

OPUS2

Scottish Covid-19 Inquiry

Day 20

December 7, 2023

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Thursday, 7 December 2023

1
2 (10.00 am)
3 (Proceedings delayed)
4 (10.08 am)
5 MR CASKIE: Good morning, my Lord.
6 THE CHAIR: Good morning, Mr Caskie.
7 MR CASKIE: I have a witness today, who is Mrs Gillan.
8 THE CHAIR: Very good. Could we have the witness, please?
9 MR CASKIE: She's just being brought in.
10 MRS JAN GILLAN (called)
11 MR CASKIE: Good morning, again.
12 THE CHAIR: Yes. Good morning, Mrs Gillan.
13 Questions by MR CASKIE
14 MR CASKIE: Would you tell the Inquiry your full name,
15 please?
16 A. It's Jan Gillan.
17 Q. And you're here today to talk about your husband, Mark.
18 A. Yes.
19 Q. I understand that your husband was born on
20 12 January 1967 and sadly died on 27 April 2020.
21 A. Correct.
22 Q. He was 53 when he died?
23 A. Yes.
24 Q. You have four children?
25 A. Yeah.

1

1 Q. I'm not going to ask you to name them. It may be that
2 some of them get named, but there is one daughter who
3 shouldn't be named and I think you know that.
4 A. Yeah.
5 Q. So if you refer to her as "my other daughter" --
6 A. Yeah.
7 Q. -- we can maintain her confidentiality.
8 Five years before your husband died, he was
9 diagnosed with health problems. Can you tell us about
10 those?
11 A. He had problems with breathing -- we're no sure if it's
12 related to the chemicals in the industry that he
13 worked -- so in the end it was asthma, so he attended
14 the asthma clinic regularly and progressively got worse.
15 He had to do his peak flow and things like that
16 regularly and then pernicious anaemia, which is a B12
17 deficiency, so he had to have injections regularly at
18 the clinic to maintain the B12 levels.
19 Q. Right. Now, although your husband's pre-existing health
20 conditions are important, it's also important we know
21 a bit about your husband. Can you tell us a bit about
22 your husband, please?
23 A. Mark was strong, independent, charismatic, magnetic,
24 loving, caring, understanding. You know the movie,
25 "The Quiet Man", that was Mark, until you got on the

2

1 wrong side of him, and then you seen somebody that you
2 didnae recognise.
3 He was a lover of sports, of all sports, and he's an
4 old Glaswegian man, so there wasn't a place for women at
5 that time when he had it, but in the end he'd even
6 watch -- as he says, resorted to women's football. But
7 he hill --walked, loved that, golf, fishing, anything.
8 I mean, he was literally an all-rounder. He was scouted
9 for amateur football in a league and kind of loved the
10 aspect that he could have went somewhere because he was
11 talented, but just loved to party too much so that won
12 in the end.
13 Q. Was he a family man?
14 A. 100%. He was all for his family. We would often joke
15 that he worked for almost 30 years in the one industry.
16 He earned the wages and I spent them. And I would say,
17 "Well, you know, Santa just doesnae happen now. There's
18 the Easter Bunny now, there's Christmas", so that was
19 it. He would -- one time he would say -- well, mostly
20 every month he'd say to me, "It's boys' night out". He
21 would have once a month with all the boys. Loved it,
22 looked forward to it. And he'd be like, "I got paid
23 today, Jan", and I was like, "Yeah". And he went, "Have
24 I got money to go out for a pint?", and I'm like, "Well,
25 there's £20", so -- and that was it. He just accepted

3

1 it. So he worked for us, his life was us.
2 Q. Now, you spoke to the Inquiry about the health problems
3 that he had, the asthmatic condition and the pernicious
4 anaemia. One of the things that you say right at the
5 front of your witness statement is you talk about
6 shielding and shielding letters. Do you want to say
7 something about that?
8 A. Obviously this happened right at the very, very start of
9 the pandemic. None of us knew anything about it. We
10 werenae big news people. Mark had been kind of Googling
11 on his phone because he seemed to take a kind of avid
12 interest in it, but I was oblivious to it until they
13 decided no man -- education. That's where I was
14 working at the time. We were shutting down. And that's
15 when I thought, "Oh, wait a minute, something's
16 happening". We had watched it prior to -- bits here and
17 there, Italy, things like that, but nothing -- we didn't
18 think it would be something that would come to the way
19 it has.
20 But Mark had more or less convinced us because he
21 automatically thought he'd qualify for shielding with
22 his two underlying conditions. He had spoke to -- he
23 religiously took the first two weeks in April every year
24 for his holidays, his spring holidays, because that
25 coincided with the twins' birthdays, and he spoke to his

4

1 line manager and said, "I'm not due my holidays but I'm
 2 expecting to be shielded", because his work -- he was
 3 a key worker. So what they did is moved his holidays
 4 forward.
 5 Q. Did he ever get a shielding letter?
 6 A. Never.
 7 Q. And did you have any explanation as to why he didn't?
 8 A. No.
 9 Q. No? No one has ever explained? Have you asked?
 10 A. Initially I didn't know who to ask and we didn't know
 11 who to ask. We just expected it would come through the
 12 practice, the GP.
 13 Q. But it never arrived?
 14 A. It never arrived.
 15 Q. Okay. You said that he was a key worker and that he had
 16 been in the same industry for 30 years, I think you
 17 said.
 18 A. Yeah.
 19 Q. What was he?
 20 A. He made soap for a living.
 21 Q. Soap?
 22 A. Soap, yeah, so -- I don't know, Queenslie Industrial
 23 Estate and it was Soapworks. So he ran a line -- was on
 24 a line. That was his baby. When any of the machines
 25 broke down, he was so experienced that -- it wasnae his

5

1 job, but he could get the line up and running faster, so
 2 they left him to it. Obviously the soap was supposed to
 3 be supporting us to combat the disease that was fast
 4 approaching our country.
 5 Q. So in terms of the workload that his factory or the
 6 output of his factory, was that increased --
 7 A. Yeah.
 8 Q. -- when COVID started to feature?
 9 A. The managing director had a meeting with actually the
 10 council and, yeah, they said that they would go
 11 a three-shift pattern instead of a two-shift pattern,
 12 which most of the staff were on, so it increased so that
 13 the factory was working for 24 hours instead of, you
 14 know, the two-shift pattern.
 15 Q. So that would be 16 hours. So it went up from about
 16 16 to a full 24 hours?
 17 A. Yeah.
 18 Q. And did Mark change his hours?
 19 A. He felt that, with his underlying conditions, that he
 20 couldn't cope with it. He had a slight irregularity in
 21 his heart as well, so he felt it was easier to just stay
 22 in the two-shift pattern.
 23 Q. And whilst he was working, was he given any PPE or was
 24 he given any instruction about social distancing?
 25 A. Nothing existed at that time.

6

1 Q. Nothing?
 2 A. Nothing.
 3 Q. At that time. I think at paragraph 80 in your witness
 4 statement you talk about a particular event that
 5 happened at your husband's place of work.
 6 A. Yeah.
 7 Q. Can you tell us about that?
 8 A. It was on Tuesday, 17 March and Mark obviously was on
 9 his own line. There was two family members that had
 10 come to work that day. The younger one --
 11 Q. Not his family, not your --
 12 A. No, no, it was just two of the employees -- two
 13 employees --
 14 Q. Two employees in the same family?
 15 A. -- in the same family. One of the younger ones was on
 16 Mark's line. Obviously they were a different
 17 nationality and Mark spoke slight in their tongue. He
 18 had to learn because obviously there was so many.
 19 Q. So he ended up speaking a bit of Romanian?
 20 A. Polish.
 21 Q. Polish?
 22 A. Polish. So he said the pleasantries, "Good morning" and
 23 whatever, in their language, and then he said -- the
 24 younger one spoke to Mark and said, "Can I speak to
 25 you?". The crux of it is -- was there was someone in

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1 their household that was suspected to have the symptoms
 2 of this new disease. At this point the two of them were
 3 in the factory and had been coughing, and that's where
 4 it was. So Mark felt really strongly, took the younger
 5 man, asked him to repeat to the CEO and said, "You tell
 6 him what you've just told me", so with that the two of
 7 them, father and son, were sent home.
 8 Q. They were sent home?
 9 A. Sent home.
 10 Q. When Mark came home, how was he?
 11 A. He basically told us, and I saw the other side of my
 12 husband that we weren't used to seeing, the angry, angry
 13 man, saying, you know, "Can people no follow the rules?
 14 You know, they were told suspected symptoms". This was
 15 very early to stay at home, but the need for financial
 16 gain for that family took over the rules that, you know,
 17 "If you have symptoms, stay home", so they opted to go
 18 in -- to go to work, so he was extremely angry.
 19 Q. Shortly after that, did he develop a health problem?
 20 A. Mark started, just days after that, to show symptoms,
 21 which we put down to man flu because one of the younger
 22 ones has a Higher in drama and I think that's where she
 23 gets it from, from her dad. When he was ill, everybody
 24 knew about it. But at the same time one of the other
 25 twins was showing symptoms as well. So what Mark had,

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1 the other one didn't have, my daughter didn't have, and
 2 then they swapped symptoms. So, as one gained
 3 a symptom, the other one lost a symptom.
 4 Q. And what were the symptoms?
 5 A. He was hot and cold, fever-like symptoms. He started to
 6 lose his taste and smell. He couldn't keep a sip of
 7 water down. He had diarrhoea, aches and pains all over
 8 his body. He couldn't get heat in him and then the
 9 cough, the dreaded cough.
 10 Q. Did he contact a doctor or the NHS?
 11 A. He phoned the helpline that was advised, because he had
 12 Googled it, and was told, "Stay at home and isolate",
 13 basically, with the two employees in the work that were
 14 sent home, so isolate for 14 days.
 15 Q. And at this time one of your daughters was also ill; is
 16 that correct?
 17 A. It coincided.
 18 Q. Sorry?
 19 A. It coincided, the exact same time.
 20 Q. You say that you have a record — and I'm not going to
 21 ask you to show us or anything like that — but of your
 22 husband contacting NHS 24.
 23 A. It's on his mobile.
 24 Q. Do you know when that was?
 25 A. 25 March.

9

1 Q. You talk in your witness statement about his symptoms at
 2 paragraph 23; yes?
 3 A. Hmm.
 4 Q. Is there anything you want to add in terms of the
 5 symptoms that he had?
 6 A. His breathing — shortness of breath. His breathing —
 7 it became extremely difficult to even talk. He would
 8 just nod. His feet turned blue in parts, he couldn't
 9 get heat in him, and really excruciating pain over his
 10 body. He did highlight to us that he could feel this
 11 destroying his insides.
 12 Q. Did he make contact again with NHS 24?
 13 A. Yeah, he did, 1 April.
 14 Q. Aha.
 15 A. 14.32.
 16 Q. And what —
 17 A. He was told to take paracetamol and continue to
 18 self-isolating.
 19 Q. At paragraph 25 you provide a fairly graphic description
 20 of what was happening in the house at that time, where
 21 you had two people that you suspected might have COVID.
 22 Can you just describe that for Lord Brailsford, please?
 23 A. We live in a three-bedroomed, one-bathroom home. So
 24 Ebony has a range of extreme health issues, physical,
 25 mental and emotional, so it was quite intense with

10

1 Ebony. She was at that particular point a focal point.
 2 For her no to eat, it was dangerous. For her, she has
 3 an eating disorder so she couldn't keep a sip of water
 4 down. So she was isolated in her room and we were doing
 5 our best to do what we could for her and put her food
 6 outside the door, knowing that she couldn't eat it. Her
 7 mouth was sore, her body was sore. She just wanted to
 8 sleep, which wasnae good for Ebony either.
 9 We had one toilet, so when she was using the toilet
 10 we were sanitising. At this particular point there
 11 wasnae any tests so we didn't know — we didn't even
 12 dream, dare think, that it would be COVID because we
 13 didn't know enough about it. We just thought both of
 14 them had really bad flu-like symptoms. Ebony's immune
 15 system was shot through the eating disorder and her
 16 mental health was extremely poor.
 17 So I was running between my husband downstairs in
 18 a makeshift bed and Ebony upstairs, and the youngest one
 19 and the other twin and myself were doing our best to
 20 have the household sanitised at every moment. Anything
 21 that was touched, we would say, "Don't touch it, we'll
 22 do it". Paper plates so we could just dispose of
 23 everything. Just everything and anything we could do to
 24 try and keep it as clean and virus-free.
 25 Q. From the witness statement, I see that both 5 April and

11

1 6 April are important dates in your house. Why are they
 2 both important?
 3 A. The twins have got different birthdays and Dad was the
 4 life and soul of the party. I did the trimmings, he did
 5 the dance parties and music and there was always a glass
 6 of something.
 7 Q. So your daughters are twins —
 8 A. Yeah.
 9 Q. — but they have different birthdays by one?
 10 A. Ebony was born on 5 April, 20 minutes before midnight,
 11 which was unheard of at the time — it's usually
 12 20 minutes/half an hour and they take the other baby
 13 out. But there was complications with Hope. Hope was
 14 born almost two hours from her twin, so it set
 15 a precedent right away. So we decided different days —
 16 Q. Tell me about those birthdays in 2020. How was your
 17 husband?
 18 A. It was their 20th birthday and he sat on the couch,
 19 which was a makeshift bed, with a blanket over him, not
 20 moving, not participating, not talking, not even
 21 involved in any shape or form. So this was night and
 22 day. This was a complete contrast of the man that would
 23 be, "Oh, okay ..." — because I bought the presents, he
 24 paid for them, and as they opened them, he'd be like,
 25 "Oh, that's nice", and he'd nod over to me. Nothing.

12

1 There was no response. It was a shell of a man, shell
2 of a person I didn't recognise.

3 Q. Can I ask — this isn't something that's in your
4 statement. I'm just interested — did you see
5 a difference in him —

6 A. Yeah.

7 Q. — between the 5th and the 6th?

8 A. Yeah.

9 Q. Tell me about that difference.

10 A. In the morning of the 6th he broke down, and I never saw
11 my husband cry, and he says, "I know what this is doing
12 to me. I don't want to die, Jan".

13 Q. Did you make contact with doctors or the hospital on
14 that day?

15 A. No, because Hope was — he knew the connection that Hope
16 and him had. She was — he didn't want to go on her
17 day. He didn't. He just couldn't. He couldn't.

18 Q. Did you do something the next day about it?

19 A. In the morning — that night, after he broke down, she
20 saw her dad and she said to her dad, "What's wrong?",
21 and he said, "Nothing". I said, "Your dad is just
22 exhausted. He's not slept for two weeks". So she
23 accepted that and then she said, "We'll just watch
24 a movie". So we watched her dad's favourite movie on
25 her birthday.

13

1 That night, when the girls were all settled, he
2 said, "I don't want to be alone, Jan", so I blew up
3 a blow-up bed and — we didn't sleep. I made
4 a makeshift bed and he lay down for the first
5 10/20 minutes, then he got up and I fed him with cough
6 medicine, which was supposed to be drowsy, but the cough
7 just kept — he just couldn't sleep. He couldn't sleep.
8 He couldn't sit up. So he was in the chair, he was in
9 the bed, he was standing, he was lying — anywhere that
10 he could sit to sort of prevent — propped him up on
11 pillows, the cough, cough, cough.

12 So in the morning of the 7th, it was a beautiful
13 spring morning and we went out the back. We've got
14 a beautiful wee bistro setting at the top and we would
15 always have our breakfast out there. I made him a cup
16 of tea. He couldn't keep it down. A sip of water,
17 I had my coffee. One of the girls, Ebony, started to
18 pick up, so she sat with her dad because we were
19 frightened — he'd fainted a couple of times so we were
20 frightened he'd fall off the chair. I said, "I'll go
21 for my shower", and I come back down and she went for
22 her shower. She started to feel a bit more of herself.
23 And then he just said, "It's time, Jan". My heart sank.

24 Q. Did you phone the doctor at that point?

25 A. We phoned again 111. We had to speak to the

14

1 receptionist. She took some details, put the phone
2 down. Then there was another phone call from another
3 person asking more symptoms, more detail, wanted to
4 speak to Mark. Mark couldn't speak. He couldn't hold
5 a sentence. So they had to do all this Data Protection
6 Act and he just — I said, "You'll need to give them
7 'Yes' and 'No' answers", and it was a "Yes" and a "No",
8 a "Yes" and a "No", and passed the phone back to me.
9 Then I put the phone down and then it was a consultant
10 that phoned and another batch of questions, which was
11 very similar again, so even that was a lengthy process,
12 and then they said he needed to be seen. He needed to
13 be seen.

14 Q. Did they arrange an ambulance?

15 A. They asked me if I could drive him to the hub, and
16 I said, "No, I can't. I've got a kid in here that's
17 sick. I don't know what she's got. I don't know what
18 they've got", and I still didn't think for a split
19 second it was COVID. I just kept thinking it will be
20 the flu.

21 Q. So was an arrangement made to transport —

22 A. They brought a car very similar to my own,
23 a seven-seater. The back of it was all sealed with
24 clear film. The driver came out, said his name and
25 handed me a mask, which was the first I'd ever seen

15

1 a mask, a gown and gloves, and asked me to glove and
2 mask Mark.

3 Q. Right. So the driver asked you to put PPE on to Mark?

4 A. Yeah.

5 Q. And you did?

6 A. (Nods)

7 Q. And then did the driver assist him to the car? What
8 happened?

9 A. No, the driver stayed a distance. He stayed the
10 passenger side of the car. The three girls were at the
11 doorway. I was trying to do my best to put PPE on Mark.
12 I'd given him all his meds, I'd written everything all
13 down, I'd given him all the wee bits and made sure he
14 had a charger for his phone and put them all in his
15 jacket pocket because he wanted to be fully dressed.
16 I don't know why, but he wanted to be — he hadn't been
17 dressed for two weeks but he wanted to be fully suited
18 and booted. He didn't want to go into hospital looking
19 the way he looked, so we even helped him shave that
20 morning.

21 Q. Was there any other — you said that you'd gave him his
22 phone charger.

23 A. His Fitbit.

24 Q. Sorry?

25 A. His Fitbit, which the girls had got him for Christmas.

16

1 Ebony, who was ill along with him, was competing with
 2 him with steps every day. It was a kind of running joke
 3 between him and Ebony, and that went with him as well.
 4 That was on his wrist. His phone was in his pocket.
 5 I said to the driver, "He's precious cargo", and he
 6 said, "I know, hen. I'll get him back as soon as.
 7 He'll be fine. He's in good hands", and I just nodded.
 8 So with that, Mark was still trying to keep — all
 9 the way all through this, he just kept saying, "Don't
 10 come near me, don't come near me, don't come near me",
 11 so if we passed him, he would have to go the furthest
 12 pass in the house. His food — we had a table and we
 13 just left the food. He never ate anything anyway, but
 14 even that last moment we saw him, I pushed past them and
 15 I gave him a cuddle, and he kept pushing me away and he
 16 kept, "Don't go near me. I don't want you to catch it.
 17 Don't come near me". I did say to him I loved him,
 18 I gave him a kiss on the cheek, and he turned away and
 19 he got himself into the car. And I shut the door. In
 20 the driveway I stood and watched him — in the
 21 driveway — watched the car go away, and then I turned
 22 round and I saw the three girls, and they were on the
 23 floor.
 24 Q. Do you want a moment?
 25 A. I'll be okay.

17

1 Q. In paragraph 34 you say the following — and I'll read
 2 it rather than you:
 3 "We never saw Mark again after that. There are no
 4 words to describe how we feel. Our beautiful daughters
 5 and I ... stood at the front door as Mark was driven
 6 off. None of us knew at that point that this would be
 7 the last time we would see, touch, or speak to Mark. We
 8 are still traumatised by that ... day and it will stay
 9 with us forever."
 10 Does that accurately reflect your view?
 11 A. Yeah.
 12 Q. So he's off to the hospital. How long does it take
 13 before you hear from the hospital?
 14 A. It was six hours before we knew where he was. It was
 15 Mark that contacted us by text to tell me —
 16 Q. Sorry, can you speak up just a bit?
 17 A. Sorry. It was about six hours before we heard
 18 absolutely anything.
 19 Q. And who did you hear from?
 20 A. Mark.
 21 Q. So the hospital didn't contact you with any information?
 22 A. No.
 23 Q. And what did Mark indicate to you? It was a text so —
 24 A. A text —
 25 Q. What did he say?

18

1 A. — a WhatsApp to tell us — he texted me directly that
 2 he'd tested positive for COVID. I didn't tell the
 3 girls. I knew that they wouldn't be able to cope with
 4 it. So I just said, "Dad's to go to another hospital to
 5 get another batch of tests", because at that point he
 6 just said, "I've got COVID, I've got it", was what he
 7 texted, "and I've to go for other tests", but we didn't
 8 know where he was, we didn't know where the other tests
 9 were taking place. So it wasn't until he got into
 10 Glasgow Royal Infirmary that he texted again and said,
 11 "I'm waiting to be seen here".
 12 Q. Aha. Did he go on to a ward or ...?
 13 A. Eventually. Eventually he sent us a picture of himself
 14 in a hospital gown, masked, oxygen, and said, "I've
 15 finally got a room on my own".
 16 Q. Right. He said something to you I think about his
 17 ability to use or benefit from oxygen.
 18 A. He said they'd given them just oxygen and it hadn't been
 19 successful and then they'd put him on a CPAP machine,
 20 and his exact words were, "It's a test of my strength,
 21 Jan".
 22 Q. Why — tell me about — did you get any information as
 23 to why he found that difficult?
 24 A. Obviously I — he never explained because even texting
 25 after — I'm presuming, after texting, it was draining

19

1 because he had asthma. His lungs were already damaged.
 2 And to put that amount of oxygen into his lungs — this
 3 was only my perception — was just a step too far for
 4 him to cope with.
 5 Q. Now, by this point, you had been caring for your husband
 6 and your daughter whilst they appeared to be quite
 7 seriously ill for a period of two weeks.
 8 A. Two weeks.
 9 Q. Two weeks. And then your husband is taken into hospital
 10 and you find out — you're told by him that he has
 11 COVID. Did you find out if he'd changed the area that
 12 he was in in the Glasgow Royal?
 13 A. He basically just said to us that he was — he never
 14 told us where. It was a hub. So I still to this day
 15 don't know where he was when he left directly home. But
 16 at that point he just said he had been waiting to be
 17 seen, which I assumed was accident and emergency, and
 18 then went into a room, and that was the last I had heard
 19 because Mark was texting the girls as well as ourselves
 20 individually, and I said, "Is this too much for you?",
 21 and he said, "Yes". So even texting on the phone was
 22 too much. So we arranged an our girls' group chat and
 23 he continued to text them and I opted to have his energy
 24 be used for the girls.
 25 Q. And was he moved into a specialist unit eventually?

