,25 199:2,9,11
 brothers (1) 202:25
 brought (7) 1:9 14:10 107:4
 112:1 158:23 162:16 166:7
 brush (2) 64:7 201:20
 bubbles (1) 196:7
 bug (1) 43:13
 build (2) 56:7 179:20
 building (8) 10:24
 26:8,13,14,15,16 69:11
 206:4
 built (2) 56:14 172:18
 bulbs (2) 139:3,17
 bulk (1) 166:5
 bulky (1) 68:8
 bunting (2) 148:1,4
 bus (1) 63:20
 business (2) 66:13 165:20
 busted (1) 84:21
 busy (5) 63:5 104:21 176:18

177:4 191:5
 buttons (1) 184:8
 buying (1) 14:8
 buzz (1) 57:12
 C
 cafe (3) 56:12 98:8,21
 cafes (1) 176:19
 cake (1) 13:13
 cakes (1) 170:2
 calamity (2) 103:14,16
 calcium (1) 169:23
 call (31) 19:18,21,22,23
 35:12 44:9 56:11 70:10
 76:16 113:14,25 115:18
 116:25 126:17,22
 127:15,25 129:6,17,18
 142:15,23 173:9 174:8
 180:13,25 181:6 199:3
 202:2 208:18,20
 called (22) 1:13 7:9 48:18
 76:15 92:10 94:2 95:9,21
 129:22 130:14,19,20
 132:10 133:22 142:1
 149:17 160:22 211:2
 213:4,7,10,13
 calling (3) 129:20,20 132:9
 calls (14) 53:10
 113:2,4,20,23 114:2,7,9
 127:12 180:7,8,11,18,19
 calm (3) 132:7,8 143:18
 calmed (1) 107:5
 came (34) 8:23,24 11:8
 17:17 34:9 41:25 52:3,20
 64:12 69:11 73:19,22
 82:24 83:1,10,17 99:24
 112:12 114:21 121:5
 125:17 126:22 140:6
 142:16 148:22 170:5
 174:11 176:10,15 178:25
 192:21 200:19,22 201:19
 campaign (3) 164:17,19
 211:1
 campaigning (1) 39:15
 canal (1) 156:23
 cancelled (10) 4:25 5:1
 14:20 22:23,24 15:1,2,4
 31:19
 cancelling (1) 5:2
 cannot (2) 201:7,11
 cant (45) 3:8 4:19 8:23
 18:11 20:3 23:17 26:18
 28:11 29:9 32:12,18 34:13
 35:8,9,11,19 45:25 47:23
 64:13,13,14 65:4 80:3,21
 102:11 103:3 116:19
 128:21 129:10 150:5
 155:23 165:5 182:6 184:22
 187:19 189:5 190:2 191:18
 197:12 200:13 204:16
 206:14,25 207:2
 canyon (1) 196:10
 capacity (1) 99:5
 car (15) 10:3 12:3 17:21,21
 25:21 26:19,19,20 32:24
 36:16 44:1 131:6,10 148:6
 176:12
 card (1) 67:15
 cardiopulmonary (1) 107:13
 cards (3) 139:1 150:9,21
 care (373) 3:20 5:3,10,11,25
 6:22 7:13,21,22,23
 8:6,7,13 9:8 10:9,23 14:6,8
 15:2,4 18:9 19:16 22:3,15
 25:18,20,24 28:18 29:5,10
 30:19 31:16 32:6,8,9,16,18
 33:4,16,19,22,22 34:11
 35:5,25 36:25 37:3,12,13
 38:7,20,23,25 39:1,6,10,20
 44:25 45:18 46:11 50:3
 51:15,22,23 52:4,7,11,14
 53:3 55:2,18,22,22
 56:1,8,16,17,19,21
 57:2,5,9,20,22 58:20
 59:15,18 61:19 63:1,3,7
 64:5,10,15,23

65:1,16,17,20,23,24 67:19
 72:4 75:12 76:20 80:18
 82:22 83:17 85:4,5,14
 88:15,18,20,21,22 93:7,10
 94:7,17 95:15,21,21
 96:1,20,22
 97:2,4,5,6,13,18 98:8
 99:9,15,24 100:15
 101:2,11,20 102:7
 104:19,21 105:3 106:6
 108:14,19,25
 109:2,7,9,11,25 110:19
 111:5,9,11,24 112:23
 113:2
 114:10,11,13,14,16,18,20
 115:3,8,11 116:23
 117:2,5,6,12,15,15,23
 118:1,2,5,7,25,25
 119:3,13,17,22
 120:1,11,13,17,24
 121:3,18,22 122:17
 123:2,11,11,12,22,23,25
 124:7,15 125:16,22,22
 126:5,23 127:13,16
 128:9,10,10,13,16,19,21
 129:7,8,17,22 131:3
 133:6,21 134:5,19
 135:3,20,22,25
 137:6,9,17,17,19
 139:11,14,15 140:1,19
 141:8 142:1,9,14 144:20
 145:8,9,11,23,25 147:4,25
 148:3,4,7,10,18,25
 149:5,20 150:5
 151:7,14,18,20,22,23
 152:9,14,20 153:21,22
 154:20 156:8,9,16
 157:1,6,17 158:23
 159:1,3,8,12,18,19,24
 162:2 163:2,10,21
 165:1,11,21,22 166:7,9,21
 171:8,23 172:12,15
 174:1,14,15,20
 175:1,6,6,8,16,19
 176:5,6,24 177:23 178:1
 179:5,11,14,15 180:22
 181:19 182:15,16,25 183:3
 186:3,10 188:24 189:12,21
 190:1,3,16,17,23
 192:16,18,21,24 193:13
 195:10,12 197:12
 198:12,14,15 199:19,20,20
 201:15 202:7,11 203:22,25
 204:5,15,16,25 205:15
 208:3,17,24 209:11,13,21
 211:2,9,16
 cared (2) 132:6 159:14
 careful (5) 21:21 84:5,6
 185:2,3
 carefully (1) 130:9
 caregiver (1) 207:25
 carer (10) 96:1,10 113:7
 127:16 140:12 172:19
 183:17 189:11 204:23
 208:21
 carers (24)
 103:2,15,20,22,25 104:4
 106:10 109:24 127:14
 131:18,21 132:5,13
 134:4,9 140:3 143:18,19
 150:13 174:6 186:9 187:1
 190:1 209:17
 cares (1) 204:19
 caring (1) 59:21
 carry (3) 73:8,9 109:25
 cartoon (1) 107:1
 cases (4) 123:10 164:13
 188:17 201:16
 caseworker (1) 90:6
 caskie (44)
 1:4,5,7,12,16,17,18,19
 5:10 9:17 23:3
 24:1,14,16,19,21,23
 25:13,14 26:21
 31:10,13,15 36:7 47:21
 48:4,5,6,11,12,17,21,22,23,24

66:14 70:7 82:3
 91:7,12,16,25 213:5,8
 categorically (1) 80:21
 category (1) 67:2
 cater (1) 64:9
 catherine (4) 160:19,22
 161:3 213:12
 catheter (2) 142:2 189:10
 cathie (1) 161:5
 cause (6) 55:14 78:16
 93:18,21,25 114:1
 caused (5) 20:17 102:23
 121:9 157:6 195:2
 causes (1) 118:22
 causing (2) 71:2 101:1
 caution (1) 110:19
 cds (1) 98:2
 celebrate (1) 138:10
 cells (1) 201:16
 cellulitis (1) 54:4
 central (3) 163:6,9 168:8
 centre (9) 5:21 7:18
 37:10,11,15,21 38:1 40:16
 202:2
 centres (1) 37:9
 cerebral (1) 167:16
 certain (5) 14:10 44:7
 161:14,23 190:20
 certificate (1) 94:4
 cetera (1) 45:21
 cha (1) 168:5
 chair (72) 1:3,5,10,14 5:4,8
 9:13 17:7 22:18,23,25
 23:23 24:12,15,17,20,24
 25:2,9 26:13 31:8,11,14
 35:22 36:2,4,6 47:17,20,25
 48:5,7,11,16,19 66:3,8
 70:6 81:21,24 91:10,17
 92:4,9,11 105:12,15,19,23
 124:21 125:2,5,15,21
 126:2,7,9,20 155:15,20,23
 160:6,13,17,21,23
 185:12,14 194:9 201:11
 207:15 212:1
 chairs (1) 17:5
 challenge (5) 32:10 119:4
 125:9,12 153:17
 challenged (2) 150:6 154:4
 chance (4) 71:15,16 95:25
 177:8
 chances (1) 82:10
 change (10) 4:24,25 5:17,17
 19:10 23:14,22 47:14
 85:20 142:24
 changed (6) 41:2 149:14,15
 197:13 200:17 201:25
 changes (1) 47:15
 changing (5) 19:7 20:19 46:8
 88:24 141:11
 channels (1) 36:24
 charlotte (1) 49:1
 chat (1) 104:6
 chatty (1) 2:18
 check (2) 35:5 105:15
 checked (1) 43:5
 checkups (1) 22:6
 cheeky (1) 188:13
 cheese (5) 177:19,20
 178:3,13 209:25
 chest (1) 83:17
 chief (3) 188:11 193:2 139:1
 child (5) 5:13 28:24 47:13
 107:2 196:6
 children (13) 96:18 138:3
 150:18 154:24 155:4,11
 163:7 169:10 189:13
 191:7,8,23 211:7
 chin (3) 17:16 42:16 146:13
 china (2) 100:25 178:22
 chocolate (4) 13:15,15,17,20
 chose (2) 80:3 96:25
 choosing (1) 58:23
 chose (2) 37:14 97:5
 christmas (11)
 28:14,17,20,21 58:5 98:7
 157:9 192:13,24 193:21

196:16
 christmases (1) 150:15
 church (3) 57:18,20,23
 circumstances (3) 123:3
 149:6 159:2
 city (1) 73:25
 clare (54) 2:12,13,17,18 3:18
 4:2,13 5:19,23 6:14 7:15
 8:17 9:6,8,20 10:3 11:9,18
 12:2 13:10 14:4,12 15:5,16
 16:12,14 17:3,7,10 18:5,13
 19:24 20:7 21:7 22:5
 27:6,13 28:17 30:14,22
 33:5,12 34:4,23
 35:3,4,8,13 37:1 38:13
 39:5 40:22 46:5,15
 clarence (3) 166:21 174:15
 176:18
 clares (7) 10:22 23:7 26:2,5
 28:15 31:23 42:6
 clarity (1) 100:20
 class (1) 141:21
 classed (2) 154:14,22
 cleaner (1) 7:2
 cleaning (1) 52:10
 cleansed (1) 178:8
 clear (4) 25:10 122:25
 165:23 182:2
 clearly (3) 153:24 163:24
 189:4
 clinical (9) 56:6 66:14 67:19
 68:4 70:12 80:12,15
 145:19 147:24
 clinically (2) 108:3 123:10
 clinics (2) 45:15,17
 close (9) 130:3 131:15
 140:11 144:19 155:8 167:8
 176:20 185:21 209:5
 closed (13) 10:1 12:17,19
 29:11 61:7 69:6,17,18 87:8
 131:15 183:18 190:16
 191:2
 closing (1) 61:6
 club (3) 37:13 38:3 169:12
 clubs (1) 7:16
 clyde (1) 163:13
 coast (1) 98:5
 coat (1) 140:5
 coaxed (1) 166:9
 coependence (1) 167:18
 coffee (3) 17:4 57:11 59:2
 cognisance (2) 64:14 65:15
 cognitive (3) 99:8 170:10
 184:15
 cognitively (1) 202:22
 coincide (2) 124:6,7
 coincidentally (1) 82:16
 cold (4) 73:23,24 151:9
 193:14
 col (1) 194:25
 collapsing (1) 133:9
 collect (1) 171:15
 college (1) 5:20
 come (53) 5:17 7:10 9:10
 18:12 24:6 29:9 35:2 41:17
 43:13 45:11 47:20 55:2
 57:13,14 60:13 67:20
 69:14 70:3 71:12
 72:6,10,10 75:6 79:17
 82:16,19 86:17,21 92:11
 101:17 102:11 103:24
 104:23 105:1 125:9,11
 128:2 129:9 130:6,7,9
 136:2 137:13 138:3 148:13
 151:3 164:8 172:15
 179:18,25 184:25 187:24
 193:15
 comes (5) 11:14 33:6 41:14
 76:19,25
 comfort (8) 102:23 107:4
 136:9 149:10 153:5 156:13
 158:4 159:10
 comfortable (6) 1:15 48:20
 53:1 92:12 97:25 157:24
 comforted (1) 138:20
 coming (18) 18:6 27:8 47:13

52:18,22 54:6 57:11 60:22
 72:13 82:23 100:14,21
 133:6 174:6,12 175:3
 194:4 201:4
 comment (4) 116:16 169:16
 189:21 210:4
 commenting (1) 116:20
 comments (3) 165:1,3 166:4
 commercially (2) 194:22
 195:4
 commission (1) 7:21
 committed (1) 165:11
 committee (1) 88:5
 common (2) 3:12 178:11
 communal (1) 61:25
 communicate (3) 12:19
 59:10 77:11
 communicated (1) 100:6
 communication (12) 3:7,8
 19:9 23:1 29:13 30:7 32:2
 36:24 62:25 63:1 77:13
 114:3
 communications (2) 64:4
 78:11
 community (16) 54:13
 55:18,21 57:16,25 58:2,21
 60:12 66:11 82:18,23
 83:10 85:18 123:22 124:3
 205:24
 company (5) 95:21 170:1
 189:13 203:13 204:13
 compare (2) 200:13 208:14
 compared (3) 180:9 198:1
 200:12
 compassion (1) 211:2
 compassionate (1) 73:6
 complain (3) 73:2 84:24
 165:5
 complained (4) 33:18,22
 72:24 87:3
 complaint (5) 86:7 87:10
 114:17 115:9,10
 complaints (6) 84:12
 85:12,20,23 86:9 87:4
 complete (3) 36:8,14 165:25
 completed (1) 71:25
 completely (3) 39:7 88:8
 151:16
 completing (1) 36:10
 complications (2) 50:18,19
 compression (6) 55:7,9
 60:7,20 67:2 68:1
 compromised (1) 211:15
 concentrate (1) 161:22
 concentrators (1) 123:21
 concern (5) 78:16 121:10
 170:7,9 183:12
 concerned (7) 10:18 41:9
 64:2 70:14 83:11 170:4
 174:21
 concerns (8) 33:23 59:10
 83:13 111:18 121:17
 146:19,20 149:2
 concert (1) 59:4
 concerts (1) 56:11
 conclude (1) 188:4
 conclusion (2) 58:10 64:12
 conclusions (1) 49:18
 condition (8) 2:13,15 22:10
 54:2,23 68:16 82:11
 118:13
 conditions (4) 51:5,7 122:19
 180:21
 confidence (1) 29:9
 confidential (1) 20:16
 confined (3) 21:8 62:24
 64:15
 confinement (1) 177:24
 confirm (1) 92:18
 conflicts (1) 154:11
 confused (3) 96:12 106:9,24
 confusing (4) 79:24 120:18
 137:10 152:3
 confusion (4) 102:24 114:2
 116:18 118:22
 congenital (1) 2:13

conjunction (1) 56:6
 connected (1) 57:17
 connecting (1) 26:16
 connection (1) 138:21
 conscious (1) 155:16
 consent (2) 35:22,25
 consequence (1) 20:4
 consequences (2) 34:16
 89:21
 consider (5) 110:22 158:10
 199:22 201:9 210:18
 consideration (1) 67:1
 considered (5) 108:2 161:25
 183:15 194:22 211:8
 constant (2) 46:16 86:4
 constantly (3) 41:1 85:6
 88:24
 constituency (1) 148:25
 consultant (1) 71:11
 consultation (1) 90:9
 consultations (1) 123:9
 contact (38) 1:22 15:20,21
 26:11,11 17:11
 30:12,14,15 40:21,25
 42:11 49:2 59:5,14 61:10
 62:8 63:3 64:9 66:11 67:16
 74:9 75:18 83:2 87:7,14,17,19
 90:4,12 92:21
 153:13,19,25 154:8 161:8
 178:15 208:9 209:19
 contacted (11) 67:19 70:15
 83:13 87:14 90:5 107:11
 130:15 133:21 148:17
 179:5 195:12
 content (2) 2:1 49:15
 context (3) 164:2 165:1
 197:24
 continue (7) 39:3 65:12
 123:11 161:25 177:18
 185:19 210:5
 continued (1) 66:18
 continues (1) 164:19
 continuing (2) 191:2 208:21
 contract (5) 126:13
 176:21,22,25,25
 contracted (1) 120:15
 contracting (1) 120:13
 contributed (1) 121:21
 control (6) 36:9 64:16 88:16
 121:18 186:14 187:19
 conversation (9) 12:5 13:9
 107:15 108:11,12 112:22
 121:7 129:25 148:22
 conversations (1) 207:2
 convince (1) 95:13
 cook (1) 7:1
 cooked (1) 210:9
 coordinator (4) 180:4,5,6
 198:24
 cope (1) 175:10
 coped (2) 103:7 200:12
 copy (1) 122:1
 core (1) 162:2
 coronavirus (1) 185:8
 corpus (1) 201:6
 correct (20) 2:14 68:2 82:2
 83:24 92:21 93:4 94:11
 95:4 111:2 118:24 124:8
 125:3 126:3,4,6,7 142:1,3
 149:23 151:16
 corresponder (1) 187:6
 corridor (2) 21:16 207:12
 corridors (1) 44:10
 cotton (1) 60:21
 couldnt (89) 4:8 12:9 13:19
 18:7,7 19:16 21:24 26:10
 29:4,5 30:23 33:15,18
 36:18 40:19,23 41:9 45:13
 50:18 51:11,13 52:24
 53:11 61:7,23 65:18 70:3
 72:11,13 74:17,24

133:9 134:7,12 135:21
 136:1,1,8,9 137:14 143:11
 145:14 149:25 165:21
 173:15,17 174:6,8,8 175:9
 176:11,12 180:22 181:3
 182:4 184:4,24,25
 187:13,15,25 191:1 193:14
 194:23 201:13,14 204:2
 206:13 210:11
council (4) 73:9 95:18,19,20
count (1) 4:9
countries (1) 211:1
country (2) 100:4 119:7
countyside (1) 167:24
couple (5) 61:14 101:23
 158:12 192:23 206:19
course (13) 78:17 87:23
 100:10 101:16 118:24
 126:2 131:13,17 134:9
 143:11,21,21 166:11
cousins (1) 41:22
cover (2) 52:21 114:19
covered (1) 47:23
covering (1) 43:19
covers (2) 86:18 116:22
covid (72) 22:11 29:5 44:25
 45:24 59:7 60:5,6,14 66:25
 70:18 76:21,23
 77:10,17,22 78:20,22,23
 79:14,16,21 87:9 88:13
 93:18,22 94:1,2,3 102:1
 103:23 108:17 110:1
 120:13,16,17,24 126:13,16
 127:4,9 128:2 134:2,16,22
 135:11,22,22,25 137:6
 139:11,13 140:4 142:17,19
 144:22,22 157:24 158:18
 159:4,12,21 175:15 179:23
 188:25 190:18,20
 194:17,25 195:4,10 201:21
 205:14
covidfree (4) 136:1 137:19
 145:10,10
cpag (1) 201:11
crackling (1) 13:5
cream (1) 60:22
creams (2) 54:7 68:3
created (1) 186:21
creating (1) 182:24
criteria (3) 137:21 140:25
 199:23
criticism (1) 161:21
crossing (1) 98:6
crouched (1) 191:13
crouching (1) 191:9
crow (1) 191:4
cruelty (1) 189:13
crumbs (1) 74:20
cry (1) 113:15
crying (5) 109:7 110:3
 113:16 132:9 165:23
cuddle (1) 35:19
culpable (1) 25:3
culture (2) 168:5 194:16
curled (1) 169:20
currently (1) 92:23
curve (1) 176:5
cut (1) 184:8
cylical (1) 47:15

D

dad (105) 20:12 23:7,7 43:2
 44:8 50:10,13 51:2,10
 94:22 95:9 96:11 101:22
 102:13,22 103:11,19
 104:20 105:5 106:8,13,16
 107:17,20,25 108:13,13
 113:23,24 114:2,4 116:11
 119:1 125:19 127:8 133:25
 134:2,2,22
 135:4,7,11,18,18,22,25
 136:4,9,13,21,23
 137:5,13,17,19
 138:20,22,25 139:1,16,19
 140:3,4,9 141:24
 142:2,17,19 143:7,15

