

OPUS2

Scottish Covid-19 Inquiry

Day 21

December 8, 2023

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Friday, 8 December 2023

1
2 (10.00 am)
3 (Proceedings delayed)
4 (10.37 am)
5 MR CASKIE: Good morning, my Lord.
6 THE CHAIR: Good morning, Mr Caskie.
7 MR CASKIE: I have a witness today, Mr William Jolly.
8 THE CHAIR: Very good.
9 MR CASKIE: I'll ask for him to be brought in just now.
10 MR WILLIAM JOLLY (called)
11 MR CASKIE: Have a seat, Mr Jolly.
12 My Lord, this is Mr Jolly. Are you able to see us?
13 THE CHAIR: Very good. Good morning, Mr Jolly.
14 A. Good morning.
15 Questions by MR CASKIE
16 Q. Mr Jolly, would you tell us your full name, please?
17 A. William Gray Jolly.
18 Q. We're here to discuss the events leading to the death of
19 your father and mother.
20 A. Yes.
21 Q. Your father was born on 19 July 1931 --
22 A. Yeah.
23 Q. -- and sadly passed away on 26 April 2020.
24 A. Yes.
25 Q. Your mother was born on 29 January 1933 and died

1

1 in September 2020; is that correct?
2 A. Yes. I'll say yes.
3 Q. You tell us a bit about your father and mother at
4 paragraph 5 and your father at paragraph 6. Can I ask
5 you just to read those in the first instance?
6 A. Paragraph 5?
7 Q. Yes.
8 A. "My mother and father had been together since my mother
9 was 14 years old. They [had been] together for
10 72 years. My father was [a] manager of Scottish Gas
11 retail showroom in Aberdeen [and when] the showroom
12 closed [my father] took a job as a meter reader, [taking
13 him through to retirement]. He retired when he was
14 60 years old."
15 Q. And paragraph 6?
16 A. "When my father retired, he did a lot of voluntary
17 work -- meals on wheels, [he worked for] care and repair
18 [which was a voluntary organisation]. He was, for
19 a spell, the caretaker of the British Legion Hall ... He
20 kept himself 'very' busy, he was a born organiser, an
21 active member in the community. [And my mother] helped
22 [him] with the meals on wheels, [she] joined a walking
23 group and had her own interests."
24 Q. What was your dad like as a man?
25 A. A bit like me, opinionated probably. He was a good

2

1 father. He looked after my sister and myself and he
2 worked hard all his days. He had two jobs at one point
3 to support the family.
4 Q. And your mum?
5 A. My mother worked as a home--help. She thoroughly enjoyed
6 her work because she was helping other people in
7 a part--time job, and she retired I think possibly in her
8 50s.
9 Q. You say at paragraph 7 that your father suffered from
10 vascular dementia --
11 A. Yes.
12 Q. -- and your mother, Alzheimer's.
13 A. Yes.
14 Q. Briefly, can you explain the differences in the effects
15 of those conditions?
16 A. I think that the best way to describe it was we were
17 aware that my mother had Alzheimer's or had some kind of
18 memory problems and my father was covering for her for
19 quite a while. My father had vascular dementia and the
20 difference was that my mother became very introverted
21 and changed personalities, whereas my father was
22 still -- if you were to meet him, you wouldn't
23 immediately say that he had vascular dementia because he
24 was still very active, reading newspapers. He kept up
25 with current affairs and you could have a fairly normal

3

1 conversation with him.
2 Q. But they both had those conditions?
3 A. Yes.
4 Q. I think your father -- and you detail this to an extent
5 at paragraph 8 --
6 A. Yes.
7 Q. -- that your dad had other health problems.
8 A. Yes.
9 Q. And your mum also presumably by that age would have had
10 health problems?
11 A. Yes.
12 Q. You took out a power of attorney?
13 A. Yes.
14 Q. Is that exclusively in your name?
15 A. No, my sister as well.
16 Q. Then you say at paragraph 10 that in 2015 effectively
17 they moved house.
18 A. Yes.
19 Q. How long were they in that house, the new house?
20 A. In the sheltered housing?
21 Q. Aha.
22 A. Well, I've got here about three years they were in
23 sheltered housing.
24 Q. Right. Why did they go into sheltered housing?
25 A. They were struggling to support the lifestyle they had

4

1 in their previous house and we convinced them — well,
 2 I think my mother had a couple of near—incidents on the
 3 stairs — they had a staircase in their previous
 4 semi—detached house — and we managed to secure — with
 5 the help of a care manager, to get them into a sheltered
 6 house that was a two—bedroom semi with a driveway and no
 7 stairs . And they were both very, very happy actually to
 8 move, and the other thing was it was monitored. They
 9 had panic cords and latterly they were wearing devices
 10 that, if they had a fall or anything happened —
 11 Q. They could press the button?
 12 A. — you could get a local caretaker, which was just
 13 a matter of about 100 yards away, to react.
 14 Q. Whilst they were in that sheltered housing, their
 15 conditions deteriorated?
 16 A. Yes.
 17 Q. You provide a specific example of that around about
 18 Christmas Eve 2017.
 19 A. Yes.
 20 Q. Can you tell us what happened that night?
 21 A. My wife and I had intended going in — to my son's in
 22 Aberdeen for Christmas lunch and intended coming back,
 23 you know, the same day. And my recollection is that my
 24 mother and father, although they weren't particularly
 25 concerned, there was — "What's going to happen to us?"