20

1 A. He went into high dependency after the initial room
2 shortly --
3 Q. And how do you know that?
4 A. Because I phoned the hospital and I asked the hospital
5 what was happening, and they told me he'd been shifted
6 after that into a high dependency because his oxygen
7 wasnae -- you know, they couldnae level it. So he'd
8 been in and given me a number to phone -- and that was
9 the ward. I have the ward number and the telephone
10 number -- and ask for them any time, so that was then.
11 So that's why I knew that he'd went into there.
12 Q. Now, I'm sure we can all understand that by this stage,
13 with all of the things that had happened over the
14 preceding fortnight, you're exhausted. Did you manage
15 to sleep at all?
16 A. For the fortnight, no. I was on high alert because the
17 cough, the cough, the cough, with both of them. Ebony's
18 wasnae as extreme as what her dad's was, so I just saw
19 it, "Okay, he's in the high dependency ward. He's well
20 looked after", because that's what they told me would
21 happen. I got the girls settled and I said, "If I hear
22 anything, I'll obviously let youse know", and I went for
23 a shower and went to my bed and I slept for a fair --
24 about four or five hours for the first time.
25 Q. What did you find when you woke up?

21

1 A. Missed calls. ICU. I immediately panicked.
2 Q. And you would phone them back straightaway, and what
3 did they tell you?
4 A. Mark tried to speak to me before they put him in an
5 induced coma and I missed it. He said, "It's all right.
6 She'll be sleeping. She needs her sleep".
7 Q. Was he right? Was he right?
8 A. I still have the guilt.
9 Q. Was he right? Are you going to tell this Inquiry he was
10 wrong?
11 What contact did you have with the ICU after that?
12 A. None. None.
13 Q. Nothing at all?
14 A. I called them. I called them regularly. I got a phone
15 call. After that news, the girls woke up and
16 I explained what had been happening and we all sat in
17 designated seats because we still thought, "Okay, this
18 is in the house. It's been in the house". We cleaned.
19 And we got a phone call from the hospital. Bear in mind
20 sleep deprivation and confusion and stress levels.
21 I thought it was ICU that was calling and it wasn't. It
22 was just a person asking if they could use Mark on
23 a trial drug.
24 Q. Okay, I'll come back to that in a second; okay? Had
25 they put Mark into an induced coma?

22

1 A. Yeah.
2 Q. Right. At paragraph 41 you provide something of
3 a timeline in relation to that, about the time from Mark
4 leaving the house to being put into an induced coma.
5 Can you give us the dates and times?
6 A. It's 2 pm on 7 April 2020 and by 2 am on 8 April 2020 he
7 was in an induced coma. My brain still can't to this
8 day process how fast this disease has changed our lives.
9 Q. You spoke a moment ago about a doctor making contact,
10 but it wasn't one of the treating doctors. It was
11 a doctor who was involved in experimental drugs, asking
12 if they could be supplied to Mark?
13 A. Yeah.
14 Q. And what was your reaction to that?
15 A. Confusion. We hadnae heard any information on Mark's
16 health or any aspect for any other field admission or
17 anything through -- through the staff at any place that
18 he'd been treated, so there was a lot of confusion. But
19 when she asked me and -- I kind of couldnae take
20 anything in and I says to her, "What is this?", and she
21 said, "One will be a clinical trial drug which has been
22 successful in America", she named the drug, and then she
23 says, "The other one will be a placebo effect". I says,
24 "So effectively you're using Mark as a guinea pig?".
25 Q. And ...?

23

1 A. I said, "I need to think about it". So I come off the
2 phone and I thought about it and some were for -- as
3 a family, which we always done -- some were against and
4 in the end I had to make a decision, and I based that on
5 Mark signed for his organs to be donated, so I thought,
6 "If he's going to give something back, this is the
7 time". So I based it on, "Yeah, okay, go for it".
8 Q. And did they?
9 A. Yeah.
10 Q. And we know that Mark subsequently died. How long from
11 the point at which you said "Yes" to the point at which
12 he died?
13 A. That was on the 8th, the morning, and Mark died on
14 27 April.
15 Q. Now, during that period you had a couple of phone calls
16 from nurses at the hospital. One asked about his hair?
17 A. Sorry?
18 Q. One asked about his hair?
19 A. It's when I was on -- I didn't have one phone call from
20 the doctors all the way through this, until his heart
21 stopped, so that was further into the couple of the
22 weeks, but I was the one that called regularly. We took
23 it upon ourselves because we weren't getting any
24 information from Mark. There was no visitation. You
25 know, we had no iPads to call him. We had -- Hope had

24

1 been excessively calling his mobile no matter whether he
2 was answering or whether he wasn't. She just needed
3 that connection with her dad. So that was her way of
4 coping.

5 But one of the — every four hours we called
6 religiously and one of the nurses asked the way he liked
7 his hair. His hair was more or less the same colour as
8 yourself and he always parted it to the one side. He
9 would get it — it grew that fast, he would get it
10 almost scalped and there wasn't any hair, but obviously
11 the process that he'd been — and the length of time he
12 was in there, it had started to grow out and they set
13 his hair —

14 Q. Why was she asking and how did that make you feel?

15 A. I think she was just compassionate and I think she was
16 just good at her job and I think she had a lot of
17 empathy. She knew that we couldn't visit, she knew we
18 couldn't be with him, she knew — and I think just that
19 simple act — that and another one asked about, you
20 know, "We keep putting him on his side", and I said, "He
21 doesn't sleep on that side. He sleeps on his right
22 side", and she said, "I was wondering why the monitors
23 were going off", and I said, "Well, that's why. He
24 doesn't like sleeping on that side so he's telling you",
25 so they two — that and one other thing —

25

1 Q. We'll come on to the other thing.
2 A. — was the only things that was humane about this time
3 in hospital.
4 Q. We've heard evidence from other witnesses about
5 end-of-life visits. Was Mark during this period likely
6 to be at the end of his life?
7 A. As far as we were led to believe, no. No. Whether we
8 were in denial or — the information we were getting
9 every four hours was, "He's stable, we've proned him,
10 we've unproned him", you know, language you wouldn't
11 even understand. Before we got any information, every
12 four hours we had to give a key code, and all you were
13 shouting at them is, "Just tell me if my husband is
14 alive or dead. Just tell me if my husband is alive or
15 dead". Your brain was just mush. Sometimes you forgot
16 the key code. You had to write it down. "Just tell me
17 if he's alive or dead". That was all you wanted to know
18 every four hours, was he alive or is he dead.
19 Q. Was there ever any talk of the possibility of you
20 visiting?
21 A. Never. Never even discussed, never brought up.
22 Nothing.
23 Q. But you did speak to them when you called for updates
24 and you say something at paragraph 53 about the
25 difficulty that you had in comprehending the updates.

26

1 A. Yeah.

2 Q. Can you just tell us about that?

3 A. It was just the language they used. I'm an education
4 background and I'm not stupid by no means, but obviously
5 medical is beyond my —

6 Q. Experience?

7 A. — level, yeah. It's beyond my level and it's beyond
8 Mark's level. So we started to record and take notes of
9 all the calls so that we could listen back to ourselves.

10 Because of the anxiety, the stress and everything we
11 were under, we couldn't retain any of the information.

12 Still to this day, retaining information is a challenge.

13 So notes are beneficial for me and visuals are
14 beneficial for me, so we had to Google a lot of the
15 language.

16 Q. So you would write down words you didn't understand and
17 then Google them?

18 A. Yeah.

19 Q. So it wasn't the doctor who was explaining things in
20 a manner you could understand?

21 A. No, they just — they spoke in their speak, not ours.

22 And I did ask, "Can you break this into layman's terms,
23 you know, medical for dummies basically, because that's
24 exactly what we are. We haven't got a clue what you're
25 saying and treat us that way. We're happy for you — as

27

1 long as we're understanding what you're doing to him".

2 Q. You say something about who it was you were able to
3 speak to at the hospital at paragraph 54. Could you
4 just read that paragraph?

5 A. "I did notice that when Mark first went in, it was
6 [a consultant] who gave us updates [when I called], then
7 it was ICU nurses and then towards the end, it was
8 a nurse who [was] drafted in to sit with Mark that
9 I spoke to. I felt they had given up on him and she
10 told me that she didn't really have any ICU experience
11 and [had been] drafted in from another ward."

12 Q. On 27 April you did get a phone call from the hospital
13 finally?

14 A. Yeah.

15 Q. And I'm looking at paragraph 55. Can you tell us about
16 that phone call?

17 A. Basically they were telling us that — obviously, his
18 irregularity, his heart, and I kept saying to the girls,
19 "As long as your dad's heart is all right, we've got
20 a chance". But that came as a massive blow. His heart
21 had to be shocked and restarted twice that day and that
22 they suspected that his lungs were badly scarred and
23 stiff.

24 Q. Badly scarred and ...?

25 A. Stiff.

28

1 Q. Was there any discussion, for example, about a do not
2 resuscitate—
3 A. No.
4 Q. — notice?
5 A. No.
6 Q. What was said about that kind of thing, about decisions
7 in relation to whether or not to resuscitate him?
8 A. He basically told me that it was clear to them that he
9 wasnae going to recover.
10 Q. Sorry, you need to say that again. It was clear to
11 them?
12 A. To them that he was never going to recover from this.
13 Q. Right. Was the possibility raised of an end-of-life
14 visit at that stage?
15 A. No. When they told me about his heart, I had more or
16 less packed a bag and been prepared — in my mind, I was
17 going up. I had comfortable clothes and stuff that
18 I needed to sit in that room and be with him.
19 Q. For as long as need be?
20 A. Yeah.
21 Q. Sorry. Give me a second.
22 Were you given any information about what the
23 consequences, if you had gone in, were?
24 A. I more or less said that I was — I said I was coming up
25 and what was the procedure. I asked because obviously

29

1 we still didnae really know what was going on or — it
2 was very confusing. And they told me basically that if
3 I come up, I'd have been the only family member to sit
4 with their loved ones in their final hours. Nobody had
5 done it before me. That didn't deter me. I just
6 thought, "Okay, there's got to be a first somewhere",
7 and then he said, "But if you do come up, you and your
8 family will need to isolate for 14 days, which means you
9 will miss his funeral", and I didnae know how to deal
10 with that. I just didn't know how to respond to that.
11 To this day I was like: how do you decide?
12 Q. Was there any suggestion made about someone going apart
13 from you?
14 A. Yeah.
15 Q. Who?
16 A. They did offer another piece of advice or information,
17 was — if there was anybody from my household could come
18 up, it would be the youngest, who would have the best
19 survivor's rate of this. He did actually say to me, if
20 I had come up, one droplet — this is something that's
21 just come back to me — of COVID would — taken —
22 I would take over Mark's ventilator. He did say that to
23 me.
24 Q. That you would take over?
25 A. I would take over the ventilator, so she would be the

30

1 easiest option.
2 Q. Who?
3 A. Brenna, the youngest. The youngest.
4 Q. Yes.
5 A. And the final blow was, but even if she does come up and
6 she sits with her dad, we still wouldn't be able to make
7 the funeral because we'd need to isolate. Any member of
8 our household sat with him, we would have to isolate.
9 Q. The whole family would need to isolate?
10 A. Yeah.
11 Q. Did you make a decision on the basis of that
12 information?
13 A. Again we sat and we discussed and I ended up having to
14 take the lead because the family was split. Brenna has
15 never forgiven me for that. She felt that that was
16 something that she could have coped with, even at
17 a young age. She was only 18. She sits at the grave
18 now because she can sit with her dad then.
19 Q. Does she do that often?
20 A. Yeah, at night.
21 Q. Is there a particular — sorry?
22 A. At night, in the dark. She drives herself, sits at her
23 dad's grave.
24 Q. Okay. The next thing I want to ask you about is your
25 husband's death and his funeral.

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1 A. Yeah.
2 Q. Now, there are two ways we can do this and I'm going to
3 make a suggestion. The suggestion is I basically
4 summarise what happened. Lord Brailsford will have your
5 statement and he will see that in full. But I think,
6 given the extent to which you're upset, rather than
7 walking you through it as I've done with the other
8 things, I'll summarise it and hopefully I'll summarise
9 it fairly.
10 A. I feel as if, if I can cope with it, I'd rather cope
11 with it.
12 Q. Okay. There was one particular nurse who helped you and
13 Mark at the time of his death. You can't name him —
14 A. Yeah.
15 Q. — but tell us what he did.
16 A. When we got the phone call to say that they had decided
17 they were switching off Mark's machines, life support —
18 Q. "They" being the hospital?
19 A. They made all the decisions.
20 Q. Hmm—hmm.
21 A. I didn't have a choice in any of these decisions. There
22 wasnae advice on any of these decisions. I had no
23 control. I wasn't even consulted in any shape or form.
24 The hospital done what they wanted to do for Mark
25 without anything to do with us, so ...

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1 But when they decided they were switching off the
 2 machines, they had told us that's what they were doing,
 3 they had a duty of care to Mark. That's how they
 4 delivered it to us.
 5 Q. And was there an individual nurse who was dealing with
 6 Mark?
 7 A. Yes.
 8 Q. Again, you can't name him so refer to him as "that
 9 nurse".
 10 A. He basically -- I begged him not to leave Mark for
 11 a second and he assured me and reassured me that he
 12 wouldn't. What they did ask, when they delivered the
 13 news that they were switching machines off, was, "What
 14 do you want us to do?", and I said, "What do you mean,
 15 what do you want me to do?", because every bit of you
 16 wanted to be there, and, "That's what I want you to
 17 allow me to do. I want you to allow me to be with my
 18 husband, 37 years of my life. I want you to allow me to
 19 do that. And you're telling me I can't, so you tell me
 20 what you can allow me to do".
 21 Q. And what could he allow you to do?
 22 A. He said he could play some music in the background of
 23 his favourite song, and for that moment I couldn't even
 24 remember his favourite song. It just -- I fell to the
 25 floor and I just -- it just went right out of my head,

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1 screaming, and I lifted the phone. My initial was to
 2 phone my sister and, "Tell me, tell me, tell me", and
 3 I knew the song, I just couldn't at that moment. So
 4 I phoned the hospital straight back, obviously
 5 hysterical. My sister was then hysterical because she
 6 didn't know what was going on in that moment. And then
 7 I told the person that was sitting with Mark, and that's
 8 what he played in the background.
 9 Q. And I understand the nurse phoned someone else.
 10 A. He did ask me -- he said he wasn't supposed to, but he
 11 asked me if Mark -- what religion Mark was, and I told
 12 him, and he said to us, "Okay". He says, "I'm not
 13 supposed to ask" he says, "but I'm Catholic as well".
 14 And I just thought, "Right", and I never thought
 15 anything else of that. I never -- I just thought,
 16 "Okay, he's maybe just trying to take an interest or
 17 whatever", and that was it. But I later found out that
 18 he had took it upon himself to phone his parish priest
 19 and say a mass. The priest was saying a mass over the
 20 phone. He was saying a mass to Mark while holding his
 21 hand.
 22 Q. And is that something that provided you with comfort?
 23 A. I was overwhelmed that somebody could take it upon
 24 himself to do something so compassionate. You know, he
 25 did what he -- any humane person would do under the

34

1 circumstances and this is what he thought he could do.
 2 A simple thing like that just made such a difference to
 3 us.
 4 Q. I understand Mark died at 11.05 pm.
 5 A. Yeah. I did ask because nobody prepared me, when they
 6 switched the machines off, how long it would be or if
 7 he'd be in pain or anything like that. Nobody gave me
 8 any of that information. So I asked that, and they did
 9 video it, which I've never been able to watch. They
 10 asked me, you know --
 11 Q. What, his actual passing?
 12 A. Yeah. So I have it on a fob. They sent it to me on
 13 a fob. That was their, I suppose, way of compromise, me
 14 not being allowed to be in.
 15 Q. The death certificate, how and when did you get the
 16 death certificate --
 17 A. This is ironic --
 18 Q. The hospital papers that --
 19 A. Yes, this is ironic. I wasn't allowed to sit and hold
 20 his hand when he was taking his last moments but I could
 21 go up to the same hospital the following morning and
 22 collect his death certificate. That angers me. I'm
 23 just bewildered with that one.
 24 Q. And did you go?
 25 A. No. I couldn't walk into the same hospital after not

35

1 being allowed the night before.
 2 Q. How did you get the paperwork that you needed to get --
 3 A. A close family friend drove.
 4 Q. And he collected it on your behalf?
 5 A. Yeah.
 6 Q. What about Mark's belongings?
 7 A. Most of them were incinerated. We got his phone back,
 8 which tracked his Fitbit, which was on his wrist. Last
 9 known whereabouts was in the hospital, and it was lost.
 10 Q. The Fitbit was lost?
 11 A. Yeah. It never come back. The only thing we got back
 12 was his phone.
 13 Q. You got his phone back?
 14 A. And a jacket.
 15 Q. There was a problem with the jacket?
 16 A. Yeah, the jacket was vac-packed to this specialised
 17 whatever it had to be. I got more instructions from the
 18 "How to wash this jacket" than I did what was happening
 19 with my husband. So it had to be washed on the highest
 20 temperature in my machine, to be left outdoors for 14
 21 days, and we washed on the highest temperature with this
 22 specialised vac-pac solution, which made it go red and
 23 stuck to it. So basically that was his jacket ruined.
 24 Q. I take it his body was taken to the undertakers?
 25 A. Yeah, directly. 14 days it had to lie and wait before

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1 they could pick him up.
 2 Q. So — but once the body is picked up and goes to the
 3 undertakers, do you see him?
 4 A. We were told "no", but fortunately our undertakers broke
 5 some rules. It was a women.
 6 Q. I'm not going to ask you to name them.
 7 A. No, she was a woman. She was very nice.
 8 Q. And you saw?
 9 A. Yes.
 10 Q. You saw Mark at rest?
 11 A. Yeah, I had to see him. Two of my girls are on the
 12 spectrum. I had to see him. That was a must. We
 13 needed to see — all my girls needed to see. This was
 14 their first ever experience of death.
 15 Q. Okay. I think we all have a fairly clear impression
 16 about the impact that Mark's death has had on you, but
 17 do you want to say something about that?
 18 A. To this day, drinking water, opening doors, the amount
 19 of people that's in this room, scares me, terrifies me.
 20 I don't use public transport. I did today. I pushed
 21 myself out my comfort zone. Mark passed almost four
 22 years and I'm still living in the pandemic. Coughs,
 23 music triggers, smells, I sanitise everything. You
 24 know, these are all triggers. Everything takes me back
 25 to that two-week period I watched him die, not knowing

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1 he was going to die. Emotionally, physically, mentally,
 2 I'm [sic] the same person that — the girls keep saying
 3 that. They want their old mum back. She's gone.
 4 Q. What about the children, the impact on them? You've
 5 already spoken about one, who goes to the grave at
 6 night.
 7 A. Yeah, she — Brenna used to be the life and soul of the
 8 party, she was very sociable, and now she's half the
 9 person she was. She's now medicated as well. So once
 10 the bubbly, alive, outgoing, friendly person is now
 11 a shell of a person. Ebony has got a range of all sorts
 12 of needs and Ebony is in complete denial, absolute
 13 complete denial.
 14 Q. I'm going to ask you to go through each of them but
 15 remember there's one of them that you can't name.
 16 A. Yeah, I know, I know, and I'm really only focusing on
 17 the three girls at home anyway. So Ebony has put her
 18 whole heart and soul and her life since her dad passed
 19 into education. She just graduated in June, psychology,
 20 and went back to do a Masters, so that's how she
 21 channels her grief as a coping mechanism, but can't say
 22 "Dad's dead", can't say "Dad's coming back" [sic].
 23 Q. Tell me about the funeral —
 24 A. Sorry, excuse me. If I'm allowed, Hope —
 25 Q. Sorry, my fault.

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1 A. — is the youngest one of the ... and she's destroyed.
 2 She's a recluse. She is higher on the spectrum than her
 3 twin. Her dad was her life. She'd go hill —walking,
 4 football, everything, because her dad was her best
 5 friend. So she shut down for the first several weeks,
 6 wouldnae shower, wouldnae eat, wouldnae sleep, wouldnae
 7 do anything, except her dad — her dad was her world,
 8 still is. She sits in his seat. She has now taken over
 9 the father role, you know, "My dad wouldnae do this, my
 10 dad wouldnae do that"; "This is Dad's seat"; "This is
 11 how Dad cooked things"; "This is how Dad ..." — but she
 12 won't go to the shop for a pint of milk. She won't come
 13 out the house. So a lot of her has died along with her
 14 dad.
 15 Q. Tell me about the funeral.
 16 A. The morning of the funeral — obviously it's like
 17 everyone else who went through it. It's horrific
 18 itself, but we couldn't do the normal things at the
 19 funeral. I had decided that he would come home — we
 20 wanted him to come home for the last time, and he'd
 21 spent 30 years of his life in his work, so I think the
 22 least they could do was drive by his work. So the
 23 undertaker came in — I couldn't go out the house
 24 because I knew that, if I walked out the house, the rest
 25 of my life was going to change the moment I walked out.

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1 So one of my daughters — she's the calmest of the lot
 2 of them — "What can we do?". I said, "Need to go and
 3 get dad's picture". So we ran upstairs, and I had his
 4 picture in my hands, which always gave me strength. He
 5 was calm. She said, "Right, we can do this". I said,
 6 "Okay". We got to the door and, as soon as I opened the
 7 door, there was a sea of people, the whole of the estate
 8 social distancing, which was a massive shock for me.
 9 I don't know how I got into the car. I had to drive
 10 myself because we weren't allowed family cars. So we
 11 had to follow the hearse — just a sea of people, some
 12 of them — because he was a Celtic man, some of them in
 13 Celtic tops, some of them with green balloons, green
 14 flowers, just all tossed in your road, all the way out
 15 our cul-de-sac, all the way down the street, all the way
 16 down into the main road. Mark only worked like a mile
 17 away from it, even up until — there was a short, short
 18 break without people and, as we entered the street where
 19 Mark works, the factory, there was bagpipers playing and
 20 it was more of the same, past, present staff, all over
 21 the place, paying their last respects for Mark, bowing
 22 their heads and clapping their hands. All the while
 23 I was driving, couldn't support my girls, couldn't hold
 24 their hands. It was horrific itself because nobody
 25 prepared us for what was going to happen. They did it

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1 as a nice thing, but it was intense for the girls to be
 2 able to — you know, looking back now, it was an amazing
 3 send-off for him, testament to the man he is — was.
 4 Q. Not everyone reacted well, as it were, to your husband's
 5 death or in the way that people had come out to provide
 6 support. You spoke about your daughters being on the
 7 spectrum —
 8 A. Yeah.
 9 Q. — and that's something that you have particular
 10 knowledge of because of your work —
 11 A. Yeah.
 12 Q. — previously. What was your work previously?
 13 A. I worked with extreme additional needs, LAC kids, all
 14 ranges, ADHD, autism. Any disability of any shape or
 15 form, I was in the firing line. That was my role.
 16 Q. You will have needed to take some time off work after
 17 Mark passed?
 18 A. Well, we were actually off for a good part of it anyway.
 19 The schools were off. But then I just — still this
 20 numb bubble, you know, disbelief, denial, just —
 21 I couldn't function. I couldn't get out of bed most
 22 days. You know, how are you supposed to — 37 years of
 23 your life, this person's here and then he's not.
 24 Q. Did your employer provide you with any occupational
 25 support in terms of return to work?