144:19 145:10 146:3
 147:9,16,19 148:8,12,13
 149:4,6,8 150:10,14
 151:5,14,25 153:4
 154:13,19 156:13,20,21
 157:6,23 158:2
 167:9,15,25
 168:1,16,18,18 169:13,19
dads (6) 99:20 107:21 134:9
 144:20 149:21 150:23
daffodil (2) 139:3,17
daily (5) 30:12,14,15 46:8
 61:9
damage (4) 170:18,24
 203:10,11
dances (1) 58:5
dangerous (5) 110:2 179:23
 182:21,24 184:24
dashed (1) 47:14
date (10) 8:24 10:4 19:14
 28:12,15 49:3 62:18 92:20
 112:3 162:12
dates (1) 161:14
daughter (6) 2:10 24:2
 180:10 187:3 191:3 208:15
daughters (4) 6:13 39:25
 40:1 136:16
day (58) 5:20 7:18 20:17
 35:3 37:8,10,10,15,19,21
 38:1,4 40:16 42:18 43:5
 44:3,12 54:17 61:7,10,15
 82:17,18 83:10 98:20
 104:1,8,13,19 107:16
 136:19 141:19,22 144:5,5
 150:3 151:10 157:9,11,15
 162:20,24 164:6 165:14
 171:17 173:20 181:11,20
 183:4 189:25 191:17
 195:10 196:25 197:6
 198:17 200:16 201:8
 204:22
days (17) 5:21 38:4 43:14
 44:15 100:4,8 101:23
 108:14 110:9 127:1,2,7
 157:3 164:7 191:1 195:25
 201:5
dayshift (1) 115:1
dead (5) 182:18 202:4,23
 203:3,5
deaf (1) 50:22
deal (4) 139:12 174:5 178:14
 206:19
dealing (4) 4:16 78:12
 87:10,15
dealings (1) 89:3
dealt (3) 10:10,11 85:17
death (7) 93:18,21,25 94:3
 137:4 197:1,24
deaths (4) 121:22 157:5
 194:22 195:5
debate (1) 58:25
debrief (1) 38:16
december (7) 29:24,25 94:19
 150:25 151:18,19 177:6
decent (1) 201:17
decide (2) 5:8 174:4
decided (9) 6:14,19 18:6
 19:17 20:2 52:2 56:7
 136:4,16
deciding (1) 2:4
decision (14) 32:4 79:3,4
 80:3,10,12,13,15,15
 137:12,13 157:18 175:5,18
decisions (9) 4:6,8,13,21,22
 5:4 121:21 157:5 207:23
declare (1) 145:9
declared (1) 159:4
decline (2) 51:4 170:10
declined (1) 202:21
decorated (1) 98:1
deepest (1) 211:4
deference (1) 32:8
deferred (1) 32:6
defined (1) 163:16
definitely (10) 21:2 39:2
 133:16,24 144:24 145:14

153:8 158:16 166:8 202:21
degeneration (1) 50:22
degree (2) 6:16 30:20
delerium (1) 96:11
deliberately (1) 66:5
delight (1) 107:3
delighted (1) 169:4
delirium (1) 95:7
deliverable (1) 86:14
delivered (1) 123:24
delivering (2) 170:3 186:9
delivery (1) 177:19
dementia (9) 65:4 99:10
 123:5 156:11 170:13,16
 172:6 180:21 189:8
denied (5) 118:16,16 121:2
 150:16 158:20
density (1) 169:22
dentists (1) 5:5
deny (1) 189:13
department (2) 32:1,2
dependence (1) 167:18
dependency (3) 76:20
 77:5,25
depending (1) 98:15
deprived (3) 65:8 66:10
 90:12
describe (1) 181:15
described (1) 58:22
designated (5) 43:3 159:8
 163:2,23 189:1
designed (2) 122:21 145:14
desperate (5) 150:7,8 162:21
 188:19 205:14
desperately (1) 149:10
despite (5) 13:17 66:24
 109:6 111:15 115:11
detail (5) 64:7 116:1 155:10
 197:3 210:16
detailed (1) 161:20
details (8) 1:22 42:23 49:2,2
 92:21 153:13 161:8,8
detected (1) 190:18
deteriorating (1) 85:9
determined (4) 2:19 50:4
 173:24,25
devastated (5) 20:23 167:9
 169:19 181:16 208:7
devastation (1) 101:2
develop (1) 169:15
developed (5) 51:7 141:24
 167:18 169:21 171:10
devoted (1) 208:15
diagnosed (1) 94:10
diagnosis (1) 67:14
diary (1) 161:17
didnt (112) 10:17 11:6 12:11
 21:22 23:1,3 27:13
 29:17,18 30:13,24 33:16
 38:15 39:9 41:12 43:10,12
 44:1 45:9 46:5
 52:8,22,23,23 53:10
 58:18,19 59:23,25
 62:13,22 64:9 66:3,5 71:14
 73:23 75:18 77:22
 79:14,21 81:19 83:11
 85:10 88:3,10 95:9 99:9
 100:18 108:4 109:12
 111:24 112:17,18,18,22
 113:24 114:12 118:23
 124:11,15,20 125:9,13
 126:18 128:2,3,22,23
 130:5 135:24 136:20
 137:21 139:24 140:4,23
 142:17,19 143:21 146:22
 148:10 151:19,25 153:12
 157:22 158:7 159:22
 161:17 166:2 168:6 172:25
 173:18 174:10,11,23
 175:24 177:14 178:8
 186:10,24 190:15,20
 194:19 195:10,21
 199:10,12,15,24 203:14
 204:14 209:24 210:13
die (1) 50:12
died (26) 50:13,14 51:2

62:11 93:16 125:19 134:1
 137:16 141:19,22
 150:24,25 156:12 157:9
 159:14 166:18,20 167:5,10
 168:1,16,18,24 169:13,19
 199:7
diet (1) 83:25
dieticians (1) 86:22
difference (13) 89:18 142:18
 153:7,8 154:3 181:3,4
 198:10,14 200:11 207:24
 208:8 209:6
different (18) 10:8 14:21
 15:21,22 16:4 40:2,3,4,6,6
 52:18 54:9 68:3 73:9
 140:18 178:12 189:25
 200:14
differential (1) 10:8
differently (3) 136:22 205:22
 211:12
difficult (21) 30:12 41:5,8
 76:2 88:23 96:16 97:20
 103:8 113:16 116:12
 122:17 127:11,23 134:24
 135:6 153:18 171:23 175:4
 184:14 185:20 206:8
difficulties (1) 91:19
difficulty (1) 59:13
digitally (1) 70:1
diminished (1) 22:1
dining (6) 10:25 11:3,4
 61:25,25 183:24
dip (1) 144:24
direct (2) 5:21 95:19
directed (1) 189:20
direction (1) 163:1
directly (2) 141:7 189:21
director (1) 49:10
disabilities (2) 3:13 6:25
disability (3) 2:23 12:20
 47:13
disappear (1) 172:25
disappointed (1) 163:22
disaster (1) 205:16
discharge (5) 51:24 86:11,12
 95:2 172:12
discharged (8) 53:12 71:6
 72:2 79:9 80:18 82:15 83:8
 143:25
discuss (2) 102:6 134:20
discussed (2) 68:3 119:13
discussion (1) 157:20
discussions (1) 53:8
disease (1) 122:19
disheartening (1) 90:5
dishes (1) 45:11
dismissed (1) 170:8
disney (1) 107:1
displayed (1) 111:7
dispute (2) 54:20 86:11
distance (8) 21:19 32:20,25
 74:8 132:20 135:13
 191:21,23
distancing (2) 17:8 43:25
distant (1) 209:2
distraught (1) 33:14
distress (2) 163:19 199:25
distressed (13) 70:10 72:9
 75:24 107:24 113:24 114:1
 143:16 147:10,24 148:12
 175:8 202:3 209:15
distressing (3) 68:9 76:13
 138:5
districts (1) 54:6
dividing (1) 148:7
divine (2) 168:14,19
dnacpr (2) 107:12 108:8
dnr (1) 197:4
doctor (10) 53:8 54:4 83:17
 107:11,17 108:2 143:4
 152:11 157:13 197:6
doctors (3) 5:5 54:21 197:5
document (1) 66:23
does (15) 2:24,25 7:25 11:14
 22:5,8 30:3 44:22 55:9,16
 58:21 70:7 76:8 110:15

185:23
doesn't (9) 16:7 38:2 78:22
 125:2 151:13 157:24 182:6
 207:5 209:20
dog (6) 152:13,19,19
 153:5,21 163:7
dogs (2) 134:6 152:21
doing (42) 2:22 3:5 4:19
 5:2,22,24,25 13:10,11,13
 15:24 20:9,11,12,14 27:20
 33:11 37:12 41:10
 45:12,21,22 52:8 71:12
 75:10,13 77:20 86:6 91:17
 101:6 104:2 116:11 118:25
 119:1 130:1 131:7,12
 140:12 155:7 182:20
 189:16 208:20
dominoes (2) 27:20,21
donald (2) 203:24 205:3
done (19) 20:1 25:10,16 36:4
 51:19 55:14 88:21 105:13
 112:7 113:4 115:21,24
 146:9 147:15,16 158:16
 185:15 193:13 205:22
dont (105) 4:9 8:2,4,4 12:18
 15:9 16:17 17:20,22 19:19
 20:17,17 21:18 22:12,18
 23:21 24:7 31:24 32:12
 38:20 45:14 47:5 49:21
 54:15 62:11,11 74:25
 77:17 79:16 85:19 88:12
 91:7 93:11 102:5 103:23
 104:3,10,11 105:23 106:3
 110:15,16 112:13 113:17
 115:6,14 116:6 119:5,9
 120:1,25 121:13 124:6,7
 130:10,11,23 131:7,12
 132:8,11 133:8 136:25
 137:1 138:17 140:1 142:18
 143:16 144:22 145:12
 146:23 147:23 150:10
 154:21,21 155:21 160:4
 170:6 173:1,2 178:18
 179:22 180:13 183:7
 185:12,14 190:5 192:8,8
 194:14 197:3,7,13,18
 199:8 203:1,9,23 206:14
 208:4,4,5,23,25 209:3
doom (1) 65:9
door (17) 17:2 21:10,13,14
 26:16 27:7 34:11 52:24
 130:8 131:19 133:1
 134:3,15 184:1,3,3,4
doorway (8) 145:8,13,25
 146:2,4 148:13,16 149:18
doublewrapped (1) 13:18
doubt (1) 81:20
down (46) 11:2 14:9 16:16
 28:1 42:6 43:16 49:10 52:9
 59:1 61:4,14 69:9 71:13
 75:8 98:5 99:24 100:3,16
 101:20 104:19 107:5 113:2
 115:6 117:17 121:5
 122:8,24 123:7,14 134:19
 143:18 150:19,20 162:22
 164:15 165:19 176:15
 179:4 185:6 191:3,9,13
 192:17 197:10 198:18
 209:1
downtown (1) 52:2
drawings (1) 138:24
drawn (1) 187:23
drawing (1) 148:7
dreadful (2) 207:7,7
dress (1) 3:3
dressed (2) 140:4 209:17
drink (2) 13:12 193:11
drinking (1) 107:2
drip (3) 117:13 128:8 158:19
drive (5) 10:3 17:24 44:4
 130:9 168:6
driver (1) 196:3
drooled (2) 17:14 42:17
drooling (1) 17:14

drop (3) 30:10 40:17 203:6
droppin (1) 35:7
dropped (1) 196:13
drove (2) 51:10 130:13
drugs (1) 68:18
ducks (1) 111:24
due (7) 29:3 46:10 87:23
 114:19 136:12 143:10
 156:16
dunbartonshire (1) 163:11
duncan (6) 92:7,10,16,19
 160:6 213:7
during (20) 14:19 15:18
 22:20 28:9 37:17 58:20
 66:9,10,12 69:5 77:2 93:16
 159:12,18 161:15,17
 174:25 175:7,15 177:21
duty (2) 208:18,20
dwarves (1) 107:1
dying (2) 129:4 202:5

E

e (1) 194:25
earlier (6) 27:10 84:14
 101:12 197:22 202:20
 205:25
early (5) 43:14 109:24 110:9
 157:3 205:1
ease (2) 30:7 68:20
eased (1) 139:13
easier (5) 34:10 52:3 103:19
 115:2 116:5
easily (5) 84:17 105:13
 185:15 196:12 208:10
easing (1) 73:15
east (1) 137:15
east (1) 84:17 105:11
easy (3) 63:4 91:5 105:24
eat (7) 13:15,15 84:9 156:25
 159:11 173:13 193:11
eater (1) 81:10
eating (2) 107:13 172:22
echo (2) 30:10 35:7
edinburgh (11) 40:5 93:3,8
 94:7 95:18,19,20 169:9
 171:13,15 179:4
education (1) 50:5
effect (3) 102:17 128:16
 133:11
effective (2) 195:20 197:18
effectively (2) 14:1 175:6
effects (1) 158:18
either (6) 59:6 71:6 75:9
 88:13 106:15 189:4
elaborate (1) 100:9
elasticated (1) 55:11
elderly (2) 56:8 80:4
election (1) 90:7
element (2) 200:19,22
ellis (2) 201:8 204:21
else (18) 9:9 12:14 19:2
 21:14 33:15,17 37:12
 52:6,8 55:4 71:10 78:1
 103:10 187:25 191:17
 194:13 195:11 201:20
email (1) 9:22,23 29:8,10
 35:12 46:7 63:11 87:21
 153:13,19 178:6
emailed (3) 116:6,8 179:15
emails (6) 36:25 63:10
 128:16,18,20 161:18
embarrassed (1) 195:7
embarrassing (1) 54:18
emergence (1) 178:21
emergency (4) 52:21 71:2
 142:11 194:24
emotional (2) 167:18 204:20
emphasis (2) 190:8 208:19
employed (2) 75:4 92:23
employee (1) 194:14
enable (1) 163:16
encouraged (1) 123:2
end (24) 7:20 17:17 21:12
 27:5 38:17 73:7 87:25
 123:5 131:8 141:2 144:7
 154:14,19 155:1 157:23
 163:18 174:22 189:18

198:22 199:6 200:20,22,24
 205:7
ended (3)

16:19,21 21:18 27:9 43:5
 44:11 51:17 18 62:17
 97:9,23,25 125:10 135:1
 139:2 150:22 156:9 160:2
 161:24 164:15 167:3
 169:23 171:18 175:2
 176:17 178:1 180:16
 182:13 184:20 192:11
 206:3 209:10
evidence (10) 2:8 47:10
 48:14 49:22 93:6 105:25
 161:11 162:1 170:24
 207:16
exact (1) 118:13
exactly (9) 17:9 94:5 110:11
 118:9 126:8,11 154:12
 194:13 200:7
examine (1) 151:25
examining (1) 152:11
example (3) 13:21 159:3
 165:10
except (1) 37:24
excluded (1) 163:14
exercise (2) 8:11 177:3
exhausted (1) 150:22
exit (1) 72:19
expect (1) 173:3
expectations (1) 47:6
expecting (1) 83:12
experience (5) 8:13 76:5
 124:6 136:21 206:7
experienced (1) 125:11
explain (9) 6:23 10:6 102:12
 108:2 115:24 147:17
 181:25 183:22 187:24
explained (2) 27:10 73:6
explaining (3) 113:8 155:10
 189:22
explains (1) 171:1
express (3) 24:3 44:22 180:1
expressed (1) 121:17
expressing (1) 149:2
expression (1) 197:19
extended (2) 150:17 178:18
extends (1) 161:21
extent (3) 22:1 39:4 95:6
external (1) 64:24
externally (1) 66:1
extra (2) 11:15 12:24
extremely (4) 165:18 180:9
 182:24 189:18
exudate (2) 60:22 68:12
eye (2) 22:10 42:11
eyes (1) 131:14

F

face (5) 43:19 113:9 123:9,9
 190:3
facebook (2) 16:11 207:5
facetime (3) 179:8 180:3,19
facilitate (3) 114:9 115:17
 150:5
facilities (1) 52:2
facility (3) 35:7 56:8 57:15
factor (1) 65:10
faculty (1) 65:2
faddy (1) 81:10
failed (1) 132:12
failure (1) 55:13
fair (3) 19:15 33:18 36:6
fairly (3) 18:4 66:8 169:16
faith (1) 168:13
fall (9) 44:2 101:22
 104:13,20 106:6 172:10
 173:8,11 189:12
falling (1) 141:17
falls (6) 104:20 107:20 119:1
 163:20 172:4,8
familiar (2) 97:25 175:21
familiarity (1) 153:6
families (16) 8:2,6 46:20
 89:1 96:3 111:20
 120:13,21 149:5
 159:6,7,15,20 163:16
 189:22 208:2

family (38) 2:19 39:1,18
 44:21 48:15 50:7,16
 51:24,25 61:13 62:12,21
 65:9 66:11,13 72:12,13,14
 90:3,12 93:12 109:8 116:9
 120:22 144:19 150:15,17
 159:5,9 161:6 163:7 167:3
 170:6 178:17,18 185:21
 189:17 195:11
fantastic (1) 39:15
far (11) 12:10 15:3 41:9
 61:20,22 73:7 80:14 85:11
 170:4 194:8 210:15
fast (1) 101:1
father (15) 93:7 94:13
 104:13 106:5 107:10
 122:20 127:4 137:2 138:12
 141:16 143:3 144:4 150:24
 157:9 167:5
fathers (4) 93:21,24 96:4
 144:17
fault (5) 105:13
 133:15,15,16,18
favourite (1) 107:3
fear (3) 78:20 101:1 194:16
fearful (1) 15:23
fears (1) 149:3
february (5) 54:25 67:13
 75:20 90:6 177:16
februarymarch (2) 8:16,22
fed (3) 39:18,20 62:1
feed (1) 8:7
feeding (1) 173:2
feel (24) 8:6 12:11 32:9 91:2
 97:25,25 99:12
 111:18,19,25 113:18
 114:11,15 118:19 130:19
 133:18,18 138:20 151:13
 184:15 189:15 190:14
 204:9 206:22
feelings (5) 41:6 64:15 126:8
 200:1 204:7
feelings (3) 24:3 42:6 47:3
feels (2) 102:10 133:13
feet (3) 103:25 159:13
 184:23
fell (1) 39:8
felt (54) 12:7 16:18 20:1
 32:3 35:17 42:18 43:21
 44:24 53:21 73:23,24 84:7
 90:17 95:10,25 97:9 98:10
 101:5 102:4 110:2,9,17
 114:12,17 119:7,8 124:24
 125:10 126:5,6 127:24
 129:14 132:6 134:11
 135:18 137:16 140:10,10
 146:8 147:20,23 150:15
 156:14 157:23 165:22
 174:1 175:19 182:5 186:22
 193:3 195:6 199:23,25
 204:9
fence (3) 12:9 140:8 144:6
fergusons (4) 181:25
 182:2,10 183:5
few (20) 3:9 5:21 34:23
 63:25 100:8,18 104:20
 107:20 108:14 119:1
 125:19 138:1 146:15 151:4
 162:4 176:8 192:17 195:24
 202:13 205:18
ffp2 (3) 146:9,22,25
field (1) 196:7
file (1) 41:23
fight (1) 84:18
fighting (2) 117:8 193:4
file (2) 36:13,18
fill (2) 75:15,16
filling (1) 42:22
film (2) 59:3 98:23
final (4) 67:13 123:17 166:4
 167:15
finally (8) 55:1 85:13 151:1
 193:5 194:21 207:6,8
 210:24
financial (1) 171:4
find (16) 12:21 20:6,15 54:11

78:1 79:18 80:5,10 81:14
 124:10 126:15 141:10
 142:8 153:18 206:18 207:1
finding (1) 172:24
fine (12) 37:14
 104:7,7,9,9,11 131:24,24
 132:1 161:12 183:8 199:12
finish (1) 164:12
fire (1) 72:19
firmly (2) 43:24 164:16
first (36) 1:8 10:22 13:25
 14:20 21:3,6 25:3 31:20
 34:6 39:14 44:20 45:1,3
 66:9 67:13 72:18 77:24
 87:7 121:13,14
 124:19,22,23,23,24 145:8
 147:8 162:10 165:19 176:8
 178:21 189:20 192:4
 200:3,15 202:8
firstly (2) 68:21 136:8
fit (4) 137:21 146:22,23
 168:11
fits (1) 64:12
fitted (1) 146:22
five (12) 6:8 24:22 25:5
 50:17 105:16 111:2,6
 155:18,22 169:12
 210:20,25
fiveminute (1) 24:23
fixed (1) 97:10
fixing (1) 139:1
flat (8) 51:25 56:18,20
 113:12,12 176:14 206:3,4
flats (1) 56:14
flavour (2) 166:24 167:20
flavoured (1) 36:17
flip (1) 6:1
floor (8) 56:16 72:18 75:12
 99:7,8 120:3,4 173:14
floors (1) 99:4
florida (3) 8:19,20 9:6
flow (2) 25:19 26:1
flowers (3) 147:22 148:1
 183:8
flu (3) 94:20 95:7 102:9
fluid (3) 54:17 117:13 158:19
fluids (1) 158:24
fobbed (1) 84:17
folk (2) 202:2,23
follow (5) 91:6 103:9 165:25
 207:9,12
followed (1) 44:15
following (16) 46:17 51:23
 53:7 83:10,16 90:6 137:4
 142:13 162:4 164:2 172:10
 187:8 188:8 202:18 205:6
 208:11
followup (1) 14:17
followups (2) 14:18,19
food (5) 14:8 81:9 172:25
 173:2,4
foot (3) 11:1 107:21,22
football (2) 72:20,21
force (2) 50:6 165:21
forced (1) 29:19
forcefully (1) 180:1
ford (1) 196:11
forehead (1) 105:4
forever (3) 6:17 41:11 45:23
forget (2) 136:18 140:11
forgive (1) 161:22
forgot (1) 173:4
forgotten (1) 48:1
form (4) 39:1 42:24 75:16
 170:13
formal (2) 125:5 176:22
formed (1) 164:16
former (1) 121:14
forms (3) 8:8 42:22 75:15
forsee (1) 9:5
forth (1) 91:20
fortnight (1) 203:15
fortunate (3) 40:13 180:20
 205:11
fortunately (2) 61:8 83:22
forward (7) 3:17 21:17 110:5