5

1 came into our minds. So we decided to cancel our
 2 arrangements and told them we would produce Christmas
 3 dinner for them and we'd come down. That started an
 4 epidemic, is the only way to describe it , of phone
 5 calls .
 6 Q. How many do you reckon?
 7 A. Over 200.
 8 Q. Over 200 —
 9 A. Yes, in the space of about 36 hours. I actually printed
 10 them off. I've still got them. My mobile phone rung
 11 virtually non—stop and the house phone, and despite me
 12 even going down, my mother would phone and she couldn't
 13 remember why she'd phoned, and then she told me my dad
 14 had told her to phone, and then my dad would start
 15 phoning, and that went on from 8 o'clock in the morning
 16 till 11 o'clock at night on one day.
 17 Q. How far away did you live from them?
 18 A. At that point in time we probably lived within maybe
 19 half a mile.
 20 Q. So did you go round?
 21 A. What we decided to do was cancel. We cancelled our
 22 lunch and we went to Marks & Spencer — I'm not
 23 advertising — but we got fast—food Christmas takeaways
 24 that we could put in the oven, and my wife and I went
 25 down. My father wasn't impressed that we'd arrived for

6

1 Christmas dinner but my mother was, so between the two
 2 of us we spent Christmas — well, about three hours with
 3 them on Christmas Day.
 4 Q. Was that an isolated incident, was that
 5 a complete one—off, or did that fit in with a pattern
 6 that was developing?
 7 A. No, there was a pattern of failure developing. My mum
 8 and dad would get lost — I think at that point in time
 9 my father was still driving, which was extremely scary
 10 for us.
 11 Q. How was it for the neighbours?
 12 A. More scary. I was getting phone calls that my father
 13 had nearly hit somebody, that he was driving — he
 14 arrived at my house, he was lost, he couldn't remember
 15 where he stayed. Anybody that's dealt with this will
 16 understand. I went to the police. The police said that
 17 there was nothing they could do, "Had he been advised to
 18 stop driving?", and I said "No"; "Well, what do you want
 19 us to do", and I says, "Well, my fear is there's going
 20 to be an accident". And my father didn't see this as —
 21 I always look at it as if it was my son telling me that
 22 I was no longer fit to drive. He got into quite a rage
 23 about me saying that something was happening with the
 24 driving.
 25 Q. I think doctors were involved on two occasions in

7

1 relation to your dad's driving.
 2 A. Yes.
 3 Q. Tell us about the first time.
 4 A. Well, that's section 11 — I'm going to have to refer to
 5 some of the notes. But what happened was we had spoke
 6 to the doctor about my dad and they decided that he
 7 would see a geriatric consultant from — am I allowed to
 8 say the place?
 9 Q. Yes.
 10 A. — Cornhill Hospital in Aberdeen and an arrangement was
 11 made. So I got my father to drive me down to see how
 12 his driving was and it was a scary experience, but he
 13 was — you know, he was okay. We got there. We saw the
 14 consultant and, although it sounds like a comical thing
 15 to say, because my father was so up to current
 16 affairs — he spent his time watching news programmes,
 17 TV, reading newspapers — I think he got 26 questions,
 18 and a lot of them were current affairs. As I said in
 19 there — and I'm not joking — "I think he got a better
 20 score than me", you know, because he was really into
 21 current affairs . He spent all his time reading the
 22 newspapers.
 23 Q. So in that assessment —
 24 A. In that assessment he passed.
 25 Q. And you failed?

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1 A. And I probably would have failed and would have had to
2 give up the car! I mean, that's what it felt like. To
3 let you understand, it wasn't a pleasant experience
4 because my father was extremely angry with me, and when
5 we got back out --
6 Q. Because you were trying to take his driving licence
7 away?
8 A. Yes. It was, "Ha ha, I'm still able to drive", and we
9 drove back home.
10 Q. Was there any suggestion at that first meeting about
11 a brain scan?
12 A. He -- I recollect that it was suggested that he'd maybe
13 need further investigation, but he refused. That was
14 accepted.
15 Q. Okay. Now, you move on at paragraph 12 and, as it's
16 helpful to you, I'll refer to the paragraph numbers --
17 A. Yeah.
18 Q. -- and you talk there about him getting lost.
19 A. Yes, I'll just take a drink of water.
20 Q. Sure, I know.
21 A. I'm shaking.
22 Q. There's no need to shake.
23 A. Recounting this is not easy.
24 Q. No.
25 A. "[My] father was back driving and walking out and