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1 A. As I was handing in sick lines and the length of time
 2 was progressing, they gave us an occupational phone call
 3 because that's how it was done then. They just
 4 phoned — and everything was done over the phone. It
 5 wasnae even a video call — and I broke down several
 6 times throughout it. The person that was doing it
 7 basically supported my case and said that I was unfit
 8 for work. So, yeah, I was doing the right thing, off
 9 and recuperating and doing the best that I could each
 10 day —
 11 Q. But did they supply you with occupational therapists or
 12 anything like that?
 13 A. No. It was a one-time phone call and they evaluated
 14 that phone call and their findings went to Glasgow City
 15 Council, and Glasgow City Council then proceeded that,
 16 as the time was passing, that I was unfit for work, so
 17 they sacked me 20 months after I lost Mark. So my
 18 career and my husband, the two most consistent, along
 19 with three girls at home, gone.
 20 Q. Now, towards the end of your statement you talk about
 21 still living in fear of COVID.
 22 A. Yeah.
 23 Q. Is that your daily life?
 24 A. Yeah. Yeah. I was actually trying to get a mask as
 25 I entered the door there and then stopped and I thought,

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1 "Do I? Do I not? Do I? Do I not?", because I've been
 2 ridiculed for wearing masks, so — you know, I still
 3 sanitise. I have sanitiser in every pocket, you know.
 4 Even when I was offered coffee there, no, because
 5 I won't drink out the cups. So everything — I still
 6 social distance. I do what I say is "this dance". When
 7 people come close, I move back. So, yeah, COVID is
 8 a massive part of my life and the girls' lives.
 9 Q. At paragraphs 96 through to 99, you talk about
 10 essentially what we need to do better. Can you
 11 summarise that? Lord Brailsford will read those
 12 paragraphs.
 13 A. I just feel as if the plans which weren't existing need
 14 to be put in place. They need to be thoroughly
 15 executed, checked, practised regularly to check that
 16 they're working. Vaccine programmes should be sped up,
 17 combat this in every way, map plans out, make sure
 18 people know the rules in the plans. There's too much
 19 pressure on the NHS. The Government needs to be open
 20 and honest and make good choices. People are still
 21 dying.
 22 Q. Could you read paragraph 101, please?
 23 A. "I still can't believe that Mark didn't get a shielding
 24 letter. Whoever made [that] decision on setting the
 25 criteria sentenced him to death. It's [likely] they put

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1 the noose around his neck. I'm angry and [I] would like
 2 to know who made that decision as whoever [done that
 3 failed him]."
 4 Q. I don't have any other questions for you apart from one.
 5 I've tried to get across from you all of the evidence
 6 that you've presented to the Inquiry. Is there anything
 7 important that hasn't been covered?
 8 A. No, but I would, if I may, read something out.
 9 Q. Yes.
 10 A. I basically want to say — can I start with a "Thank
 11 you" for each individual person involved with the
 12 COVID Inquiry. Without every one of you, our loved
 13 ones' voices would not be heard. It's a great honour to
 14 be representing Mark and every life that is lost. Mark
 15 was and still is a huge part of our daily lives. I had
 16 the privilege of sharing my life with Mark for 37 years.
 17 Mark was a loving, caring, kind, gentle, funny and
 18 compassionate man, who was a magnetic force, loved by
 19 every person he encountered. He was strong,
 20 independent, with a huge passion for sports,
 21 hill-walking, golf. His younger years, he played
 22 amateur football. He was scouted for a professional
 23 team, but loved to party too much. Mark worked hard and
 24 played hard.
 25 As you all look forward to this festive season, this

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1 will be our fourth Christmas without Mark. This once so
2 magical time is now one of extreme emotions and dread.
3 Like so many others who have lost loved ones, Christmas
4 is now full of great sadness and regret. Mark portrayed
5 he was Scrooge at Christmas, which was one of his
6 favourite movies, but in fact he was the complete
7 opposite. He would decorate our home inside and out
8 with twinkling lights and Christmas decorations. He
9 showered us with an abundance of love and laughter and
10 of course presents, making it the most wonderful time of
11 the year. He claimed, when the girls were younger, he
12 could call the snowman and knew Santa well enough to
13 have him on speed-dial. He was our hero.

14 Usually it's the mother who keeps the family
15 together. For myself and our girls, it was Mark. He
16 was the centre of our gravity, the heart, the life and
17 the soul of our family. For myself and our girls --
18 sorry -- our beautiful girls and I mourn his death with
19 every breath we take and every landmark he's missed. We
20 all live with the guilt and regret.

21 Grief grips and it doesn't give up. The world is
22 moving on from COVID. We stand on the sidelines and
23 watch, not moving forward and can't go back. We're
24 frozen in time. We feel we have failed Mark and must
25 live with that guilt. We struggle with the fact that he

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1 didn't get shielding. We never got that moment to hold
2 his hand or quietly sit with Mark in his final moments,
3 moments that stole from us.

4 We, the COVID bereaved, would like the Inquiry -- to
5 see from this Inquiry transparency, the truth, honesty,
6 accountability and not shift the blame; to know that
7 these lessons will be learnt; crystal-clear plans are
8 put in place and practised to the fullest and everyone
9 knows their role in this; to learn from the countries
10 that had less fatalities. Clearly they were doing
11 something correct; to feel reassured that when I am
12 blessed with biological grandchildren, there will be
13 a pandemic-free life for them to exist in; a day that we
14 can honour our dead.

15 When the Inquiry comes to an end and you are making
16 those final decisions, imagine it was your loved ones
17 that died from COVID during the pandemic. Take a moment
18 to feel how you wish to feel you would be treated if it
19 was your loved one. The COVID bereaved thank you for
20 all your time.

21 MR CASKIE: Time is not a difficult thing. Thank you very
22 much, Mrs Gillan.

23 THE CHAIR: Yes, thank you, Mrs Gillan. I'm very grateful.
24 We'll take a break now and come back at about 25 to 12,
25 Mr Caskie?

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1 MR CASKIE: Yes, please.

2 THE CHAIR: Good, thank you.

3 (11.19 am)

4 (A short break)

5 (11.37 am)

6 MR CASKIE: Good morning again, my Lord.

7 THE CHAIR: Good morning, Mr Caskie, again.

8 MR CASKIE: My Lord, I know this is an odd thing to ask, but
9 could you say something else? There seems to be
10 a problem between the visuals and the sound.

11 THE CHAIR: Yes, I can speak to you. I can talk about the
12 weather, which is not particularly good where I am. Is
13 that helping you at all?

14 MR CASKIE: Yes, I can now see clearly that you're well out
15 of sync. If you can just pause for a second, I'll see
16 if I can get the technical team. (Pause)

17 Good morning again, my Lord. I understand the best
18 way to try to resolve this is simply to begin and
19 hopefully they'll come into sync in a few moments.

20 THE CHAIR: All right. That's fine by me. Good. We have
21 another witness?

22 MR CASKIE: We do, Mrs Johnston --

23 THE CHAIR: Very good, thank you.

24 MR CASKIE: -- who will be brought in just now.

25 THE CHAIR: Good.

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1 MRS ELAINE JOHNSTON (called)

2 A. Good morning, my Lord.

3 THE CHAIR: Good morning, Mrs Johnston. Please take a seat.
4 Mr Caskie has some questions for you.

5 Questions by MR CASKIE

6 MR CASKIE: Mrs Johnston, I know that you have a statement
7 that you want to read at the beginning and I've
8 indicated that I'll facilitate that, but would you tell
9 the Inquiry your full name, please?

10 A. Elaine Johnston.

11 Q. And we're here to talk about your brother?

12 A. Yes.

13 Q. He was born on 26 December 1963 and died on 6 February
14 2021?

15 A. Yes.

16 Q. I understand that you have brief opening remarks you
17 want to make to --

18 A. Yes.

19 Q. -- the Inquiry.

20 A. And thank you. I just would like to say, your Lordship,
21 that I'm here today on behalf of my family in the hope
22 to get some respect and dignity for Robert that he did
23 not receive in the last 11 months of his life and I'd
24 also like to thank you and your Inquiry team for the
25 opportunity to be Robert's voice, a voice that was taken

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1 definitely without compassion, without any consideration
 2 to his human rights, his mental health and even his
 3 basic rights. So thank you so much for allowing that.
 4 Q. Now, in relation to your brother, there was a serious
 5 incident which I will ask you about in a moment which
 6 happened on 24 September 2017. Tell me about Robert
 7 before that.
 8 A. Robert was taken to Crosshouse Hospital —
 9 Q. No, not that day. Before that.
 10 A. On the 24th he'd been working overtime —
 11 Q. No, no. Let's go back.
 12 A. That is 24 September.
 13 Q. Let's go back to before 24 September.
 14 A. Right. Okay.
 15 Q. Tell me about what he was like as a man.
 16 A. Oh, what he was like, sorry. He was a very quiet boy,
 17 not like his big sister. Shy, really quite insulated.
 18 He kept everything in. A very, very hard worker,
 19 a great family man.
 20 Q. What kids did he have?
 21 A. Pardon?
 22 Q. What kids did he have?
 23 A. He had three children, two boys and a girl.
 24 Q. And his wife?
 25 A. They had been married for 37 years.

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1 Q. Tell us something else about him.
 2 A. Well, he was stubborn, he was a very bad loser, and
 3 I think that grit and determination was what seen Robert
 4 through for the serious incident that happened to him
 5 and gave him the will because he just wouldn't give in,
 6 thankfully. So he could be funny, but he needed a wee
 7 drink to have that confidence. He loved bowling and
 8 dominoes. That was his shared passion with my dad. So
 9 when he did have a wee tittle, he definitely relaxed
 10 a wee bit more and you got to see the real feelings, but
 11 the rest of the time the feelings were well hid, even
 12 from his own children, of which was his proudest
 13 achievements and loved them dearly.
 14 Q. He had one longstanding health problem.
 15 A. Yeah.
 16 Q. What was that?
 17 A. At the age of 12 Robert became type 1 diabetic and it
 18 was something that actually marked the rest of his life
 19 going forward and probably the reason that he became so
 20 insulated within himself because his ambition was to
 21 join the Navy, and Robert was quite a clever young man
 22 and he went through the process of — to applying with
 23 flying colours, but never even thought that the diabetes
 24 would be an issue until it came to the medical side.
 25 And then when they told him, "Oh, sorry, you couldn't

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1 join the Navy", he became so disappointed and went the
 2 very next day and got a job in a factory, which his
 3 education and his abilities were well above, but he
 4 settled through disappointment.
 5 Q. At the beginning I gave you the date of
 6 24 September 2017.
 7 A. Yes.
 8 Q. Tell me about that day now.
 9 A. As usual, Robert — it's a Sunday — Robert took
 10 overtime again because he just worked solely for money
 11 for the family, you know, and he was working, came home
 12 to pick up his wife, and she thought he was acting a wee
 13 bit strange but put it down to a diabetic hypo because
 14 obviously, over the years, she had seen many of these
 15 hypos, and they can manifest themselves where he's
 16 talking a wee bit gibberish and acting a wee bit
 17 strange. So she got him home, fed him and said, "Go to
 18 your bed. You're needing some rest". And through the
 19 night he didn't seem to feel any better but insisted he
 20 was going to his work in the morning. Robert never
 21 missed a shift. My brother had had a serious hypo and
 22 the next day got up out the hospital bed and went
 23 straight to work. That was the kind of man that he was,
 24 you know, you don't miss a shift.
 25 Q. On this occasion, on 27/28 September, did he go to the

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1 hospital then?
 2 A. It was actually the very next day. It was the 25th.
 3 Q. Right, sorry. Yes.
 4 A. So on the Monday morning he got up to go to work and he
 5 definitely was acting strange and his wife said,
 6 "I don't think you should go", and he said, "Nonsense".
 7 And she's getting ready for work and she said, "Let me
 8 call the doctor", and he said, "No". But then I think
 9 something changed within himself, he knew, and he went,
 10 "You know what, I will just rest, but you go to your
 11 work and I'll just lie on the couch". And that's what
 12 he did for an hour or two. But his wife was worried, so
 13 she called his eldest son and, "Go in and check on your
 14 dad", and he did, and he knew straightaway. So he
 15 phoned his mum and said, "You'd better come home now",
 16 and they called an ambulance and Robert was taken up to
 17 Crosshouse Hospital.
 18 Q. What tests did they do?
 19 A. They were running some scans and obviously the usual
 20 blood tests, et cetera, et cetera, but at that time it
 21 had seemed to pass and Robert was walking, talking and
 22 basically saying, "I'm getting out of here. I'm going
 23 home. I don't like hospitals. I'm fine".
 24 Q. What did the scan show?
 25 A. Well, by this time I've arrived at the hospital and the

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1 scan at Crosshouse thought that they'd seen some
2 bleeding at the back of the brain, and that hospital is
3 not equipped for further examinations into that kind of
4 illness, so they said they were sending Robert up to the
5 Queen Elizabeth in Glasgow, and that was the reason that
6 his wife brought me, because Robert wasn't going, and
7 I told him he was, you know.

8 So up we went and we arrived at the Queen Elizabeth
9 maybe around about 6 o'clock that evening and they were
10 going to do a more in-depth scan to the brain. They
11 obviously came in, was asking Robert a few questions,
12 and a consultant came and asked him if he'd been
13 suffering from some headaches in the last few weeks and
14 never had said to anybody, but then said, "Well, if
15 you're asking, I got a new hard hat and I did feel a wee
16 bit of pain at the back, but it was probably the hard
17 hat pushing in at the back because it was a bit tight",
18 and that was the first time that we'd heard that he'd
19 actually been suffering from headaches.

20 Q. Did the hospital send him home that day?

21 A. No. Thank God they did not. No. What they said was,
22 "It looks like that you've been really lucky, you've had
23 a minor stroke, but sometimes these can be followed by
24 secondary, so we're going to keep you in overnight and
25 we're going to do a deeper scan, but it's going not get

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1 done till probably about midnight, Robert, so ... but in
2 the morning your family can come and get you home". And
3 that was all he was worried about, "I'm not staying
4 here, Elaine". I went, "Yes, you are. This is serious.
5 You get this fixed".

6 So we left him about half past 11 that night. He
7 was comfortable, he was sitting at the top of the bed,
8 walking, talking, not best pleased he was going to get
9 kept in, but had agreed.

10 So I didn't stay in Ayrshire where my brother and
11 his family and Mum — and my mother live, but we had
12 taken his wife and his eldest son to the hospital, so we
13 went back to Ayrshire that night and I stayed with my
14 mum. I explained to her what was going on. Just about
15 half past 12, quarter to 1, his wife texted to say,
16 "He's had the scan. Everything's looking good. We've
17 to pick him up early in the morning". I went, "Okay.
18 Get to your bed". So we go to our beds and at
19 half past 2/quarter to 3 in the morning, I got a phone
20 call from his daughter, screaming, "You need to come and
21 get us now. We've to get to the hospital fast".
22 I went, "Okay, calm". But she was so upset that I'm
23 thinking, "What's happened here?". So I phoned the
24 hospital and they explained that Robert had suffered
25 a severe brainstem stroke that had come on just about

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1 half past 2 and very, very quickly, and for us to get
2 there as fast as we could, and we did.

3 Q. When you got to the hospital, was Robert conscious?

4 A. No, thankfully, because he was there. If he had been at
5 home or even in Crosshouse, it was so catastrophic that
6 he would have passed there and then, and it was
7 catastrophic, but because he was there, a neurosurgeon
8 was on hand and they induced a coma, and that's how we
9 seen Robert, in an induced coma with obviously trachs,
10 tubes, everything, and they basically said, "Look,
11 there's nothing we can do now until the morning. We're
12 going to bring him round probably between 10.00 and
13 11.00 in the morning. Get some rest and come back".

14 Thankfully we had some relatives that live in
15 Bearsden right next to the Queen Elizabeth, so rather
16 than trail all the way home, we went there for a few
17 hours to get a cup of tea and we were there for
18 10 o'clock in the morning.

19 Q. And did they reduce his sedation? Did they wake him?

20 A. They brought him round, yeah, and unfortunately — we're
21 all there, my mum, his children, his wife, myself, my
22 husband — and the surgeon comes in and says, "We're
23 really sorry, we don't know how it happened, but
24 unfortunately Robert has got locked-in syndrome". Well,
25 what is that?

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1 Q. Well, that was quite a long time ago. You now know what
2 locked-in syndrome is. Can you tell us —

3 A. I could be an honorary doctor in the field.

4 Q. Can you tell us, just in layman's terms, what you
5 understand it to be?

6 A. Okay. It's the curse of the living dead. You're buried
7 alive in your own body. So Robert's in there perfectly,
8 perfectly aware of absolutely everything, and can move
9 nothing, not a finger, not a toe, nothing. There is
10 some cases — and it did happen thankfully from that
11 day — that he could move his eyeballs up or down to —
12 with the help of the nurses to say "Yes" or "No", but he
13 is aware of everything that is going on. But the
14 surgeons basically said, "We're so sorry, that's it.
15 There's nothing else we can do", and I'm not a person to
16 accept that kind of thing.

17 Q. I think we'll find that out.

18 A. Yeah. And I said, "No, there's got to be something".

19 Q. You talk at paragraphs 42 and 43 in your witness
20 statement about conversations that's happening in the
21 hospital.

22 A. Hmm—hmm.

23 Q. Can you tell us about that?

24 A. Well, obviously that was what they said to us, was,
25 "Look, he's type 1 diabetic. He's had this catastrophic

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1 brainstem stroke. He's locked in. There's nothing we
 2 can do. It's better just to let him pass and also, too,
 3 if you don't, he's going to pass anyway because, with
 4 the non-movement, some infection or another will take
 5 him and, if it's not this infection, it will be the
 6 next".

7 Q. Was that something that you and your sister-in-law
 8 accepted?

9 A. No, definitely not. We were stunned. We felt as if
 10 we'd just been sucker-punched, you know.

11 Q. Could you read paragraph 44, please?

12 A. "[But] that set the tone for me and [his wife] ... From
 13 then on [in], we were [absolutely] terrified [that] they
 14 were ... going to let him die ..."

15 So we made a conscious decision and we never left
 16 his side, and there was many times they tried to put us
 17 out, and he was never left alone from morning till
 18 night --

19 Q. We'll get to that. We'll get to that.

20 The next part of your witness statement talks about
 21 a DNACPR.

22 A. Hmm-hmm.

23 Q. Tell me about that conversation.

24 A. Well, that doesn't actually happen until Robert has been
 25 punted -- and I'm using the word "punted" because that's

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1 what happened to him -- from Queen Elizabeth, where
 2 there was a specialised brain injury clinic there, and
 3 because I challenged the neurosurgeon, he said, "Sorry,
 4 we can't keep Robert here. He's not part of our
 5 postcode. You're in Ayrshire. I'm sorry, he needs to
 6 go back to Crosshouse Hospital". And I said, "You've
 7 got to be joking. You're the specialists here.
 8 You don't even know. How is a wee village hospital
 9 going to know?". But that's what he did. He had him
 10 there -- this happened to Robert in September --

11 Q. We're going -- we'll come to the time that he was in
 12 Crosshouse.

13 A. Sorry.

14 Q. I think when you were in the hospital, there was
 15 a discussion between yourselves and the doctors, and I'm
 16 referring to paragraph 45.

17 A. Yeah.

18 Q. This is when he's moved to Crosshouse.

19 A. Yeah, so we're back in Crosshouse.

20 Q. So he was transported down to Crosshouse?

21 A. Yeah, it happened to him in the September and before
 22 Christmas we were in Crosshouse Hospital.

23 Q. Hmm-hmm. And tell me about the discussion that you're
 24 having.

25 A. Well, like I said, we never left his side, and all of

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1 a sudden these three individuals, one female, two
 2 males -- never seen them before in our lives -- came in
 3 and said, "We would like you to leave the room. We need
 4 to speak with Robert". And I said, "Okay, who
 5 are you?", and they gave their titles as consultants and
 6 a doctor. And I said, "And what are you going to be
 7 discussing with Robert?", and they said, "Really, that's
 8 something that we need to discuss with Robert".

9 So although I trusted nobody by this time, I have to
 10 think that, "Maybe these people are here to help, you
 11 know, so let's go out the room". And the reason it's
 12 myself that's doing this and not his wife is because
 13 that happened to Robert in September and in the October
 14 her dad died in Crosshouse Hospital and, by the time we
 15 get to Crosshouse, her mum's dying downstairs and Robert
 16 was up on the third floor, so that girl was unable to
 17 even think of her name, so she asked me to be the
 18 spokesperson.

19 So, anyway, we leave and they're in there for maybe
 20 half an hour and they come out -- we're in a relative
 21 room -- and they come out and I say, "What's been going
 22 on?". They said, "Do you have a power of attorney for
 23 Robert?", and we said, "No", and he said, "Well, we
 24 recommend that you get it very, very quickly and as fast
 25 as you can, and we have just discussed with Robert for

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1 a DNR to be put on Robert and he's quite happy to do
 2 that". And I went -- if you weren't there, sir, I would
 3 be using bad language, because that's what I said to
 4 them, and I said, "Do you even know how to communicate
 5 with my brother?", and he went, "I'm sure he nodded".
 6 I said, "You're sure he nodded?". I said, "Well, let's
 7 go back in that room and I'll make sure if he nodded".

8 So we went back in and I explained to Robert what
 9 they were asking, and you've never seen such horror or
 10 fear in somebody's face. He actually, without moving,
 11 looked as if he sat back, and I said, "Is that what you
 12 want?", and from nowhere and for the first time, my
 13 brother went (shakes head) and moved that head with
 14 every force that he could. So that DNR didn't happen.