124:11 175:18 194:8
 210:17
fought (1) 84:19
found (21) 5:22 8:10 40:4
 65:3 66:23 68:9 72:9
 77:9,12 85:1 86:3 90:4
 126:24,24 138:18 174:12
 175:19 191:14 194:20
 201:21 206:8
four (5) 5:21 58:13 60:7
 62:24 180:8
fourbed (1) 79:7
foyer (8) 21:6,10 26:15,17
 27:4 193:6 194:3 196:18
frail (2) 73:18 177:12
frailer (1) 38:12
france (1) 204:1
frankly (3) 17:18,19 39:18
free (4) 41:23 69:2 148:5
 159:4
freedom (1) 65:9
freeman (4) 164:1,3,5 165:7
frequent (2) 61:17 63:25
fresh (1) 156:21
friday (4) 37:14 40:18 60:14
 87:20
fridge (1) 172:25
friends (2) 39:18 93:13
frightened (1) 174:10
frightening (1) 174:13
front (2) 32:24 202:16
fruit (1) 170:2
frustrated (1) 165:18
full (17) 1:19 7:18 22:21
 27:5 48:24 74:13 92:18
 124:16 125:13 131:19
 132:22,23 148:15 161:2
 170:17 186:7 194:1
fulfillment (1) 56:17
fully (2) 3:1 103:6
fundraising (1) 58:4
funeral (10) 137:8,11,24
 138:5,8 139:20,21,24
 144:6 200:2
funerals (1) 200:3
funny (1) 185:1
further (13) 30:5 33:13
 87:19,19 91:7 122:24
 123:14,16 130:12 133:4
 159:21 160:4 174:15
fuss (1) 209:24
future (3) 53:16 138:9
 158:21
futureproofing (1) 53:15

G

gadgetry (1) 70:3
gained (1) 192:5
gale (10) 160:18,24,25
 161:1,2 185:19 207:16,20
 211:24 213:14
game (4) 27:18 182:7
 187:15,16
games (3) 27:18,24,25
ganglia (1) 170:25
garden (16) 16:22,25 18:4,13
 42:4,8 130:8 133:7 135:8
 140:6 141:23 148:5,13,15
 149:17 151:5
gardens (4) 134:6 196:4,5,9
gastrointestinal (1) 50:21
gates (2) 89:11 140:2
gave (10) 54:15 102:23
 124:16 153:5 162:1
 165:6,7 168:9 184:7 195:1
gazebo (2) 17:1,3
gazebos (1) 148:3
gear (1) 166:8
general (8) 9:7 22:9
 55:16,19 61:2,3,4 118:4
generally (13) 9:1,14 32:7
 33:17 37:16 40:14 52:19
 54:21 149:17 169:7 179:13
 183:7 199:20
generation (1) 211:17
generous (1) 180:9

gentleman (3) 142:14
 165:11,13
genuinely (1) 88:20
geography (1) 25:24
get (102) 2:20 4:4,7 11:15
 25:9,25 26:4,18 27:23 30:3
 34:12 35:11 39:20 42:5,13
 43:20 44:1 51:12 52:24
 54:13 55:1 63:4,6,9,10,24
 70:15 71:22 74:1 82:7,14
 83:23 86:4,23 87:21,24
 107:7 115:1,19 116:10
 118:24 121:1 125:12
 127:11,18 130:16,17,25
 131:1 132:1 135:2,21
 136:2,22 137:15,18 139:4
 141:2,6 144:24 145:14
 146:23 151:14 155:25
 156:12 162:25 166:15,24
 175:23 176:11,11,13
 177:13 180:18 182:9
 183:1,6 186:7 187:18,19
 188:2 194:11,11,21 195:18
 196:12 197:16 202:10
 203:14 204:5,12
 205:2,4,20 206:6,9
 207:6,8,15,16,18 209:12
gets (2) 76:7 106:13
getting (31) 14:9 28:14
 30:14,15,17 53:9 78:11
 97:20 109:3 150:7,8
 151:15 152:8 158:17
 167:20 172:16 177:8
 178:12 180:10 188:3
 195:17 198:1,2 199:16
 201:1,19,21 202:3,4 208:3
 210:1
giant (1) 145:12
gift (1) 69:9
gillian (4) 92:7,10,19 213:9
girl (1) 147:4
give (23) 2:9 3:16 10:6 24:10
 31:3 35:19,24 36:17 49:22
 71:13 90:3,23 93:6 95:25
 120:21 124:15,20 128:10
 135:4 151:21 177:7
 194:7,7
given (26) 3:10 17:2 35:14
 42:16 64:22,23 67:15 81:6
 82:31 86:12 102:18
 111:3,18 112:24,25 117:16
 121:3 144:17 149:6 151:1
 154:7 157:11,13 158:19
 179:19 211:21
giver (1) 163:21
giving (6) 59:1 90:11 105:24
 163:20 169:2 186:20
glad (4) 74:19 101:11 204:12
 211:5
glasgow (15) 40:5 163:10,13
 164:10,11 166:21 168:5,15
 179:3 191:5 192:17,21,23
 196:9,10
glass (4) 13:16 131:10,13
 184:2
gloom (1) 65:9
gloves (5) 22:23 131:20
 156:24 158:5,6
goes (7) 8:8 56:22 79:25
 163:8 172:7 184:22 207:5
going (97) 2:15 7:16 8:3
 10:17 12:8 14:8 16:2 17:7
 21:16 24:5 25:15,25 29:1
 32:23 34:24 39:17 42:2,19
 44:25 46:11,22 47:7,7,8
 50:22 57:21 58:6 60:8
 61:13,16,25 62:14,18 65:3
 73:10 74:10,10 76:1 81:24
 83:3 85:8 89:14 96:10
 98:16 101:15 102:9,10
 103:6 106:24 108:20 110:5
 113:1,9 116:9,19 117:25
 118:16 119:20 120:19,19
 122:9 124:17 128:2 129:9
 130:9,10 132:3 136:13
 138:11 147:16 154:20

155:10,15 162:6 164:10
 166:15 171:11,23 174:6,23
 175:5 182:3 184:21 187:25
 188:4 189:4 191:15
 194:4,8 196:2 197:21
 201:22 202:7,7,15 207:17
 208:8
golf (1) 138:25
golfer (1) 138:25
gone (10) 44:11 69:9 78:24
 107:6 141:9 164:17 181:2
 191:2 192:14 203:9
good (57) 1:3,4,5,14 3:8,15
 15:17 16:8,21 18:3 25:13
 39:23 40:12 47:25 48:7,19
 50:6 56:9 82:6 83:12 91:12
 92:4,6,9,11,16,17 97:10,16
 105:3 127:24 138:25 139:1
 160:17,23 164:13 169:7
 172:15 175:19 178:1
 180:15 193:9,15 197:25
 198:1,9 200:8,10 203:12
 204:11,11 205:10
 209:14,18,21 23:23,23
goodbye (1) 17:17
googled (1) 138:17
gorgeous (1) 191:17
gosh (5) 98:19 104:8 119:6
 130:5 135:18
gotten (1) 154:11
government (22) 10:2 16:5
 45:20 78:8 101:5,12 109:5
 112:18 119:8 121:6,25
 124:6,25 125:25 145:24
 154:7 157:4 159:17,23
 162:19 165:5 206:23
gp (21) 48:15 70:15,15
 83:2,3,14,14,16 116:22
 117:9 119:13 121:7 123:9
 151:14,16 18,20,24 152:5
 157:15 197:11
gps (6) 49:25 59:5,15 117:25
 119:21 154:20
graham (2) 201:8 204:21
grail (2) 110:7,14
grand (1) 196:10
grandchildren (12) 61:16
 71:24 138:23 171:12
 176:10 190:9,12,13
 191:3,19,24 192:7
grandchildren (1) 192:4
granddaughter (1) 181:2
grandfather (1) 154:24
grandmother (3) 167:1,1
 190:14
grandparents (8) 19:5 20:13
 40:12,13,14,15 41:18
 155:9
grandon (2) 184:19 185:3
grandsons (1) 185:11
grammies (1) 184:25
granny (6) 168:1 169:10
 184:21,23 185:1 191:14
granted (1) 73:1
grateful (7) 45:23,24 47:18
 74:20 91:10 139:18 160:7
gravitas (1) 151:22
great (16) 50:4,5 60:1 77:19
 83:13 88:22 103:22 118:21
 167:1 169:8 175:24 186:9
 190:12,13 191:24 205:11
greater (4) 24:4 89:9 163:13
 164:11
greatly (1) 186:10
green (6) 67:4 76:24 77:1,8
 85:25 88:11
greenlighted (1) 85:1
gregor (1) 188:10
grief (1) 200:14
grieving (1) 135:16
ground (2) 99:6 120:4
grounds (1) 73:6
group (22) 39:15 64:2 80:2
 81:3 162:2,2,3,17,20,24
 165:10 168:4,14 177:22
 179:22 200:18 201:4,12

206:8 207:4 210:22
groups (3) 168:3,7 190:1
groupphink (1) 206:22
grow (1) 211:17
growingly (1) 188:15
guarantee (1) 18:11
guardian (2) 32:3 40:9
guardianship (5) 3:23,25

havent (6) 37:5,25 38:24
88:13 182:8 199:21
having (34) 4:12 12:15 21:15
30:11,15 46:19 47:1,12
53:23 63:21 75:24 77:9
81:21 83:2 96:17
137:3,3,10 139:12 148:1,6
149:3 159:13 170:21 173:6
182:25 189:9 190:18
202:5,6 207:25,25 208:1,1
head (7) 53:18 61:11 85:6,13
133:7 162:25 203:21
health (43) 5:4 16:5 22:9
29:11 50:17,19 81:3 84:1
85:4,5,13 86:9 101:4
108:21 117:22,24,25
118:13,13 120:12,20 121:3
123:25 128:14,20 137:20
141:4,1,6 152:16 153:9,16
154:1,8 156:17 158:25
164:3 168:5 169:7,8 170:4
192:20 206:23
healthcare (2) 124:3 158:22
hear (15) 3:14 8:5 11:5,6
27:9 62:13 74:18 103:16
104:7 129:15,17 156:23
180:17 195:21 210:5
heard (19) 23:25 29:16
47:10,16,25 70:23 87:13
88:9 90:8,24 91:2 109:23
117:4 140:24 154:18 160:2
162:8 183:21 210:4
hearing (11) 2:7 39:19,20
41:7 47:22 62:10 74:17
100:13 109:22 160:10
212:4
heart (5) 14:16 22:6 42:19
44:5 53:18
heartbreaking (2) 134:11
140:7
heavy (1) 54:16
hed (3) 67:14,17 104:20
held (2) 21:6 43:24
hell (1) 199:1
hello (1) 161:2
help (18) 3:4 10:19 23:1
90:14,15 103:20 104:5
106:11 139:8 143:18
149:12 156:25 159:16
163:1 164:10 166:3 172:1
210:14
helped (1) 159:11
helpful (6) 36:19 38:22 67:14
89:4 165:9 202:9
helping (2) 37:17 107:7
here (16) 2:10 24:15,17 26:7
71:18 91:20 93:6 106:13
110:5 131:11,11 166:17
169:9 182:5 184:12 210:1
herself (6) 3:4 4:19 17:10
20:7 51:18 86:19
hes (7) 24:3 151:7,9,12
184:23 199:4 207:4
hiccup (2) 25:3 83:5
high (10) 11:1 16:17 47:5
52:1 60:1 76:20 77:5,25
126:25 140:8
higher (1) 69:24
highest (1) 122:22
highlighted (2) 122:8,10
hill (2) 52:1 168:4
hire (1) 172:1
hiring (1) 172:18
history (1) 170:21
hitting (1) 85:6
hmm (2) 60:16 179:7
hmmhmm (12) 46:13 49:24
67:23 81:5 90:21,25 94:18
116:24 119:23 121:11
143:5 150:2
hogmanay (1) 46:7
hold (7) 25:2 33:1 63:4
74:24 86:23 131:13 158:4
holding (1) 131:22
holes (1) 170:17
holiday (3) 8:19 15:6 52:21

holy (4) 56:1 110:7,14
168:18
home (326) 3:20
5:3,10,11,13,14
6:2,13,17,22 7:3,14 8:6 9:8
10:9,12,23 14:6,9 15:4
17:23 18:6,9,15,19 19:16
22:3,15 25:18,20,22,24
28:5,11,12,18 29:6,10
30:19 31:16 32:6,8,9,16,18
33:4,6,16,19,22,23 34:11
35:5,25 36:25 37:12,13
38:7,20,23 39:10,20 41:14
44:25 46:12,15 50:16
51:25 53:3,19
55:2,19,22,22 56:1
57:2,5,20 58:20 59:15,18
60:13,19 61:6,7,19,22 62:3
63:2,3,7 64:5,10,15,23
65:16,16,20,20,23,24,24
67:20 68:4 70:13
72:4,15,20 73:5,8 75:4,8
76:9 80:18 81:17 82:22,25
83:9,9,17 84:21 86:21
88:15,18,21,22 93:7,11
94:7 95:4,10,10,16
96:1,2,12,16,20,22,25
97:13,18 98:1,8 99:2,12,24
100:15 101:11,20 102:7
103:23 104:19 105:3 106:7
108:14,19,25
109:2,7,9,11,25
111:5,9,11,24 112:23
113:2 114:10,11,14,16,20
115:4,11 116:23
117:6,12,15 118:1,8,10,25
119:13,17,25
120:1,11,17,24
121:3,19,22 123:25 124:7
125:16,22,22 126:5,23
127:13,16
128:10,11,13,16,19
129:7,8,17,22 131:3
133:6,21 134:5,19
135:20,22,25
137:6,9,17,17,19
139:11,14,15,25 140:1
141:8 142:1,9 144:20
145:8,9,11,23 146:1 147:4
148:4,7,10,18 149:1,5,20
151:7,14,18,20,22,23
152:14,20 153:21,22
154:20 155:7 157:1,6,17
159:4,18 162:2 163:10
165:1,11 166:21 171:7
172:13 173:21,22
174:1,5,15 175:1,6,8,19
176:9,21 177:8,10
178:1,20 179:5,11,14,15
180:4 181:7,19
182:15,16,25 183:4
186:3,17 188:25
189:4,12,21 190:18,19,23
192:17,21,24 193:13,17
195:12 196:20
198:8,14,15,17 199:20,22
201:15 204:16,25 206:1
208:24 209:12,21
homes (57) 8:13 15:2 45:18
57:10 65:1 97:4,5,6 99:15
101:2 110:19 114:13
117:2,5,15,23 118:2,5
119:22 120:2,13 122:17
123:2,12,22 128:21 140:19
148:1,3 156:9,16 158:23
159:1,12,19,24 163:2
165:21,22 166:9 174:14
175:16 176:6,8,24 177:23
180:22 190:17 192:18
197:12 204:1,5 205:15
208:3,17 211:9,11
honest (7) 47:5 87:17 104:3
130:23 148:3 177:21
197:17
hope (5) 47:12 207:1
210:1,24 211:21

hoped (3) 128:3 177:6,9
hopes (2) 47:14 210:15
horrendous (2) 42:5 148:8
horrible (4) 35:16 68:13
111:22 193:8
horrified (2) 143:9,9
hospital (80) 14:20,22 15:1
44:3 51:23 52:4 53:13
55:4,17 67:17,18 69:13
70:7,12,16,17,20 71:5,7,25
72:2,7 73:19,22 75:25
76:1,7,12,15 77:3,11,14
78:14,24 80:6,17 81:7,9,16
82:6,14,17 83:8 86:21
88:10 96:13 101:23,24
104:16 106:15,17 107:10
117:6,11 118:15,23 119:19
128:5,9,11,15,21 141:16
142:2,15,17 143:3,23
144:14,15 157:21 158:17
172:10,15 173:7 174:22
175:16 195:14,23 197:17
hospitalapproved (1) 82:7
hospitalisation (1) 174:16
hospitalised (2) 94:20,22
hospitality (1) 165:20
hospitals (3) 117:16 118:3,21
hostage (1) 204:4
hour (10) 34:5,6,17 36:16
72:17 98:20 130:11 145:6
155:17,25
hours (11) 5:21 25:18 28:7
34:23 44:7,16 87:8 97:8
98:19 150:12 163:23
house (17) 20:19 26:3,4 30:4
34:23 35:2 40:15 41:18
42:21 43:10 51:25 52:23
69:4 174:12 176:20
177:13,15
housekeeping (1) 52:10
however (5) 97:6 115:16
151:18 163:8 165:18
howling (1) 182:12
hr (1) 49:8
hug (5) 74:24 134:7 145:18
194:7,7
huge (4) 140:8 145:13 156:6
200:11
humanity (1) 90:15
humanrightsbased (2)
90:20,22
humour (1) 50:5
husband (11) 19:4 23:6,20
24:1 35:1 41:3 46:25 71:21
93:3 167:22 173:14
husbands (3) 47:22 138:2
155:5

I

id (21) 4:14,19 13:15 29:15
50:2 81:7 87:18 88:8 131:7
158:5 165:2 177:13 187:14
191:2 193:3 194:25,23
197:5 203:8 206:1,3
idea (6) 13:25 60:17 77:23
188:5 193:22 196:21
identified (1) 186:25
ignore (1) 20:3
ill (16) 1:8 3:25 24:14,17
43:22 50:21 52:21 54:20
63:12 91:16 131:13 140:11
148:24 174:24 190:21
197:16
illness (1) 94:25
im (71) 2:15 3:16 6:20
7:12,24 10:19,25 11:2
12:11 14:10 20:11 24:9
25:4 29:22 30:6 34:14
35:20 37:3 38:12 39:22
42:2 47:5,8,18 62:9,10,25
63:5 65:22,23 77:11 78:21
83:2 87:21 95:22 99:5
104:12 105:10,14
111:11,20 113:16,17
117:13 122:9,12 124:17
131:24,24 132:1 140:9

142:15 151:15 155:15
160:6 162:6 173:1 175:11
182:5 183:5 184:21 186:8
190:6 198:17 202:14
204:12 205:17 206:13
208:25 210:1,2
imagine (5) 26:18 45:25 65:4
80:3 103:4
immediately (1) 29:18
imminently (1) 61:6
immunity (1) 110:13
impact (24) 2:25 4:11 20:22
24:1 40:1,21 41:3
46:11,19,21,25 62:6,20
65:8 84:10 130:22 137:3
149:3 150:17 153:4
155:3,13 156:6 202:19
implemented (1) 159:16
important (2) 90:9 208:21
importance (12) 30:20 39:12
81:4 90:2,4,11 96:15 159:6
160:2 168:13 179:21
181:18
imposed (1) 156:20
impression (1) 152:8
imprisoned (1) 157:4
improve (1) 169:22
improved (1) 166:6
improvements (1) 163:15
inaudible (3) 65:25 70:6
124:21
incident (1) 192:13
incidentally (1) 189:8
included (1) 139:3
including (1) 123:22
inconsistent (2) 125:23
126:10
increased (1) 163:17
incredibly (2) 159:21 208:2
indemnity (2) 204:3,5
independence (1) 6:16
independent (3) 51:18,20
56:20
independently (1) 7:1
index (1) 213:2
indicate (4) 49:4 65:7 79:20
173:24
indicated (1) 189:1
indicates (3) 7:20 12:9 68:11
indicating (1) 26:7
indignant (1) 169:17
individual (2) 38:25 120:25
individually (1) 62:2
individuals (4) 93:12 120:15
170:5 187:7
indoor (10) 21:3,6,11 27:1,4
74:1 192:16,22 193:21,22
indoors (4) 122:17 139:17
193:25 196:20
ineffective (1) 146:8
inessential (1) 211:7
infection (9) 36:8 83:18
88:15 121:18 174:21
179:20 186:13 187:19
195:15
infections (2) 82:13 189:9
inference (1) 187:23
information (22) 15:25 16:3
19:15 64:22 70:22 81:6
85:24 87:11,18 88:17,24
111:3,5 120:21 121:2,4
165:17 187:5 194:21,23
207:19 211:19
informed (3) 9:20 10:14
179:11
initial (1) 4:5
initially (14) 12:16 25:17
45:6,7 52:12 72:6 75:9
79:3,8 83:20,21 95:12
101:19 142:5
injury (1) 173:6
inner (1) 14:1
innovative (1) 45:6
inperson (1) 141:15
input (2) 103:9 206:10
inquiry (14) 1:19,23 47:6,6

49:11 92:20 161:9,10,25
207:1 209:9 210:6,15,24
inserted (1) 142:3
inshot (1) 194:3
inside (4) 23:13,15 25:15
130:7
inspection (2) 7:24,25
inspections (2) 8:1 88:17
inspector (1) 8:8
inspectorate (6) 7:22,23 8:7
114:18 115:8 202:7
installed (1) 61:8
instance (1) 34:22
instant (1) 35:18
instantly (1) 19:11
instead (6) 38:4 117:12
121:23 138:7 158:19 166:1
institution (2) 66:2 182:22
instructed (2) 142:20 203:25
instructions (5) 3:10 17:2
21:13 88:24 145:21
integral (2) 156:8 159:7
integrated (1) 58:2
intelligent (2) 69:25 136:24
intensive (1) 76:20
interacting (1) 41:15
interaction (3) 17:13 26:9
192:1
interested (1) 122:13
intermediate (2) 174:20,20
internal (2) 21:10 26:16
into (56) 2:3 3:20 5:11 21:10
26:13,14 30:10 33:6 44:25
52:22 56:13,18,19 58:2
70:7,12 73:24 76:20 77:7
78:21,24 80:4 86:10 96:22
103:23 106:8 107:7 108:19
109:25 112:1 117:11 118:1
126:20 130:8 133:6 134:4
136:22 146:9 148:13
151:18 152:19 154:20
159:1 164:22 167:23
173:25 174:12 175:6
177:24 183:24 189:11
201:2 202:4 206:3 207:12
210:1
introduced (2) 85:16 189:2
inverclyde (3) 56:4 67:17
163:14
involve (2) 7:25 55:10
involved (5) 40:19 41:6
49:25 171:8 173:6
involvement (5) 3:18,19,22
7:21 57:20
ipads (1) 69:24
irate (1) 188:16
irrational (1) 188:16
isnt (5) 77:17 128:11 133:17
151:11 191:16
isolate (1) 46:12
isolated (8) 46:17 89:17
102:21,24 103:4,5 112:1
201:4
isolating (1) 201:2
isolation (5) 46:16 64:18
72:7 102:18 144:23
issued (2) 19:12 210:25
issues (4) 59:24 97:12 99:8
155:7
italy (2) 101:2 117:2
its (83) 3:23 7:3 8:5 20:11
21:19 22:25 23:19 25:10
31:13 35:9 47:7 48:5 49:1
54:15 55:11,13,19
56:5,9,10,12,12 57:17
58:3,3 59:17 66:5,6,8
76:24 87:15 91:5,12,14,18
92:19 96:15 97:15 99:15
100:23 105:13,24
110:12,14 114:13 115:21
121:16 124:21,23
133:12,12,15,15,15,18,19
134:23 140:16 151:11
154:16,21 161:13 162:25
163:1 164:13 166:12
168:22 179:21 181:18