9

1 getting lost ... " --
2 Q. You don't need to read it. Tell me what it's about.
3 A. What we were finding was the pair of them were going out
4 sometimes and getting lost, and quite often it would be
5 my father, and my father was still driving around town.
6 And on one occasion I was in Aberdeen and he arrived at
7 my house and, fortunately, my wife was there and he was
8 in a real state. He couldn't remember where he lived.
9 We found out subsequently he'd been driving around
10 Ellon, looking for his house. He'd been seen at his
11 original house, he'd been seen driving down the main
12 road a couple of times, and our house at that time -- we
13 had a substantial garden, you couldn't see the main road
14 from our house, and how he found it, I don't know, but
15 he came to our door and he didn't know where he lived.
16 Q. And you were in Aberdeen at this point?
17 A. I was in town at the time, yes.
18 Q. Was there anyone in the house?
19 A. My wife spoke to my dad and gave him basically
20 directions to get home.
21 Q. Right. Was there then further contact with the doctor?
22 A. Yes. Fortunately for us a doctor, who is also
23 a neighbour, was the doctor when my wife made a phone
24 call, because she -- by this time it was affecting my
25 health. I was getting extremely stressed. My blood

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1 pressure was getting higher because I was dealing with
2 a situation that was rapidly getting out of control. So
3 my wife had phoned the health centre and the doctor, who
4 we knew, she told my wife to get myself to take my
5 father down to the doctors' that afternoon, and I did.
6 Q. What was the outcome of that meeting with the doctor?
7 A. The outcome was excellent because the doctor that I saw,
8 who has a reputation locally for being a no nonsense
9 old-school type of doctor -- when I went in with my
10 father, he related what we had discussed, the fact that
11 my father was getting lost, he couldn't remember where
12 he was, et cetera, and he said, "I see in your notes
13 that you declined getting a brain scan and I feel that
14 there is memory issues", and he said, "That's correct",
15 and he says, "Well, you won't be driving until you get
16 a brain scan".
17 Q. So effectively the doctor took his licence off him?
18 A. And the consequences for me, apart from what happened
19 outside the GP unit and what happened latterly, were
20 horrendous.
21 Q. In what sense?
22 A. Well, I then had to drive my father home and take his
23 car away from the house because I knew that he would
24 either forget or the temptation would be too much and he
25 would resume driving. So I told him that I would take

11

1 the car away until he got the brain scan, and the car
2 that he used was -- he said, "What's going to happen to
3 my car?", which was, by the way, virtually valueless.
4 It was an old, old car with a week's MOT. And I told
5 him -- I says, "Well, when you get your licence back,
6 we'll look at getting you a new car". So I took the car
7 back to the house and I disposed of it within a week.
8 Q. Did that mean you became the chauffeur?
9 A. Absolutely. Much to my -- well, I wouldn't say "shock".
10 I suddenly realised that I had a predicament because my
11 sister lives down this way, so wasn't available, and
12 I was always the focal point for anything that went
13 wrong in their house, and I mean -- I've had flooded
14 kitchens when they forgot to close the door with towels
15 sticking out. The list is endless. So I was the first
16 port of call.
17 Q. Did the personal care, cooking meals and things like
18 that -- did that deteriorate?
19 A. Yes. There was then a fairly rapid deterioration, much
20 to my shock, and thankfully, with my wife's support, we
21 then started the initial caring process, which was
22 embarrassing to speak about really, but their bed hadn't
23 been cleaned in I don't know how many months. We
24 actually disposed of all the bedding and went into town
25 and completely refurbished everything, duvet, covers,

12

1 which was so unlike my mother. My mother was always
 2 meticulous and my father was known for wearing, of that
 3 age group, an immaculate combination of clothes, unlike
 4 me half the time. My father was always well-dressed.
 5 We could see it going downhill.
 6 Q. By this stage were you thinking about a care home?
 7 A. Well, there was more went on after that before the care
 8 home -- I mean, the care home was the next step. We
 9 didn't know how we were going to get into that mode. So
 10 probably for the months leading up to the final
 11 situation where we'd no option but to look at care, my
 12 wife and I were both extremely stressed and distressed
 13 because, for instance, on one occasion, I was taking my
 14 father to the dentist because he had no car. When I got
 15 down there, there was nobody there. So I'm now looking
 16 around the village -- it's a town, a small town --
 17 looking for them, and I found him huddled in
 18 a shop-front in the pouring rain. They couldn't
 19 remember why they went out. And that's the kind of
 20 thing we were facing on a regular basis.
 21 Q. So you moved on to consider a care home?
 22 A. Yes, we had a discussion and we thought, you know --
 23 it's the same with the -- if anybody has dealt with this
 24 situation, bearing in mind it was both parents at the
 25 same time. It was also that they weren't eating

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1 properly and we were aware that they were -- my mother
 2 was almost vegetarian, believe it or not. She would
 3 only eat chicken or small bits of fish but she didn't
 4 ever eat meat. She was eating anything, and that was
 5 the first shock for me. We had to get a private company
 6 in to supply -- well, Wiltshire Foods we used to supply
 7 food and try and get them trained into using a microwave
 8 oven, which we often had to supervise.
 9 Q. Did you contact the local authority --
 10 A. Yes.
 11 Q. -- about a care home?
 12 A. Yes.
 13 Q. What was their attitude? Were they supportive?
 14 A. Well, the other thing that happened that's been missed
 15 here is that they had carers coming in. We managed to
 16 get visiting carers but --
 17 Q. How often would they come in latterly?
 18 A. Initially it was once and then it was maybe three times
 19 a day, I think, because we couldn't guarantee that they
 20 would be in the house and we couldn't guarantee that
 21 they would be willing to let them do anything. But we
 22 found out that they actually weren't letting carers do
 23 anything. You know, they were virtually going in,
 24 chatting to them, having a cup of tea. My mother
 25 wouldn't let them do anything. So it came back to my