15 Q. Okay. I understand, possibly through his children
 16 searching the internet, that you made contact with
 17 someone else --

18 A. Yeah.

19 Q. -- who had had locked-in syndrome.

20 A. Yeah, obviously like -- we didn't have a clue about
 21 locked-in syndrome, but he has very smart and clever
 22 children, thankfully. And that very night they went on
 23 to the internet and researched what this locked-in
 24 syndrome was and what we could do, and they found a lady
 25 who had, at the age of 36 --

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1 Q. Please don't name her.
 2 A. No, no, I won't. She had suffered this and survived and
 3 through her survival had become an honorary doctorate
 4 and was now teaching neurosurgeons and doctors about the
 5 condition and how you worked that condition and how you
 6 have to fight to get that body to wake up.
 7 Q. Now, did she advise or train you in things to do with
 8 Robert?
 9 A. Yeah, I contacted her and we actually flew her up for
 10 the weekend, and she came and she spent that whole
 11 weekend in his room, explaining --- showed him pictures
 12 of her and what it took, what she had heard while she
 13 was in that condition, from nurses in her room, doctors
 14 in her room, even with her family saying, "There's no
 15 hope here. Oh, my goodness", blah blah blah. So she
 16 explained everything to Robert and she had used a device
 17 that she made herself, a spelling chart. It was
 18 colour-coded and it allowed her to communicate, once
 19 everybody learned that she could communicate, so she
 20 taught us and she taught Robert.
 21 That's how Robert started communicating with us,
 22 with his nursing teams and doctors, and, to be truthful,
 23 she was the person that saved his life because, although
 24 she was telling us to tell him, until she got there, "We
 25 know you're in there and you need to fight", he probably

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1 thought, "They're just saying that".
 2 Q. At this point was he receiving physiotherapy?
 3 A. He was receiving chest physio to keep the lungs from
 4 totally filling up. They're still at the point that,
 5 "Robert's going to pass and no point to this".
 6 Q. And after your weekend with ---
 7 A. The lady.
 8 Q. --- the lady --- I was going to say "honorary doctor" ---
 9 after your weekend with the lady, what did you start to
 10 do and what impact did that have, if any?
 11 A. Well, the biggest impact was probably Robert because he
 12 believed. He's seen somebody, he heard her. So she
 13 saved his life and then he knew what he had to do and he
 14 had to work. But she also spoke to nursing staff there
 15 too and said, "We're expecting this man to run
 16 a marathon and you need to feed him", because they
 17 kept --- if Robert was moved, he sometimes got a bit
 18 sickly. Further down the line we found out it was just
 19 pure motion sickness if they moved him too quickly, but
 20 they kept thinking he was choking or aspirating because
 21 he had a trach in. And if it happened on a Friday, then
 22 Robert wasn't fed again until the Monday, until the
 23 dietician could come in ---
 24 Q. Well ---
 25 A. --- so he was losing weight rapidly, and my brother was

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1 6 foot 6.
 2 Q. You were saying that he was getting some kind of
 3 physiotherapy.
 4 A. Chest physio.
 5 Q. Were you and his wife doing other things?
 6 A. Yeah.
 7 Q. Tell us about that.
 8 A. We were moving him, moving arms, legs, and we were
 9 making it up as we went along. It's a long story and
 10 I know we don't have that time, so I'll cut it short.
 11 They refused to actually bring in physio. They didn't
 12 think that they had the hours or the manpower to supply
 13 somebody in his condition with that.
 14 So I took it to the papers, I took it to the telly,
 15 I took it everywhere, MSPs, everywhere and anybody that
 16 would listen, and I fought, and we paid for private
 17 physio to come in to a NHS hospital, which they tried to
 18 object to. And I said, "Okay, you tell me we can't
 19 bring physios in, then you get them or I'm bringing that
 20 private physio in", and we brought private physios in.
 21 She taught us how to move Robert when she wasn't there
 22 and she worked with Robert two to three times a week.
 23 Q. And what was the effect of that physiotherapy on
 24 Robert ---
 25 A. Absolutely amazing.

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1 Q. I'm only talking about the initial stage.
 2 A. Yeah, the initial stage, we're getting him to, on
 3 command --- and I have it on video --- "Move an arm.
 4 Bring it up to your shoulder. Wiggle your finger. Put
 5 your arm down. Wiggle your toes. Try to lift your
 6 knee". You had to look really closely for that knee to
 7 be lifted, but it was lifting, it was lifting. Head ---
 8 to bring his head forward, to try to --- like you do with
 9 a baby, learn that baby to hold its own head up, you
 10 know.
 11 Q. How did the staff at Crosshouse deal with that? How
 12 were they?
 13 A. Well, unfortunately, when we got put to Crosshouse, we
 14 got lied to. We got told we were going to the stroke
 15 unit. And I'm thinking, "Well, where it's the stroke
 16 unit, there'll be people in there that will understand
 17 strokes and they'll help", but when we got there, he was
 18 put into the high dependency unit, and these people are
 19 very busy, extremely busy.
 20 So at the beginning it was quite a fight, but,
 21 again, to cut the story short, Robert was in there for
 22 two years --- and you heard me, two years --- in a high
 23 dependency unit, so he was a bed-blocker. And that
 24 staff became family and they --- we trusted them and they
 25 trusted us, and even when they were so busy, they took

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1 the time out to move him, to follow our instructions and
 2 to keep that movement going. And one of them found
 3 upstairs, lying in a room, an electric bike for people
 4 with disabilities and said, "I think Robert would
 5 benefit from this", and they brought it into his room
 6 and that stayed there for a year. That equipment was
 7 worth £8,000 and it wasnae getting used. I had to dust
 8 it off, but it turned out to be an absolute wonderful
 9 thing.

10 Q. Tell me about how it worked. What happened?
 11 A. Well, Robert was in a chair, obviously, and you strap
 12 the bike to his -- his legs strapped to the bike and it
 13 had some handle-bars, but they really weren't for any
 14 kind of purpose. It was really for the leg movement.
 15 And then you just basically switched it on and it looked
 16 as if he was pedalling.

17 Q. But the energy came from the bike rather than --
 18 A. The energy came from the bike at the beginning, but more
 19 so, mentally. Robert's seen those legs moving, he
 20 thought his knees were moving up and down, and I've got
 21 that on video.

22 Q. So he's on the bike and --
 23 A. Every day we put him on every day.
 24 Q. And the bike is effectively moving his legs --
 25 A. Yes.

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1 Q. -- because the electric motor is turning?
 2 A. Yeah.
 3 Q. What happens when you turn the electric motor off?
 4 A. Well, it stops, but then Robert -- we tried it and
 5 Robert keeps pedalling, and he pedals for a minute, he
 6 pedals for ten minutes and, just before he died, he was
 7 pedalling for half an hour to three-quarters of an hour
 8 on his own. We never used the electric bit after that.
 9 He also passed a test for an electric wheelchair,
 10 for him to manoeuvre it himself, and it was like he had
 11 to sit two driving tests, through obstacles in and out,
 12 working it himself, and that boy did that.

13 Q. Now, you spoke about the possibility of him going to the
 14 stroke unit at Crosshouse and he ended up going into --
 15 A. No, that's where they told us they were sending him.
 16 Q. So there was a possibility, but when he got there he
 17 went to the elderly unit. Did he get back to the
 18 Queen Elizabeth?
 19 A. Yeah, and this is where the story is too long and
 20 I won't bore youse.
 21 Q. You're not boring us.
 22 A. Through the fights, from Crosshouse, I got him the first
 23 eight-week period of intensive rehabilitation up at that
 24 brain injury clinic I wanted him to go to at the
 25 beginning, and they were the people that got him to pass

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1 the test for the electric wheelchair, to make him a wee
 2 bit more independent. But there's only two of these
 3 brain injury clinics in the whole of Scotland, one in
 4 Glasgow, one in Edinburgh, and they service the whole of
 5 Scotland. So the bed is like gold and they also do like
 6 day -- day patients coming in for physiotherapy.

7 Anyway, Robert got an eight-week stay and then he
 8 went back to Crosshouse and then, about six/seven months
 9 later, I got another eight weeks and I got him back
 10 there. But, by this time, we've had him out home.
 11 I brought him to my house for him to spend some time
 12 with his sons watching the football. My mother had had
 13 her 80th birthday and we booked a restaurant just beside
 14 the hospital and we put him in a taxi in that chair and
 15 he enjoyed his mother's 80th birthday, for the boy that
 16 was locked in and couldnae do anything.

17 Q. Tell me about his communication. I understand what
 18 you're saying about him being able to move his eyes and
 19 later finger and so on. Was he able to talk?
 20 A. No.
 21 Q. Did he get speech therapy?
 22 A. Well, he got some. He got very little and, again, they
 23 didn't believe that Robert was communicating with us.
 24 Q. When you say "they", who do you mean?
 25 A. Therapists.

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1 Q. Speech therapists?
 2 A. Speech and physio, okay.
 3 Q. And there's a particular account in your witness
 4 statement at paragraphs 81 and 82. Do you want to tell
 5 us the story or do you want to read it?
 6 A. I'll just tell you very quickly. They didn't believe us
 7 that Robert was communicating through the alphabet chart
 8 that this honorary doctor had taught us and taught
 9 Robert, and she came in for her wee 20-minute session
 10 this day and asked me to leave the room, and I said,
 11 "Well, you know that we don't leave Robert. I would
 12 rather be here", and she said, "Well, truthfully,
 13 I think that we're just getting your opinion and not
 14 Robert's, so I want you to leave the room". And I said,
 15 "Okay". I said, "You hear her", I said, "You tell her",
 16 and I left the room.
 17 She came out after 20 minutes, crying, and I thought
 18 he'd punched her. She said, "Oh, my God, Elaine, I'm so
 19 sorry. He's just spelt out to me 'Treat me better' and
 20 never missed a letter", and that's what he spelt, "Treat
 21 me better". So they again now have changed their
 22 opinion and start working with us and they start giving
 23 a wee bit more and start teaching us to -- for him to
 24 swallow.
 25 You know, Robert would never have -- if he had

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1 lived, he would never have spoke again, the damage here
 2 was too catastrophic, but he certainly would have walked
 3 again, and there was evidence of that.
 4 Q. Tell me about -- read paragraph 83, please.
 5 A. Hmm--hmm.
 6 "There was a lot of persuading doctors.
 7 I understand that it was new to everybody ..."
 8 And that neurosurgeon on the first --
 9 Q. No, that's not in there.
 10 A. No, but the next night had said to us that he had never
 11 worked with a locked-in syndrome person, so that's where
 12 this part comes. I understand that there was lots of
 13 complications and on paper it certainly looked as if
 14 Robert shouldn't have survived, and I understood that,
 15 but sometimes the manuals and all the medical books and
 16 whatever everything reads, there's just some miracles
 17 can happen if you have the hope and if you have the
 18 fight, and that's what my brother showed and had and he
 19 had that fight. He wanted to survive so he worked.
 20 Q. At paragraph 87 you say:
 21 "Once we got the doctors and nurses to believe, they
 22 started doing things with Robert even though it was
 23 [a] high dependency [unit] and they were busy."
 24 A. Yeah.
 25 Q. "But when they had time, they were going in, moving

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1 arms, moving legs, just like [redacted] and I did."
 2 I'm sorry. Sorry, sir.
 3 THE CHAIR: Yes, a mistake.
 4 MR CASKIE: Sorry, there's been a breach of the restriction
 5 order.
 6 (A short break)
 7 MR CASKIE: Hello again, sir. I apologise for the breach of
 8 the restriction order, which has now been expunged.
 9 I was reading -- at the point at which I broke the
 10 restriction order, I was reading from paragraph 87.
 11 I'll read it again but this time not breach the
 12 restriction order.
 13 "Once we got the doctors and nurses to believe, they
 14 started doing things with Robert even though it was high
 15 dependency and they were busy. But when they had time,
 16 they were going in, moving arms [and] moving legs just
 17 like my sister and I did. They started to have a wee
 18 bit more belief.
 19 "None of this would have been possible if [my
 20 sister] and I hadn't been going in every day to work
 21 with Robert. I would do 8.30 am to 2.30 pm and she
 22 would do 2.30 pm to 8.00 pm. We were almost a nuisance
 23 for the staff at the High Dependency Unit."
 24 Were you going in every day?
 25 A. Hmm--hmm.

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1 Q. A morning shift and an afternoon --
 2 A. We were actually -- before that, we were doing
 3 nightshift also, but because now we've got a working
 4 relationship with the staff and we trust the staff there
 5 and he's been there a wee while, we got finished for
 6 8 o'clock, if you like. But there was also times that
 7 his children were in there doing things also, you know,
 8 that -- and taking their turns.
 9 Q. At paragraph 90 you say that your sister and you were
 10 effectively Robert's care plan.
 11 A. Yes.
 12 Q. Was that correct?
 13 A. Yeah. I believe -- the reason he couldn't get into the
 14 stroke unit was because of the trach. The staff in
 15 there weren't trained in the trach and the ones that had
 16 been trained, you need to keep renewing that. So that
 17 was the reason he had to go into high dependency, so
 18 they told us. But they trained my sister-in-law and
 19 myself within two days how to change that and clean that
 20 and look after that.
 21 Q. At paragraph 91 you say that late 2019 to March 2020 was
 22 a particularly important time.
 23 A. Hmm--hmm.
 24 Q. Your brother and sister-in-law's home was assessed for
 25 the possibility of Robert going home?

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1 A. Hmm--hmm. Oh, he was coming home. We just couldn't work
 2 out what we had to do to his house or did we have to get
 3 another house because of his height and the length of
 4 his chair, you know, for -- just for the occupational
 5 therapist, and then a demand -- and need a certain
 6 circumference for him, a turning point, for safety and
 7 everything, so ...
 8 Q. So what was decided, his own house or somewhere else?
 9 A. That it needed to be a more purpose-built house for his
 10 condition.
 11 Q. And was that organised?
 12 A. Yes, but it took a long time. The NHS and Social Care
 13 are meant to work hand in hand, and I can assure you
 14 that's no what happens, but, anyway, that's not what
 15 we're here to talk about. So it took a long time, but
 16 finally they had agreed on the house, a brand-new house
 17 that was being built for the local authorities, and they
 18 have to provide so many disability houses and everything
 19 now when they build. And Robert and his wife were going
 20 to receive --
 21 Q. And how was his general health? We've heard about
 22 his --
 23 A. Yeah, Robert, he's still in high dependency but he's on
 24 no medication other than his insulin and paracetamol
 25 sometimes when he got a wee headache, you know, that --

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1 he was clinically stable --- had been clinically stable
 2 for quite a while.
 3 Q. How long?
 4 A. Oh, probably, by the time we move him, not home but to
 5 the unit that he got moved to, seven or eight months
 6 that he had been clinically stable. But the house just
 7 was taking such a long time. You're going back and
 8 forth and everybody's wanting to argue whose budget
 9 Robert should be on, should he be on NHS, should he be
 10 on Social Care, you know, because they didn't want to
 11 provide the physiotherapy that would have gave him more
 12 movement. But it turns out that would have cost them
 13 £16,000 a year, but because they didn't and he didn't
 14 have the movement that he should have had at that stage,
 15 it was going to cost them nearly a £1million a year for
 16 Robert to be at home because they needed two full-time
 17 carers plus equipment and they were going to have to pay
 18 for that.
 19 Q. At paragraph 98 you talk about big news in the family.
 20 A. Hmm---hmm.
 21 Q. Tell us about that.
 22 A. Well, Robert's been moved by now, you know.
 23 Q. To ...? To where?
 24 A. He's in a place called Woodland View. It's
 25 a purpose---built mental health assessment unit and an

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1 in---house unit that's been built in Irvine, which is
 2 a wee bit even closer to Robert's house. And he's moved
 3 there because obviously high dependency is not the place
 4 for him to be, he was a bed---blocker. These beds are
 5 vital. And I note the timing now. I didn't note it at
 6 the time, but it's January 2020. So are they aware they
 7 need to empty the beds?
 8 But, anyway, they come to us with a suggestion that,
 9 to go to this unit, although it wasn't suitable for
 10 Robert, it was better than where he was, and they were
 11 quite right. It had beautiful grounds, it had
 12 a beautiful room with a shower, because Rob --- we didn't
 13 have that in the high dependency unit, so it was
 14 bed---baths most of the time. So to be able to take him
 15 into the shower and get him a proper wash --- and
 16 everything seemed right. It had a beautiful wee cafe.
 17 Q. So he's in Crosshouse and then ---
 18 A. They move him there in January.
 19 Q. They move him there in January?
 20 A. Hmm---hmm.
 21 Q. What's the plan? Is he going to be in ---
 22 A. He's there --- he's actually in what they call
 23 a "palliative care unit for the elderly".
 24 Q. That's the unit he's in?
 25 A. That's the ward he goes to.

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1 Q. But what's the plan for him?
 2 A. The plan is my sister---in---law and I.
 3 Q. While he's there, but is the intention that he's going
 4 to stay in Woodland View forever?
 5 A. No, no, he's only going there temp--- because the house
 6 is to be ready by the June.
 7 Q. Right.
 8 A. So it was from a temporary measure and it would give us
 9 more hands---on experience, but also more comfortable for
 10 Robert to get out and about and get some more fresh air
 11 and easier for him to move in and out because it had
 12 French doors from his bedroom out into a courtyard,
 13 et cetera. But we took Robert there first for Robert to
 14 decide because he was going in with a whole load of
 15 elderly people and obviously they were in their ---
 16 Q. You've described the nature of Woodland View ---
 17 A. Hmm---hmm.
 18 Q. --- and it doesn't seem it's a rehabilitation centre.
 19 A. No, nothing to do with rehabilitation.
 20 Q. Aha. Did anyone, the staff there, take any measures to
 21 make life easier for Robert?
 22 A. Yeah. Because he had a trach and everything in --- they
 23 were working with elderly palliative care residents ---
 24 four of the staff actually volunteered, God love them,
 25 to go and get some training for the peg feeding, for the

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1 trach, for the man---handling of Robert, the lifting,
 2 et cetera, and actually they did it on their own time,
 3 so we were very grateful to them for doing that.
 4 Q. The next part of your witness statement relates to
 5 lockdown.
 6 A. Hmm---hmm.
 7 Q. Tell me about lockdown.
 8 A. Well, obviously ---
 9 Q. 105, we're on.
 10 A. Robert's there and we're his main carers because they
 11 don't have that kind of staff levels and everything and
 12 he needs basically 24---hour --- you know, just even
 13 a simple thing like turning on his telly or turning his
 14 telly over, that --- although he was starting to get the
 15 buttons, but he didn't get it all the time on a wee
 16 small remote control.
 17 So it was better for us to be there all the time,
 18 and comes March, we're already worried about this COVID
 19 because we've seen it on the telly and his wife's
 20 exceptionally worried because she's had to go back to
 21 work because obviously no money coming in from Robert
 22 now and she needed --- and she was an essential worker.
 23 She worked at the schools. So she ---
 24 Q. Could you read paragraph 105?
 25 A. 105, okay.

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1 Q. And 106.
 2 A. Okay.
 3 Q. Can you read it out?
 4 A. "We all went into lockdown on 23rd March 2020, but
 5 I reckon it was maybe the 28th [or the 29th] was the
 6 last day that [my sister-in-law] and I were allowed in.
 7 We were allowed into the hospital to do cleaning,
 8 changing, sorting his peg, feeding ... cleaning [and the
 9 care of the trach], everything [that] we had been doing
 10 before."
 11 Q. And 106?
 12 A. That's the bit I've just read because 105 wasn't there.
 13 Q. Sorry. So they drew a line under your attendance to
 14 provide that level of care?
 15 A. Yeah.
 16 Q. And how did you react to that?
 17 A. Well, obviously absolute fear. Fear of the virus, fear
 18 of what was going to happen to him. They didn't have
 19 the staff levels. All the staff didn't have that kind
 20 of training. I mean -- and, to be fair, the manager of
 21 the unit was also scared because she's not sure how
 22 they're going to cope with looking after Robert to the
 23 level of care that he needed. So we were absolutely
 24 petrified.
 25 Q. Did that become apparent in a phone call with the

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1 manager? I'm looking at 110.
 2 A. Hmm--hmm.
 3 Q. Can you tell us about that?
 4 A. Yeah. Well, I phoned her and asked her how she was
 5 going to manage, and they'd been very kind and all those
 6 nurses volunteering and everything, but how are they
 7 going to manage without us being there, and she actually
 8 started to cry and said, "Elaine, I don't know. Honest
 9 to God, I don't know". So -- because they were -- this
 10 was new to them, they were scared for their other
 11 elderly patients and they were scared for themselves
 12 because they were getting no information. They were
 13 just told, "Lock it down. No more visitors".
 14 Q. What happened in relation to visits after it was locked
 15 down? Did you see Robert again?
 16 A. Well, we were very lucky compared to a lot of people.
 17 He was on a ground floor and he had a window, so we
 18 stood at that window, every day, all day, in turns,
 19 because somebody had to alert the staff that he was
 20 choking or the trach needed cleaned or he wanted moved
 21 or the telly had to be turned. And they couldn't keep
 22 coming in and out, and part of the policy was as
 23 hands-off as possible to keep the residents safe. So
 24 they tried to do as little as possible. Everybody was
 25 locked in their rooms, if you like, but Robert was

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1 definitely locked in his room. He couldn't get up out
 2 that bed himself and walk and go anywhere.
 3 Q. So how -- this was all family members or most family
 4 members involved in this?
 5 A. Yeah, he had some friends also that would say, "Look,
 6 we'll take a wee turn. We want to go over". You know,
 7 we're three and a half years down the line from his
 8 initial stroke so ...
 9 Q. How long were people staying? Did you have a shift
 10 system?
 11 A. As a family we did. We did mostly two to three hours,
 12 you know, depending on what was happening, but
 13 definitely every -- like two hours we did.
 14 Q. What, standing in the garden --
 15 A. Hmm.
 16 Q. -- outside his window?
 17 A. Hmm--hmm.
 18 Q. From when till when?
 19 A. I was always the first person normally, so I was
 20 probably about half 8. Sometimes he liked to have
 21 a long lie, so you got a wee scowl if you went too
 22 early, you know.
 23 Q. Aha. As time went on, restrictions relaxed. What was
 24 the impact of that?
 25 A. Well, they did start to relax in the summer months and

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1 his wife was allowed for -- only one person for a wee
 2 half-hour every day, but she had to test and full PPE,
 3 and also she had to -- well, she didn't -- she chose,
 4 thankfully -- she gave up work to make sure she could
 5 get in, you know, because she couldn't go to a school
 6 and take the risks and ... so she got in for
 7 a half-hour. And God love her, every --
 8 Q. Did she go every day?
 9 A. Every day. And it was -- the minute she walked in the
 10 room, he would do this (indicates), and every day he
 11 did it (indicates), meaning he wanted his hair washed
 12 because his hair felt itchy. He wasn't being cleaned
 13 the way that he had been before and he felt itchy and he
 14 felt a wee bit dirty and grubby, so somehow her washing
 15 his hair made him feel a wee bit better. But she went,
 16 "I just did it yesterday", but (indicates), and he
 17 wouldn't take "No" for an answer. That half-hour -- it
 18 took her half-hour to wash that hair, and that was her
 19 visit over.
 20 Q. In your statement at paragraph 118, you talk about
 21 problems with or you talk about your experience with PPE
 22 and infection control.
 23 A. Yeah.
 24 Q. How was it during the first lockdown?
 25 A. The first lockdown everybody seemed so scared and so

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1 precise. Any time I seen anybody coming into Robert,
2 they were in full like hazmat suits and full PPE and
3 only ever one nurse at a time. They even -- when we
4 were doing the visits, it was, "Don't open that window".
5 The window had to be closed at all times. But when
6 there was nobody else there, we opened the window so he
7 could hear us, you know.