J

jane (2) 103:14,16
january (5) 28:16,23
195:13,22 196:17
jean (1) 165:7
jeane (3) 164:1,3,5
jerk (1) 89:10
jiggling (1) 42:11
job (2) 180:6 204:24
johns (1) 211:1
joined (2) 78:14 168:9
joining (1) 168:3
journey (2) 17:22 81:20
judge (1) 126:2
judges (1) 70:5
july (10) 18:20 73:22 144:14
145:2 154:14 166:18 173:5
178:16 189:6 190:17
julyaugust (1) 156:19
jump (1) 103:23
jumped (2) 137:20 173:15
jumping (1) 3:16
june (12) 54:2 69:13 70:8,9
71:5,6,9 75:22 77:7 78:19
80:18 82:9

K

keeled (1) 167:15
keen (2) 162:22 167:21
keep (16) 16:19 28:22
36:12,18 43:7 61:9 62:18
63:23 116:9 148:5 155:8
161:17 164:15 182:22
201:10 204:2
keeping (1) 89:2
kept (17) 54:8,14 64:3
147:12 150:11 161:15
174:5 177:20 178:5 181:23
183:12,23 184:2 193:16
195:17 210:10
key (7) 15:8,9,12 52:25
149:7 174:10,11
kids (4) 98:25 138:3 150:21
155:6
kilos (6) 50:25,25
81:12,18,19 84:11
kilpatrick (7) 48:12,18,19
49:1 66:3 91:10 213:6
kind (45) 29:19 30:17 33:8
50:3 53:7,15 56:9 59:21
62:14 72:18 80:13 84:20
85:16 87:15 88:2 97:17,19
99:10,22 100:7,14,16
101:5 102:14 107:4 112:11
113:13 124:24 132:5 135:5
137:3 138:9 146:8 157:15
162:19 165:20 168:20
171:9 172:18 177:12
183:25 184:1 194:2 195:3
206:22
kindness (1) 140:11
kinds (1) 5:25
kiss (2) 43:17,19
kisses (1) 43:19
kitchen (3) 11:4,5 173:9
knee (1) 89:10
knew (18) 20:20 34:15 44:14
81:11 86:5 100:13,21
101:6,10 109:3 118:21
127:24 132:6 164:9 167:23
181:9 196:12 199:15
know (207) 11:6 12:18 14:6
15:24 16:4,17,19,20

17:13,20 19:25
20:10,11,17,18,19
21:17,18,22 23:21 30:16
31:6,12,22,24 32:12
33:14,17,25 34:8 35:14,16
36:14 39:6,16 40:8,19,24
41:20 45:14,22,25 46:24
51:11 52:23 53:16 57:5
61:20,22 62:17 63:7 64:8
66:4 69:19 71:14 72:5,17
73:4,7 74:18,25 75:27
77:17 78:10 79:3,25
80:12,19 90:1 93:15
97:14,19 98:11 99:6
100:19 101:19
102:4,5,15,20 103:16,24
104:1,3,10,11,23 105:12
110:16 112:13,16 114:12
115:6,14 116:7 119:9
120:1,5,20,22,23,25,25
121:13 125:17 126:9
128:2,3,25 130:11,11,23
131:7,12 132:3,11
136:2,25 137:1 138:17
140:1,23 142:18 143:17,21
144:17,22 145:20,22
147:18,19 150:10,19
154:16,21 155:4,6,12
162:21 165:10,16 168:22
171:10,17 172:5,6,6,17
173:1 174:11 175:15
177:6,11,12,22,23 179:25
180:13 181:2,6,9
182:6,17,21,22 183:10
185:2,6 187:18 188:2,17
193:12 194:1,19,23
195:2,5 196:13 197:13
198:4,6 199:8,10,13,16
200:3 201:9,10 202:6,17
203:1,4,24 204:11,23
205:5,8,10,13 206:7
207:1,3 208:23
209:1,3,3,14,19
known (5) 56:4 161:5,6,8
205:19
knows (1) 2:18
koper (1) 166:2

L

lack (1) 114:19
ladies (1) 52:19
lady (6) 50:4 51:20 80:4
168:11 172:19 198:15
laid (1) 165:19
lanarkshire (3) 163:12
164:11 182:20
landline (1) 61:8
landlands (1) 175:23
language (5) 3:15 16:15
86:23 89:18 125:6
largely (1) 162:7
last (29) 4:2 58:17,18 61:4
64:19,20 66:3 71:16
96:2,20 106:23 127:25
129:22 137:13 144:4 145:5
149:23 150:23 164:18
168:24 173:20 176:4
186:6 191:25 197:22
203:14 204:13
late (4) 34:16 70:24 166:22
198:6
later (12) 19:4 23:22 40:17
94:22 121:5 125:17 127:2
137:18 148:2 167:21 180:1
185:4
lateral (2) 25:19 26:1
latterly (3) 75:13 84:10
166:20
laughed (1) 184:18
laughing (2) 113:10,11
laundry (1) 45:12
lead (3) 67:19 68:4 70:12
leads (1) 123:25
leadup (1) 28:17
leaned (1) 194:7

learned (4) 44:19 89:5 158:9 209:8
 learning (7) 2:23 3:12 6:25 12:20 47:13 50:5 176:5
 least (9) 12:12 17:22 44:4 66:12 69:22 87:3 96:14 112:14 177:18
 leave (12) 31:21 44:3 61:21,23 69:9,9 87:12 135:15 147:6 196:18,19,20
 leaving (3) 6:2,13 42:21
 led (5) 17:4,18 43:6,23 44:14
 left (8) 5:24 17:21 51:24 96:21 147:6 174:2,7 182:18
 leg (3) 42:11 82:8 85:4
 legal (3) 4:10 115:25 116:3
 legally (1) 4:8
 legionnaires (1) 195:1
 legs (19) 25:5 53:24 54:3,3,7,16 55:6,13 60:3,18,23 61:2 68:9,10,11 96:2,3,12,14 84:24
 length (2) 35:2 201:8
 lengthy (1) 161:20
 less (2) 62:24 98:15
 lessons (4) 44:19 89:5 158:8 209:8
 let (13) 12:1 32:23 44:10 105:1 120:22 148:13 151:15,18 155:23 159:4 165:10,16 203:17
 letter (23) 42:4,13 73:8,10,11 78:7 122:15 124:11,13,16,25 125:5,10,17,24 149:1,4 154:6 183:14 188:10,14 189:5,18
 letters (9) 63:24,25 64:1 80:1 122:1 138:23,24 188:15 204:22
 letting (2) 159:20 202:15
 level (4) 49:9,10 186:13 208:9
 levels (5) 43:21 59:22,24 179:20 199:25
 lies (1) 35:9
 life (35) 6:12 7:18 40:8,19 43:12 50:5 52:3 62:12,23 72:12 123:5 131:8 138:10 141:3 154:14,19 155:1 157:23 163:19 180:23 182:21 189:7,14,17 198:23 199:6 200:17,17,23 201:25 202:23 203:15 204:11 205:11 211:6
 lifethreatening (1) 189:9
 lift (1) 176:15
 light (4) 66:24 67:4 81:14 173:16
 lights (1) 98:7
 like (106) 5:5 6:23 7:3 16:14 17:17 18:7,8 31:16 35:6 36:14 38:3 42:18 43:5 44:2 45:22 50:2 52:8,22,23 53:11,15 55:11,19 56:3,9,10,15,17 58:4,16 63:14,20 65:25 66:1 68:10,11,13 69:4,24 70:1,3,5 73:24,25 74:21 75:7,7 84:8 86:24 88:23 89:14 98:1,19 99:12,21,22,23 103:4 109:5 110:18 111:25 113:13 114:14,25,25 115:20 116:10 119:18 122:19 130:10 131:25 135:18 138:5,18,24 139:3 147:20 148:9 149:4 150:12,16 155:4,6 157:6 162:9 163:19 165:2 170:23 174:10 177:24 182:7,23 184:2,12 191:10,11 192:2 193:8 196:1,15 201:10 203:6,10 204:3 207:3 210:18

liked (9) 51:21 62:17,18 110:22 137:11 153:25 167:24 177:20 178:4
 likes (2) 2:20,22
 likewise (1) 91:10
 limit (2) 64:8,8
 limited (2) 84:9 87:8
 line (4) 12:24 75:7 121:5 197:12
 lines (1) 66:4
 link (1) 179:19
 liquidised (1) 84:8
 list (1) 86:25
 listen (3) 54:13 86:4 90:23
 listened (3) 35:20 211:9,14
 listening (1) 62:9
 literally (1) 55:5
 little (18) 12:13 13:9 16:8 56:12 68:11 98:5 102:22 127:16 138:19,22,25 139:1 148:2,14 152:18,19 156:10 166:24
 live (6) 5:13 6:17 41:5 53:10 93:3 133:14
 lived (4) 5:14 6:9 7:3,8 169:13
 lively (1) 2:18
 lives (3) 130:12 133:4 179:4
 livestream (1) 24:22
 living (9) 18:7 24:7 50:15 56:20 72:12 78:19 99:22 118:16 211:11
 loads (1) 199:14
 local (8) 5:20 55:4 85:5 163:9 176:17 179:19 193:2 197:23
 lockdown (32) 8:17 9:2,20 10:14 14:19 15:18 21:25 28:9 37:8 38:17 39:3 43:14 57:6 60:25 61:12,18 66:9 73:15 78:19 100:4 101:9,11 102:4,8,17 104:14,24 105:2 114:19 116:22 143:10 189:1
 locked (14) 64:17 99:24 100:3,15 101:20 104:19 113:2 115:6 165:15 182:5,22 184:4,11 187:14
 locking (1) 182:8
 long (29) 10:17 18:19 27:6 44:3 46:23 54:12 56:5,5 58:18 71:4 80:17 81:20 94:1 98:18 100:18 101:15 105:6 145:5 149:1 154:17 155:15 164:19 168:12 173:18 188:5 189:24 193:4 201:9 211:20
 longer (9) 4:6 21:11 40:20 60:13 67:17 155:21,22 163:3,25
 long-serving (1) 59:25
 look (25) 6:17 34:13 53:19 68:14 83:14 102:9 106:10 119:24 120:9 122:5 134:13,23 148:24 154:18 168:23 171:12 188:1 190:2 199:2,11 202:18 203:4 204:17 205:9,14
 looked (12) 7:15 16:13 59:21 94:13 97:5 108:21 130:10 141:9 174:14 194:25,25 209:16
 looking (21) 11:2,2 17:11 29:22 30:6 34:14 54:11 62:25 89:15 126:19 152:12 167:13,25 170:12 181:1,9 183:16 190:6 191:7,9 199:2
 looks (1) 204:15
 lose (4) 29:18 81:19 156:11 188:18
 loss (2) 81:25 86:8
 lost (5) 11:17 73:18 194:19 200:14 203:2
 lot (48) 37:4 47:7 51:10 57:10 58:3 59:25 73:19

7:10 96:17 97:7 103:12 104:7,22 116:18 127:6 135:19 141:11 144:20 150:11 151:6 152:25 154:4 155:5 161:18 162:7 166:9,10 167:17 168:20 171:25 172:8 175:15 177:22 180:22 182:20 184:17 186:16 193:13 201:16,17 204:11 205:13 206:9 207:18 208:3,4,23 209:14
 lots (10) 7:16 91:3,4 98:2 206:9 171:17 176:19 194:3 200:25 201:1
 louise (1) 196:2
 love (10) 44:18 50:5 127:22,22,22 131:10 139:4 207:1 211:4,10
 loved (19) 21:19 43:17 50:6 107:2 122:16 152:18 153:5 159:11,14,18 170:1,1 182:23 189:24 190:3 193:10 198:13 208:14,21
 lovely (6) 34:12 98:8 199:20 200:10 209:17,18
 loves (4) 2:19,20,21 204:18
 loving (1) 2:19
 low (1) 16:25
 lucid (1) 107:23
 lucky (3) 28:25 31:1 205:7
 lunch (6) 7:16 37:13 38:3 41:17 98:21 200:6

M

macaskill (2) 203:24 205:3
 macron (2) 203:25,25
 macular (1) 50:22
 magic (1) 43:20
 mail (2) 203:16,16
 main (8) 17:2 21:13,14 27:6,7 183:17 189:11 191:6
 mainly (14) 183:9
 maintain (3) 32:20,24 90:3
 maintained (3) 90:12 191:21,22
 major (6) 16:25 42:19 72:9 78:21 81:8 189:16
 makes (2) 55:12 107:23
 making (3) 4:13 133:17 170:2
 man (3) 136:24 139:15 204:24
 manage (4) 4:14,19 175:9 202:10
 managed (4) 97:11,11 98:16 194:21
 management (1) 19:12
 manager (17) 5:3 11:8,14,17 16:4 32:6,9 35:12 72:15 73:5 79:5 97:13 109:11 111:11 128:19 151:23 190:24
 managers (5) 16:5 19:17 165:24 166:2 210:13
 manifesto (1) 90:7
 manor (2) 94:7 96:23
 many (13) 6:4 7:5 11:6 43:21 62:10 97:4 115:16 120:24 139:10 159:13 170:14 189:11 195:5
 march (30) 8:24,25 9:1 10:4 29:23 30:1 58:12 60:14 61:4 67:7 69:6 78:19 100:3 101:21,24 108:24 110:25 141:15,16 166:6 176:2 178:16 179:5 181:10 182:15,25 197:25 198:2,3 205:6
 margaret (4) 48:12,18 49:1 213:6
 marked (1) 36:11
 market (2) 177:13,15
 married (2) 50:8 135:19

mask (6) 12:16,18 22:23 104:25 131:20 140:5
 masks (12) 74:7,17 75:1 102:10 145:22 146:7,8,9,10,11,22 156:24
 massive (2) 167:16 198:10
 matter (4) 73:23 76:4 81:24 107:18
 matters (4) 2:4 121:9 162:9 171:5
 maybe (27) 13:14 16:21 37:16 52:19 55:3 56:15 87:19 98:21 100:8 112:12,12,13 115:21 125:9 131:9 133:20 137:9 138:9 147:19,22 148:2 151:9 152:2 171:13 179:17 206:1,6
 meal (1) 98:23
 meals (4) 2:21 5:24 84:8 172:24
 mealtimes (2) 52:5,6
 mean (62) 6:15 9:3,25 14:8 15:14,20 29:15 34:12 35:16 37:3,13 40:4,7,23 41:5 57:13 58:24 60:4 63:6 65:2 77:12 81:8 84:10 90:16 97:19 103:22 109:22 110:15 112:10 115:13 119:16 142:12 144:19,19 146:2,7 167:9 172:5,14 173:16 176:4 179:21 182:14 193:22 195:8 198:12,13 199:9,21 201:13,17,25 203:21 204:15,20 205:7,23,25 206:25 207:5 208:25 209:13
 meaningful (1) 150:16
 means (2) 115:15 170:17
 meant (11) 32:20 46:15 50:18 61:7 114:3 138:22 145:24 150:10,11 155:25 193:17
 meanwhile (2) 85:8 156:25
 measures (2) 146:5 186:23
 measuring (1) 46:19
 meat (1) 68:13
 medical (11) 58:7 117:13 118:7,24 119:2 142:11 152:9 170:6 178:19 188:11 206:10
 medication (8) 68:19 117:18 120:4 129:2 157:11,14,16 159:12
 meerkats (1) 191:15
 meet (10) 21:23 22:13 34:11 64:13 70:17 76:11 171:23 198:3 199:23,24 164:22 165:16 176:1,8 177:7 181:24 182:4 183:13 188:23 189:7,12 198:9 199:3 205:2 211:3
 member (12) 13:22 15:6,19 16:13,15 17:5 19:23 31:15,20 35:17 120:22 165:10
 members (8) 109:8 111:15,21 159:5,9 162:17 178:17 185:21
 memory (6) 102:13 103:18 107:6 136:13 204:20,24
 mental (4) 46:2,20 65:2 83:25
 mention (19) 15:8,16 23:23 43:13 93:10,11,24 94:1 110:4 128:13 138:12 139:20 146:16 147:25 149:16 185:11,23 206:16,19
 mentioned (12) 22:18 43:10 61:5 96:4 104:13 110:6 119:12,21 139:19 152:21 178:17 197:6
 mentioning (1) 111:8
 mercy (2) 168:14,19

merely (3) 156:7 159:7,25
 message (4) 33:4 83:15 108:22 109:6
 met (4) 148:20 199:9,10,25
 metres (14) 12:3,15,18 21:11 44:16 131:21,23 132:2,20 133:1 140:9 148:15 151:25 194:2
 microwave (1) 172:25
 mid2017 (1) 94:14
 middle (1) 39:5
 might (32) 7:10 36:4 38:21 45:8 54:4,11 85:23 103:18 111:11 112:2,3 127:25 129:10 133:22 136:21,23 137:12 138:19 143:13,17 155:22 163:6 166:13 170:7,9 177:9 179:20 182:8 183:12 186:21 209:2,3
 mildly (1) 135:24
 mind (2) 2:19 203:23
 mine (3) 13:15 27:25 165:8
 minister (5) 121:13,14 164:3 165:19 189:20
 ministrokes (1) 170:21
 minute (1) 137:13
 minutes (20) 11:11,12 17:8,22 24:22 25:5,21 26:3 28:3 43:3 44:4,16 71:8 105:16 133:6 155:17,19,22,24 156:1 206:3
 miss (3) 1:11 29:1 48:16
 missed (2) 133:5,10
 mistake (1) 33:3
 mistakes (2) 85:15 157:5
 misunderstands (1) 3:9
 mitigated (1) 208:10
 mix (1) 38:7
 mixing (2) 38:10,13
 moaning (1) 39:19
 mobile (4) 3:1 12:24,25 70:1
 mobilise (2) 159:1,11
 mobility (1) 51:8
 modern (2) 99:15 206:3
 moment (8) 2:16 31:13 131:25 132:7 136:23 150:16 157:7 179:25
 Monday (5) 37:13 83:16 169:8 171:11,14
 money (3) 4:15 65:19 177:15
 monitored (1) 22:10
 monitoring (1) 46:1
 month (4) 144:15 164:18 189:10 205:25
 monthly (1) 3:22
 months (22) 10:12 18:22,24 64:4 87:13,24 125:19 164:22 165:16 176:1,8 177:7 181:24 182:4 183:13 188:23 189:7,12 198:9 199:3 205:2 211:3
 moon (1) 74:16
 moonsuit (1) 188:2
 more (49) 12:13 19:14 22:11 24:8,12 31:4 32:7 36:21 40:25 41:7 52:2 53:8,9,9,9 56:15,17 62:21,23 82:12 86:2,2 96:15 98:15 114:1 115:5,12,18 127:10 128:9 148:9 149:9 151:22 163:25 164:7 165:15 166:9,10 167:17 172:5 182:21 183:10 184:2 188:16,16 195:21 204:25 205:18
 morning (12) 1:3,4,5,7,14 35:10 48:19 70:23 71:8 105:13 178:4 212:2
 mornings (2) 57:11 59:2
 morphine (1) 68:12
 most (15) 3:4 5:7 9:14 41:16 47:2 64:2 80:2 96:2 99:15 109:16 110:2 114:14 141:21 180:9,21 183:8
 mother (59) 48:13 49:23

77:20 78:21 93:6 94:10,13,19 122:20 123:23 126:13,15 129:18,23 132:15 135:17 136:5 141:19 144:11 166:18,24,25 167:14,20 168:23 169:12 170:16 171:4 172:22 175:5 176:1 177:1,19 178:16 179:1 180:2,18 181:23 183:16 186:3,4,24 188:24 191:18 192:5,14 194:2 195:14,23 197:4 199:3,6,17 202:19,21,24 203:10 205:21 208:15
 mother-in-law (1) 71:22
 mothers (25) 93:18 124:11 127:9 128:25 132:13,24 134:16 137:4,24 171:23 181:11,20 183:4,13,20 184:15 189:11 190:12 192:2 193:23 197:9 198:23 200:23 204:23 205:12 127:9 128:25 132:13,24 134:16 137:4,24 171:23 181:11,20 183:4,13,20 184:15 189:11 190:12 192:2 193:23 197:9 198:23 200:23 204:23 205:12
 mourners (1) 200:5
 mouth (1) 85:19
 move (14) 21:13 38:8 44:19 52:2 53:22 61:18,18,22 62:3 173:15,17 174:5 197:11 206:6
 moved (10) 20:19 25:19 51:25 67:17 96:22 174:16,21 175:23 197:16 206:3
 moving (3) 27:8 44:10 181:10
 ms (2) 47:17 91:13 92:5 6,10,13,14,15,16 105:10,24 125:16 126:12 155:15,18,21 156:2 160:9,13,23 213:9,11
 msp (3) 90:5 148:17,25
 much (60) 1:10 6:7 16:2,3,3 17:22 27:14 32:21 37:2,4,19,23 40:7,18 45:19 47:16,17 48:1,14 49:22 51:8 57:15 62:23 81:20 82:12 90:9 91:7,11,22 92:9 98:24 105:9 112:3 116:14 116:4,19 118:5,22 125:15 130:25 135:24 150:10 154:3 155:10 157:3 159:10 160:1,4,6 165:5 166:8 173:2,16 185:5 186:25 191:10 201:25 207:16 208:19 211:18,23
 multiple (1) 50:22
 num (18) 17:18 20:3 35:9,20 44:18 50:2,6,14 51:10 52:22 53:7,12,23 54:2,5,15 55:2,4 56:18,20,21 57:24 58:12,24 59:6,20 61:1,4,10,10 62:7 63:24,25 65:1,8,11 66:9 68:8,17 69:7,9,11,12,25 70:10,13,17,20,25 71:13,24 72:8,18 73:9,10,16,17,22 74:8,15,24 75:24 76:15,25 77:16 78:2,8 79:7,10,19 80:17 81:8,10 82:17,24 83:8,11,15,17,21 84:4,10,18 85:9 86:16,22,23 88:6,12 89:4 90:16,18 95:8 96:10 102:1,12,21 103:12,19 106:9,18,21,24 107:2,4 108:9 113:6,10,15,20 114:7 116:11 119:1 126:21 127:8,15,20 128:1,9,9,12 129:4,9 130:12 131:2,9,14,18 132:6 133:5,25 134:22,24 135:4,18 137:6 141:21 144:5,23 156:12 158:17 166:14 167:9 168:6,18