14

1 wife and I to be their main carers.
 2 THE CHAIR: Mr Jolly -- can I interrupt, Mr Caskie, for
 3 a minute? This is really just to help you. It may not
 4 help you, but I hope it does. I can see you've been
 5 understandably a little bit emotional at this. Can
 6 I say that within the past ten years I have been through
 7 exactly what you have described with my now late
 8 mother --
 9 A. Okay.
 10 THE CHAIR: -- and therefore, at least as far as I'm
 11 concerned, you're speaking to an audience who completely
 12 understands.
 13 A. I appreciate that. Thank you very much. Thank you.
 14 MR CASKIE: So you spoke with the local authority and
 15 did you speak with the local authority about a care
 16 home?
 17 A. We did.
 18 Q. And who selected the care home and how was that done?
 19 A. Again, because it was my mother and my father, we had an
 20 issue of getting them both into the same home. We went
 21 to some care -- my wife and I -- to a couple of care
 22 homes that we wouldn't put anybody in, to be honest with
 23 you, and I think anybody that's visited care homes will
 24 be aware that there's variations in the quality -- in
 25 the care and the quality and provision within the

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1 buildings that you see.
 2 The hardest part was -- well, in fact what we did
 3 come across was there was a possibility they might have
 4 to be separated, which I said would probably end their
 5 life very, very quickly because my mum and dad were
 6 never seen without each other. They were known in the
 7 town. You would never see my mother and father out
 8 alone, very, very rarely.
 9 Q. Joined at the hip?
 10 A. Yes, that's the best expression, yes.
 11 Q. So did you find a care home which could take them --
 12 firstly, did you initially find a care home with
 13 a double room?
 14 A. Well, there was a couple of problems. We were hoping to
 15 get them into a local care home. That wasn't possible.
 16 It had to be a place that had support for dementia, so
 17 it had to be like -- a nurse in effect as well, I think
 18 you'd call it. The care home that fitted the bill, that
 19 we could get two rooms in, was -- can I name that?
 20 Q. No. Let's just leave it.
 21 A. Okay, the care home that we were offered was fairly
 22 remote in that it was probably about -- I don't know --
 23 30 miles north of where we lived, and that caused
 24 problems for visitors, getting to the place, and they
 25 offered us two rooms. And we went to see it and we

16

1 thought, "Okay, we can maybe do something with this even
2 though it's in a location that wouldn't have been
3 preferred".

4 Q. Did you have an expectation of the quality of care that
5 your mum and dad would receive in terms of — I don't
6 mean physical care. I mean activities and things like
7 that.

8 A. Yes. Anybody that's had any dealings — and again
9 I come back to this with care homes — will see the
10 glossy adverts and the glossy brochures and the stuff
11 you see on the internet, but when you're actually
12 dealing with them, you find that it doesn't quite meet
13 your expectations.

14 Q. You say at paragraph 21 that, after a period, you came
15 to the conclusion it wasn't meeting your expectations.

16 A. I think one of the things that happened, immediately my
17 mother and father went into this particular care home,
18 was that — and this is actually quite shocking
19 really — because we found out from staff that, because
20 my mother and father had been together all their days
21 and slept in the same room, even though they were in
22 their 80s, that they were given two rooms and they had
23 a bed — single beds in each room — what was happening
24 was, we found out from a member of staff, my father was
25 going through into my mother's room and topping and

17

1 tailing in the same bed, which — we were horrified and
2 they couldn't stop him. He just would not stay in a bed
3 in a room on his own, knowing that his wife was next
4 door, my mother was next door.

5 Q. And he had vascular dementia?

6 A. Yes.

7 Q. Now, at that time your children — you have children of
8 your own; yes?

9 A. Hmm—hmm.

10 Q. Where were they living?

11 A. They were in Aberdeen.

12 Q. And did your children have children? Did you have
13 grandchildren at that time?

14 A. Yes, I've got grandchildren.

15 Q. Did you want to move down to be with your children —
16 closer to your children and grandchildren?

17 A. If I can backtrack slightly here, back to the care home
18 they were in.

19 Q. Please do.

20 A. We did eventually — but we had to apply. We did —
21 I don't know if it was a health and safety reason, but
22 we said, "This is not sustainable. We can't have this
23 happening with my dad". So they agreed to put two beds
24 into one room and, because they were paying for two —
25 they were self-funding at that point — they would allow

18

1 the second room to be used as a small sitting room in
2 that particular care home, so that stabilised things for
3 a while.

4 Q. So you then decide — am I right in saying you then
5 decide to move closer to your children and
6 grandchildren, to move to Aberdeen?

7 A. I mean, I came from Aberdeen originally. My wife is
8 a country girl. I decided that it would be easier for
9 us to live nearer my son and daughter—in-law and
10 grandchildren in Aberdeen and it would mean that,
11 because the care home that we landed up going to was
12 extremely handy for them, that Mother and Father would
13 get more visits.