8 The first lockdown, definitely, to me, everything
9 was being followed, but you could see that staff were
10 tiring. Staff started to change. I wasn't getting the
11 same regular faces, and when I was asking them, "Off
12 sick", "Left", you know. So by the summer we did see:
13 oh, my God, how's the staff going to keep this up?
14 Never in anybody's expectations, I think, did we think
15 we were going to be locked down for so long, you know,
16 and that includes all the staff.

17 Q. Did you notice over time a reduction in the level of
18 infection control measures?
19 A. Yeah. By the second lockdown we're back at the window
20 all the time and Robert hasnae been out the room, by the
21 way. We had to push to get him out of bed sometimes
22 because they didn't have the staff. The other side of
23 this unit had the mental health side and these residents
24 were getting out for a daily exercise. Basically it was
25 a clan meeting for the smoking and they all met together

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1 in their wee huddles and smoked and then went straight
2 back in.

3 Anyway, I also -- I was at the window on one
4 occasion and a porter comes to Robert's door, stops
5 outside. He's got a trolley and it's full of bedding
6 and he's got just a clear pinny on and one of the wee
7 blue masks, but it's not really on his face properly,
8 and he just comes straight in and he puts the bedding in
9 his wardrobe and walks back out.

10 Q. Did you discuss things like that, breaches -- apparent
11 breaches of COVID rules, did you discuss that with your
12 sister-in-law?

13 A. Yeah.

14 Q. And what was her --

15 A. And she felt that she had seen a couple of things, not
16 them actually inside the room, but going up and down the
17 corridors, the porters, the cleaners, and they weren't
18 in full PPE. But she also was very, very worried
19 because by this time now we hardly know any staff
20 members, it's bank staff that's coming in and out, you
21 know, and we know by speaking to the manager of the unit
22 that she's at her breaking point, really. My
23 sister-in-law said to me, "Please, Elaine, don't make
24 a fuss. What if they take it out on him? What if they
25 take it out on me and I don't get in? Please, let's

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1 just pray". So I didn't make a big fuss.

2 I also had a nurse who I loved dearly. I appeared
3 at the window, unexpectedly probably for her, and there
4 she's in his room, no PPE, no face mask, and when she
5 sees me, she's, "Oh, hi Elaine. I'm sorry, I've just
6 nipped in to turn his telly, I swear. I've not went
7 anywhere near him". So what do you do? You know, she
8 was very good to Robert and very good to us. So ... and
9 these people are risking their own life too, so ...

10 Q. The next section of your statement relates to vaccine.

11 Was Robert ever vaccinated?

12 A. No.

13 Q. You don't strike me as a lady who is backwards in coming
14 forwards.

15 A. Yeah.

16 Q. Was that something that you raised?

17 A. Oh, many times. Obviously, when the vaccines were
18 announced, it was something that I kept an eye on, and
19 I know that Ayrshire and Arran had vaccines available at
20 the beginning of December, but obviously they've got to
21 vaccinate the vaccinators first, and I understood that.
22 But from that day I was -- I remember getting him --
23 because he's the most clinically vulnerable person
24 they've got. He's also a huge risk to them, never mind
25 him catching it.

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1 Q. Explain that. What do you mean by that?

2 A. Well, because you can't do hands-off with Robert. That
3 trach needed to be cleaned, he had to be peg-fed. It's
4 airborne. When you're changing this trach, air
5 particles come out, so if he's got it, he's giving it to
6 a member of staff. So I was totally convinced that
7 they'll vaccinate him first because they don't want
8 their staff to catch it and that -- I kept reassuring my
9 sister-in-law and that, "Don't worry. We've got all the
10 way through the year. Please don't panic. They'll
11 do -- they'll vaccinate him first".

12 Q. During the -- or prior to lockdown occurring, you
13 obviously, along with your sister, were very involved in
14 effectively caring for Robert. That just stopped
15 completely --

16 A. Hmm--hmm.

17 Q. -- from what you say when lockdown happened. What was
18 the impact of that on Robert?

19 A. Well, at first I think he understood. Like I say,
20 Robert had full capacity. He was watching the news like
21 everybody else and he's thinking, "God, I've got this
22 far. I'm nearly home. I'm no wanting to catch anything
23 either". So Robert understood definitely in the first
24 month. I would say after the second month, when he
25 wasn't getting taken out of that bed every day and put

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1 in a chair and being able to sit up at the window or go
 2 out of the room or anything like that, you could see the
 3 mood changing a wee bit, you know. There was a wee bit
 4 of frustration with him and a wee bit bad temper coming
 5 in, like he actually spelt out, "Get me (inaudible) out
 6 of here".
 7 Q. I understand that his first COVID test was 15 or
 8 16 January.
 9 A. Hmm—hmm.
 10 Q. How did that — what was the impact of that? What was
 11 the result?
 12 A. Well, what we were told was that somebody had tested
 13 positive within the ward and that they were testing all
 14 the other patients, of which there was 14 at the time,
 15 including Robert. And we went, "Oh, my God, how could
 16 that have happened?". So I'm screaming for the vaccine
 17 now and I know they've got it, and they tested and
 18 thankfully he was negative.
 19 Q. And they kept testing him?
 20 A. Yeah, he was done on the 15th or the 16th, again on
 21 the 20th or — the 20th or the 21st he had another test
 22 and something different had happened. They cleared the
 23 whole ward up to one side, except for Robert — Robert
 24 is down this side by himself — and they said that was
 25 to keep him the safest. You know, "We're no taking any

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1 risks with Robert. Don't worry, promise you", so ...
 2 Q. You say in your statement at 158 that he also got tested
 3 on the 24th.
 4 A. He got tested on the 24th, yeah, and unfortunately —
 5 Q. No, I think — ah, right, you got the result on the
 6 26th.
 7 A. Yeah, on the 26th we get the phone call.
 8 Q. Aha, and what does the phone call say?
 9 A. "I'm sorry, Robert's positive". He'd been locked in
 10 a room for 11 months, never came out, never seen anybody
 11 except nurses or that short period that his wife got in,
 12 11 months, and they were mixed, and he's positive.
 13 Q. Now, you say in your statement at 162 that you are
 14 having a discussion about the possibility of moving him
 15 back to Crosshouse.
 16 A. Well, I panicked when they said he was positive. I knew
 17 the level of the nursing in there, and that's not — I'm
 18 not being derogatory to them but I knew they had no
 19 support. That unit didn't even have a doctor based
 20 there. A doctor only came in once a week. They weren't
 21 medically ill people. So I phoned and I went —
 22 demanded that he was taken back to Crosshouse.
 23 Q. And the outcome of that was ...?
 24 A. Absolutely not. That basically it was too late to take
 25 him to Crosshouse.

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1 Q. So he never transferred back?
 2 A. No.
 3 Q. You also talk at 165 about him starting on a COVID drug.
 4 A. Yeah.
 5 Q. Do you know what that was?
 6 A. No, I don't know the name of the drug, but every day
 7 they kept saying, "Oh, he's actually reacting very well
 8 to it. We can't believe it", because we're at the
 9 window still and he never looked as if he was
 10 exasperated or gasping for air or anything like that, so
 11 we believed that. But I was worried about his sugar
 12 levels because obviously this drug was sending his sugar
 13 levels — making them quite high and they weren't
 14 aware — they didn't have that kind of level of nursing
 15 to understand it. That was going to dry his kidneys out
 16 if he ran too high for too long a period, you know. And
 17 I asked them to bring the diabetic team in from
 18 Crosshouse and they said that they couldn't, they
 19 couldn't come in.
 20 Q. Because of COVID restrictions?
 21 A. Hmm—hmm, and they said they wouldn't either.
 22 Q. So he's got a problem with his diabetes, but that's not
 23 being addressed by —
 24 A. No, there was no attention to his diabetes whatsoever.
 25 None. They let it run high. They let it get to — up

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1 to 26, to 28, and they let it run at that for the ten
 2 days that he survived.
 3 Q. Paragraph 170, could you read that out, please?
 4 A. "... I see [the] risk. The reason that I know that
 5 these kidneys are not working ..."
 6 Q. No, no, 170 we're looking at.
 7 A. That's what it says.
 8 Q. Sorry. My numbers are one off apparently. Sorry.
 9 A. That's okay.
 10 Q. 171.
 11 A. 171?
 12 "... by this time, they've got staff off with COVID.
 13 They're using bank staff, coming from God knows where
 14 and they don't know anybody within the unit."
 15 And they've just come in and they just do a job and
 16 leave.
 17 Q. 173 and 175?
 18 A. And although I'm trying not to panic because of his
 19 wife —
 20 Q. Sorry, I've got that wrong because my numbering is out.
 21 A. Yeah, because I can —
 22 Q. 174 and 176.
 23 A. Okay.
 24 "On the 1st of February ... [a] senior staff nurse
 25 [called Robert's wife and said] she was [quite] worried

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1 about him. [And his wife] asked if she could [please]
 2 go in ...", and see him.
 3 I believe that she broke the rules, if you like, and
 4 she said "Yes", and his wife went in.
 5 Q. Hmm—hmm. And then 176.
 6 A. She's there for about four or five hours and she has to
 7 come out and go to use a bathroom, and she actually runs
 8 into the management of the whole unit and she just got
 9 so startled, and she said, "What are you doing here?".
 10 And Robert's wife didn't obviously use the nurse's name,
 11 but explained that she needed to come in and see Robert,
 12 Robert was quite distressed. And she said, "Well, the
 13 minute you go out of here, you're no coming back in".
 14 Q. Did she communicate that to you?
 15 A. Yes, and her children.
 16 Q. How?
 17 A. Through the window. That's how we spoke. We're
 18 outside, when [redacted] went — oh, I'm sorry.
 19 Q. Sorry.
 20 (A short break)
 21 MR CASKIE: Good afternoon, my Lord. Only a few more
 22 minutes.
 23 Your sister and niece are at the hospital, your
 24 sister bumps into hospital management and they say,
 25 "When you leave, you're not getting back in". She then

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1 shouts to you. What's your reaction to that?
 2 A. I said, "Well, you're not coming out then. You're
 3 staying in because he's not going to pass alone". So we
 4 made arrangements for clothing and food to be left at
 5 the hospital entrance and somebody collected it and they
 6 stayed there until he passed.
 7 Q. And how long was that?
 8 A. Four days.
 9 Q. Four days. Were you present when he passed?
 10 A. We all were. His two sons, his mother, myself and his
 11 sons' partners, we're at the window.
 12 Q. The next part of your statement relates to the funeral
 13 arrangements. What do you want to say about that?
 14 A. The funeral arrangements were just the same as everybody
 15 else's. You couldn't do what you wanted to do. You
 16 were told what to do. So I would rather — because
 17 I know time is short, so rather than — because it was
 18 the exact same funeral as everybody else, horrendous.
 19 Q. Okay.
 20 A. I would rather tell you that, where the vaccine is
 21 concerned that — and the reason Robert wasn't
 22 vaccinated was because I don't believe that Ayrshire and
 23 Arran Health Board trained or allowed their staff to be
 24 supported and understood. After Robert passed, it was
 25 said to me then, in the January, that the nurses that

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1 were vaccinating had vials with six doses in it and,
 2 after they administered one dose, they threw the rest in
 3 the bin, and it's actual fact. It hit the papers. The
 4 health board had to admit it. They only admitted to
 5 three — it was only three vials and then we caught
 6 that, but that three vials that went in the bin was
 7 15 doses and my brother was in a ward of 14 people.
 8 I also learned after his death that that December —
 9 and that was the reason that COVID got in — was that
 10 they had let a patient get a Christmas break for the
 11 good of their mental health and they went from tier 3 to
 12 tier 4, with their knowledge, and when she returned, she
 13 wasn't isolated or tested. And she did come back with
 14 COVID, and that's how it got into the unit, and through
 15 that 18 people, including my brother, caught COVID, two
 16 of which were a member of staff, and they also died.
 17 Q. How many people from the unit died, so far as you're
 18 aware?
 19 A. I know two members of staff and I know Robert. The
 20 other official numbers were not told to me and I was not
 21 told that either. I had to find that out through my
 22 group, thank God for them, and they found it in the
 23 Sunday Post, the article, and sent to me and said, "Is
 24 this not the unit that your brother was in?", so I'm
 25 forever grateful to them for that.

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1 I will tell you that there is — I don't know if I'm
 2 allowed — but legal investigations in them, and I'm
 3 being a witness for that member of staff's family to
 4 what happened to him.
 5 Q. Okay. Robert's grandchild, who we're not naming, did
 6 Robert get to meet him?
 7 A. No. That was the biggest regret and the biggest hurt
 8 that they ever could do to my brother. We found out
 9 that he was going to be born in the August and Robert
 10 was so excited, first grandchild. And they found out it
 11 was going to be a son, so he was delighted,
 12 old-fashioned, and going to carry the Dorian name on.
 13 And we went into lockdown and we said, "What about the
 14 baby?", and they went, "Oh, I promise you — Robert, we
 15 promise, we will make that happen. When that child is
 16 born, you'll get to see him", and they never did. They
 17 let other people go out and get their daily exercise,
 18 and we asked, when the restrictions were lifted, end
 19 of August/beginning of September, "Please bring him out
 20 in his chair just to the front door, just for him to see
 21 the child", and they said, "Absolutely not. We have to
 22 keep him safe". And he never seen him except for the
 23 last two days through a window, and that's where my life
 24 has — through a window.
 25 Q. At the end of your witness statement, you talk about

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1 "Lessons Learned", and it starts at paragraph 202. You
 2 say there that you think, although the staff were doing
 3 the best, they were proceeding on a wing and a prayer.
 4 A. Hmm—hmm, they were. They weren't trained for that.
 5 They were just the same as us. They didn't know about
 6 this pandemic, they didn't know, and they certainly
 7 weren't getting any help or support from Ayrshire and
 8 Arran Health Board. And I would like this Inquiry to
 9 look at the correlation of health boards, some doing
 10 good practices, some doing not. And Ayrshire and Arran
 11 came out as one of the worst in the whole of Scotland.
 12 Q. You talk in paragraph 203 about a particular nurse, who
 13 is not named and I'm not going to ask you to name her,
 14 but who appears to have done something spectacular.
 15 A. She did —
 16 Q. Tell us about that.
 17 A. — right at the beginning. Well, she had a clinically
 18 vulnerable husband and she moved out her house for three
 19 months and never seen her husband or her children or her
 20 dog, which was very special to her, and moved into her
 21 mother's house and her mother moved into hers, just so
 22 she could come to her work and do her job. And they
 23 couldnae help and support somebody that gave that kind
 24 of conviction.
 25 Q. At paragraphs 206 and 207 you talk about a contrast

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1 between the first lockdown and the second lockdown and
 2 your experience.
 3 A. Hmm—hmm.
 4 Q. Can you say something about that?
 5 A. Yeah. Obviously I knew everybody — we were all scared
 6 at the beginning and nobody knew what we were doing and
 7 we just had to get through it the best we can, but by
 8 the time it came to the second lockdown, these people
 9 were tired, they were done in and they were getting no
 10 support, and a lot of them were getting a lot of blame
 11 for just trying to do a job the best that they could.
 12 And when you get that tired and brain—dead, you give up
 13 hope, so I know that they became lax and I know that one
 14 of them brought that into Robert. Do I blame them?
 15 Obviously I'm hurt, but I feel sorry for them. They did
 16 their best that they could. But these health boards
 17 knew that these small village hospitals and some even
 18 bigger wards, they didn't have the manpower, they didn't
 19 have the support, sometimes they didn't even have the
 20 equipment, and they left them to struggle.
 21 Q. I've taken you through the witness statement quite
 22 carefully. Could you go to paragraph 211, I think?
 23 You're talking here about what you want from the Inquiry
 24 and the people who are appearing before the Inquiry.
 25 You've made a number of comments, all of which will be

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1 taken into account by Lord Brailsford, but can you read
 2 211?
 3 A. 211.
 4 I just want people to admit their mistakes. They
 5 need to be truthful. They cannot hide because, if we're
 6 going to fix things, hiding won't help because then
 7 mistakes are never learned then. Be honest, be open, be
 8 truthful.
 9 Q. Those are all the questions I have for you. Is there
 10 anything important that you think you've not said?
 11 A. Loads, but I've took up enough time, you know. I'm
 12 grateful for having this space. Thank you so much.
 13 Q. Thank you. Thank you very much.
 14 THE CHAIR: Very good. Thank you. 2 o'clock, Mr Caskie.
 15 MR CASKIE: 2 o'clock.
 16 (1.03 pm)
 17 (The short adjournment)
 18 (2.00 pm)
 19 MR CASKIE: Good afternoon, sir.
 20 THE CHAIR: Good afternoon, Mr Caskie.
 21 MR CASKIE: This afternoon our first witness is Alan Inglis.
 22 I'll ask for him to be brought in.
 23 THE CHAIR: Thank you.
 24 MR ALAN INGLIS (called)
 25 Questions by MR CASKIE

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1 MR CASKIE: Mr Inglis, will you tell the Inquiry your full
 2 name, please?
 3 A. Alan Inglis.
 4 Q. And we're here to talk about your son, Calum.
 5 A. Yes.
 6 Q. As I understand it, Calum was born on 14 November 1986.
 7 A. Yeah, that's right, yeah.
 8 Q. Can you give me the date of his death?
 9 A. I beg your pardon?
 10 Q. The date that he died?
 11 A. Yes, 24 October 2021.
 12 Q. I understand that you were previously married but you're
 13 now divorced.
 14 A. Yes.
 15 Q. And you have two children, one of whom was Calum?
 16 A. Yes.
 17 Q. And the other is your daughter?
 18 A. Yes.
 19 Q. As you know, we're not naming your daughter or your
 20 ex—wife.
 21 A. That's correct, yes.
 22 Q. The reason for pointing that out is simply that there
 23 was some contact between Calum and his mother —
 24 A. Yes.
 25 Q. — in the lead—up to his death.

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1 Tell me about Calum.
 2 A. Calum liked a holiday. To achieve that, Calum would
 3 take on short-term work and projects until he had enough
 4 money to put together for a holiday to Mexico, to
 5 Jamaica. He would have a blow-out and then he would
 6 come back and continue that cycle. Outwith the whole of
 7 this scene, Calum had a very close, tight network of
 8 friends, who were all loyal to each other, and, yeah, it
 9 was good to see that camaraderie when he would be out
 10 socialising.
 11 Q. I understand when Calum was young he developed a health
 12 problem or he was identified with a health problem.
 13 A. Yes.
 14 Q. Can you tell us a little bit about that?
 15 A. Yeah. When Calum was about four or five years old, he
 16 was diagnosed with asthma. It wasn't an occurrence that
 17 happened regularly. When it did, a doctor would be
 18 called and he would be prescribed a nebuliser and the
 19 situation thereafter would be under control.
 20 Q. And was that something -- many children develop asthma
 21 and then it goes as they get older. Did he maintain his
 22 asthma?
 23 A. From memory, he would only have the occasional bout at
 24 that age -- from that first bout, from age four and
 25 five. I only remember a couple of bouts, and then it

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1 was in his early teens, again I remember a couple of
 2 incidents, and, as far as I was aware, he had kind of
 3 outgrown that. However, later on in life, when
 4 I believe anxiety became more a part of his make-up --
 5 Q. Tell me about the anxiety. We'll come back to the
 6 asthma if we need to, but tell me about the anxiety.
 7 A. I would have to say that I'm not sure when that began
 8 and I'm not sure what caused it, but he would call me on
 9 occasions when he was troubled with it and I would
 10 recommend that he went to his GP and, you know, seek
 11 some help. I also advised him on occasion just to, you
 12 know, sit there and rest, try some breathing exercises,
 13 whatever.
 14 Q. Do you know if he went to his GP about anxiety?
 15 A. He did, yes. I don't know how often he went, but I do
 16 know that he did go to his GP and I do know that he
 17 received medication for it.
 18 Q. Would you regard yourself and Calum as having a close
 19 relationship?
 20 A. Yes, yes.
 21 Q. But I understand, in late 2019, you had a bit of
 22 a fall-out.
 23 A. Yes, unfortunately we did, and it was over -- it was
 24 always what I would describe as "silly stuff". So if
 25 Calum was struggling for a bit of money, he would phone

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1 his dad for a loan of some money and I would help him
 2 out as far as I could, but when it got a bit repetitive
 3 and I kind of stood my ground a bit, it was a classic
 4 case of throwing the toys out the pram. So we wouldn't
 5 talk for a while and then we would make up and --
 6 Q. And I think there was a particular event after the
 7 fall-out in late 2019 that resulted in you making up
 8 after that fall-out.
 9 A. Yes. It was -- yes, it would have been in January 2020.
 10 My dad had died suddenly and I wanted Calum to know
 11 because, growing up, Calum and my dad were close and
 12 I wanted Calum to be at the funeral. So I phoned Calum
 13 to let him know and from then on, you know, things were
 14 good between us.
 15 Q. Lockdown happened in March 2020, so not long after this.
 16 A. That's right.
 17 Q. Did you communicate with Calum at that time, when
 18 lockdown had happened?
 19 A. Yes, it was mostly via a telephone call or texting.
 20 Q. But I understand in June 2020 you received a phone call
 21 which you picked up and immediately recognised something
 22 about the phone call. I'm looking at 24.
 23 A. Yeah. I would like to point out that I'm not hearing
 24 you very well, so --
 25 Q. I'm very sorry, sir.