170:12 171:11,12 172:2 173:10 174:19,19 175:10 176:9,11 177:5,8,20 180:7,13,25,25 183:23 184:6,11 193:10,15 194:6 195:6,17 196:5,17 198:3,5,7,12 199:7,24 201:5,17 204:4,10 205:8 206:9 209:16,22
 mummy (1) 132:10
 mums (27) 4:9 60:3,18 61:8 65:20,24 66:17 69:4 81:2 82:10 86:11 99:20,21 107:3 130:7 178:1 180:23 181:7 183:24 190:17 192:20,24 197:1,24 198:20 199:19 200:2
 munros (1) 168:10
 music (1) 103:17
 musicals (1) 103:13
 must (5) 13:24 64:3 127:6 144:24,25
 mutually (1) 126:10
 myself (6) 46:24 71:11 72:16 172:18 183:15 197:21

N

name (42) 1:19 2:11 6:20 15:9 19:19 23:20 31:15 47:23 48:24 49:21,25 56:1 57:17 83:3 92:18 93:10,11 105:9 111:8 121:14 124:16,17,19,22,23,23,24 125:13 132:9 152:21 160:11 161:2 170:6 178:18 185:11 187:9 188:9 189:5 190:10 203:1,21 211:15
 named (2) 5:15 195:2
 names (1) 121:1
 naming (2) 24:2 185:21
 national (2) 123:20 190:19
 nationally (1) 190:23
 nations (2) 210:20,25
 natural (2) 6:3 32:25
 naturally (1) 21:18
 nature (4) 50:6 54:23 81:21 105:25
 near (5) 44:5 76:12 132:2,19 140:3
 nearly (1) 205:2
 necessarily (2) 63:4 99:9
 necessary (2) 123:10 168:23
 neck (1) 42:10
 necks (1) 20:8
 need (30) 3:23 23:22 24:4,9,21 30:3 32:13,13 36:13 38:2 45:9 91:5,6 102:11 119:2 120:20,23,24,25 121:1 132:1 138:7 140:12 151:14 173:1,2 178:8 185:14 188:2 204:14
 needed (2) 3:21 7:9 30:5 51:19 56:15,17,21 60:7 71:2 77:25 84:18 99:9 101:7,10 103:1 118:24 149:10 157:17 159:10 165:24 175:6 206:9
 needing (3) 15:16 51:12 135:3
 needs (9) 3:4 50:3 89:9 128:9 142:14,14 159:16 171:24 205:24
 negative (4) 25:23 34:25 108:18 144:2
 neighbour (1) 172:1
 neighbours (1) 170:3
 Neil (2) 181:25 182:2
 neither (2) 34:15 189:19
 nervous (1) 159:20
 never (36) 17:21 19:24 29:15 44:6 51:10 87:18 88:8 98:19 102:2 113:4 114:13,15 125:19 131:7 132:10 137:1 140:11 156:21 166:13,13

167:10,24 170:15,22
 173:22 179:22 188:25
 190:2,21 191:24
 192:16,20,22 193:16 195:1
 199:22
nests (9) 9:3 88:8
 100:12,21,22 109:22 117:4
 162:21 186:16
newspaper (1) 39:13
next (24) 16:14 33:20,24
 35:3,10 48:12 57:1 61:6
 64:18 69:8,12 73:14 74:11
 92:6 99:20 107:16
 134:3,15 144:13 160:18
 168:9,17 200:24 211:17
nhs (9) 54:22,23 67:15
 78:7,9 120:5 123:20
 158:23 159:1
nice (13) 5:23 6:2 56:12
 57:25 85:3 107:8 113:7
 139:15 147:9,21 171:10
 175:3 198:11
nicely (1) 175:20
nicola (1) 110:6
niece (2) 180:10,24
night (14) 9:17 40:15,18
 44:12 77:6 102:8
 114:16,19,22 171:14
 181:12 182:11,12 187:5
nightshift (1) 115:2
nighttime (1) 115:5
nine (1) 205:2
nobody (14) 2:9 12:14 30:17
 32:10 46:19 79:3 87:15
 108:11,12 109:3 110:13
 130:20 147:3 208:1
nobodys (1) 133:15
nods (1) 181:17
noise (1) 11:5
noisy (1) 191:4
non (1) 123:1
noncare (1) 118:8
none (2) 124:9,9
nor (1) 189:20
normal (12) 9:18 13:8
 37:2,4,24 44:5 74:22 95:9
 97:24 98:10 191:16 200:3
normalcy (1) 200:19
normality (2) 200:22,24
normally (8) 13:12 15:13
 20:10 33:1 41:16 43:8
 74:25 165:13
north (1) 163:12
northcare (3) 94:7 96:23
 141:5
nose (1) 146:17
note (1) 209:11
notes (2) 131:6 148:24
nothing (13) 19:17 21:20
 105:19 110:1 128:11,12
 147:16,20,21 149:14,15
 182:21 187:21
notice (1) 62:6
noticeable (1) 127:10
noticed (5) 126:17 151:6
 169:18 170:11 197:22
noticing (1) 114:21
notified (1) 29:7
november (7) 1:1 19:19
 176:1,16 177:6 192:25
 212:5
number (18) 8:13 28:1,1
 67:15 75:7 153:13,20
 165:7,9 172:3,11 174:14
 183:21 194:21 208:6,13
 210:4,16
numbers (3) 120:16 157:5
 208:6
nuns (1) 56:6
nurse (29) 7:10,12 25:20
 55:1,17,18 67:9,12 77:15
 81:12 83:10 86:17,18
 105:4 119:13 120:3,3
 126:23 129:8 130:2
 131:18,21 132:5 134:23
 142:1,9,23 154:21 202:8

nursery (4) 179:18,19
 184:19,20
nurses (11) 7:7,8 25:19 54:6
 55:18,21 58:14 59:15
 120:2,6,7
nursing (26) 55:19
 56:6,17,21 57:9 59:5,15
 60:12,12,19 64:10 81:17
 82:16,18,23 83:9 85:18
 119:25,25 134:24 158:23
 159:1 193:2 202:9 206:11
 211:11
nuts (1) 194:10

O

obtain (1) 123:20
obvious (7) 22:25 81:21
 187:20 206:21
 207:21,22,22
obviously (43) 3:20 4:18
 5:4,19 8:2 9:3 12:7 13:4
 15:14 17:8 19:10 21:15,21
 31:21 32:23 40:24 41:1,17
 47:1 61:23 63:5 76:13,23
 77:19 83:12 91:13 100:11
 128:9 132:4 142:13 145:22
 147:3 159:5 161:15 167:17
 176:4 177:5 186:3 192:1,3
 203:17 209:9 210:17
occasion (3) 192:14 193:12
 195:12
occasions (4) 165:9 183:21
 202:13 208:13
oclock (4) 9:15 87:20 91:23
 114:22
october (7) 56:23,24 162:13
 164:22 166:22 172:11
 193:23
odd (1) 204:24
office (1) 178:20
officer (3) 188:11 193:2
 202:9
offices (1) 87:8
official (3) 105:2 121:25
 124:25
offthescale (1) 119:10
often (9) 40:17 61:12 98:13
 114:7,10 129:17 133:14
 145:2 163:25
oh (25) 5:12 34:22 40:11
 51:2 55:3,6 58:1 59:16
 61:14 62:17 66:7,7 74:14
 81:12 84:23 87:14 111:19
 119:5 123:15 139:22 150:5
 151:8 197:7 199:1 204:3
okay (74) 2:15,16 4:24 7:19
 8:16 11:20 16:7 18:1,3,9
 23:19 33:23 35:6 36:7
 39:10 40:12 49:9 50:1 51:3
 58:7,18,20 62:25 68:21
 75:11 80:8 83:4,25
 89:21,23 90:19 93:14
 95:12 99:11,17 101:8
 106:19 108:8 111:10
 112:5,20 113:15 114:5
 118:2,25 119:2 121:5
 122:11,14 126:21 129:3
 131:16 135:13 136:11
 137:23 140:15 141:4
 144:3,10 145:7,16
 152:5,21,22,24 153:23
 157:8 158:11,15 164:12,21
 178:8 190:6 201:15
old (3) 107:1 173:1 211:17
older (1) 136:15
ombudsman (1) 87:4
once (25) 7:18 30:5 37:10
 38:1 43:3,5,12 60:6 69:7
 79:13,17 85:1
 112:7,10,15,16 114:8
 115:18 142:16 143:3 145:4
 157:4 198:2,3 203:4
onebedroom (1) 206:4
oneoffs (1) 196:15
ones (16) 14:21 15:1 40:17
 44:24 66:25 67:1 99:15

122:16 137:6,12 146:11,25
 159:14 182:23 189:24
 190:3
ongoing (1) 123:12
online (4) 180:23 182:11,12
 209:19
onwards (2) 51:3 174:17
open (20) 12:4,17 14:16
 36:25 52:24 57:10 69:15
 98:9 133:1 166:7 183:19
 184:1,3,3,3,4,10 191:1
 193:18 204:1
opened (3) 131:19 150:13
 156:15
opening (2) 156:19 193:1
operated (1) 168:7
operates (1) 6:25
operating (1) 43:16
operation (3) 14:15 71:9
 166:2
opinion (1) 188:13
opinions (1) 59:1
opportunity (5) 10:6 90:23
 190:9,13 211:21
opposite (2) 13:2 27:6
option (1) 96:21
order (13) 4:1,12 23:21
 47:23 48:13 49:21 56:6
 105:11 107:13 108:5,8
 160:12 185:22
ordered (1) 124:2
orders (4) 2:8 3:23 49:20
 142:13
organisation (2) 101:4
 108:21
organising (1) 4:15
osteoarthritis (1) 50:20
osteoporosis (3) 50:20
 169:15,21
others (3) 30:23 186:2
 208:15
otherwise (1) 95:13
ourselves (4) 128:1 146:10
 156:7 211:17
outbreak (5) 61:21 192:25
 194:18 195:3 198:18
outbreaks (1) 159:21
outcome (6) 44:6 67:24 68:5
 85:11 88:1,2
outdoor (11) 73:15 153:1
 163:6 190:17 191:1 192:10
 193:7,8,17,24,25
outdoors (8) 2:21 132:20,22
 139:5 146:2,3,3 193:10
outlet (1) 168:9
outlined (1) 9:25
outright (1) 189:13
outset (1) 206:20
outside (18) 4:16 17:1 20:21
 22:1 37:12 62:15 131:20
 134:17 140:2 141:20,22
 148:4 163:5 191:17,23
 193:15,19,20
outwith (1) 21:7
ovens (1) 172:24
over (23) 1:24 3:19 6:1 41:19
 49:13 52:11 66:6 74:16
 99:4 103:14,14 141:17
 153:2 161:21 167:15
 175:23 176:4 194:9 196:1
 205:9 206:22 210:9 211:3
overall (1) 59:18
overcomplicated (1) 210:9
overdependence (1) 176:7
overhear (1) 21:17
overlooking (1) 11:8
overnight (3) 9:17 46:15
 174:7
oversaw (2) 97:8 156:8
overseen (1) 194:4
overtook (1) 82:21
own (20) 2:18 20:2 21:8
 75:13 76:11 95:20 99:18
 111:25 120:22 129:10
 147:6 155:7 163:4 167:13
 169:12 173:21 174:7

193:23 204:16 207:11
owner (19) 97:11,12,14
 109:11 111:9 114:16,20
 115:4,11 119:18
 125:16,22,23 128:16,19
 146:21 148:10 151:23
 153:22
oxygen (10) 117:13
 123:19,21,24,25 124:1,4
 128:7 158:19,24

P

package (7) 3:21 51:22,23
 52:4,11,14 172:15
packet (1) 84:21
pages (1) 161:21
pain (5) 68:17 70:14 105:6
 171:25 173:16
painful (1) 54:18
palliative (1) 123:23
pandemic (31) 4:11 7:19
 10:1 29:16 36:24 65:14,14
 68:22 69:5 89:8 93:1,16
 97:3 99:25 122:25 124:14
 149:3 159:19 161:16,18
 164:22 166:5 175:7,17,25
 177:22 178:5,15 182:3
 206:18 211:4
pandemics (1) 158:21
panels (1) 184:2
panic (3) 119:6,7,7
paper (10) 4:10 27:23,24
 42:6 86:12 181:25
 182:2,10,14 183:5
paperwork (2) 8:2 47:8
paracetamol (2) 117:16
 129:1
paragraph (85) 10:19 11:20
 12:15 15:8 16:11 22 19:18
 21:3 22:19 27:1 29:22 30:6
 31:15,17,25 32:7,14 33:2
 34:1,19 35:24,24 36:7,23
 38:5 41:14 52:12,13
 53:2,23 56:22 58:7 63:1
 64:11,19 65:7 66:4,14 67:8
 68:5,15 75:22 76:7 79:20
 80:24 82:3 83:25 84:12
 86:7 89:7,13,21,23 90:19
 110:5 112:5 123:17 140:17
 141:14 156:3,18 162:10,13
 166:25 168:22 172:9
 175:4,11,12 176:3,21
 178:14 181:15 183:1,3,19
 186:6 187:9,11 192:12
 205:19 206:12,20 210:3,19
paragraphs (17) 57:1
 88:16,18 158:13 161:22
 162:4,5 164:24 174:17
 185:9,24 187:8 188:8
 190:8 197:1 202:18 206:18
paramedics (3) 142:5,12,20
pardon (1) 200:21
parent (1) 47:13
parents (41) 41:16 93:16
 94:6,17 95:3,7,25 96:15
 97:2,17,19 98:4
 99:12,14,18 100:15
 101:10,19 102:4,18
 104:1,6,7 111,23,24
 113:3,5 114:23,25 116,2,7
 118:7,23,25 119:25
 121:19,21 123:6 152:13
 156:7 211:6
park (6) 12:3 17:21 25:21
 26:19 148:7 198:4
parkinsons (2) 170:8 171:1
parliament (2) 90:10 164:17
part (11) 8:8 20:21 39:1,16
 40:7 58:21 108:20 110:2
 156:8 159:7 162:1
partial (1) 88:2
particular (7) 53:19 75:25
 109:21 125:13 158:12
 190:7 202:8
particularly (7) 38:21 76:1
 122:12,17 167:21 178:21

181:22
parties (1) 185:8
partners (1) 211:6
partnership (2) 85:5,14
parts (1) 88:19
parttime (1) 92:23
pass (5) 44:11 132:12 158:2
 168:17 211:16
passed (12) 83:15 84:10
 106:23 121:20 133:5
 136:5,16,19 139:11 144:11
 165:17 199:17
passing (3) 129:11 130:3
 131:15
past (6) 10:24 26:6,21
 145:15 160:8 201:20
pastoral (1) 57:22
pathway (16) 76:24
 77:1,8,10,18,20 78:22
 79:12,18,19 86:10
 88:6,7,8,11,14
pathways (1) 88:11
patients (1) 123:22
patio (3) 130:7 148:14
 183:25
patricks (1) 181:11
pattern (1) 9:7
pause (1) 24:18
pay (4) 47:8,10 84:21 176:24
paying (1) 65:19
payments (3) 5:22 33:13
 95:20
pcr (3) 25:17,25 195:24
peacefully (1) 158:2
pen (2) 27:23,24
penny (1) 203:6
people (123) 2:20 3:12 5:22
 6:24,25 10:9 11:6 22:13
 27:7 30:20 39:15,16 44:10
 52:17,18,23 56:14,17
 57:21 59:2,25 61:25
 62:1,10 63:4,7,13
 64:8,9,13,15 65:1,4 75:4
 79:8 81:2 89:10,16
 90:4,10,12,23 91:3,4 98:11
 99:6,7,8 103:17 106:11,12
 109:4 110:19 115:1,22
 117:3,5 118:5,21
 119:17,19 120:9,13,24
 128:21 134:6 138:1,6
 139:10 145:14,18 146:11
 154:16 156:11 159:14
 162:21 163:5,5 170:2
 174:11 175:16 177:23
 180:9,21,22 186:4 187:21
 188:1 190:2 193:14 194:4
 199:14,15 200:5,13,14
 201:1,1,2,3,4,7,15,18,24
 202:5 203:1 204:2,17,18
 205:12,13,15 206:8
 208:4,7,10,19,24 209:6,14
 210:11 211:10
peopled (1) 202:23
peoples (4) 147:11 172:7
 182:23 200:14
per (6) 112:7,10,15,16 114:8
 163:23
percent (1) 44:6
percentage (1) 209:21
perception (2) 192:2,4
perfect (2) 97:7 156:9
perfectly (2) 79:15,16
perhaps (9) 122:2 130:20
 154:9 155:18 175:12
 183:22 187:10 190:2 210:6
period (8) 38:17 58:21 77:2
 173:6 174:16,25 187:4,6
permitted (1) 156:25
person (27) 15:13 19:19
 23:13,14 31:22,22 33:15
 41:11,13 86:18 87:9,16
 120:25 124:14,15
 125:13,24 145:18 159:8
 172:18 173:12 179:1,2
 190:21 194:10 204:16
 208:3

personal (4) 5:24 52:7
 105:25 161:8
personalise (1) 174:18
persons (2) 65:16 198:19
perspex (1) 148:7
pets (2) 153:3,24
pharmacist (1) 83:22
phase (2) 189:1,3
phone (36) 12:24,25,25,25
 19:11,18,21,21,23 20:3
 30:11 35:12 40:25 44:9
 53:10 61:10,10 63:3,8
 67:15 70:10,21 72:8 75:6,7
 77:15 78:24 130:5 153:20
 165:7 174:8 184:5,7,9
 199:12 205:13
phoned (12) 35:5 60:13
 70:20,24 117:9 126:23
 130:1,11 151:11 197:11,15
 207:4
phones (4) 12:23 13:3 70:1
 115:22
phoning (1) 30:17
photograph (4) 16:11,13
 25:23 191:13
photographs (3) 16:18
 116:15,17
photos (11) 16:19 115:19,20
 116:2,5,8,9,11 138:22
 139:16 155:9
phrase (3) 84:15,15 111:22
physical (1) 2:25
physically (3) 6:23 13:21
 181:5
pick (6) 9:14 25:25 40:16
 57:17 63:21 84:15
picked (2) 83:23 87:17
picnic (2) 193:11 198:5
picture (3) 16:15 121:1
 186:7
pictures (3) 98:2 175:2,21
pie (1) 200:9
piece (1) 205:10
pinny (1) 131:19
place (33) 2:8 3:21 4:12 6:23
 29:19 49:21 51:22,23
 52:12 57:9,12 59:20 76:2
 78:1 79:6 80:5 95:15 108:9
 109:4,6 110:23 115:5
 122:21 124:1 133:21
 145:7,25 171:3 175:1,24
 179:14 192:15 196:12
placed (1) 208:19
places (5) 31:9 97:7 118:21
 156:9 173:8
plan (6) 39:1 44:11 182:7
 187:15,16,20
planning (2) 82:19 194:24
plans (1) 38:25
planting (1) 139:16
plastic (2) 75:1 145:20
play (6) 27:18,18,21,21
 180:12,14
playing (3) 140:16 191:19
 196:7
pleasant (2) 57:9 147:22
please (32) 1:14,20 2:11
 15:9 42:3 46:3 48:19,25
 92:11,18 93:11 106:3
 122:3,5,8 123:7 156:4,18
 158:13 162:10,22,23
 164:12,24 165:4 170:5
 175:13 178:18 185:25
 187:11 206:12 210:7
pleased (2) 190:24 195:8
plenty (2) 42:21 186:19
pm (9) 92:1,3 105:20,22
 160:14,16 185:16,18 212:3
pocket (2) 17:15 42:15
pointed (2) 23:19 169:16
points (5) 101:17 122:12
 190:7 205:18 206:19
police (1) 73:3
policies (1) 45:4
policy (2) 47:14 85:20
poor (3) 105:5 172:7 207:16

pop (2) 24:14 59:2
popped (2) 61:11 113:10
population (2) 118:4,8
portakabin (1) 148:6
position (5) 124:10 142:24
 166:5 178:25 184:16
positive (13) 15:7 31:21
 87:11 88:20 102:1 111:15
 120:23 126:16 127:3,8,8
 164:15 190:21
possibility (1) 208:19
possible (5) 91:14,18,20
 135:3 159:17
possibly (3) 91:23 130:21
 154:13
post