14 Q. Did you change where you were living at that time?

15 A. Yes. We decided to sell up and I would say we had
16 a desirable house at that time. We had nearly an acre
17 of land. We were in the middle of town. And we put our
18 house up for sale during lockdown and lo and behold it
19 sold. So we were in a panic. We managed to rent
20 a house in Aberdeen till we decided what we wanted to
21 do. So we moved into Aberdeen.

22 Q. You've already said — how did you find what I'll refer
23 to as "care home two"?

24 A. Care home two in Aberdeen?

25 Q. Aha.

19

1 A. We were delighted with it. It was totally different.
2 The best way to describe it is it was like — I always
3 thought it was like a West Coast Victorian hotel. It
4 was a former private club —

5 Q. Sorry, just carry on.

6 A. — which had substantial public rooms. It even had
7 a bar, which was — you know, when my father saw that,
8 he couldn't believe it. They'd retained the bar in the
9 corner and they used to have residents as being
10 bar-keepers. It was the kind of place that, if I landed
11 up in a care home, I thought to myself — and my wife
12 did — "This would be the place for me". And the
13 restaurant — and it was a restaurant. It wasn't just
14 like — the previous place they were in was like
15 a canteen. There was just Formica tables, chairs, and
16 they were on an upper floor and there would only be
17 about maybe six or eight people dining, whereas in the
18 one in Aberdeen, there was a proper restaurant and it
19 felt like a restaurant.

20 My father — the biggest worry when we did move them
21 was, "How are we going to be able to afford this?",
22 because they went from a fairly standard, very small
23 care home bedroom to a double room with a bay window,
24 looking over the garden, in a Victorian property, which
25 was — you know, they couldn't believe it.

20

1 Q. They'd landed on their feet?
 2 A. Yes, they were delighted, yes, and so were we.
 3 Q. Social activities in care home two?
 4 A. We noticed a complete change. Care home one, the things
 5 that were advertised we found weren't happening. As far
 6 as I'm aware, in the time they were there they had maybe
 7 one bus trip because they did away with the bus. So
 8 what we found was -- and I think I've got it on my
 9 statement -- what we found -- we were going up randomly,
 10 I would say, three times a week, maybe more -- I would
 11 go up myself, go with my wife, and I would find my
 12 mother and father in a small room with the door closed,
 13 the heating off the clock and the TV on, sleeping, both
 14 of them sound asleep, and that could be 10 o'clock in
 15 the morning, half past 2 in the afternoon. So I got the
 16 feeling that they were an easy-going couple and they
 17 were easy to deal with and they were left to their own
 18 devices.
 19 Q. And what about care home two?
 20 A. Care home two, they had a different attitude. We were
 21 told by the care home manager that we were introduced to
 22 when they moved in that they basically -- I wouldn't say
 23 "didn't tolerate", but they very strongly didn't
 24 encourage the residents sitting about in their rooms.
 25 So -- and because they had to go to like the far end of

21

1 a substantial building for their breakfast and things,
 2 they used the public areas most of the day. And in
 3 there there was arts and crafts, there was -- my
 4 father -- there was newspapers delivered. There was
 5 a controlled TV area.
 6 Q. Did that make a difference to your --
 7 A. Absolutely, yes.
 8 Q. -- parents' mental acuity?
 9 A. Absolutely. They were happy in there, yes.
 10 Q. Visits. How often would you get in to see them?
 11 A. Well, that was a problem. We saw them a couple of times
 12 and then, as I said in my statement, I unfortunately
 13 landed up with severe gastroenteritis.
 14 Q. I'll pause you there. We'll come back to that.
 15 A. Right.
 16 Q. You said that you had a child who lived close by. Was
 17 he able to get in at that stage?
 18 A. My granddaughter?
 19 Q. Sorry.
 20 A. Yeah. Well, yeah --
 21 Q. Well, your Aberdeen children.
 22 A. Yes, well, the advantage of the situation where they
 23 were then was it took pressure off my wife and I because
 24 my son and daughter-in-law and grandchildren could visit
 25 them because they were so close. In fact, my mother was

22

1 delighted -- well, the both of them were delighted when
 2 the local school choir -- and they used to have a fairly
 3 regular -- we actually saw dancers coming in there, you
 4 know, the kids dancing. And anybody dealing with people
 5 with dementia will be aware that, when we took the
 6 grandchildren up to the original care home, it lit up
 7 the place. You know, older people are delighted to see
 8 youngsters and some of these people in there never had
 9 visitors, and that's the crying shame of it.
 10 We used to actually go and sit with other -- you
 11 know, like I would leave or my wife would leave and go
 12 and sit with other people that staff told us never saw
 13 anybody, and we actually had a couple of sort of,
 14 I think, adopted elders that we would visit.
 15 Q. We're talking about care home two now.
 16 A. Care home two -- yes, I'm off at a tangent there. Care
 17 home two, yes, my mother and father were delighted that
 18 the local school choir arrived and my granddaughter was
 19 one of those singing, so it was a different environment
 20 completely.
 21 Q. I'm going to use a formal word that you don't use, but
 22 there seems to be a kind of induction process into care
 23 home two where there's a six-week review --
 24 A. Yes.
 25 Q. -- after they've moved in.