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1 A. No, no, I just feel I should because I'm kind of
 2 struggling a little bit to hear.
 3 Q. Right. I'll do what I can to make that better.
 4 A. It's okay.
 5 Q. My question related to paragraph 24.
 6 A. Oh, yes.
 7 Q. In June of that year you received a phone call which you
 8 noted something about at the beginning of it.
 9 A. Yes. So in June 2020 -- I can't recall the exact
 10 date -- I received a phone call. When I answered the
 11 phone, I knew the call was from a prison as there is
 12 a standard voicemail message played before the person
 13 calling speaks.
 14 Q. And was that call from Calum?
 15 A. It was, yes.
 16 Q. And did he tell you what had -- about him going to
 17 prison? I take it he was a prisoner at that stage?
 18 A. Yes. He advised me that he was in HMP Edinburgh,
 19 Saughton Prison. He was on remand for three months
 20 until his scheduled trial was to take place. When the
 21 trial was heard, he was sentenced to three years'
 22 imprisonment, of which he would serve 18 months.
 23 Q. Presumably, if he was from the Edinburgh area, he would
 24 go to Saughton? Presumably he would initially be put
 25 into Saughton?

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1 A. Yes.
 2 Q. Around about July or August 2021, he was transferred to
 3 a different prison?
 4 A. Yes.
 5 Q. Which prison was that?
 6 A. That was Addiewell Prison in West Lothian.
 7 Q. We don't need to know the circumstances in which the
 8 transfer took place.
 9 A. Okay.
 10 Q. Did you visit Calum in Saughton?
 11 A. I did. I went to visit Calum around about June --
 12 sorry, let me see now. Yeah, it was around
 13 about June 2021, yeah, prior to his transfer to
 14 Addiewell, yes.
 15 Q. And did he get you there on a pretext?
 16 A. I'm not sure I understand the question, sorry.
 17 Q. Sure. Did he get you there by saying something that you
 18 subsequently found out was not really true?
 19 A. Oh, yes, yeah, okay, thank you. Yes. His quote was,
 20 "Dad, can you come in to visit me? Any chance you could
 21 bring me some money? I'm wasting away here. You only
 22 get, you know, two meals a day, kind of thing". So
 23 I took that with a pinch of salt, went to visit Calum
 24 and he couldn't have looked any healthier. He had
 25 clearly been using the gym at Saughton, he had been

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1 clearly using the exercise yard, and he just looked
 2 fantastic. It's a great unfortunate last memory to have
 3 of Calum because he looked -- that was the last time
 4 I was to see him and he looked fantastic, and I ribbed
 5 him about it.
 6 Q. Sorry?
 7 A. I ribbed him -- I teased him about it, and we had a good
 8 laugh about him wasting away but probably never looking
 9 better.
 10 Q. Addiewell -- did you see him in Addiewell?
 11 A. In Addiewell I had -- you know, after the transfer to
 12 Addiewell, I had only spoken to Calum over the phone or
 13 via text, and he had been in there a couple of months
 14 and I had asked him about going in to visit him, and he
 15 said, "Just leave it, Dad. It's like a jungle in here.
 16 I'd rather you didn't. I'm getting out soon anyway",
 17 and so I just trusted his judgment on that, you know.
 18 Q. Okay. I want to ask you about paragraph 35 and the
 19 contact that you had with Calum after your visit to him
 20 in Saughton.
 21 A. Yeah. After that we kept in touch via -- using the
 22 standard prison phone or a shared mobile phone he had
 23 had access to whilst in prison.
 24 Q. That was an illicit phone?
 25 A. Yes.

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1 Q. Sorry. Give me a second. Whilst he was in prison, did
 2 he undertake any educational courses?
 3 A. He did. I know that he completed a food hygiene course,
 4 for which he received a certificate, and I know that --
 5 yeah, so this was -- prior to testing positive for
 6 COVID, he had worked through a food hygiene course. His
 7 mum and I were delighted about this and made a point of
 8 praising him. He'd said that there was a possibility of
 9 him picking up some part-time work after his release
 10 from Addiewell.
 11 Q. Without naming the person, did Calum build up a positive
 12 relationship with one of the prison officers?
 13 A. With one of the prison officers?
 14 Q. Aha.
 15 A. Yes. Yes.
 16 Q. And whilst he was in Addiewell, did he receive any
 17 medical assessments?
 18 A. Yeah, he did. Yeah.
 19 Q. Can you tell --
 20 A. I found out after Calum had passed that he had had
 21 an NHS review with a nurse for his asthma after
 22 struggling with his breathing. This was
 23 12 October 2021. This was about two days before being
 24 tested positive for COVID on 14 October.
 25 Q. Right. So he was tested on -- sorry, he was seen by

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1 a health professional --
 2 A. Yes.
 3 Q. -- on the 12th --
 4 A. Yes.
 5 Q. -- and then he got a positive result on the 14th?
 6 A. Yes.
 7 Q. So that would have been a test taken probably during the
 8 examination on the 12th?
 9 A. I'm not sure about that. All I know is that he was
 10 struggling with his breathing, had an asthma review and
 11 his inhaler dosage was increased at this time.
 12 Q. He got his positive COVID result on the 14th?
 13 A. Yes.
 14 Q. How was that communicated to him?
 15 A. It was -- from the text exchanges that his mum and
 16 I received, it was communicated to him just through his
 17 cell door --
 18 Q. Sorry?
 19 A. It was communicated to him through his cell door by one
 20 of the prison officers.
 21 Q. And was he given any medical advice about what he should
 22 do at that stage?
 23 A. I know -- he wasn't given any advice. He -- the initial
 24 symptoms he had were -- in addition to difficulty in
 25 breathing, was headaches and he had asked for

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1 paracetamol but he was told they didn't have any so he
2 didn't receive any.

3 Q. I understand you understand that his condition
4 deteriorated.

5 A. Yes.

6 Q. What was the most — the clearest sign that something
7 was seriously wrong?

8 A. Four days before Calum — four days before Calum died,
9 he began to cough up blood. He was shouting this to the
10 prison officers through the cell intercom and he was
11 told someone would come to see him the next morning on
12 each of those four days, but nobody ever did.

13 Q. And how did you find out that information?

14 A. From the texts that Calum was sending his mum and I.

15 Q. So far as you're aware, did anyone medical come to see
16 him?

17 A. No one at all, no.

18 Q. No one. Was he in a shared cell or a cell on his own?

19 A. No, he was in a cell on his own.

20 Q. Could I ask you, sir, to read aloud paragraph 62?

21 A. Okay.

22 "Calum text to say that, despite telling the staff
23 about his symptoms, all he was given for pain relief was
24 paracetamol. The paracetamol was passed under his cell
25 door by a prison guard. He did not see a medical member

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1 of staff."

2 Q. And then if you just carry on, please.

3 A. "He said the paracetamol was not even touching the pain.
4 In a text to me he said 'I'm in a bad way like'."

5 Q. And at 65 you note that he was also texting his mum.

6 A. Yes, yes, she was also aware.

7 Q. You gave him some advice in a text message which you
8 record at 64?

9 A. Yeah.

10 "I had advised Calum not to 'leave it too late' and
11 that 'they may need to call an ambulance' for him. He
12 never confirmed if he had requested one."

13 Q. At 67 you talk about a text that you received from
14 Calum.

15 A. Yeah.

16 Q. Can you read that?

17 A. So this was to be — this was a text I sent Calum on
18 Friday, 22 October. It was the last text I was to send
19 to him. So:

20 "I asked how he was and [he] said ..." —

21 "I asked how he was and said that I was thinking
22 about him. He replied saying 'Bloody awful Dad, I just
23 can't shake this off at all ...'"

24 Q. A drink of water?

25 "... I just can't shake this off at all. This has

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1 by far been the worst two weeks of my life. [The] most
2 horrible feeling'."

3 A. Yeah.

4 "I said words to the effect that 'he must get seen
5 by medical staff soon'. I genuinely thought it would
6 just be a matter of time before the prison staff would
7 see how ill Calum was and get him the help he needed.
8 I 'trusted' that he was in safe hands."

9 I trusted that he was in safe hands, and that's
10 something that just haunts me. I just feel so foolish.

11 Q. You then talk about Sunday the 24th at paragraph 70.

12 A. Yeah. So about 4.30 pm on Sunday, 24 October,
13 I received a text from a friend of Calum's, someone who
14 I'd met on several occasions, asking me to call him at
15 home. And I kind of had a gut feeling, given what had
16 been going on beforehand, that I was about to receive
17 the worst news of my life.

18 Q. Was this person someone that you believed would be able
19 to get information from inside the prison?

20 A. Sorry, could you repeat that?

21 Q. Was this person someone who you thought would be able to
22 obtain information from inside the prison?

23 A. What I can say is that he heard by word of mouth,
24 through word of mouth, that initiated from the prison to
25 outside and then was doing the rounds. It got to him

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1 and he thought, you know, "I'll need to get in touch
2 with Calum's dad", which he did. So he asked me to call
3 him and I did.

4 Q. And what was the exchange between the two of you?

5 A. Initially it was a text asking me to call him, so
6 I called [redacted] — sorry.

7 MR CASKIE: Sorry.

8 THE CHAIR: Don't worry about that. We'll just stop for
9 a minute.

10 (A short break)

11 MR CASKIE: Okay, we were at paragraph 70 in the witness
12 statement and you said that you received a text message
13 from Calum's friend —

14 A. Yes.

15 Q. — asking that you call him. Did you, and what did you
16 find out when you did?

17 A. So I did call Calum's friend and he had said to me that,
18 "Have you heard from Calum?", and I said that, "I spoke
19 to Calum a couple of days ago. What have you heard?".
20 And Calum's friend replied, "Oh, I heard Calum's passed
21 away a couple of days ago". And I said, "Well, that
22 can't be the case because I've been in touch with him".
23 I said — and that just gave me a little bit of hope.
24 So I then said, "I'll phone the prison and get back to
25 you". So the first thing I did was call Calum's mobile,

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1 but there was no reply, and then I called the prison,
 2 HMP Addiewell, and explained who I was and also told
 3 them about the rumour I'd heard that my son had passed
 4 away.
 5 Q. At that point, were you put through to a more senior
 6 officer on the telephone?
 7 A. Yes.
 8 Q. And tell me about that exchange.
 9 A. Yeah. Yeah, so reception then put me through to
 10 a senior officer, who advised that -- so to put this
 11 into context, when I spoke to the senior officer, I said
 12 that I had heard a rumour that my son had possibly died
 13 a couple of days ago, and the senior officer that I was
 14 put through to, in a very matter of fact way, said that
 15 Calum had actually died that morning. So this call that
 16 I made to Calum's friend was at 4.30 pm in the afternoon
 17 and I was told that Calum was found unresponsive in his
 18 cell at 8.30 am that morning, yeah.
 19 Q. And were you told they had tried to contact you?
 20 A. Yeah. Yeah, I was told that they were trying to get
 21 hold of me but they'd not had my number.
 22 Q. We'll come back to that.
 23 A. Sure.
 24 Q. Where were you when you were making that phone call?
 25 A. I was through in Glasgow City Centre. I was with some

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1 friends. A good friend of mine was leaving for America
 2 to start a new job, so I was through there at that time.
 3 Q. Were you standing in the street or were you --
 4 A. So the reason I went to my phone in this restaurant,
 5 where I was, was to take a photograph and I saw the
 6 message from Calum's friend. So I went outside to make
 7 that call and the call I had with the prison was
 8 outside. This is outside in the street by this time.
 9 Q. So at that point you're told effectively, bluntly, that
 10 "Your son died this morning"?
 11 A. Yes.
 12 Q. It's almost a stupid question, but how do you react?
 13 A. I just -- from memory, I just know that you don't
 14 want to believe it, so whether you describe that as
 15 "shock" -- but there's also -- at the same time what's
 16 going on is -- it's like, "No, he couldn't have died
 17 because that would mean I'd never get to see him again".
 18 Q. You at this time lived in Bo'ness?
 19 A. Yes.
 20 Q. How did you travel back from Glasgow to Bo'ness?
 21 A. I hired a taxi.
 22 Q. And what did you do during the taxi journey?
 23 A. I beg your pardon?
 24 Q. How did you use the time in the taxi?
 25 A. So, yeah, so once in the taxi back to Bo'ness, I did

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1 this mainly to confirm to Calum's mum the tragic news.
 2 On that trip -- on that taxi trip back to Bo'ness,
 3 I took calls from my son-in-law, my sister and brother,
 4 and had to break the awful news to them. It was
 5 a surreal journey.
 6 Q. The next thing that you talk about in the statement --
 7 and I'm now looking at paragraph 82 -- is collecting his
 8 possessions. Tell us about that.
 9 A. Okay. So:
 10 "Calum's cell would be police property for a few
 11 weeks. Until it was 'handed back' to the prison, we
 12 would not be able to retrieve ... personal belongings.
 13 When his cell was back in the hands of Addiewell again,
 14 my daughter ... and I arranged to collect Calum's items.
 15 On arrival at the prison we were made to sit in [what
 16 could be best described as] a glorified broom cupboard.
 17 And outside in an open common area for prison staff,
 18 there was a small group of [prison] officers shouting
 19 and swearing; having a general carry on. I thought this
 20 was very insensitive given the emotions that [my
 21 daughter] and I were experiencing being back in the
 22 place where my son and [my daughter's] brother had
 23 died."
 24 The same prison officer who had confirmed Calum's
 25 death to me on the phone, on the 24th, arrived with two

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1 small holdalls of Calum's property.
 2 "We knew immediately that something was wrong. We
 3 were aware, through Calum's friends, that he had a lot
 4 more property that wasn't being returned to us. Without
 5 going into the details here, we were effectively given
 6 about a quarter of what Calum had in his cell."
 7 Q. Do you know what happened to the remainder?
 8 A. So what we learnt was that the prison had decided,
 9 without consulting the family, to donate the majority of
 10 my son's belongings to a poor box, and my take from that
 11 was they had the administrative prowess to return to us,
 12 in one of the aforementioned holdalls, a pair of his
 13 bloodied boxer shorts that he had clearly used while
 14 coughing up blood but they couldn't hold on to
 15 sentimental items for us.
 16 Q. There was something else in the bag --
 17 A. Yeah.
 18 Q. -- that we'll refer to or that I referred to earlier.
 19 A. Yeah. Also, in one of the holdalls was a small sheet of
 20 paper with a list of names, numbers and addresses. At
 21 the top of the list was my name, my mobile number and my
 22 mum's address.
 23 Q. How does that sit with you, given the delay in informing
 24 you of the events of Calum's death?
 25 A. I'm puzzled by the fact that, on the visit I made to

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1 Calum in Saughton, I had to provide ID, which included
 2 my address at that time and my -- and a mobile phone
 3 number, so my thinking was that information should
 4 surely be on the prison system. So, yeah, I just --
 5 also, as I understand it, if Calum didn't have my --
 6 because I was Calum's next of kin and if he didn't have
 7 my contact details, it was the prison's duty to find
 8 that out.
 9 Q. I think that subsequently -- correct me if I'm wrong --
 10 I think subsequently the police arrived at your door.
 11 A. Yes, that's right, yeah.
 12 Q. Okay. Were you able to get a death certificate for
 13 Calum relatively quickly?
 14 A. Yes, we were. So we needed to obviously have that prior
 15 to his funeral and at that time the cause of death was
 16 unascertained, pending his post-mortem result.
 17 Q. And do you know how long it took for him to undergo the
 18 post mortem?
 19 A. I'm not sure. I'm not sure about that. All I know,
 20 that due to the pandemic, we were advised it would take
 21 four to six months to hear back from the Crown Office
 22 the result of that post mortem.
 23 Q. Now, the Crown Office were involved because they require
 24 to investigate any death in prison.
 25 A. That's right, yes.

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1 Q. So -- you told me this earlier -- how long ago is it
 2 that Calum died?
 3 A. It was 24 October 2021.
 4 Q. And have you received any final answer as to what the
 5 Crown Office were going to do?
 6 A. No, nothing.
 7 Q. Are you aware of the possible options which are
 8 a prosecution of someone, a fatal accident inquiry
 9 and --
 10 A. Yeah. Where we're at just now is that the police
 11 investigation is still ongoing and, until that is
 12 concluded, the fatal accident inquiry can't go ahead.
 13 Q. Yes. But you do know there's a mandatory fatal accident
 14 inquiry?
 15 A. Yes, yes, yes.
 16 Q. Do you have anything to say about the delay in the
 17 inquiries being concluded?
 18 A. I've not -- initially I was dealing with this on my own,
 19 between Calum's mum, sister and I. However,
 20 we've passed all communication over to our solicitor
 21 now, so ...
 22 Q. You move on in your witness statement at paragraph 98 to
 23 talk about the funeral.
 24 A. Yeah.
 25 Q. Where was that being dealt with? Was that being dealt

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1 with in your home area?
 2 A. Yes, in the town of Bo'ness, yes.
 3 Q. And that would mean it would be, for Government
 4 purposes, a Falkirk funeral?
 5 A. That's right, yes. Yes.
 6 Q. Was that changed in Calum's case because of
 7 difficulties -- well, difficulties in the capacity of
 8 the mortuaries?
 9 A. Yeah. So just reading from the statement:
 10 "We had a few issues to deal with prior to Calum's
 11 funeral. We used a local funeral director within
 12 Bo'ness. As it was assumed Calum had died of Covid, due
 13 to the restrictions currently in place for the Falkirk
 14 area, we were told we would not be allowed to see him.
 15 That caused a huge amount of distress for us all, but
 16 particularly [his] ..."
 17 Q. For your wife [sic] and daughter?
 18 A. Yes.
 19 "... particularly [Calum's mum and sister] as they
 20 had not seen [him] since my dad's funeral in
 21 January 2020.
 22 "However, because the local mortuary was full, Calum
 23 was transferred to Edinburgh, who were operating under
 24 different Covid guidelines. This meant we could view
 25 Calum ... albeit behind a glass panel."

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1 Q. Was the opportunity to view Calum something that was
 2 important to you?
 3 A. Absolutely, given the nature of Calum's death, where, to
 4 this day -- and I'm speaking for his mum and sister as
 5 well -- we're racked with guilt that we didn't do
 6 anything. We have the text messages to prove how his
 7 health was deteriorating right up until his death and
 8 I just feel a complete fool for trusting that he was in
 9 a place that he would be looked after and he was let
 10 down badly. I just can't forgive myself for not calling
 11 an ambulance myself or not even calling the prison, and
 12 I know people will say to me it wasn't my job to do
 13 that, but I was his dad.
 14 Q. At paragraph 102 you say that Calum was laid to rest on
 15 12 November 2021, two days before his 35th birthday.
 16 Were there restrictions on those who could attend the
 17 funeral?
 18 A. Yeah. At that time I'm aware that restrictions were
 19 being lifted, but there was still a limit, so we were
 20 restricted to 40 people, which I know at that time was
 21 really good compared to what other people have enjoyed
 22 and from a very selfish point of view I don't think
 23 I could have coped with many more people than that.
 24 Q. We've obviously seen physical evidence about the impact
 25 of Calum's death on you. Could you tell us a bit more

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1 about the impact on you?
 2 A. So:
 3 "The impact of Calum's lack of care and treatment in
 4 HMP Addiewell is that he received no care after he
 5 tested positive for Covid. What processes were in place
 6 for prisoners that tested ... for Covid? What about
 7 those who are not vaccinated and had asthma? Why was
 8 Calum not taken to hospital?
 9 "I don't think the prison knew what they were doing.
 10 Even if the situation had become unrecoverable, having
 11 Calum removed to hospital would have meant that
 12 [possibly his mum, sister and I] could have been by his
 13 side when he died?
 14 "The fact he died alone, despite clearly requesting
 15 help ..."
 16 That's an issue that needs major investigation.
 17 "Calum had asthma and Covid. Why did this not raise
 18 concerns?
 19 "My daughter ... who is a qualified nurse, always
 20 says you can tell how bad someone is from 'eyeballing'
 21 them. Why did no medical person take the time to
 22 physically look at [him]?"
 23 And then:
 24 "Why were we not informed about his passing ..."
 25 sooner than we did?

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1 Q. Can we move on to paragraph 119? I'm not trying to get
 2 you to miss the other paragraphs out.
 3 A. No, no, no.
 4 Q. Lord Brailsford will read them all. But paragraph 119.
 5 A. "For the first couple of weeks after Calum passed, I was
 6 contacting my daughter daily to find out where she was
 7 and if she was okay. I [had become] paranoid about
 8 losing another child.
 9 "I spent a lot of time in bed, often until the
 10 afternoon and not eating properly for about six months
 11 [or so] after [my son's] death.
 12 "[This] impacted massively on my ability to work,
 13 which led to financial challenges.
 14 "Emotionally, physically and financially, I have
 15 been affected. And still am."
 16 Q. Now, you talk about the impact also, very briefly, at
 17 paragraph 123, on your daughter and your ex-wife. You
 18 say there:
 19 "... [we] are all supporting [one another] ..."
 20 A. Yeah.
 21 Q. Can you tell us about that?
 22 A. Well, I've kind of described, you know, how it's
 23 impacted me, but when Calum's mum and I or Calum's
 24 sister and I would be together, it's then dealing and
 25 seeing their grief and feeling their grief, which just

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1 compounds your own. And speaking for them both, I can
 2 see that they've -- both Calum's mum and sister have,
 3 you know, developed an anxiety about the way he died.
 4 They're both nurses. They've both read the post mortem
 5 report. I haven't, but I know it must read like
 6 a horror story. I know they have nightmares about him
 7 being alone and being ignored in his final hours.
 8 They have both received medication to deal with that
 9 anxiety and they need that to maintain the ability --
 10 you know, using my daughter as an example, you know, to
 11 maintain the function to be a mum, a wife, to be able to
 12 go to work. And then my daughter hadn't spoken to her
 13 brother for some time and I know she's wracked with
 14 guilt about having that reconciliation -- to make up
 15 with him. That's been taken away from her. And this is
 16 continuous, you know.
 17 Q. You talk about "Lessons Learned" at the end of your
 18 witness statement, paragraph 124, and you say you want
 19 to ensure that this doesn't happen again.
 20 A. Yeah. So -- yeah, I mean, from day one Calum's mum,
 21 sister and I have said the outcome of this Inquiry needs
 22 to result in a process where this cannot happen again.
 23 If it prevents one family from going through what we
 24 are, it will be a positive result.
 25 Q. Sir, those are all the questions I wish to ask you.