53:24 54:16 55:15 59:14
68:19 81:3 84:24
procedure (2) 105:12 134:20
proceed (2) 43:1 72:23
process (7) 6:13 53:2,3,6
75:2 87:5,6
processed (1) 65:5
profession (1) 178:19
professionals (1) 124:3
professor (4) 181:25 182:10
183:5 188:21
programme (3) 103:3,9
171:10
progress (4) 51:7 58:17
127:9 164:14
progressed (2) 117:17,18
progressing (1) 58:15
progressively (1) 54:8
promenade (1) 165:14
promise (2) 24:17 90:7
promised (1) 193:23
prompt (1) 181:20
prompting (1) 3:6
proper (2) 67:13 119:2
properly (7) 3:5 46:22 55:14
76:4 85:15 143:11 211:14
proposing (1) 179:6
propping (1) 146:13
protect (5) 38:9,14 102:12
104:10 122:21
protected (3) 101:10 155:5
157:2
protection (1) 89:15
protective (1) 146:5
protocol (2) 85:17 133:20
prove (2) 73:10 128:20
provide (4) 123:12 153:21
177:1 204:19
provided (9) 1:23 49:2,4,11
51:16 87:18 118:7 159:10
161:9
provider (3) 9:22 32:9 45:18
providers (1) 38:20
provides (1) 163:22
providing (1) 211:18
provision (2) 123:17,19
psychological (1) 84:7
psychologically (1) 198:10
public (28) 16:5 29:11 56:13
63:22 87:4 98:9
117:22,24,25 120:12,20
121:3 128:14,20 137:20
141:4,16 152:16 153:9,16
154:1,8 156:16 158:25
168:7 192:20 206:23
publish (1) 162:20
published (6) 161:11
162:11,15,24 164:6 182:16
pubs (1) 165:19
pulls (1) 20:7
pulmonary (1) 107:12
purely (2) 8:5 62:8
pursuing (1) 87:21
purvey (1) 200:9
push (1) 184:7
pushed (1) 55:1
putting (5) 110:23 115:5
159:24 179:14 208:25

Q

q (770) 1:22
2:1,3,13,15,23,25
3:3,7,12,16,25
4:4,7,11,16,21,24
5:2,13,15,17
6:4,7,9,12,19,21,23
7:5,7,10,12,19,23,25
8:7,10,13,16,20,22
9:1,6,11,20,23 10:8,14,19
11:10,12,14,17,20,22,24
12:1,15,21 13:2,6,20,23,25
14:4,6,12,15,17,19,24
15:2,8,11,18,22
16:1,7,11,22,24 17:19,24
18:1,3,8,12,17,19,22,24
19:2,7,9,14,18,21

20:4,6,15,22,24
21:1,3,5,25
22:3,5,8,11,13,15,17
23:6,9,11,14,16,19 24:9
25:24 26:4,10
27:1,3,10,13,16
28:3,5,7,9,14,17
29:3,7,9,13,20,22,24
30:1,3,6,19,22 31:1,3,25
32:7,11,13,16,18,22
33:2,8,10,21 34:1,3,18,21
36:19,23 37:6,8,12,20,23
38:5,16,19,23,25
39:3,10,12,20,23,25
40:10,12,21
41:3,9,14,23,25 42:3
44:19,22 45:1,3,5,15
46:3,7,10,14,18,25 47:4,16
49:2,7,9,11,15,17,20,25
50:2,8,10,12,14,19,24
51:1,5,7,15,22 52:6,11,16
53:2,5,23 54:1,20,23
55:9,16,20,22,25
56:2,18,22,24
57:1,5,8,17,20,25
58:2,7,10,18,20
59:5,8,10,13,18,22
60:2,5,9,11,15,17,25
61:3,12,18 62:3,6,16,20,25
63:12,17,19,24
64:4,11,18,22,25
65:7,20,22 66:17,20,22
67:4,6,8,11,22,24
68:5,7,15,21,24
69:5,14,17,19,22,24 70:5,9
71:4,7,10,16,18,20,22,25
72:3,5,14,23
73:2,4,11,14,21
74:1,4,6,10,13,15,23
75:2,15,22,24
76:4,7,14,17,19
77:2,8,11,21,23
78:3,5,11,14,16,18,24
79:2,20
80:7,10,12,17,19,24
81:2,6,19 82:5,20,22
83:2,5,7,19,25
84:3,12,14,20,24
85:1,11,19,23 86:2,7,15
87:1,3,23 88:1,15
89:5,7,13,18,21,23
90:1,14,19,22 91:1
92:18,20,23
93:1,3,6,10,15,18,21,24
94:3,6,9,13,16,19,22,25
95:2,6,12,15,18,23
96:4,7,22,25 97:2,12,17
98:13,18
99:1,4,11,14,17,24
100:2,6,10,20
101:14,17,19 102:4,6,17
103:8,20 104:1,13,16,18
106:3,5,15,19,21
107:10,15
108:2,5,8,11,13,17,20,24
109:2,11,14,16,19,21
110:4,9,20,22,25
111:8,10,13,18
112:5,9,16,20,22
113:1,20,23 114:5,7,11
115:8,11,16,24
116:2,8,13,15,21,25
117:21,24
118:2,7,10,13,19
119:4,12,15,21,24
120:7,9,11,15
121:5,9,12,15
122:2,8,12,15 124:10,18
126:15 127:4,9
128:4,13,18,23,25
129:3,6,17,22,25
130:14,19,22
131:3,5,17,25
132:13,15,17,22,24
133:2,11,20,25 134:15,19
135:3,10,13,16 136:3,7,11

137:2,23 138:11,15
139:8,19,23 140:14,16,21
141:4,12,14,19,24
142:1,5,8,19,23
143:1,3,6,8,13,23,25
144:3,7,10,13,17
145:2,5,7,16,23
146:5,16,19 147:1,25
148:17,20,22
149:12,14,16,20,23,25
150:3,17,24 151:3
152:1,5,8,11,13,16,22,24
153:7,9,12,16,23,25
154:3,6,11,13,24
155:1,3,13 156:18
157:7,9,11,13,18,20
158:4,8,12 160:1,4
161:5,8,13,20 162:15,22
164:2,12,21,24
166:4,17,20,24
167:3,5,12,20 168:13,22
169:1,6,15,24 170:4,20
171:3,7,19,22 172:3,9,21
173:5,20,24 174:14
175:4,11,25 176:21
177:1,3,18 178:8,14,24
179:5,8,11,25 180:18
181:10,15,18,22 182:10,25
183:3,11,18 184:13 185:9
186:12 187:2,4,23
188:7,13,20 190:4,6,12
191:6 192:1,7,10 193:19
194:14,16 195:6,12
196:9,23 197:1,9,22
198:21 199:17
200:2,5,19,22 202:18
203:14,17,23 204:7 205:17
206:12,14 207:14 208:12
209:8,25 210:2,15
211:18,21
qe (2) 173:19 196:1
qualifications (1) 170:7
quarantined (4) 13:7,18
14:11 177:25
queensferry (1) 98:6
question (8) 31:4 77:9,16
78:6 80:7 206:21
207:18,21
questions (15) 1:18 17:11,12
20:13 48:23 63:10 87:19
91:8 92:15 160:5 161:1
213:5,8,11,14
quick (1) 84:18
quickly (5) 53:11 96:9 100:7
103:22 177:17
quite (75) 3:8,12 5:19 11:1
14:10 30:19 31:11 39:18
40:17 53:20 54:18 55:14
57:25 58:23,24 70:10
72:8,10 84:5,7 88:12 97:20
99:19 100:7 104:22 105:3
106:22,24 107:18,23
111:11 112:10,14 113:7
114:13,15,24 118:20
119:18 124:20 127:23
130:21 133:9 134:12
135:24 138:4 142:9 146:23
147:9 154:17 155:5,11
161:18 171:25 172:8
176:18,19 178:1 179:21
180:15,23 184:17 188:13
195:20 196:9 197:25 198:9
201:17 202:9 203:7,8
205:1 206:9 207:17 209:22
quote (1) 204:22
quoted (1) 210:20

R

raffles (1) 58:5
raise (2) 114:16 146:19
raised (2) 146:20 151:7
rallied (1) 174:24
ramp (1) 12:8
ran (3) 167:25 182:18 194:9
random (1) 190:22
rang (1) 19:25

range (1) 121:9
ranks (1) 203:18
rates (2) 44:5 45:20
rather (6) 15:25 53:18 63:14
79:10 159:25 208:20
raw (1) 68:13
reach (3) 44:2 45:8 184:9
reached (6) 6:12 51:15,17
174:1,3 194:6
reaching (1) 49:18
reaction (8) 10:15 46:14
83:22 89:10 127:17 181:15
183:20,22
read (35) 1:24 3:9 12:1 38:5
39:13 42:1,2 44:19 46:3
49:13 58:24 64:19 65:13
66:3 68:16 81:22 89:7
101:7 121:16 122:9
156:3,18 158:13 162:7,22
165:3 175:13 186:5 187:10
192:10 206:12,13,14
210:6,20
readily (2) 36:11 182:14
reading (5) 3:15 88:18
161:13 182:13,15
ready (9) 1:16 25:13 48:21
92:13 100:17 114:23 115:2
160:24 175:20
real (5) 51:8 54:15 153:4
176:6 194:16
realisation (1) 20:18
realise (2) 100:18 152:21
realised (7) 39:14 96:9 97:13
131:14 157:4 171:22 180:8
realising (1) 34:14
realistic (2) 73:20 86:22
reality (3) 86:13 89:16,19
really (93) 4:14 10:5,18
19:24 24:3 27:13 32:12
46:1 47:3 51:4,13
52:5,8,14 64:9 70:3 72:19
73:17 87:17 98:25 100:12
101:1,8,8,9 102:5,20
104:21 109:9 111:22
113:5,5,7,16 114:1 116:1
118:23 119:10,10
126:19,19,22 132:11
133:3,12,19 137:5
139:7,14 140:7,23 143:21
147:14 150:22 153:18
156:13 163:16 166:5 167:3
171:22 174:3,24,24 175:8
176:9 178:6 182:4 183:10
184:18 185:1 186:22
190:24 194:8,8 195:21
197:15 198:11,12,13
200:16 201:2,24,24
203:12,12,19 204:11,12,19
208:23,25 209:4
reason (9) 113:25 115:21
136:12 140:1 143:13,15
156:14 199:14 211:12
reasons (4) 18:10 136:7,8
163:18
reassigned (1) 87:16
reassuring (1) 208:2
recall (4) 9:23 100:2 144:3
190:4
receive (1) 168:24
received (8) 70:10 121:24
122:2,6 125:24 154:6
157:1 197:22
receiving (2) 58:12 97:2
recently (1) 147:18
reception (4) 75:9 83:15
194:5,10
recognise (3) 26:20 122:16
209:11
recognised (3) 65:22 140:12
163:4
recognition (3) 64:4 67:8
123:8
recommended (1) 85:3
reconsider (1) 179:17
record (5) 2:5 23:24 75:14
92:8 122:4

recorded (6) 42:25
93:18,21,25 94:3 161:11
recording (3) 105:17
142:15,23
records (1) 161:15
recover (1) 177:9
recovered (3) 137:5,7,7
rectified (1) 83:23
red (13) 54:3 77:10,18,20
78:22,25 79:12,18,19
85:24 86:10 88:7,10
redacted (4) 23:9 105:8
185:2 201:12
redacted (1) 23:11
redlighted (1) 67:7
reduction (1) 40:21
reestablishing (1) 166:10
refer (2) 162:9 188:9
referable (1) 162:12
reference (11) 2:6 36:13,17
66:14 78:9 92:7 122:3
160:19 162:3 181:24 183:5
referenced (2) 160:11 188:23
referred (3) 78:7 88:9,10
referring (2) 22:20 38:12
reflect (3) 23:24 185:9 186:1
reflecting (1) 68:15
reflection (1) 191:11
refusal (1) 142:8
refused (2) 142:6,12
regard (3) 49:17 81:21 209:9
regarding (6) 2:8 165:1
171:4,4 175:5 176:22
regardless (1) 10:11
regime (1) 41:4
regret (1) 158:7
regular (2) 168:14 187:6
regularly (1) 203:8
rehearse (1) 180:16
reinstate (1) 68:1
related (1) 172:6
relation (14) 2:7 4:21 6:14
18:5 26:1 28:9 34:18 48:13
121:17 177:1 183:4 185:23
192:11 207:20
relationship (3) 15:11,17
97:10
relationships (1) 38:22
relative (5) 30:24 45:17
168:17 195:19 200:15
relatively (1) 18:3
relatives (18) 16:20,20
39:10,20 43:10 45:15
46:2,5 122:18 162:2 165:1
186:20 201:18 202:4,4
204:1,2 208:17
relaxed (1) 74:25
relented (1) 148:11
relevant (1) 207:18
relief (2) 44:11 58:17
reluctant (3) 16:14 29:12
53:17
rely (1) 63:22
remain (2) 77:2 166:4
remained (2) 36:25 172:11
remember (23) 8:23 12:4
17:22 23:17 28:11 35:11
104:8 105:3 106:25 107:6
108:10,10 113:6,11,11
116:19 129:7 133:6,8
134:7 139:25 145:11 153:1
remembered (2) 102:15,15
remind (6) 47:21 106:1
160:9 185:19,22 190:10
reminded (1) 191:15
remove (1) 71:3
rena (1) 161:6
renewed (2) 3:23 4:3
renfrewshire (2) 163:11,11
reopen (1) 192:23
repeat (3) 47:24 81:22 204:7
repeated (1) 160:12
replacement (1) 163:3
replied (1) 183:9
reply (3) 121:24 183:1,7
report (1) 8:9

representatives (2) 90:10
211:1
requested (2) 123:24 197:4
required (2) 14:17 46:12
require (7) 7:12 42:23
83:18 123:13,23,25 124:4
requires (1) 86:17
requiring (1) 22:6
research (1) 146:9
reservations (1) 176:6
residence (2) 7:2 56:1
resident (2) 22:15 166:21
residential (1) 211:11
residents (44) 7:4,5 8:1,5
11:7 21:8 30:13,16
38:10,13 46:2,4,5,20 57:13
64:23 65:16 89:1 94:6 99:2
111:2,6 119:24 120:2,10
121:22 122:18,22 123:4
128:15 148:5 149:5 157:1
163:4 166:12 177:25
180:7,17 182:17 189:21
194:19 208:6 209:21 211:9
residual (2) 94:2,3
resigned (1) 43:12
resolved (1) 54:24
resort (2) 86:2,20
respond (1) 32:22
response (7) 122:2,5 124:15
183:6,11 190:4,5
responses (1) 43:8
rest (3) 31:17 163:12 211:12
restarted (1) 38:3
restaurant (3) 56:13,13
176:17
restore (1) 38:22
restricted (1) 61:24
restriction (7) 2:8 23:21
47:23 48:13 105:11 160:12
185:22
restrictions (13) 40:7 62:6
65:3 69:3 87:9 122:20
52:19 93:7 94:23,25 99:14
145:24 155:14 156:6,20
163:9,10 179:13
result (6) 24:10 96:7 148:23
190:22,25 192:22
resulted (1) 85:20
results (2) 36:16 79:23
resume (1) 18:24
resuscitation (1) 107:13
reticent (2) 16:1 127:17
retired (3) 161:9 169:6 171:9
return (2) 81:17 95:4
returned (10) 9:1
37:2,5,23,25 44:5 96:5
108:13,14,17
reunite (1) 187:21
reunited (2) 189:23 205:8
revert (2) 60:21,23
review (4) 38:1 42:12
58:8,11
reviewed (2) 96:8 157:13
reviewing (1) 179:8
reviews (1) 3:23
rewarding (1) 8:11
ridiculous (1) 13:8
rights (4) 90:17 149:7
159:24 204:25
ring (1) 184:8
rising (1) 164:13
risk (6) 22:11 76:23 122:22
186:11,11 192:18
risky (1) 24:8
rites (2) 168:24 197:22
road (5) 32:24 191:4,5,6
196:2
role (1) 208:5
room (51) 10:25 11:3,4
12:14 24:13 26:5,24 30:10
34:6,9 47:22 61:9,21,24,25
73:25 75:11 79:10,18
99:6,12,14,21,22 101:25
102:21 106:8 111:25 112:1
130:7 132:21 134:3,4,16
135:1 136:22 149:8 160:10
163:4 174:18 175:2,20

181:12 183:24 193:24
201:5,7,17,18 207:2,11
rooms (6) 62:1 98:1
99:16,18,19 201:15
rosary (1) 56:1
rose (4) 166:18 169:10
184:21,23
roughly (1) 28:7
round (6) 10:24 63:21 69:10
170:3 174:24 180:7
route (1) 78:25
routine (3) 9:18 112:6 123:1
row (1) 35:14
rules (18) 19:7 38:9 42:16
43:25 44:14 88:25 132:3
134:8,20 143:10 153:17
156:16 158:6 165:23,25
199:15,16 208:11
run (7) 32:23 56:5 103:25
153:2 159:13 171:17
177:14
running (3) 133:7 202:2,6
rush (1) 44:9
russell (13) 160:19,22,23
161:2,3 185:19 190:8
205:17 207:15 209:10
211:18 212:1 213:12

S

sad (3) 42:17 150:22 192:9
saddest (2) 134:12,12
sadly (4) 83:15 93:16 157:9
173:22
safe (10) 17:14 59:20 64:3
79:15,16 89:2 96:15 159:3
174:10,11
safely (1) 188:9
sales (1) 92:23
same (24) 10:10,11 19:16
28:1 33:16 36:10 43:8
52:19 93:7 94:23,25 99:14
118:13 120:1 149:6
170:9,25 172:17 173:3
186:23 193:25 194:13
205:7 208:11
sanitised (1) 69:10
sanitiser (3) 105:1 145:20
153:3
sanitisers (1) 74:7
sarah (1) 92:19
sat (7) 17:3,6 107:2 193:10
196:4,6,8
satisfactory (2) 12:12 58:16
saturday (4) 9:15,17 41:17
79:9
sauna (1) 73:25
saved (1) 103:13
saw (26) 12:2 16:13 42:10
52:22 55:5 61:4 69:7,12,15
70:2 71:8,24 97:4 102:2
127:20 128:1 129:6 135:5
140:3 144:4,6,13 146:14
164:9 186:1 208:16
saying (38) 6:15 15:23 16:8
27:9 32:18 45:8 46:7 53:12
54:8,14 59:16 74:19 75:17
85:7 87:21 100:13 103:8
104:8 110:14 120:19,23
127:21,