23

1 A. Yes.
 2 Q. Can you tell me about what happened at that six-week
 3 review from your personal experience?
 4 A. The six-week review --
 5 Q. Were you there?
 6 A. Yes. I was there, my wife was there, my sister, the
 7 care home -- sorry, the care manager from
 8 Aberdeenshire Council was there. And oddly enough, as
 9 was noted by -- again I've got to be careful here --
 10 noted by the council care manager, the actual home
 11 manager didn't appear at the meeting, which she noted
 12 was quite odd.
 13 Q. Did you have a health problem around that time? Did you
 14 have gastroenteritis?
 15 A. Yes, I had gastroenteritis -- quite a severe bout.
 16 I don't know where it came from -- and I was advised to
 17 stay away for a few weeks.
 18 Q. From ...?
 19 A. From the care home.
 20 Q. Did you do that?
 21 A. Yes.
 22 Q. So what happened at the six-week review that everyone
 23 was at apart from the management of care home two?
 24 A. Well, we all agreed that everything was going okay, my
 25 mother and father were very happy, and we kind of

24

1 retired back to the private lounge, the residents'
 2 lounge, and that was the last time that I saw my dad.
 3 Q. Sorry?
 4 A. That was the last time I saw my father.
 5 Q. How soon — because I think that meeting was on
 6 10 March.
 7 A. Yes.
 8 Q. When did lockdown happen for that care home?
 9 A. I don't know. I do know that — I think it's in my
 10 statement that my father had quite bad eyesight and he
 11 always spent a lot of money on glasses and he always
 12 wanted new glasses, and I'd arranged to take him to the
 13 opticians, and I think it was on the 17th I put down.
 14 My wife's got a fantastic diary. And that, I was told,
 15 leading up to it was on hold because it was likely they
 16 would be locking down. And in the end I had to cancel.
 17 I didn't get to take my dad out of the care home because
 18 they were locked down.
 19 Q. And you have a record of that appointment being
 20 cancelled?
 21 A. Yes.
 22 Q. Okay. I'm now at paragraph 39 in your witness
 23 statement.
 24 Now, throughout the witness statement you've
 25 referred to a series of — your father suffering

25

1 a series of falls —
 2 A. Yes.
 3 Q. — and this is the first one that's referred to. What
 4 injuries did he sustain on 6 April 2020?
 5 A. Well, I think that was the one when he had banged his
 6 head or, you know, he had some kind of head injury.
 7 Q. So this is paragraph 39.
 8 A. I was told there was nothing to worry about, you know,
 9 it was dealt with.
 10 Q. Okay. Was he using a stick?
 11 A. Yes. Part of the aging process — having used a stick
 12 myself for having repairs to my knees, it's not the
 13 nicest thing to do, and my father had to be coached to
 14 use a stick. And he was actually starting to use
 15 a stick because he was a bit wobbly on his feet, on his
 16 legs, a couple of times, and I had sort of coached him
 17 into thinking, along with the staff, that he should be
 18 using a walking stick when he's out and about, just in
 19 case he fell. And I think ironically on there, I did
 20 say, "If you don't use a stick, you might land up in
 21 hospital", which, you know, he laughed. It's the kind
 22 of thing you say.
 23 Q. At paragraph 42 you talk about him getting a urinary
 24 tract infection and becoming more confused. Was his
 25 health at this stage deteriorating, at this stage?

26

1 A. Yes.
 2 Q. And then, at paragraph 43, you talk about 11 April —
 3 A. Yes.
 4 Q. — and that's fall number two?
 5 A. Yes — well, I think he'd had a couple of falls — on
 6 his records I think there might be others. It was
 7 notified on his records that he — when he was in the
 8 hospital, he had old injuries that — I'm not sure if
 9 I'm aware of them.
 10 Q. Sure. Well, we'll stick to the ones in your witness
 11 statement.
 12 A. Yes, okay.
 13 Q. So this is fall number two, 11 April. And the
 14 description of the injuries, "bruised ... had a lump,
 15 the nurse had had a look at it and it wasn't deemed ...
 16 serious"?
 17 A. Yes.
 18 Q. That's accurate. 44, later the same day —
 19 A. Yeah.
 20 Q. — next fall, fall number three —
 21 A. Yes.
 22 Q. — in your statement.
 23 A. Yes.
 24 Q. Tell us about that one.
 25 A. I'm best to read it off:

27

1 "Later that evening, Saturday, 11 April, I got
 2 another call to say that [my] Dad had had a second
 3 serious fall, hard on to the rear of his head and there
 4 was significant bleeding. That was at [11 o'clock at
 5 night] and the care home nurse that [phoned me] was
 6 [extremely] distressed ..."
 7 And understandably because I was told there was
 8 a lot of blood and my mother obviously was involved, and
 9 I can imagine her being equally distressed. And I said
 10 there that:
 11 "She was obviously in shock because she was dealing
 12 with my mother who was also extremely upset. She
 13 said my dad was bleeding ... heavily and had
 14 been blue lighted by ambulance ... on his way to the
 15 hospital ..."
 16 Can I mention the hospital?
 17 Q. Yes.
 18 A. Aberdeen Royal Infirmary. And I put a note on there
 19 because I found out — there was an item that I was
 20 asked. My father was on blood-thinning medication,
 21 which maybe indicates why he had a substantial bleed —
 22 Q. So much blood?
 23 A. Yes.
 24 Q. If he was on warfarin or something like that?
 25 A. Yeah. Similar, yeah.