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1 Hopefully you've had the opportunity to say everything
 2 that you want to say. Is there anything else that you
 3 need to say that you've not said?
 4 A. I guess in a way I'm just -- I often say that, when
 5 talking about Calum's death to family and friends and
 6 maybe not getting the response that I was looking for --
 7 I know that's maybe being selfish, but -- and I'll say,
 8 "Yeah, people don't get it", I'll say "People don't get
 9 it", but I actually don't want people to get it.
 10 I don't want there to be any other families --
 11 Q. That understand?
 12 A. -- sitting here, you know. So we just need to get to
 13 the truth with what happened, not just in my case but
 14 for all the families that are affected by COVID.
 15 MR CASKIE: Thank you very much.
 16 A. Okay.
 17 THE CHAIR: Yes, thank you very much, Mr Inglis. That's
 18 all.
 19 A. Okay, thank you.
 20 THE CHAIR: Right. Mr Caskie?
 21 MR CASKIE: 10 past, sir, if that's okay.
 22 THE CHAIR: Yes, I was going to say quarter past.
 23 MR CASKIE: All right. Quarter past would be better.
 24 THE CHAIR: Would it? All right, quarter past it is then.
 25 MR CASKIE: Very good.

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1 THE CHAIR: Thank you.
 2 (2.51 pm)
 3 (A short break)
 4 (3.26 pm)
 5 MR CASKIE: Hello, sir.
 6 THE CHAIR: Good afternoon, Mr Caskie.
 7 MR CASKIE: I have a witness for you this afternoon,
 8 a Mrs Bartlett. I'll just ask for her to be brought in.
 9 THE CHAIR: Please. Thank you.
 10 MRS JACQUELINE BARTLETT (called)
 11 MR CASKIE: Please have a seat.
 12 Questions by MR CASKIE
 13 MR CASKIE: Would you tell the Inquiry your full name,
 14 please?
 15 A. Yes, it's Jacqueline Bartlett.
 16 Q. We have all your contact details and we also have
 17 a detailed witness statement --
 18 A. We do.
 19 Q. -- from you.
 20 I'm going to start unusually at paragraphs 2 and 3
 21 of your witness statement. Could you tell us a bit
 22 about your own professional experience?
 23 A. I'm a registered nurse since -- I started as
 24 a registered nurse in 1988, worked in medicine for the
 25 elderly, assessment and rehab for most of those years,

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1 first at Bridge of Weir Hospital, moving to the
 2 Larkfield Unit in Inverclyde, where I was a senior staff
 3 nurse for years. I went back to university and did
 4 a conversion course, it was called, and then I went on
 5 and done a degree in gerontology with inter-professional
 6 working. Then I moved to Glasgow, a hospital falls
 7 co-ordinator role, and -- within the same health board.
 8 So I'd worked with Greater Glasgow and Clyde for
 9 34 years before moving to Ayrshire and Arran two and
 10 a half years ago to do a similar role. I set up an
 11 in-patient falls service and work within the quality
 12 improvement team.
 13 I'm a dementia champion. I went on and did my --
 14 I started my Masters in gerontology with dementia.
 15 I did my first year, passed my first year --
 16 Q. Congratulations.
 17 A. -- and then the pandemic hit and I just didn't go back.
 18 I work as an independent nurse adviser with the
 19 Scottish Ombudsman and I've done that for the last six
 20 years. And that's my ...
 21 Q. So you're very experienced in this field?
 22 A. Well, I'd say I've had a very busy nursing career, yeah.
 23 Q. We're here today to talk about your father, and he's one
 24 of the people that we can't name --
 25 A. Yeah.

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1 Q. -- so we'll just refer to him as "your father".
 2 A. Yeah.
 3 Q. I understand that your father was born on
 4 9 December 1947 --
 5 A. Yes.
 6 Q. -- and sadly died on 22 November 2020.
 7 A. Yeah.
 8 Q. I know that he had some strokes and so on later in his
 9 life, but tell me about your dad.
 10 A. So my dad was very much a West of Scotland man. He was
 11 an engineer. He worked in shipbuilding and various
 12 engineering companies throughout his career. In his
 13 younger days he was in the pipe band. He was a youth
 14 football referee. He volunteered at local youth clubs
 15 and he was an active member of his social club, which he
 16 enjoyed. He was quite a quiet man, very reserved, quite
 17 a proud man. He would have hated the way he ended up.
 18 And that was him.
 19 Q. Do you have any siblings?
 20 A. I've one brother.
 21 Q. Again, please don't name him and also don't name your
 22 mother.
 23 A. Hmm--hmm.
 24 Q. I understand from your witness statement that your mum
 25 and dad didn't live together towards the end of your

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1 father's life. Can you tell us about that?
 2 A. Yeah. My mum had started up a drug rehab unit years ago
 3 and she moved away to set that up, and that's what she
 4 did for many years. They remained married, they just
 5 didn't live together for about 20 years. They still
 6 owned the house together and, as Dad's illness has
 7 progressed and he became frailer, Mum became -- we all
 8 became his power of attorney. So my mum always dealt
 9 with his financial and his welfare side of things, so
 10 she was very much involved.
 11 Q. When Mum moved out, as it were, did anyone else move in
 12 to live with him?
 13 A. Not initially, no. My dad lived his--self for years
 14 until he had his strokes in his 60s and my brother was
 15 the person that would come in and check he was okay, but
 16 as things -- as he deteriorated, we had to get
 17 Social Work involvement and carers at home for him.
 18 Q. So carers were going in to assist --
 19 A. Yeah.
 20 Q. -- your father? How often would they go in and for how
 21 long?
 22 A. So initially, when he had his strokes, he was able to
 23 live his--self. He had some visual impairment and
 24 mobility impairment. But with my brother going in and
 25 out and my dad -- supporting him, Dad could manage at

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1 home.
 2 As the years progressed and his cognition -- he
 3 ended up getting a diagnosis of mixed dementia, vascular
 4 and Alzheimer's, and also he'd other health conditions,
 5 he became frailer. So his mobility was affected and
 6 then we had to get care in initially twice a day,
 7 increasing it up to four times a day, so he had a full
 8 package of care. He had two carers in the morning for
 9 his personal care, getting him a shower, getting him up,
 10 getting his breakfast, medication, they came in at
 11 lunch, personal care, medication, lunch, evening meal,
 12 and then tuck in at night, where they were putting him
 13 into bed and getting him settled.
 14 Q. Was that provided by the local authority?
 15 A. It was through a -- I think it was arranged through
 16 them. I don't know if I can name them or not, but they
 17 were very good.
 18 Q. So the care package that was in place was a positive
 19 thing for your father --
 20 A. Yeah.
 21 Q. -- and for the family?
 22 A. Yeah.
 23 Q. And you regarded that care as good?
 24 A. Yeah, aye, they were very good. There were carers that
 25 were consistent and Dad related to them okay. There was

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1 a lot of older men that he related well to and then even
 2 the younger ones that came in, they knew him well and it
 3 was fine.
 4 Q. You talk at paragraph 12 about a blood condition that he
 5 developed.
 6 A. Hmm--hmm.
 7 Q. Can you tell us about that in terms of its impact on
 8 your dad?
 9 A. He was diagnosed with essential thrombocythemia. That's
 10 a chronic blood cancer affecting mostly your clotting.
 11 It didn't really affect him much. We took him up to the
 12 haematology unit for appointments. He got chemotherapy
 13 tablets Monday to Friday, which my brother would
 14 administer. But really it didn't -- it was a chronic
 15 condition. It didn't have a huge impact on him.
 16 Q. At paragraph 13 you describe your father's condition as
 17 "deteriorating" but he always knew who you were?
 18 A. Yeah. Well, he knew the family, he knew everyone. He
 19 had three grandchildren and at that point four
 20 great-grandchildren who he all knew and recognised.
 21 Even though his dementia was progressing, his use of
 22 language -- he couldn't say many words at that point,
 23 but he still enjoyed the family come in. We believe he
 24 recognised us right up to the end. There was never
 25 anything to suggest he didn't.

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1 Q. And when lockdown happened, where were you working at
 2 that time?
 3 A. I was working in the Queen Elizabeth.
 4 Q. Doing what?
 5 A. In-patient falls.
 6 Q. And then, when lockdown happened and the pandemic hit,
 7 did that change?
 8 A. Yeah. So there was five of us in our team, working
 9 across Greater Glasgow and Clyde, doing this specialist
 10 role. So it was agreed -- because we couldn't do all
 11 elements of our work. We couldn't do education anymore
 12 because things were -- it was down to essential services
 13 at that point. So we agreed that three of the team
 14 would be redeployed and two of the team would stay and
 15 continue the workload that was remaining.
 16 I went to Inverclyde Royal at that point, and what
 17 I was to do was to -- front door -- the front door at
 18 Inverclyde Royal. So it was a new service that was
 19 being set up just to really organise the footfall of
 20 people coming in and out. So that's where I went.
 21 Q. And did the family arrangement change? Did your
 22 brother --
 23 A. Yeah.
 24 Q. -- do something significant at that time?
 25 A. Yeah, well, we kind of -- we discussed obviously that

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1 everything was shutting down at that point and we didn't
 2 want carers coming into Dad, with him being so
 3 vulnerable. He needed full care, but we couldn't risk
 4 for maybe eight or ten people coming into the house,
 5 going to different houses. So my brother says -- he
 6 agreed, very selfless, to move in with Dad full-time and
 7 just to cancel the carers. Myself, working in
 8 healthcare, my partner worked in healthcare, so we were
 9 still having to go to work. So it was agreed that my
 10 brother would move in, we would deliver him lots of
 11 goodies and just come up and wave through the window,
 12 and that was agreed. So we cancelled the carers at that
 13 point and then my brother moved in full-time.
 14 Q. And as time went on, did your brother find that
 15 difficult, challenging?
 16 A. Yeah, because, I mean, Dad couldn't walk, he needed
 17 a steady for transfers, he had a catheter, he was
 18 vulnerable. He had lots of different needs and,
 19 obviously, my brother was locked in a house basically
 20 with somebody fully dependent on him without a break.
 21 So, as time went on, things started to lighten up a wee
 22 bit in society, people were starting to move about a bit
 23 freely, and that's when we had to think about getting
 24 carers back in because my brother was exhausted,
 25 understandably so.

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1 Q. At that point did you think about respite care?
 2 A. Yeah, we did. Initially we started the carers back
 3 twice a day, so they started to come in the morning and
 4 night to help with the heavy workload, the showering and
 5 the bedding down at night, and then we discussed respite
 6 care, whether we could maybe arrange for Dad to go into
 7 respite for a long weekend, just to give a full break.
 8 Q. And was that possible? Was it possible for him to go
 9 in?
 10 A. Yeah, we had a really good social worker and he had
 11 arranged us a respite care before, so he went into
 12 respite and it was successful. Dad was not distressed
 13 and he was well looked after and we thought we could
 14 maybe try that again. But unfortunately the place
 15 didn't re-open after the initial lockdown and the next
 16 suggestion was a nursing home.
 17 Q. Was an assessment carried out before he went anywhere?
 18 A. Yeah.
 19 Q. Tell me about that.
 20 A. So the nursing home we'd agreed to, I'd previously
 21 worked with the manager and very much respected her as
 22 a nurse and I thought it would be a good place to be.
 23 So the deputy manager came up to the house and did an
 24 assessment on Dad's needs. My mum and my brother were
 25 there. I wasn't there at that point.

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1 Q. You talk at paragraph 25 about a document produced by
 2 Alzheimer's Scotland --
 3 A. Yes.
 4 Q. -- titled "Getting to Know Me".
 5 A. Hmm--hmm.
 6 Q. Can you tell us what that is?
 7 A. Well, I suppose it's a document that's produced to help
 8 people understand the person who has a diagnosis of
 9 dementia, so you know about their life, their needs,
 10 their likes or dislikes, their family, their background
 11 and how they manage with all their activities of daily
 12 living. They're very useful within hospitals for
 13 understanding people who come in with dementia and it
 14 gives you something to have conversations with, "Oh, you
 15 were an engineer", "Oh, your daughter, your son, you
 16 have a family". So I had completed a full "Getting to
 17 Know Me" for dad prior to going into the nursing home.
 18 Q. Does that also contain details about his medical
 19 conditions?
 20 A. Yes, everything.
 21 Q. Normally, if it was being completed by a lay person such
 22 as myself, that would just outline the nature of his
 23 obvious problems.
 24 A. Yeah.
 25 Q. On that form, did you identify anything specific about

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1 your dad's breathing?
 2 A. Yes. I said that Dad had been a smoker for many years
 3 and he coughed -- he coughed all the time. I mean, that
 4 was just what he did. He took his time eating his meals
 5 because he was -- his swallowing was getting delayed and
 6 slower with his progression of dementia, so we used to
 7 cut up his food, he had softer portions, and -- but he
 8 would cough and that would be not unusual. We wouldn't
 9 worry about that.
 10 Q. But that was identified on the form?
 11 A. Yeah, yeah.
 12 Q. How did he physically get to the care home?
 13 A. Mum had purchased previously a car, it was a wheelchair
 14 accessible car, so we did have that. We could take Dad
 15 out in that anyway. So he had a wheelchair and we had
 16 the car, so Mum and I took him up in the car to the
 17 nursing home.
 18 Q. And then what happened on arrival?
 19 A. Well, on arrival we couldn't get through the door and
 20 they wouldn't let us in. They said that the nursing
 21 home had been locked down because a staff member had
 22 tested positive and we couldn't get him through the
 23 door.
 24 Q. So they weren't going to let him in?
 25 A. They were letting him in. They weren't letting us in to

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1 take him in and get him settled. So he could come in
 2 but we couldn't.
 3 Q. How did you react to that suggestion?
 4 A. Well, the first thing we said was, "Well, you don't know
 5 him. You know, you don't know what he needs". But we
 6 were reassured that a good assessment had been carried
 7 out prior to coming up there. We'd also been told that
 8 we could visit while he was in. We could have three
 9 family members from two different households. There was
 10 a special place to visit. I said, "What about
 11 visiting?"; "Oh, you can't visit". I says, "We were
 12 told there's a special place", and that was one of the
 13 reasons that we were reassured that we would place him
 14 in the nursing home. We asked to speak to the deputy
 15 manager, and he came out, and this was the same person
 16 who had done the assessment at home. It was denied that
 17 there was any visiting mentioned and also saying that he
 18 would have to isolate for two weeks in his room. We
 19 were thinking --
 20 Q. Had you been forewarned about that?
 21 A. No.
 22 Q. No?
 23 A. No.
 24 Q. Now, whilst you were at the front door, what was going
 25 on around you?

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1 A. Well, there was a lot of staff about. Some staff were
 2 going past us, going in and out the unit.
 3 Q. Were they wearing PPE?
 4 A. They had masks on that I could remember, yeah. That was
 5 all I can remember at that point.
 6 Q. Did you know what they were going out for?
 7 A. Well, at one point -- the next time when we came up to
 8 visit, staff were visibly going out for cigarettes and
 9 there was a point where we saw several staff members sat
 10 in a car, smoking.
 11 Q. So you take your dad up, they say, "You're not coming
 12 in. We'll take him in" --
 13 A. Hmm--hmm.
 14 Q. -- are you then in touch with the care home to find out
 15 what's going on?
 16 A. Yeah, we had -- before we left, we asked for somebody --
 17 one of the nurses to come from the unit he was going to
 18 be placed in to have a discussion with them. It was one
 19 of the nursing assistants that came down, and he says it
 20 would be fine. And I says, "Look, he can't walk. He
 21 needs a steady. Please don't try and make him walk.
 22 I've put a 'Getting to Know Me'. It tells you all about
 23 him". We had all his medications, we had foods that he
 24 liked to eat. So that was before he left us, and we
 25 went away thinking, "Is that the right thing to do?",

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1 you know. It haunts us to this day that we actually
 2 left him, but ...
 3 We phoned every day, so the next -- that night
 4 obviously we phoned, "How's he been?". He was settled
 5 and for the first couple of days he seemed to be fine.
 6 He's up sitting, he's settled, he's ate all his meals,
 7 and that was fine, we were okay, but we were phoning
 8 every day, twice a day, just to see how he was.
 9 Q. And on the third day?
 10 A. So on the third day, that's when things changed. We
 11 phoned up. Dad had had a chest -- he'd had a coughing
 12 episode, which we said was absolutely normal. We were
 13 told that he had to be suctioned, so they had to put
 14 a suction catheter down his throat. They were worried
 15 that he had aspirated. And I'm saying, "Dad coughs. He
 16 takes a softer diet. He needs to be up sitting", and
 17 I was concerned at that point. I thought, "He's in for
 18 respite. He's come in medically stable. Three days
 19 later you're putting a suction down his throat", and
 20 I was not happy.
 21 Q. At paragraph 36 in the witness statement, you talk about
 22 a subsequent conversation --
 23 A. Yes.
 24 Q. With a nurse called [redacted] -- sorry.
 25 THE CHAIR: Yes, we'll take that out, Mr Caskie.

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1 (A short break)
 2 MR CASKIE: Hello again, sir. Sorry about that.
 3 I was asking you about much later on, when you spoke
 4 to a nurse who had carried out the suction catheter.
 5 Can you tell me about that conversation?
 6 A. I think it was, I suppose, played down. A couple of
 7 days after Dad went into hospital, and we'd asked to go
 8 up and speak to the manager and the nurse was there.
 9 I was just looking for reassurance of what kind of
 10 tubing they had used because Dad's mouth was in
 11 a terrible mess. When he got into hospital, he
 12 couldn't swallow, his tongue was swollen. And the
 13 nurse basically says, "Oh, they just put the tube in and
 14 out. It was a fine bore tube and it just -- in and
 15 out", so ...
 16 Q. Were you satisfied with that?
 17 A. No, I wasn't satisfied at all. I think what
 18 dissatisfied me most, they had called the GP practice
 19 and spoke to the nurse practitioner. I later got hold
 20 of those notes of conversations -- got hold of Dad's
 21 notes from the nursing home. His observation charts --
 22 everything was fine, his observations were fine. I felt
 23 he didn't require treatment. It was a normal cough for
 24 him. I felt as if he was unwell at that point, he
 25 should have been seen by a GP. He should have been

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1 taken to hospital. He could have had his bloods checked
 2 to see if there were signs of an infection. But he was
 3 prescribed a large amoxicillin 500, an antibiotic,
 4 without being seen by any practitioner.
 5 Q. Do you know who wrote the prescription?
 6 A. Nurse practitioner.
 7 Q. Right.
 8 A. Hmm--hmm. Yeah, and I did question them about this
 9 afterwards. They says that they took the words from the
 10 nurses, that he needed an antibiotic to recover from
 11 a chest infection.
 12 Q. Can I ask you, do you know what the pills physically
 13 look like?
 14 A. Yeah, it's quite a large capsule to swallow, yeah.
 15 Q. Right, and did your dad have difficulty swallowing?
 16 A. He did. He was on a softer diet. He had a delayed
 17 swallow. He wasn't on a lot of tablets. The ones he
 18 did were -- they were quite small -- he managed to take
 19 with fluids. But I don't think he actually really
 20 swallowed them because he had a terrible sore mouth. He
 21 couldn't -- his tongue was swollen to twice the size
 22 when we managed to get hold of him again and see him
 23 again. So we believe that they were probably lying in
 24 his mouth, maybe melted there, causing irritation in his
 25 mouth, so -- I don't know. I mean, we were also told by

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1 one of the nurses they had to put their fingers in his
 2 mouth to get foods out from the back of his throat, and
 3 these things were all within the first few days of being
 4 in respite, which really distressed us, so much so that
 5 we went up to try and get in.
 6 Q. Aha.
 7 A. So on the fifth day, you know, the conversation the
 8 night before with the nurse in charge of the dementia
 9 unit had said that Dad was lying in a frog-like
 10 position, "Was this normal?", and we were saying, "No".
 11 And we were really concerned. We were saying, "Look,
 12 this is not him. I'm going to come up tomorrow and
 13 I want to do a welfare check. We want to come in and
 14 check he's okay. Can my brother and I come up?". And
 15 we were told, "You can't come in, the place is shut",
 16 but we went up and --
 17 Q. Did you explain your background?
 18 A. Hmm--hmm. Yeah.
 19 Q. And did you speak to people there?
 20 A. We went up the next morning, my brother and myself. So
 21 we went up and we spoke to the nurse in charge of the
 22 dementia unit and also the nurse who had done this
 23 suction tubing. They were at the door.
 24 Q. And were they wearing PPE?
 25 A. They had masks on that I could see, yeah.