sciw0362000001 (1) 2:6
sciw0366000001 (1) 160:20
sciw0372000001 (1) 92:8
sciw0372000002 (1) 122:4
scotland (24) 39:10 20 101:5
114:14 117:24,25 120:12
121:3,23 123:20 128:14,20
137:21 141:1,5,6
153:10,16 154:1,8 156:17
158:25 162:2 165:2
scottish (16) 101:12 109:5
121:6,25 124:6,25 125:25
145:24 154:7 157:4
159:17,23 162:19 164:17
202:11 203:22
scrapped (1) 38:3
screaming (1) 194:11
screen (10) 100:23 108:21
113:10 122:3,5 181:1
199:1,3,4,13
script (1) 167:10
scroll (3) 122:8 123:7,14
searching (1) 187:5
seat (2) 1:14 48:20
second (8) 3:16 15:5 24:14
31:3 61:15 63:12 77:24
123:18
seconds (2) 24:11 136:14
section (3) 64:18 123:15
210:20
sectioned (2) 5:10 18:8
sections (3) 122:9,9 162:9
sector (1) 87:4
secure (1) 67:9
see (108) 8:2,3 9:4 10:16
11:2,22 17:14 22:19 24:2,7
26:19 22 28:1,25 30:13
35:22,23 39:25 40:20
41:19,21 43:11,18 55:2
58:15 59:2 61:5 66:13
67:18,20 71:7,15,16,22
72:11,13,14 73:10
74:2,19,21 90:18 98:6,7
101:3,20 114:22 116:11
117:3,9 122:16 124:21
127:15,18 128:22 131:9
132:18 133:25 134:17
140:7,10 144:18 149:4
151:14 153:24 156:7 158:1
162:6 166:13 177:7,11
178:11 181:6 182:5,6
184:21,22,24,25 186:10,24
187:15,25 188:15,17
189:6,25 190:13
191:8,11,14,15,24 192:14
195:6,11 196:21,22
197:16,21 198:15 200:16
202:4 204:14,25 205:12,21
208:24
seeing (8) 18:13 43:6 62:12
100:22,24 181:5,5 203:8
seeking (1) 189:23
seem (9) 43:11 59:23,25
104:9 125:2 126:18 134:7
146:22 182:7
seemed (23) 6:3 13:7,19
36:14 54:7 58:16 60:8
64:13 79:3 86:5 88:4 95:8
103:12 107:21 114:1 118:5
140:25 142:16,24 151:21
153:19 157:24 195:19
seems (4) 25:4 88:19 115:16
170:14
seen (16) 9:3 19:24 44:23
55:3 67:12 70:21 76:16
91:5 117:2 128:24 144:10
145:13 166:14 168:8
170:22 202:25
seesaw (1) 39:8
select (1) 6:19
selected (1) 56:2
selecting (1) 190:7
selection (1) 53:5
selective (1) 58:23
sell (1) 177:14
send (8) 25:22 29:12 30:4
63:10,20 115:20 116:10
178:6
sending (1) 116:17
senior (3) 16:4 19:12,17
sense (5) 36:21 38:15 50:4
107:23 178:11
sensible (1) 91:21
sensitive (2) 194:23 195:4
sent (8) 42:4 64:6 80:20
139:16 149:1 150:9 188:10
189:5
sentence (8) 44:20 45:1,3
64:19,20,20 186:6,8
separate (1) 99:18
separated (1) 102:2
september (2) 18:20,21
series (1) 81:3
serious (3) 171:19 173:5
182:3
seriously (1) 146:21
service (4) 54:22,23 173:10
200:10
services (2) 37:4 123:20
session (2) 33:5,7
sessions (1) 33:13
set (9) 35:2 45:17,18 88:24
99:11 101:12 162:11,15
210:16
sets (1) 40:14
settings (1) 123:11
settle (1) 196:18
settled (1) 174:15
setup (1) 176:7
seven (1) 106:25
several (5) 31:8 61:9 97:8
140:8 164:7
severe (1) 70:13
severity (1) 68:16
shall (4) 48:3 121:16 131:16
185:24
shared (1) 167:22
shed (19) 13:15 17:13 19:24
50:16 51:24 69:13
72:6,9,10 73:18 79:22
81:8,15,15 133:10 166:22
167:24 178:6 181:2
sheet (2) 165:24 210:10
shelf (2) 36:22 87:16
shell (2) 3:14 76:19
sheltered (1) 56:15
shelters (1) 185:7
shes (14) 2:18 3:1,1,1,5,15
12:10 21:12 27:24 31:6
58:20 77:13 173:14 197:19
shield (1) 64:3
shielded (1) 189:6
shielding (9) 63:24,25
78:2,4,8,10,12 80:1 89:14
shift (2) 112:12 166:8
shock (2) 77:19 167:14
shocked (1) 78:6
shona (4) 1:8,13,21 213:3
shook (1) 133:7
shop (1) 56:12
shopping (8) 2:21 5:25
37:16,18 51:13 52:10
57:14 64:8
short (12) 3:10 25:7 48:9
92:2 102:14 105:21 160:15
163:20 169:13 174:18
185:17 186:18
shortages (1) 186:17
shortly (1) 144:7
shortstaffed (1) 104:22
should (40) 5:8 23:24 32:3,4
35:20 45:23 52:17 55:3
66:4,17,25 67:1,2,3 83:14
85:17 89:21 123:1,3
129:11 137:18 151:21
158:18,18,22,23,25
159:4,5,15 160:12,18
163:16 173:25 179:17,18
204:6 207:22,24 210:11
shoulder (1) 159:22
shouldnt (1) 49:25
shout (1) 58:25
shouting (2) 12:10,11
show (6) 30:10 35:7 42:13
94:14 116:5 128:23
showed (2) 116:15 171:1
showing (4) 59:3 113:12
116:16 155:9
shown (1) 128:18
shrinking (1) 169:18
shut (7) 89:11,17 190:25
192:17 198:17 211:10,10
shutdown (2) 192:21 196:25
shutting (1) 197:10
side (10) 13:16 26:7
44:10,12 69:11 110:19
132:17 134:7 158:3 159:15
sides (3) 13:2 192:1 202:20
sigh (1) 58:17
sign (11) 21:14 27:7 36:3
107:11,19,19 108:6 125:5
145:21 176:24 197:7
signed (5) 49:12,12
124:19,24 192:19
significant (1) 18:4
signs (1) 94:14
silly (2) 27:24 28:2
similar (1) 136:21
simple (1) 165:23
since (6) 6:15 29:24 132:10
144:11 166:22 188:23
sing (2) 180:14 185:7
singing (3) 103:18 156:23
180:17
single (6) 79:10,18 99:16
136:19 189:20 210:10
singsong (1) 170:1
sir (4) 24:19 31:13 47:21
91:25
sister (66) 19:5 20:19 51:19
52:9 53:10 54:10 58:16
59:14 61:14 71:11,23
72:15,17 74:4,10 82:8
84:15 94:16 95:12
96:14,25 97:7 100:11
104:8,23 105:8 106:6,17
111:4 120:18 130:12
131:11 133:2,4,11,12,22
134:5 136:4 137:11 138:2
139:24 141:9 143:4,6,8
144:18 147:7,18 148:11
150:7,18 151:10,24
153:2,18 155:2,12 156:10
169:2 171:3,13 178:25
179:4 180:11 198:2
sisters (11) 6:2,4,6,7 20:12
40:8 41:20 152:8 160:11
169:10 202:25
sit (14) 21:18 25:21 36:21
58:24 74:8,24 75:11 104:5
184:6,9 191:18 194:1
199:1,13
sits (1) 26:15
sitting (8) 17:14 27:5 36:15
111:23 148:14,15 180:25
199:4
situation (21) 44:22 53:13
78:10 79:23 88:23 96:8
113:9,16 117:10 125:21
131:8 139:7 143:11 152:3
157:25 182:4,24 186:2
203:20 208:14 211:3
situations (2) 123:5 186:12
six (6) 10:12 44:15 87:20
96:7 164:22 165:16
sixmonth (1) 86:25
sixseven (1) 44:7
size (3) 3:2 64:12 68:11
skin (1) 197:20
skype (16) 113:4 115:17
126:17 127:11,15 148:20
179:8
180:3,7,8,11,13,18,25
181:6 199:3
slamming (1) 89:11
sleeping (4) 46:22 151:6,8,12
slightly (1) 123:16
slip (1) 146:12
slow (2) 84:16 110:23
small (4) 3:1 56:10 163:1
209:20
smaller (1) 201:16
smart (1) 69:25
smile (1) 169:2
smiling (1) 134:10
smith (2) 188:10,21
snip (1) 105:16
snow (1) 106:25
snug (1) 146:23
soak (1) 197:20
sobbing (1) 134:6
sociable (5) 169:24,25
176:19 185:6 203:12
social (23) 3:18,19,21
4:17,18 17:8 29:14,15,16
32:1,2,5,20 38:1 43:25
64:8 85:4,5,14 95:3,24
145:21 182:20
society (4) 156:15,19
211:13,16
soft (1) 89:15
solace (1) 168:20
sold (1) 206:5
solicitors (1) 122:1
solitary (1) 177:24
solution (1) 67:22
somebody (12) 12:19 33:14
35:19 52:21 61:15 63:9
117:7 129:13 141:2 178:11
201:20 204:18
someone (16) 16:7 25:9 30:4
33:17 55:4 70:24 71:18
72:24 78:1 103:10 131:8
178:12 181:5 190:18
201:10 209:3
something (42) 8:10 13:13
15:17 27:19,22 32:7
33:2 18 35:15 36:3,14
37:6,16 57:1 59:3 67:20
68:15 88:15 89:5,23 90:19
97:9 115:20,23 118:3
133:3,21 138:17,22 140:13
147:15 150:12 161:15
162:16 164:21 167:22
179:21 183:19,21 188:9
193:11 196:7
sometimes (19) 3:9 31:10
37:21 52:17,20 63:14
98:5,15,15,20 103:17
107:21,23 115:13
146:11,16 147:11 154:18
202:12
somewhere (4) 6:18 8:18 9:8
87:16
songs (1) 103:16
sons (1) 93:4
soon (3) 18:3 43:18 159:17
sore (2) 126:22 140:14
sort (23) 15:15 55:19 57:12
75:4 99:15 100:4 107:5
113:8 119:1 126:19 127:21
133:7,8 134:24 135:5
139:15 145:20 150:20
171:10 178:2 185:14 194:6
203:11
sorted (4) 24:20 95:20
156:10 182:8
sorts (2) 13:5 98:25
sounddestroying (1) 87:6
soul (1) 89:15
sounded (1) 42:8
sounds (1) 57:25
source (1) 178:13
sources (1) 64:24
south (3) 176:15 179:4
182:20
space (2) 53:14 147:13
spain (4) 101:2 117:3
182:15,16
spatial (1) 147:11
speak (19) 8:1,3,4,4 11:14
12:22 13:1 15:14 30:10
62:22,23 63:9 73:5
125:6,16 127:23 173:12,13
211:14
speaker (2) 13:3 184:6
speaking (4) 72:7 104:8
129:8 132:4
speaks (1) 11:17
special (1) 149:5
specialist (1) 55:20
specifically (1) 192:3
speech (1) 86:23
spend (3) 188:24 200:17
207:10
spending (3) 28:20,21 104:1
spends (1) 208:23
spent (5) 28:20 34:6 99:21
169:8 201:25
spiritual (1) 206:16
spoke (21) 20:9 35:3 41:25
43:15 53:11 54:20 55:22
70:12,24 79:5 84:20 85:5
89:3 125:1,2,6,8,23 130:2
189:3 202:24
spoken (5) 23:6 82:9 91:3
125:18 193:2
spouses (1) 211:6
spreading (1) 100:25
square (1) 200:25
solitary (1) 177:24
stability (1) 149:10
staff (81) 7:2,3 8:3,5 11:5
13:22 14:6 15:6,14,19
16:13,15 17:6,11 19:23
21:16 27:8 30:11 31:15,20
35:17 36:10 38:8 39:6
45:6,7,10,12,21,22,24 56:7
59:5,15,21 60:1,12,12,19
63:6,15,17,21 82:16 83:9
88:9 89:2 104:21 108:25
109:5 111:1,14,15,21
115:7 113:20,22
114:11,13,15,17
115:1,3,12,14,14,16 116:5
122:22 139:8,11,14 146:5
150:5 159:12 184:5
186:3,23 198:12 202:9
208:11
staffed (1) 63:23
staffing (4) 59:22,24 114:19
115:5
stage (28) 16:17 45:8
51:15,17 52:6 58:10 60:2
62:7 72:5 74:20 76:21
79:22 80:8 82:23 97:21
103:11 134:25 154:17
166:8 167:9,17,19 174:3
185:4 186:21 187:9 188:5
189:14
staged (1) 16:18
stairs (2) 50:18 96:16
stamping (1) 184:23
stand (3) 12:15 13:4 176:12
standard (2) 146:24 186:9
standing (4) 13:2 131:23
134:5 141:22
standout (1) 205:16
start (11) 25:11 82:19
91:15,18,21,21 166:10
168:2 178:15 186:16,20
started (14) 6:17 21:9 25:1
44:2 51:4,12 54:2 60:25
61:18 94:14,16 113:10,15
190:17
starting (3) 179:20 180:16
188:18
stated (1) 149:4
statement (73) 1:23 2:1,5
7:20 10:20 39:25
49:3,11,12,18 52:13 64:11
84:14 88:19 92:7 93:15
94:9 95:2 99:1 108:20,24
109:16 110:4 111:1,1,3
112:6 113:1 116:21 119:12
120:11 128:13 129:3 131:5
136:3 138:12 139:20
140:17 141:14 142:5
144:13 145:23 146:16
147:25 149:16 153:12
154:13 156:3 158:8,14
160:19 161:10,13,20,24
162:5,11,15,24 164:25
169:2 172:9 175:12 178:14
183:3 185:25 205:19
206:17 208:13
210:3,19,21,22,25
statements (1) 124:5
states (2) 122:24 123:18
station (1) 168:8
statistics (2) 45:19,20
status (2) 151:1 163:21
stay (12) 6:18 9:10 18:6,19
24:15,17 43:14 46:15
98:18 103:18 106:12 163:3
stayed (7) 63:7,13,15,17
106:17 111:25 118:10
staying (3) 9:8,8 187:4
stays (1) 21:7
steak (1) 200:9
stenographer (2) 155:16,24
step (1) 163:1
stepped (1) 49:10
steps (2) 18:4 30:7
sterile (1) 14:2
stick (2) 38:9 207:18
still (33) 13:18 15:20,20
27:21 32:20 37:1,3 40:13
50:16 62:3,22 79:19,22
81:7,12 87:21 88:12
113:19 123:9 132:19,20
156:20 165:7 167:13
177:9,11 188:3 190:16
193:4 198:13 203:12,18
206:1
stocking (1) 187:16
stoma (2) 86:17,18
stood (3) 140:2 151:25
191:10
stop (7) 21:14 27:7 45:15
60:22 68:12 105:16 194:9
stopped (8) 45:7 60:9 62:1
65:12 67:1 73:12 164:18
181:13
story (1) 182:16
straddle (1) 8:22
straight (1) 70:16
straightforward (2) 72:23
75:3
strange (2) 12:7 102:11
strangers (1) 100:25
strategy (2) 16:8 189:22
strathclyde (1) 182:19
street (2) 191:4 199:11
stress (1) 183:14
stretch (1) 25:5
stretchy (1) 55:11
strict (1) 21:12
stroking (1) 131:22
strong (4) 50:4 142:9,10
167:6
stronger (1) 167:7
struggle (1) 70:2
struggles (1) 133:13
struggling (2) 63:6 127:21
stuck (3) 201:5,19 202:3
stuff (8) 98:3 106:12 113:12
116:10 119:1 177:23 195:2
209:23
sturgeon (1) 110:6
subject (5) 40:6 48:14 49:21
53:7 160:11
submitted (1) 34:25
subsequent (1) 35:23
subsequently (8) 15:2 16:16
77:9 148:20 170:15 180:8
181:19 201:21
substitute (1) 40:9
suddenly (1) 195:3
suffered (2) 136:15 173:5
suffering (4) 85:9 94:20
158:17 200:16
suffers (1) 189:8
suffocating (1) 117:8
suggested (1) 38:23
suggestible (1) 3:13
suicide (1) 165:12
suitable (1) 95:11
summarise (2) 175:11 188:20
summarised (1) 187:7
summed (1) 211:2
sunday (9) 9:16 150:1
171:14 178:3,4 198:8,25
202:13,16
sundays (1) 198:7
sunk (1) 126:19
sunny (1) 191:8
sunvised (2) 17:9 191:22
supplies (1) 124:2
supply (1) 149:9
support (11) 3:5 33:25 43:2
47:1,1,2,3 123:12 165:25
204:20 206:16
supported (5) 5:19 24:5 58:3
123:2 159:24
supportive (3) 18:10 123:23
179:13
suppose (8) 15:23 24:5
30:19 154:6 173:3 190:12
196:9 200:19
supposed (2) 26:10 41:15
supposedly (1) 90:10
sure (24) 3:5 17:7 42:1 47:8
54:5 63:5,15 79:21 99:5
104:12 105:18 111:12,20
113:25 115:11 116:15
129:13 138:11 140:9
151:15 155:20 158:15
205:21 210:2
surely (4) 112:11 137:17
201:7,9
surgeon (3) 55:5 71:12 82:9
surgery (21) 14:16 22:6
42:20 44:6 54:6 71:2,12
72:9 73:17,20 76:17,19,25
77:5 78:21 81:8,15,22 82:8
83:12 84:4
surgical (2) 146:7,11
surname (1) 124:20
surprise (1) 100:15
surprised (1) 195:22
surprising (1) 81:14
survival (1) 82:10
survive (5) 71:3,14 174:23
189:24 204:16
survived (2) 158:21 196:11
suspected (1) 71:1
sustain (1) 85:23
swallowing (2) 86:23,24
sweet (1) 107:3
swimming (1) 37:20
swollen (1) 54:3
sympathy (1) 88:22
symptoms (7) 75:18 110:1
111:7 126:25 127:7,9
128:25
system (4) 66:24 173:11
189:2 197:10
T
table (9) 17:4 21:11 27:6
74:20 145:12,13 147:13,14
193:11
tables (1) 191:18
taken (20) 4:22 9:6 16:16,19
36:11 43:16 65:19 73:4
76:7 117:11 124:21
128:5,15 141:16 158:6
162:25 173:19 174:19
178:2 186:12
takes (2) 177:14 210:24
taking (16) 5:23 14:7 28:5
32:14 70:11 105:4,6 109:4
113:11 116:2 157:20
169:22 174:18 192:15
198:7 207:23
talk (40) 2:10 11:20 12:15
13:10,11,13,16 16:11,22
19:7,18 21:3,20,20 27:1
32:14 33:2 34:1,18 36:7
38:16 39:10 45:16 47:4
52:11 53:2,23 68:5,21,21