28

1 Q. Then at 45 and 46 you explain that you couldn't get into
2 the hospital.

3 A. No.

4 Q. You called them numerous times.

5 A. Well, when I spoke to the nurse in the home, she says,
6 "You'll have to go to the hospital", but of course
7 I knew I wouldn't get in. So I was phoning and trying
8 to find out what was going on, and then, as I say, at
9 20 past 1 in the morning -- I kept a pretty -- I knew --
10 I've got to say this -- I knew that it wasn't going to
11 end well. I had a feeling that this was going to get
12 worse, so I kept a pretty concise, precise record of
13 what was going on. So 20 past 1 in the morning I found
14 out that my dad had been taken to x-ray and I believe
15 they said he was going to get scanned for his head
16 injury.

17 Q. Hmm--hmm.

18 A. "I was told to call back around six in the morning which
19 I did. [And] I was told [my] dad had had a CT scan and
20 his results would be given [to me] later [and] he had
21 been admitted to ward 105."

22 Q. You then say that when your dad got to the hospital he'd
23 had a full bladder.

24 A. Yes.

25 Q. This is the first hint in your witness statement about

29

1 any concerns about the care provided in care home two.

2 A. Yes.

3 Q. Was that, at that stage, something that was unusual?

4 A. Well, I just found -- to be told that when my dad
5 arrived with his injury, that they discovered he had
6 a full blood and he had urine retention and they had
7 fitted a catheter, and I did think to myself, "Well, why
8 did the care home ..." -- you know, he'd had a couple of
9 urine infections -- "Why didn't the care home notice or
10 consider that he had a full bladder?", because they do
11 fit catheters in care homes.

12 Q. Did they test him for COVID when he was admitted to the
13 hospital, as far as you're aware?

14 A. Well, I think I need to go to section 49 because --
15 well, it says here:
16 "I called ward 105 at ten past eight to be told that
17 my father [would be] tested for COVID-19 and they were
18 awaiting the results.
19 "The ... nurse I spoke to said she was very confused
20 as to why he was Covid tested because he didn't qualify
21 for a Covid-19 test. I pointed out to her that it was
22 just as well because I had been advised by the new start
23 care home manager ... the previous day that they had had
24 a recent Covid-19 positive resident ...", who had been
25 taken in and then sent back to Aberdeen Royal Infirmary,

30

1 so there was COVID in the care home.

2 Q. We'll do this bit carefully because it mentions a lot of
3 names.

4 A. Okay.

5 Q. Prior to this, there had been a female manager in the
6 care home; is that correct?

7 A. Yes, yes.

8 Q. And that changed and there was a male care home manager.
9 How did you find out about the change?

10 A. We weren't told directly by the company. We found out,
11 I think, through a member of staff and I had
12 a conversation with the new start care home manager.

13 Q. Did you find out what his level of experience was?

14 A. Yes. He had never managed a care home before. He
15 actually told me. But then it's difficult that I'm
16 only -- I've got to be careful here, but I wondered why,
17 in the things that happened afterwards, there wasn't
18 a deputy care home manager, but we were led to believe
19 that wasn't necessary.

20 Q. You say in your witness statement twice that he was
21 inexperienced and was hung out to dry.

22 A. Yes, and he thanked me for that.

23 Q. Thanked you for ...?

24 A. Saying that to his superiors.

25 Q. Why did you feel he had been hung out to dry?

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1 A. Because he -- the level of experience that he had in
2 being faced with the most horrific situation and
3 occasionally a mentoring manager coming from another
4 care home, which had far more serious outbreaks of COVID
5 as it transpired, was the only thing he had to lean on.
6 And the other thing was that his area manager, who I had
7 dealings with, was very difficult to contact as well,
8 and when this particular new care home manager was off
9 ill -- I don't know if I'm allowed to say, but we found
10 out he had COVID -- we were given this particular lady's
11 phone number if we couldn't get information. And I had
12 phoned the care home before and -- because this is --
13 we're speaking about before my father came back or
14 after?

15 Q. Your dad's in hospital at the moment.

16 A. Right, okay. So this bit I'm talking about now is after
17 my father returned.

18 Q. Then we'll get to that.

19 A. Yes.

20 Q. We'll try and keep it chronological. Let's go back to
21 the hospital.

22 A. Yes.

23 Q. Did the hospital inform you -- they said that they had
24 carried out a COVID test?

25 A. Yes.

32

1 Q. But you also had a conversation with them on 12 April
2 about decision-making?
3 A. Yes.
4 Q. Tell me about that.
5 A. I was told they were taking over any decisions --
6 because I was obviously extremely concerned about what
7 was happening, struggling to get information, and --
8 I don't know if you're talking about before or after my
9 father had falls in the hospital.
10 Q. Before.
11 A. Before. I was told that they would be taking over my
12 father's decision-making processes and that my power of
13 attorney was deemed irrelevant, because I said, "Well,
14 I've got power of attorney", and they said, "That's
15 irrelevant. We are taking command over your father's
16 decision processes while he's here". So I was put in my
17 place basically. I was probably a bit irate, but I felt
18 that I'd been put in my place.
19 Q. How did you feel about the effective removal of the
20 power of attorney?
21 A. Well, I just had to accept it because I couldn't get
22 into the hospital and nobody would have contradicted the
23 decision that was made. I was led to believe it was --
24 well, indirectly, as I've said, the hospital, I was led
25 to believe, were acting on Government instruction, and