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1 Q. Aye.
 2 A. We weren't allowed in. We were kept through a crack in
 3 the door.
 4 Q. And did you indicate that you were a working nurse, as
 5 it were --
 6 A. Hmm--hmm.
 7 Q. -- and presumably therefore they would know you knew
 8 about PPE?
 9 A. Yes. I mean, I says, "Anybody could walk in". I mean,
 10 the maintenance man walked past us as we were standing
 11 there, going into the unit, which was -- staff were
 12 going out for cigarettes as we were standing at the door
 13 trying to get in, pleading. I says, "We'll put on
 14 a mask, you know, we'll clean our hands. We'll do the
 15 same as you. I just want to walk into that room and see
 16 that he is okay because he didn't sound it". He was
 17 deteriorating and we could tell because -- he went in
 18 for respite but at day five it sounded to me as if he
 19 was very unwell.
 20 Q. At paragraph 40 you say a question was asked of you that
 21 caused you concern.
 22 A. At that door we were asked did we think Dad had
 23 dementia, which was unbelievable since he was in
 24 a dementia unit and it was pretty evident -- we had got
 25 Dad a mental health assessment a few weeks before that

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1 from -- the older people's mental health team came out
 2 and it was to do with his care at home and we just
 3 wanted to get an updated assessment. The many mental
 4 tests they did is out of 30 points and Dad got one, and
 5 that was only because he guessed the day of the week,
 6 and that was just -- and we were laughing because
 7 he said it was Thursday and it was a Thursday, and that
 8 was ... so he had no capacity, you know, and it was just
 9 another blow.
 10 Q. Yeah, even a stopped watch is correct twice a day.
 11 A. Yes.
 12 Q. Paragraph 44, you take a fairly significant decision --
 13 A. Yeah.
 14 Q. -- in relation to your dad. Tell us about that.
 15 A. So Dad was to be in the nursing home for a two-week
 16 period, so it got to day seven and we were just too
 17 distressed. We knew that we couldn't get in to see him,
 18 we'd tried to get in, we'd been up at the door, and Mum
 19 and my brother took the car up and they told them to get
 20 him ready, they were taking him out. So Mum and brother
 21 drove up to the nursing home, Dad was sitting in his
 22 wheelchair waiting, and took him home. I was driving
 23 down from work that day and met at the house. They'd
 24 already lifted him into his bed. He was so -- oh, my
 25 goodness, he was dying. He was so ill. Mum had phoned

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1 a speech therapist because he couldn't swallow anything.
 2 She'd phoned his district nurse, who knew him really
 3 well. He'd pressure damage as well on his bottom.
 4 Q. I'll ask you about the district nurse in a second.
 5 A. Hmm--hmm.
 6 Q. But you said he was dying --
 7 A. In my opinion, yeah --
 8 Q. Were you saying that in your professional capacity as
 9 a nurse?
 10 A. Yes. He was dying. If he'd been in there for another
 11 few days, I believe he would not have survived.
 12 Q. Okay. You talk about the district nurse. Tell me about
 13 that. How did that come about?
 14 A. When Mum got him home, he had a hospital bed in the
 15 house, he had a pressure-relieving mattress, he had
 16 everything he needed at home, so they put him into bed
 17 and he was just so flat. He was delirious, he was in
 18 pain, he was frightened. Mum phoned --
 19 Q. What was he in pain from?
 20 A. Well, for some reason his hip -- he was lying with his
 21 left hip externally rotated, so the leg was lying to its
 22 side, and we thought, "Has he had a fall or is it
 23 dislocated? What is wrong with this hip?", because
 24 every time we touched him, he was in pain. Latterly, he
 25 got a x-ray and there was nothing to show on it, but it

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1 was probably because he was so deconditioned and so
 2 unwell, he was lying in that position.
 3 So Mum had phoned the district nurse, who came right
 4 up —
 5 Q. Did she know him?
 6 A. Oh, she knew him well and she was very upset, and she
 7 says, "What have they done? What have they done to
 8 him?". And she checked, and he had pressure damage to
 9 his bottom which — he didn't have any breaks in his
 10 skin when he went in. So she put a dressing on that.
 11 Mum had phoned the GP because we were so concerned about
 12 him.
 13 I took pictures that day and they were — they're
 14 haunting. The GP came up right away. The speech
 15 therapist gave some advice over the phone, but at that
 16 point the GP had come up within — literally within
 17 a couple of hours, and he'd arranged an ambulance to get
 18 him straight to hospital.
 19 Q. Did he arrange that before or after he saw your dad?
 20 A. After he saw. He came up pretty quick. Within four
 21 hours of Dad being home, he was in an ambulance going to
 22 the hospital.
 23 Q. At paragraph 50 — can I just check? — is this the
 24 hospital that we're talking about? Is this the hospital
 25 that you work at?

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1 A. No, this is the one I was redeployed to. Can I mention
 2 the hospital? No.
 3 Q. I think you can, yes.
 4 A. So it was Inverclyde Royal. That's our local hospital,
 5 so it's the one nearest to our home. Although I worked
 6 in the Queen Elizabeth, I had been redeployed to the
 7 front door, but that was for the four-month period at
 8 the start of the pandemic. One of the roles I had at
 9 the front door was footfall, you know, getting people in
 10 and out. There was essential visitor guidance that was
 11 issued to staff or — that I remembered, and I knew
 12 about essential visiting, and I had phoned ahead the
 13 hospital before — when Dad was in the ambulance and
 14 just said to the staff — I spoke to them in accident
 15 and emergency — that "I'll be Dad's essential visitor
 16 when he comes in. He's got a diagnosis of dementia".
 17 Q. So he gets taken up to the hospital in an ambulance —
 18 A. Yeah.
 19 Q. — and you go up and you can access him?
 20 A. Yeah, I was with him the whole time in the hospital.
 21 Q. Presumably, if he's arriving in the circumstances that
 22 you describe, he goes into A&E?
 23 A. Hmm—hmm.
 24 Q. What happens at A&E?
 25 A. Well, I was with him and the doctor came in and gave him

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1 a really good, thorough examination. He had oxygen
 2 started. They took his bloods. He went for a chest
 3 x-ray. He also went for a hip x-ray. He was started on
 4 IV fluids. He'd severe acute kidney injury at that
 5 point. His inflammatory markers were high. His chest
 6 x-ray was clear for some reason, but they started him on
 7 IV antibiotics as well. He was nil orally because he
 8 couldn't swallow and he was referred to —
 9 Q. Just hang on a second. We've lost Lord Brailsford.
 10 THE CHAIR: I can hear you and I can see you.
 11 MR CASKIE: You can see us?
 12 THE CHAIR: I can see you and I can hear you.
 13 MR CASKIE: I'm very sorry you can see me, but are you
 14 content for us to continue?
 15 THE CHAIR: I think so, if you're prepared to believe that
 16 I can hear you and see you.
 17 MR CASKIE: Well, you're certainly able to communicate with
 18 me.
 19 THE CHAIR: Yes.
 20 MR CASKIE: Yes?
 21 A. Yes.
 22 Q. Okay.
 23 Can you tell me how your dad appeared in himself?
 24 You've spoken a lot about medical conditions, but as
 25 well as being a highly qualified, experienced nurse,

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1 you're also a daughter.
 2 A. Hmm—hmm.
 3 Q. Tell me how he was.
 4 A. Och, he just looked frail. He just — he looked
 5 terrified. He was scared. He had a delirium, so he was
 6 quite hypoactive as well. He was really flat, just kind
 7 of looking about the room. That was all he was really
 8 doing then. So they checked his mouth as well and his
 9 tongue was just so swollen, so he couldn't really
 10 communicate, he couldn't take a drink, and he'd cuts at
 11 the back of his throat as well once he was assessed by
 12 the speech therapist. But he never ever swallowed again
 13 after that.
 14 Q. Do you know — are you able to speculate or do you know
 15 what caused the scratches at the back of his throat?
 16 A. No. I mean, the speech therapy had done a really good
 17 assess — in fact they followed him all the way through
 18 his hospital journey. They were really, really good.
 19 Although with people with dementia, they're swallowing
 20 can, you know, be affected to the point where they don't
 21 swallow, it was just such a rapid stop. I believe that
 22 it was because his tongue was so swollen, his mouth was
 23 raw. No, I don't know what caused it. I wondered if it
 24 was the antibiotics had maybe been on his tongue. We'd
 25 also agreed that he would get a CT brain to see if he'd

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1 had another stroke or anything, which was negative,
 2 so — yeah.
 3 Q. At paragraph 53 you talk about initiating a conversation
 4 regarding DNAR.
 5 A. Hmm—hmm.
 6 Q. Can you tell us about that, what that process was for
 7 you?
 8 A. Yeah, so when Dad was — when they were finished all the
 9 initial assessments in accident and emergency, they said
 10 he was to be admitted, so he was going up to the
 11 receiving ward and again I was able to go with him. The
 12 nurse was really good when we come in. Dad got settled.
 13 I was able to write out another "Getting to Know Me"
 14 document and help with his admission. The doctor came
 15 in and saw him, and it was like myself — I'd phoned my
 16 mum and my brother and I says, "Look, they're going to
 17 mention DNAR so let's have a chat now", I says. "In the
 18 unlikely event Dad has a cardiac arrest, he will not
 19 survive and really let's decide now". So we decided to
 20 initiate that conversation. So I spoke to the doctor —
 21 I mean, she agreed with me, that it would be futile if
 22 Dad did have a cardiac arrest, so a DNR was put in place
 23 at that point and that was with our agreement.
 24 Q. At paragraph 54 you talk about — you obviously had been
 25 in with your dad up until that point, but you talk about

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1 a change there.
 2 A. Yeah. So he was in the receiving ward for about
 3 24 hours and then he was moving down to the medical
 4 ward. I just say that Mum — we spoke between ourselves
 5 and Mum says — because I was still working and Mum
 6 would just go in as an essential visitor and just said
 7 that she'd come up every day and visit, and nobody ever
 8 challenged that. That was accepted and that's what Mum
 9 did the whole way through. So she would FaceTime every
 10 day when she was up as he was slowly recovering.
 11 Q. You talk about testing for COVID at 55.
 12 A. Yeah.
 13 Q. Tell us about that.
 14 A. I think the rules at the time within the health board
 15 was that anyone over the age of 65 was getting a COVID
 16 test on admission and then every four days throughout
 17 their admission to hospital — three or four days.
 18 I can't remember what it was. So he'd had COVID tests
 19 in the hospital which were negative.
 20 Q. At 56 you talk about essentially he seems to be getting
 21 a little better?
 22 A. Yeah, I mean his kidney function had went back to normal
 23 again. He was brighter. He still wasn't swallowing.
 24 They tried a nasal gastric tube with the speech
 25 therapist and that worked for a few days till Dad swiped

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1 it out. He was — oxygen was off all that again and the
 2 physios were in, just working with him, mostly in bed
 3 because they still couldn't get him to maintain his
 4 sitting balance after that, so they were just working
 5 while he was in bed to keep his muscles moving.
 6 Q. The room that he was put in, tell us about that.
 7 A. So it was a four—bedded room. There were other men in
 8 the room. That could have changed throughout the time,
 9 but when Mum was going up, it was a four—bedded room he
 10 was in the whole time.
 11 Q. Did anyone show any symptoms of COVID whilst he was in
 12 there?
 13 A. Yeah. So he'd been in for maybe almost two weeks at
 14 that point and there was a gentleman in the next bed who
 15 was symptomatic, coughing, spluttering, oxygen on, which
 16 did raise some concerns with Mum at the time because she
 17 did comment when she came home, "Oh my goodness, the man
 18 in the next bed was really sick".
 19 Q. Did you find out why he was in a shared room later?
 20 A. Yeah, we did put in a complaint to the health board —
 21 not about care and treatment. Care and treatment was
 22 great. I can't complain about anything — but really
 23 just about COVID itself and saying that Dad had been on
 24 the shielding list but that had been stopped, I think,
 25 the August/September. So this was now October. And the

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1 health board said that they just didn't have enough
 2 single rooms to accommodate people who were frailer,
 3 which — that's understandable, so they can't do it for
 4 everyone.
 5 Q. You talk at 58 about the possibility of him moving on
 6 into another care unit.
 7 A. Yeah.
 8 Q. Why would that be?
 9 A. Well, the Larkfield Unit is connected to
 10 Inverclyde Royal, so that's an assessment and rehab unit
 11 for older people and gives time to people for a slow
 12 rehabilitation, so it was really — Dad was probably
 13 going to be in for a while until he was able to eat and
 14 drink again and get up and moving. So the Larkfield
 15 Unit was the place he would be referred to.
 16 Q. Right, and on 18 November something happened that
 17 prevented that?
 18 A. Yeah.
 19 Q. What was that?
 20 A. So I got a phone call that day from one of the nurses to
 21 say that Mum couldn't visit any longer as Dad had tested
 22 positive for COVID.
 23 Q. And what was your reaction to that?
 24 A. Well, we were pretty shocked at that point. We're
 25 thinking, "Oh, he's come through all this, he's getting

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1 medically stable, we're thinking about moving forwards
 2 and now he's got COVID and he's obviously got COVID in
 3 the hospital".
 4 Q. Did you get the information that he had tested positive,
 5 as it were, through formal mechanisms, like someone
 6 speaking to your mum when she was in?
 7 A. No, it was a phone call to me, which was fine. We were
 8 both down as next of kin. But it was really just to say
 9 that -- I suppose what bothered me a wee bit, they
 10 didn't say it was hospital-acquired COVID. It was,
 11 "Your dad's got COVID and no more visiting". It was
 12 really -- I would have expected maybe something about --
 13 and the health board said that, you know, that we should
 14 have had a discussion, because Mum had no -- Mum had
 15 been up visiting the day before, so really just for her
 16 to go and get a test and take precautions.
 17 Q. She wasn't told to go and get a test?
 18 A. No. I'd arranged one anyway, so she went and she was
 19 fine.
 20 Q. A few days later you get a phone call from your dad's
 21 consultant.
 22 A. Hmm--hmm.
 23 Q. Tell me about that.
 24 A. So the consultant had phoned really just to say that Dad
 25 was dying, you know, he was going to have to go into

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1 a side room and really that the COVID was the last thing
 2 he needed, you know, he'd been progressing okay, and
 3 that I could come up or we could come up and be with him
 4 because he was now at end-of-life care.
 5 Q. And did you?
 6 A. Hmm--hmm. So it was agreed again that I would be the
 7 person that would go up this time, so I went up and just
 8 sat with Dad and sat with him for about ten hours. PPE
 9 was provided, you know, outside the room. I had a full
 10 gown, I had a visor, I had gloves. I had everything
 11 I needed and I just sat with Dad. He was unresponsive,
 12 but he was fairly comfortable. Ironically I went home
 13 to get a shower because I thought he was quite stable
 14 and then I got a phone call saying he had passed away,
 15 so I went back up after that.
 16 Q. Did you get the death certificate?
 17 A. No, we got told we would get the death certificate the
 18 next day, but when I went up to get it, it had been
 19 reported to Procurator Fiscal so --
 20 Q. Do you know why it was reported to the Fiscal?
 21 A. Yeah, I do. The hospital or the board had made
 22 a decision to report any hospital-acquired COVID or
 23 COVID to the Procurator Fiscal, and I spoke to Mum and
 24 I said, "We'll expect a phone call from the police.
 25 They will ask you questions", and then, latterly, the

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1 death certificate was emailed to us.
 2 Q. You provide very brief details in relation to the
 3 funeral --
 4 A. Hmm--hmm.
 5 Q. -- but you indicate that you basically -- it was the
 6 same for everyone at that time. Nothing particularly
 7 bad in your experience.
 8 A. No. Dad had already paid for his own funeral -- well,
 9 Mum had arranged all that anyway, so it was seamless we
 10 didn't have anything to. It was just a case of -- it
 11 was getting organised. There was only 20 people
 12 allowed, which was actually probably what he would have
 13 liked. It was quiet and then all the family went away
 14 and we had a nice breakfast and then that was it, so we
 15 were quite happy with that.
 16 Q. At paragraph 67 you indicate that you had made
 17 a complaint.
 18 A. Yeah, several.
 19 Q. Several. Tell me about that and the response.
 20 A. Do you want the nursing home complaint first?
 21 Q. No, not yet.
 22 A. Right. So the complaint to the hospital was not about
 23 care and treatment, and I have to stress that because
 24 care and treatment was good. He was treated well and he
 25 was given every chance by all the nurses, the EHP,

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1 speech therapists, physios, consultants. It was just
 2 the fact that he'd got COVID in hospital. You know,
 3 there was a symptomatic patient in the next bed.
 4 I think it was about Mum not getting a phone call for --
 5 given this is hospital-acquired and this is a process
 6 with the Procurator Fiscal, et cetera, and really advice
 7 for herself, so that was what that was about.
 8 Q. You say at paragraph 67 that you got some kind of
 9 response from the hospital.
 10 A. Hmm--hmm. Yeah, we got a response. Obviously they
 11 can't -- there was a symptomatic patient, but they can't
 12 reveal other patients' medical -- so they just said that
 13 COVID was acquired in the hospital and that was
 14 the first we'd got it on paper that it was
 15 hospital-acquired -- because I wasn't sure of the rules.
 16 You know, you had to be in for so many days before it
 17 was classed as hospital-acquired. There was also
 18 a staff out -- there was an outbreak in the ward, the
 19 ward was closed and staff members had also tested
 20 positive, and that was one of our questions, "Well, how
 21 many staff were tested positive?", but we never got any
 22 answer to that.
 23 Q. Could you read paragraph 67 aloud?
 24 A. Yeah.
 25 "When I made the complaint, the consultant said that

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1 some [of the] staff let their guard down a little in the
2 second wave, but the care was good, consultants
3 excellent, speech [and language] therapists and physios
4 were fantastic. Dad had the best shot he could have had
5 [while in] hospital."

6 It was neglect from the nursing home that I was most
7 unhappy about.

8 Q. And tell us about that, please.

9 A. So we did put in a complaint. Mum put in all the
10 complaints for all these areas, and there was nine heads
11 of complaint, starting from the assessment at home,
12 which was -- when I got hold of that assessment later,
13 it was not the standard I would have expected. They
14 didn't use the "Getting to Know Me", they didn't let us
15 in, essential visiting, skin breakdown, deteriorating
16 patient. They didn't get him escalated when he should
17 have been, when he was clearly very unwell.

18 I had correspondence with the owners of the care
19 home group and they were really good. They did respond
20 and they upheld the majority of the complaints.

21 A significant action plan was put in place. We did meet
22 initially with the care home manager, and she was not
23 there at that week when Dad was in. I believe if she
24 was there, we would have got in, which is something
25 I would have wanted to say.

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1 Three members of nursing staff were put on
2 performance management. They were not referred to the
3 NMC. I was given the option that I could have referred
4 them, but I chose not to because, you know, I didn't
5 know what was going on in there and I didn't know what
6 level of training they needed, so that -- I was happy
7 with what that -- where it went there, and that was the
8 end of that.

9 I went to the Care Inspectorate because there was
10 some things I still wasn't happy about, some -- if only
11 they had read the "Getting to Know Me", if only they had
12 read -- and I says, "Well, that was an extra. That was
13 an add-on. You should have had all that information in
14 your assessment". And the Care Inspectorate really said
15 that they were planning to do an unannounced visit, they
16 wouldn't be taking my complaint -- our complaint
17 forward, but they did liaise a wee bit between us and
18 management to get some further questions answered. And
19 that's when we found out about the performance
20 management and the three members of staff been under
21 that, which was reassuring.

22 Q. Did you think the Care Inspectorate response to you was
23 adequate?

24 A. I suppose I don't really know what I expected.

25 I think -- I suppose, when you're making a complaint,

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1 you're highly emotional and angry, so when I reflect
2 back now, probably they wouldn't have done any more.
3 You know, I think they said they were working at home,
4 they weren't going in, they had planned an unannounced
5 visit. I would have probably liked some feedback to
6 say, "Well, what did you find in your unannounced
7 visit?", but I never ever really went back and looked to
8 see if that was published because obviously I was
9 concerned there was other people in there whose families
10 can't see them, but that was an end to that. So I was
11 quite -- I was happy with the response from the nursing
12 home group. I think they handled the complaint really
13 well.

14 Q. You say at 72 -- and I think you've already said this --
15 that if you hadn't taken your dad out of the nursing
16 home when you did, he would have died earlier.

17 A. I believe so, yeah. I really do. He was so ill when we
18 had him home, and the fact he was in an ambulance four
19 hours after coming home says that he needed hospital
20 care, you know, and he got immediate intervention which
21 was needed.

22 Q. At paragraph 80 you say the biggest thing for families
23 was not being able to see their loved ones.

24 A. Yeah. I think -- when I was on the front door
25 initially, back at the start of the pandemic, the four

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1 months I was there, our role there -- staff weren't
2 allowed to enter the front door, they had to go through
3 the back, so it was really to reduce the footfall. And
4 you were seeing families at that door who were dropping
5 things off for their family members, and I would be
6 saying, "Look, if your mum's got a diagnosis of
7 dementia, if she's distressed, you are an essential
8 visitor", you know, and I would -- you know, I'd make
9 judgment calls at the front door. If somebody was going
10 in and they had a hearing impairment, you would let the
11 daughter go with them to understand their appointments.

12 But a lot of people didn't know about essential
13 visiting and I think, for me, the biggest thing -- we
14 should have went in -- in hindsight I should have told
15 them to get out the road and walked past them, but you
16 were following these rules. Many of my colleagues are
17 still traumatised. You know, some of my colleagues
18 worked in ICU and -- nursing staff, and the fact that
19 families couldn't be there a lot of the time was really
20 distressing and it does haunt a lot of people, you know,
21 because there was a risk -- you know, the risk -- we
22 could understand it. Nobody knew what it was at the
23 start. But the best person to be there for families --
24 for patients and residents would have been their
25 families at times to advocate for them. We knew him and

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1 we knew what he looked like and, when we saw him, that
 2 was a different man in a week.
 3 Q. When you're on the front door, did you tell people about
 4 essential visits ?
 5 A. I did, yes. It wasn't just — because we were seeing
 6 people at the front door, we were triaging for patients
 7 who were going to attend accident and emergency. So you
 8 may have under 16s, you maybe have people with mental
 9 health conditions or people with learning disabilities .
 10 These were people who could have had an essential
 11 visitor , and we made that judgment call at the front
 12 door and often people could go with them.
 13 If someone was dying in a ward, families would come
 14 up and we would get them to where they needed to be, if
 15 it was palliative care. But I think for dementia,
 16 because I suppose many people in nursing homes would
 17 have a diagnosis of dementia and that's going to
 18 continue as normal. So I could understand where — the
 19 fears and the worries that people would come in.
 20 One of the biggest challenges we had at the front
 21 door was patients going out, going out for cigarettes ,
 22 and that would be one of the most frustrating things
 23 because the nurses didn't know on the ward. Somebody
 24 would just nip out and go for a cigarette and meet their
 25 family in the car park, and you had somebody over there

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1 crying because their wife of 80 years old with dementia
 2 was in a ward and you couldn't see them.
 3 Despite our best efforts , we could not stop some
 4 people going out for a cigarette . You know, you'd get
 5 verbal abuse at that door when we'd say, "You need to go
 6 back to the ward", because these people at times were
 7 coming in and out. It was so frustrating .
 8 Q. Okay. I'm almost finished —
 9 A. Yeah.
 10 Q. — but I'd like you to read paragraph 84. It's only two
 11 sentences.
 12 A. Hmm—hmm.
 13 "Dad was a good dad. He was a gentleman and still
 14 knew who we all [were]. [It was] really sad that dad
 15 went through the trauma that he experienced and that
 16 [was his ending] the ending he [had]."
 17 It was just awful.
 18 Q. Those are all my questions.
 19 A. Thank you.
 20 Q. Is there anything else that's important that you think
 21 we haven't covered?
 22 A. No. I think that's it .
 23 Q. Thank you very much.
 24 A. Thank you.
 25 MR CASKIE: I don't have any further questions. Now, we

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1 just need to check that Lord Brailsford is there.
 2 THE CHAIR: Yes, I'm still there. Thank you very much,
 3 Mrs Bartlett. I'm very grateful. Sorry I was blanked
 4 out for some reason, some technological reason, towards
 5 the end.
 6 A. That's okay.
 7 THE CHAIR: Right. Thank you, Mr Caskie.
 8 MR CASKIE: I'll see you in the morning, sir.
 9 THE CHAIR: Very good. Thank you. Bye.
 10 (4.20 pm)
 11 (The hearing adjourned until
 12 Friday, 8 December 2023 at 10.00 am)

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