75:22 80:24 82:3 83:2,25	212:1	39:17 43:20 45:24 47:15	195:7 196:1 199:6,16	twists (1) 20:9		walk (17) 10:23,24 18:11
84:12 86:7 103:2,3 158:8	thankfully (1) 148:10	69:8 72:11,13,19,20 73:18	tomorrow (1) 212:1	twitter (1) 204:22		21:23 23:4 24:12 32:16
talking (9) 7:12 31:6 43:7	thanks (1) 211:23	75:21 76:25 88:16 91:6	tone (1) 210:13	type (1) 203:11		33:1 34:7,10,13 44:1
64:18 65:22,23 77:12	thats (94) 3:11,12 20:8	95:18,19,20,21 103:3,3	too (8) 112:12 130:24	typically (1) 98:18		51:9,11 98:22 156:21,23
82:10 148:6	22:10 23:19 25:3 27:15,19	128:2 129:9 131:9 132:1	136:19 155:10 174:2			walked (1) 17:20
tangent (1) 207:17	28:24 30:19 33:11 34:17	136:21 144:6 151:12 169:9	184:24 191:10 208:18			walker (1) 167:21
taster (1) 33:5	35:9 37:6 44:24 49:20	171:14 178:16 181:8	took (30) 5:4 18:4 30:7	ulcers (7) 54:12 55:7 58:13		walking (11) 26:6,7,21 51:10
taxi (7) 173:15 176:14	51:4,5 55:6 76:4 93:5	189:19 190:19,22 191:8	31:25 40:18 42:6 46:15	68:17 82:8 85:4,17		134:6 165:14 167:23
195:14,25 196:3,10,12	94:21 99:23 101:6 106:13	197:3 206:2 210:6	77:19 87:10,24 98:5,6,24	ultimately (2) 87:3 126:13		walked (1) 17:20
tea (2) 40:15 107:2	108:1 109:1 110:1,3,11,16	throughout (5) 29:16 36:24	110:16 126:23 142:17	unable (1) 4:9		walks (2) 34:12 46:23
team (7) 54:13 82:18,23	119:6,16 122:7 123:15	39:3 122:25 207:4	144:24 145:17 146:21	unacceptable (1) 115:3		wall (1) 85:7
156:8 159:8 204:15,17	125:14 126:6 127:19	thumbs (1) 169:3	152:19,20 168:3,4,5,18	unaware (1) 170:22		wallace (9) 1:8,13,14,21 2:12
teams (3) 158:23 159:1	130:17 133:3 140:15,24	thunderbird (1) 196:11	169:20 182:1 195:25	unbandaged (1) 55:6		25:9,12 47:17 213:3
194:24	144:10,14,25 146:24	thursday (2) 37:16 82:25	196:17 206:22	unbeknownst (1) 109:24		wants (2) 20:10 204:19
tears (1) 44:2	149:11 152:21,22,24 157:8	tias (1) 170:21	tools (1) 139:1	uncle (1) 41:21		war (4) 66:10,13 185:5,5
tech (1) 69:24	159:9 160:2	ticked (1) 169:5	totally (1) 47:5	uncomfortable (1) 68:13		ward (20) 44:4 76:22,24
technology (1) 31:6	161:4,7,12,15,20	tide (1) 164:13	touch (10) 32:18 33:15 87:22	undergoes (1) 76:17		77:1,2,4,7,10,13,15,18,19,20,24,24
telecare (2) 173:10,11	162:12,14,18 164:5,23	ties (1) 211:4	125:12 151:13 158:12	underlying (2) 166:1 210:12		78:22 79:7,17,19 94:23
telephone (5) 62:8 69:19,20	166:19,23 167:4,23	tightly (1) 147:9	163:4,5 179:16 193:24	underneath (1) 191:12		warning (1) 100:8
153:13 184:6	171:6,9,21 176:2 178:23	till (4) 18:21 19:12 78:19	39:3 122:25 207:4	understand (30) 2:13 10:16		wash (1) 3:3
telephoned (2) 116:22 143:4	179:3,10,15 181:14,21	169:13	47:2 50:24,25 51:24	underead (1) 41:21		washing (1) 5:25
television (1) 62:9	183:8 185:12 186:15	time (126) 2:22 5:7 6:3	52:11,20 56:5 59:6 61:5	40:20,24 88:12 91:18 94:9		wasnt (90) 4:13 5:10 10:18
telling (12) 19:23 33:5	188:12 189:3 195:16	10:14,17 11:15,17 13:11	62:4 69:8,12,20 71:13	116:21 131:5 135:23,23,24		13:10 14:10 16:21
35:8,15 46:23 64:1 78:8	197:24 198:10,14	15:5 16:1 19:16 20:13	73:21 75:16 76:9 77:12,14	136:1,3 143:3,23 148:17		17:7,10,10 18:8 20:14
106:5 141:5 149:1 189:5	203:16,17 206:14 207:3	21:25 23:11,17 26:22	81:15 86:20 89:2,3 95:2	150:24 171:7 186:19,22		22:17 26:8 27:22 28:19,21
210:10	209:1,20,21 212:1	33:20 34:6,15 35:3,24	96:17 97:8 99:21	194:23 198:21 201:14		32:23,25 38:13 43:1
telly (2) 58:25,25	theatre (1) 43:17	39:17 42:21,22 43:15,23	101:3,3,13 103:15 104:11	206:25 207:3		46:1,2,24 52:14 53:1 54:5
temperature (6) 42:25	thelma (1) 196:1	47:2 50:24,25 51:24	105:6 106:23 107:8 108:4	understandable (1) 159:23		55:18 63:4 66:20 67:25,25
104:25 105:4 117:17	therapist (2) 33:6,8	52:11,20 56:5 59:6 61:5	111:4 112:4,11 116:13,18	understanding (1) 189:14		68:1 70:11,11 72:12 73:20
126:24,25	thereafter (1) 167:6	62:4 69:8,12,20 71:13	117:4 119:6 127:25	understood (9) 39:17 102:5		74:16,21 81:20 86:22 88:7
temperatures (1) 120:5	therefore (1) 125:21	73:21 75:16 76:9 77:12,14	129:12,22 130:16,23 133:2	103:6 132:2 135:21 163:24		94:3 95:10,11 96:10,13
ten (11) 4:3 14:13 22:8 71:8	theres (26) 3:22 6:6 7:1	81:15 86:20 89:2,3 95:2	137:15 138:1,4	184:16,17 187:20		97:9 101:15 105:2 107:24
97:5 100:4	26:15 29:1 57:22,22 67:8	96:17 97:8 99:21	139:9,10,12 140:5 141:23	184:16,17 187:20		108:25 109:3 111:13
155:19,22,24,25 194:19	80:24 86:18 87:14 102:9	101:3,3,13 103:15 104:11	142:18,19 143:22	184:16,17 187:20		114:10,17 126:20 127:24
tended (1) 59:24	105:10 114:15 123:14	105:6 106:23 107:8 108:4	144:10,13 146:14 150:6,8	161:17 177:10		132:3,20 133:4
tends (1) 168:17	134:6 145:18 170:18	111:4 112:4,11 116:13,18	151:16 152:4,20 154:17	163:23,25 176:10 179:1		134:3,16,18 135:3,14,14
terms (18) 5:10 12:21 15:18	175:10 177:8 181:4 182:21	117:4 119:6 127:25	156:15 157:17,22 158:2	184:22 190:15,16		137:7,8 139:13,16
25:24 50:14 57:21 61:2	185:10 192:2,3 209:5	129:12,22 130:16,23 133:2	164:9,16 165:5,15 166:11	193:5,6,17,21,22 194:1		152:8,11 163:18 164:6,10
62:25 63:1 69:14 70:4	they'd (6) 70:14 138:23	137:15 138:1,4	168:12 170:9 171:22	195:14 198:13 199:5		179:23 183:11 188:3
72:10 73:14 78:11 88:21	187:17 190:21 194:18,19	139:9,10,12 140:5 141:23	172:1,21 173:10 177:4	207:5,10 209:4		193:6,22,24 195:8
123:17,19 154:7	they'll (2) 23:25 86:17	142:18,19 143:22	178:24 179:12 182:11,13	visitation (1) 176:22		196:9,10,18 198:19
terrible (8) 102:20 105:5	theyre (10) 40:7,10 66:8	144:10,13 146:14 150:6,8	184:13 188:21,24 194:20	visited (4) 53:20 75:17 98:18		207:9,11
106:9 118:20 136:17 139:7	104:11 155:25 181:6 182:7	151:16 152:4,20 154:17	196:24 197:14 201:8,25	139:21		watch (8) 34:13,14 58:25
201:3 205:4	202:14 203:5 209:2	156:15 157:17,22 158:2	205:2,10 207:21 208:13	visiting (20) 2:11 69:4		98:23 103:12,14 120 189:25
terribly (3) 25:3 114:1	187:17 190:21 194:18,19	168:12 170:9 171:22	172:1,21 173:10 177:4	121:18 147:2 159:24		watched (3) 100:20 196:6,8
133:13	theyll (2) 23:25 86:17	172:1,21 173:10 177:4	178:24 179:12 182:11,13	164:18 166:10 170:2		watching (3) 19:10 85:9
terrified (3) 100:14 101:9	theyre (10) 40:7,10 66:8	178:24 179:12 182:11,13	184:13 188:21,24 194:20	175:25 177:1,2 180:4,5		100:11
109:4	202:14 203:5 209:2	184:13 188:21,24 194:20	196:24 197:14 201:8,25	189:3 191:1 192:22 196:24		wave (2) 26:23 134:10
terrifying (1) 89:9	138:6,18 145:21 148:7,9	196:24 197:14 201:8,25	205:2,10 207:21 208:13	198:24 199:24 208:17		waved (4) 69:12,15 134:10
terror (1) 65:15	153:20 156:10 167:11	205:2,10 207:21 208:13	199:21	unpaid (1) 190:1		135:7
test (25) 15:5 25:23,25	168:12 178:2 186:15 196:15	199:21	thinking (16) 30:16 53:3,16	unpleasant (1) 54:18		waving (1) 135:15
26:1,8,12 30:4 35:1,17	199:21	thinking (16) 30:16 53:3,16	89:9 117:7 119:9	unsatisfactory (1) 121:24		way (39) 10:10,11 13:1 15:22
36:16 75:10,11,13	201:3 205:4	89:9 117:7 119:9	130:5,18,24,25 131:1,13	until (26) 5:14 6:9 18:12		28:19,21 29:1 30:15 36:19
101:4,4 108:22,22,22	133:13	130:5,18,24,25 131:1,13	148:8 152:2 206:2,5	19:17 21:9 28:11,22 29:16		39:8 42:5 50:21 51:21 57:3
109:7,7,7,8 190:21 195:24	133:13	148:8 152:2 206:2,5	204:12 205:10 31:2	46:17 60:4 75:11,20 88:9		66:5 72:23 74:23 78:18
tested (32) 15:6 25:18 26:18	133:13	204:12 205:10 31:2	30:18 39:23 41:7 45:8	94:13 102:1 106:13 111:10		86:15 97:11 103:13 125:3
30:3 31:21 34:25	133:13	30:18 39:23 41:7 45:8	73:14 84:7 115:25	136:19 141:15 151:19		133:17 139:25 145:19
35:4,6,10,13 79:22 80:19	133:13	73:14 84:7 115:25	138:6,18 145:21 148:7,9	160:7 187:18 189:6 203:14		147:7 164:19 166:15
102:1 108:17,18,18 109:3	133:13	138:6,18 145:21 148:7,9	153:20 156:10 167:11	205:20 212:4		167:7,17 174:4 175:10,18
111:7,14,15 126:15	133:13	153:20 156:10 167:11	168:12 178:2 186:15 196:15	unusual (3) 62:16 113:5		182:26 192:17 196:3 203:18
127:1,2,3,4,6,8,8 143:25	133:13	168:12 178:2 186:15 196:15	199:21	151:7		207:8 208:16
149:9 159:6 194:12	133:13	199:21	thinking (16) 30:16 53:3,16	unwell (1) 86:19		ways (3) 40:4 181:3 203:12
109:12,14 110:3,16,25	133:13	thinking (16) 30:16 53:3,16	89:9 117:7 119:9	upcoming (1) 181:22		wear (9) 12:16 22:21 74:6,7
121:18 149:7 163:21	133:13	89:9 117:7 119:9	130:5,18,24,25 131:1,13	update (1) 129:18		102:10 104:25 146:24
190:19,22	133:13	130:5,18,24,25 131:1,13	148:8 152:2 206:2,5	updates (1) 63:11		156:24 188:1
tests (12) 25:20 75:10	133:13	148:8 152:2 206:2,5	204:12 205:10 31:2	upheld (2) 115:8,10		wearing (12) 12:18 13:23
109:12,14 110:3,16,25	133:13	204:12 205:10 31:2	30:3 31:21 34:25	upon (2) 2:25 164:2		18:13 27:5 43:19
111:2,6 112:17 120:22	133:13	30:3 31:21 34:25	35:4,6,10,13 79:22 80:19	upset (3) 19:24,25 165:12		146:7,12,12 149:8 158:5
149:9 159:6 194:12	133:13	35:4,6,10,13 79:22 80:19	102:1 108:17,18,18 109:3	upsetting (3) 68:10 191:14		159:6 194:13
108:8 110:4 106:4 107:10	133:13	102:1 108:17,18,18 109:3	111:7,14,15 126:15	197:2		wed (16) 9:3 13:16 55:1 60:6
112:5 113:1 121:5 123:15	133:13	111:7,14,15 126:15	127:1,2,3,4,6,8,8 143:25	urgent (1) 165:8		78:19 100:12 113:4 136:22
124:18 125:15 126:12	133:13	127:1,2,3,4,6,8,8 143:25	149:9 159:6 194:12	urine (1) 83:18		140:24 143:17 146:8 156:14
127:4 128:4 133:25 135:7	133:13	149:9 159:6 194:12	121:18 149:7 163:21	used (13) 35:7 51:9 89:14		164:5 166:11 171:9 193:23
136:3 137:2,23 140:14	133:13	121:18 149:7 163:21	190:19,22	103:12 125:5 140:18 164:1		wednesday (6) 37:15 40:15
145:2 147:1 155:13,18	133:13	190:19,22	121:18 149:7 163:21	178:2 180:12,24 197:19		82:25 169:9 171:16 212:5
156:2,18 157:7	133:13	121:18 149:7 163:21	190:19,22	198:15 205:1		wee (10) 56:15 57:25 62:14
160:1,4,6,7,13,21,25	133:13	190:19,22	121:18 149:7 163:21	useful (1) 8:10		63:20 100:9 176:18 177:14
166:4,17 211:18,20,24,25	133:13	190:19,22	121:18 149:7 163:21	usefully (1) 68:25		178:6 196:6 204:13
	133:13	190:19,22	121:18 149:7 163:21	using (3) 174:11 186:23		week (36) 5:21 7:18 10:1
	133:13	190:19,22	121:18 149:7 163:21	208:17		37:10,17 38:4 43:3 46:17
	133:13	190:19,22	121:18 149:7 163:21	usually (1) 43:9		61

114:8 115:18 143:23 145:4
 150:3 163:23 169:9
 180:8,11 198:2,3 199:4,7
weekend (11) 9:13 10:13
 28:5 41:15,19,20 43:14
 46:16 61:16 79:5 202:16
weekends (4) 9:10,14 41:16
 169:11
weeks (18) 8:19,20 9:6 25:4
 58:13 60:7 63:25 72:16
 81:9 87:20,22 96:7 100:18
 150:25 162:1 172:12,16
 192:24
weeping (1) 54:17
weighed (1) 81:17
weight (10) 73:19 80:25
 81:2,8,11,13,25 84:10
 86:7,11
welcome (1) 163:16
welfare (4) 4:2,12 32:3 171:4
wellbeing (3) 46:2,20 211:15
wemys (1) 6:22
went (68) 3:20 5:20 10:12
 18:21,24 23:3 30:5 34:6,7
 37:10,13,15 46:4 54:10
 55:4,6 56:18 61:4 71:5
 75:8,9,19,20 77:5,18
 81:11,13 82:22,24 85:13
 95:8,24 96:1 102:7 105:5
 106:17 107:16 108:19
 113:15,16 114:21 126:23
 130:8 134:4 139:25 143:16
 145:11 151:11 152:19
 157:15 165:14 168:7,19
 171:17 172:21 173:15
 175:1,15 176:2,9,16
 189:11 190:14 194:10
 195:24 206:4,17 207:9
werent (45) 20:18 26:10
 30:14 31:1 38:8 42:1
 45:13,14 54:5 63:21 72:19
 83:12 90:8 101:6 114:12
 115:16,17,19 117:25
 119:19,22 127:18,19
 130:4,24 132:24 135:11
 138:20 140:18,21 143:9,20
 147:23 149:20 153:4,16,24
 157:2 179:24 184:1
 186:5,18 195:4 197:14
 202:3
west (2) 163:11,12
weve (11) 23:6 25:3
 130:16,17 164:13 165:3
 179:22 183:21 192:11
 198:18 210:4
whatever (9) 23:20 35:21
 36:17 67:25 68:3 113:25
 188:2 203:9 211:11
whats (5) 84:15 120:19,19
 121:1 147:12
whatsapp (3) 115:20 116:4,4
wheelchair (5) 156:22
 176:13 196:5 198:4,5
wheeled (1) 183:24
whenever (1) 69:3
whereas (1) 89:16
whereby (1) 171:11
wheres (2) 20:11 181:2
wherever (1) 53:14
whippet (2) 152:18,25
white (1) 106:25
whole (14) 16:25 17:8 41:7
 42:18 85:16 86:18 98:20
 113:8 151:12 163:9 176:7
 200:17 205:10 211:3
whom (1) 1:8
whos (1) 47:8
wider (3) 58:2 65:23 189:3
widowed (1) 167:5
wife (4) 136:16 207:6,9,12
willing (1) 165:6
window (42)
 10:21,22,24,24,25,25
 11:1,4,10
 12:2,3,4,4,7,11,12,16,19
 13:3 18:24 19:2 20:5 23:12

25:15 26:6,11,22 41:7 42:8
 69:8,11,15 180:24 181:8
 183:18,20,23 184:22
 190:16 191:2,9,12
windows (2) 11:8 12:17
winter (2) 200:25 201:24
wipe (3) 42:16 153:2,3
wiped (2) 14:9 17:15
wish (2) 158:5 211:16
wished (1) 24:6
wishes (1) 211:8
withdrawn (3) 62:21 67:3
 172:16
withdrew (1) 62:14
withheld (1) 136:25
witness (12) 1:23 2:5 10:20
 47:22 48:12 49:3 52:13
 91:19 92:7 160:10,18,19
witnesses (1) 1:7
woman (7) 50:3 69:25 84:21
 87:1 169:25 173:1 189:8
women (1) 81:2
wonder (3) 24:10 158:13
 204:4
wondered (1) 130:14
wondering (2) 77:19 183:6
wont (5) 23:23 24:17 25:2
 81:22 130:6
wooden (1) 183:25
wool (1) 60:21
woolly (1) 168:8
wore (2) 146:9,16
work (24) 3:18,19 4:17,18
 29:14,15,16 32:1,2 33:16
 38:1 73:16 85:10 96:10
 98:3,12 113:23,24 117:7,9
 182:20 197:20 198:16
 209:22
workaround (1) 12:21
workbook (2) 36:7,9
worked (8) 31:23 49:5,8
 93:12 113:7,13,20 194:24
worker (5) 3:21 15:8,9,12
 32:5
workers (4) 95:3,24 149:7
 190:1
working (8) 52:14 60:24
 67:25 87:7 96:13,19 124:3
 182:19
works (1) 31:7
world (9) 20:21 22:1
 62:15,19 101:4 107:22,22
 108:21 209:5
worlds (1) 157:2
worried (9) 34:15 101:8
 109:16,21 119:10,10
 127:17 155:11 159:21
worry (8) 105:19,23 106:3
 145:17,17 185:12,14
 206:14
worryingly (1) 117:14
worse (6) 54:8 66:10 103:12
 144:22,24 185:5
worst (1) 157:2
worth (1) 72:12
wouldnt (20) 52:17 53:14
 76:12 84:17 86:21
 102:14,15 117:11 118:7
 125:12 152:16 191:20
 193:12,14 197:17,20
 202:10,11 203:7 206:10
wrapper (2) 14:1,1
wreck (2) 17:18,19
write (4) 28:1 121:12 150:21
 161:18
writing (1) 131:10
written (6) 88:3,4 138:24
 166:1 182:25 210:12
wrong (12) 15:23,24 16:7
 43:21 80:22 112:3 143:22
 147:15,16 156:10 175:15
 206:17
wrote (10) 41:23
 121:6,13,16 124:14,16
 131:5 181:19 183:3 205:5

Y

year (10) 73:21 154:18
 176:17 187:15 200:15
 201:3 202:8 205:3,6,20
years (23) 3:20 4:3 6:8,8
 22:8,8,8 42:18 47:14,15
 50:17,17 56:7 135:19
 136:14 167:21 168:10
 169:12 176:4 183:17
 189:11 197:4 202:24
yesterday (1) 42:23
yet (5) 38:8,19 188:3 204:24
 205:5
you (5) 74:7 99:11 128:4
 144:10 205:19
youll (4) 49:22 70:18 103:24
 161:22
young (2) 96:18 138:4
younger (8) 6:6,7,7,8,8,13,25
 14:12
youre (43) 1:16 7:25 8:3
 13:11 15:3 18:13 25:15,25
 29:1 31:11 33:19,24 48:21
 53:12,12 64:18 74:10,13
 76:19 78:10 79:15,17
 84:20 86:12 91:17
 92:13,23 93:6 104:24
 105:24 115:11 116:15
 126:2 155:20 160:24
 161:5,6,9 166:17 189:23
 209:4,4 210:2
yourself (9) 1:15 29:14 31:5
 48:20 54:20 92:12 129:11
 171:19 181:5
yourselves (2) 59:6 129:4
youve (25) 4:10 11:17
 22:5,19 35:10 39:25 47:25
 49:2,3,11 51:5 58:22 68:25
 91:1 119:21 139:19 141:19
 147:16 160:1 161:24 187:4
 192:11 208:12 209:10
 210:15

Z

zimmer (1) 51:12
zoom (1) 45:17

I

1 (3) 163:23 213:3,5
10 (6) 42:19 56:23,24 58:12
 67:13 81:19
100 (4) 31:25 44:6 190:8
 200:5
1000 (3) 1:2 212:2,5
101 (1) 32:7
1011 (1) 9:15
1011yearold (1) 3:2
103 (3) 32:14 88:16 169:14
1034 (1) 25:6
1037 (1) 25:8
105 (1) 33:2
107 (4) 34:1,19,20 89:7
108 (2) 34:21 162:4
11 (4) 7:6 10:10 77:7 151:18
110 (3) 35:24 89:21 158:13
111 (2) 89:23 158:14
1110 (1) 48:8
112 (1) 90:19
1125 (1) 48:3
1127 (1) 48:10
113 (2) 162:10,22
116 (2) 162:23 164:12
12 (3) 162:13 182:4 193:23
121 (1) 36:7
122 (1) 36:23
1225 (1) 92:1
124 (1) 192:12
13 (9) 52:12 60:14 67:7
 100:3 101:21 141:15
 144:9,9,10
130 (1) 38:5
132 (1) 38:16
133 (1) 38:25
14 (4) 1:1 14:22 52:13 199:3

141 (1) 197:1
145 (3) 91:15,21,23
146 (2) 92:3 168:22
147 (1) 41:14
149 (1) 197:2
14day (1) 72:7
15 (11) 29:23,23 30:1 53:2
 56:7 101:24 136:14 141:16
 151:19 156:1 212:5
150 (1) 202:18
151 (2) 44:20 202:20
152 (1) 45:1
153 (1) 45:3
154 (1) 45:5
157 (1) 45:16
158 (2) 46:3 205:19
159 (1) 46:7
16 (2) 101:24 179:5
160 (1) 213:12
161 (1) 213:14
162 (2) 46:18 206:12
168 (1) 47:4
17 (3) 53:23 61:4 69:6
170 (1) 162:5
18 (8) 4:5 6:15 29:24,25
 87:24 181:24 182:4 183:13
181 (2) 164:24 165:4
182 (3) 164:25 165:4 166:4
184 (1) 162:5
185 (2) 206:18,20
19 (3) 28:16 42:18 158:18
193 (1) 206:18
1930s (1) 107:1
1994 (1) 167:5
1996 (1) 169:6

2

2 (11) 12:15,18 21:11 91:23
 131:21,23 132:2,20 133:1
 148:15 151:25
20 (9) 22:8,8 26:3 44:4
 166:18 168:10 172:9
 182:15,25
200 (2) 91:13 161:22
2011 (1) 50:13
2013 (2) 94:10 171:9
2017 (1) 94:19
2018 (3) 96:23 171:19
 172:11
2019 (4) 56:24,25 166:22
 176:1
202 (1) 210:3
2020 (17) 8:16 28:14 54:25
 108:24 110:25 111:14
 154:14 156:19 162:13
 164:22 173:5 176:2 178:16
 179:5 181:10 192:13 204:1
2021 (5) 4:3 166:6,18 178:16
 195:13
2022 (2) 75:20 90:6
2023 (2) 1:1 212:5
203 (1) 105:20
207 (1) 105:22
21 (1) 10:4
214 (1) 210:19
23 (6) 5:14,15 6:9 44:16
 56:22 176:16
24 (2) 71:6 80:18
247 (1) 175:6
24hour (3) 95:15 96:1 202:2
25 (6) 69:7 111:14 112:4
 141:24 144:3 155:17
27 (1) 58:7
28 (3) 129:23 141:19 191:1
28th (1) 141:15
29 (1) 18:21

3

3 (6) 8:24,25 9:1 11:1
 166:25 194:2
30 (10) 11:11,12 17:8,22
 24:11 25:21 28:3 43:3
 44:16 202:24
30minute (1) 207:10
30th (1) 28:24

31 (1) 189:6
315 (1) 160:14
32 (1) 2:18
328 (1) 160:16
33 (1) 47:14
35 (2) 99:6 161:21
36 (3) 28:7 84:11 174:17
3rd (1) 29:1

4

4 (2) 87:20 163:23
40 (1) 175:4
407 (1) 185:16
40odd (1) 50:17
41 (4) 10:19 63:1 64:11
 175:11
411 (1) 185:18
42 (2) 64:19,20
43 (2) 65:7 66:4
44 (1) 11:20
45 (2) 66:14 201:5
450 (1) 212:3
46 (1) 12:15
47 (1) 67:8
48 (3) 25:18 213:6,8
49 (1) 68:5

5

5 (2) 11:1 189:7
50 (1) 68:15
51 (2) 175:12,14
53 (1) 81:18
54 (1) 15:8
55 (1) 16:11
56 (1) 176:3
57 (1) 16:22
58 (1) 176:21
5th (1) 14:25

6

6 (3) 144:14 145:2 189:12
60s (1) 167:12
61 (1) 140:17
62 (3) 50:25 135:19 141:14
63 (4) 50:25 81:12 167:13
 178:14
64 (1) 75:22
65 (1) 169:6
66 (1) 76:7
67 (1) 76:14

7

7 (3) 11:20 12:2 114:22
70 (7) 99:2,5 111:2
 120:2,9,10 181:15
700 (1) 9:15
71 (2) 183:1,3
72 (1) 150:12
74 (1) 156:3
75 (2) 19:7 156:18
76 (1) 19:18
77 (1) 183:19
78 (3) 185:9,24,25

8

8 (2) 71:5 75:22
80 (9) 51:2,3 79:20
 168:11,11 185:9,24,25
 186:6
81 (3) 21:3 27:1 187:8
83 (1) 80:24
85 (5) 51:3,3 82:3 187:9,11
86 (1) 110:5
86th (1) 149:21
88 (1) 83:25
89 (4) 87:1 112:5 166:20
 188:8
89yearold (1) 189:7
8th (1) 82:17

9

9 (4) 19:19 69:13 71:9 82:9
90 (1) 84:12
91 (2) 29:22 86:7
92 (3) 30:6 213:9,11
98 (3) 88:16 167:14 190:8
99 (1) 31:15