33

1 that went as far as when my father was sent back to the
2 care home.
3 Q. Now, this telephone call, according to your witness
4 statement, I think, took place at 11.25. I'm looking at
5 paragraph 51. Then if we move on to paragraph 53, you
6 get another phone call in the same day --
7 A. Yes.
8 Q. -- at 20 past 6 in the evening.
9 A. Yes.
10 Q. Tell me about that one.
11 A. Paragraph 51?
12 Q. 53.
13 A. 53.
14 Q. Don't name the nurse.
15 A. Yes. Well, leading up to that, there was the COVID-19
16 thing, the power of attorney. And then paragraph 53:
17 "At 18.20 ... the same day, Sunday, 12 April ...
18 I got a call from a nurse ... who called to tell me my
19 father had another fall in the hospital, [and] this time
20 he had landed flat on his face. He now had cuts on his
21 forehead and the side of his head requiring [stitching]
22 and she told me he was in a very poor state. She said
23 they were trying to control his movements but couldn't
24 restrain him or dose him [with whatever they use]. She
25 then went on to tell me my father [had tested positive

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1 for] Covid-19 ... I was horrified and distressed [to say
2 it mildly]."
3 Q. So that's fall number four in your statement?
4 A. Yes.
5 Q. And you're told during a phone call about a fall,
6 his fourth fall --
7 A. Yes.
8 Q. -- that he's got COVID?
9 A. Yes.
10 Q. And you indicate you were horrified and distressed?
11 A. Oh, I was, yes.
12 Q. Did they make enquiries as to the place that he had come
13 from in terms of COVID? Did they ask?
14 A. It was all very vague. You know, I mean, I think the
15 next stage we've got to go to is my father fell again.
16 But the thing -- I just felt there was a lack of
17 control. I mean, having worked in the oil industry and
18 done courses, I just felt myself that there was
19 something amiss.
20 Q. At paragraph 54 you indicate that you told the hospital
21 they needed to tell the care home.
22 A. Yes.
23 "I explained that my father shared a room in the
24 care home with my mother ... who also had dementia and
25 that they needed to tell the home immediately, as they

35

1 already had [cases of COVID] in the [care] home. I was
2 [extremely] worried and expressed this. I was also
3 worried about another serious head injury, a fall in
4 their care and the fact that [my] Dad was Covid-19
5 positive."
6 Q. Paragraph 55, you talk about your dad being moved to
7 ward 111 --
8 A. Yes, well --
9 Q. -- and you talk about that ward having a nickname.
10 A. Well, yes. My dad was moved to ward 111 at
11 Aberdeen Royal Infirmary, and a person told me, "Oh,
12 that's not good because ward 111 was a Cheerio door", it
13 was referred to, "and that was not a good ward to be
14 in". I got really stressed out because I'd heard that
15 somebody goes in there and might not come out, and I was
16 very, very anxious.
17 Q. So the next day again --
18 A. Yes.
19 Q. -- we're now on to 13 April -- you get another phone
20 call --
21 A. Yes.
22 Q. -- from the hospital, telling you what?
23 A. Monday, 13 April, I got a phone call from a nurse at
24 Aberdeen Royal Infirmary. She told me my father had
25 another fall in hospital --

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1 Q. Five. Fifth fall?

2 A. Yes. And this time he'd torn the skin on his elbows,
3 which would probably require stitching, and he'd skinned
4 his knees. I was horrified again.

5 Q. Did he have COVID symptoms at that stage?

6 A. Well, I don't really know, but the reason I was told ---
7 it transpired that the reason that I was told he didn't
8 qualify for a COVID test was he didn't have the symptoms
9 that were likely to be seen in a person with COVID at
10 that time of the event.

11 Q. Could you read the first sentence in paragraph 58?

12 A. "They told me they were still intending to discharge my
13 dad."

14 Q. Okay, tell me about the word "still". When had that
15 been raised as a possibility?

16 A. On discussion with the hospital, I was told abruptly
17 that my father would be being discharged to where he
18 lived, and where he lived was the care home and that was
19 that.

20 Q. From reading the statement, I know that you have
21 concerns about the timing of a potential discharge and
22 a discharge from hospital with the conditions, including
23 the injuries ---

24 A. Yes.

25 Q. --- that he had suffered. But, as a matter of principle,

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1 was it right that, if your father had been fit to be
2 returned or to be released from the hospital, the care
3 home had become his home?

4 A. Yes, if my father had been in a fit condition to be
5 discharged, the care home would have been his home, but
6 the complication, as transpires, was that my father also
7 had a live COVID test.

8 Q. Hmm---hmm. Yes, I applied caveats to take those things
9 out.

10 A. Yes, yes.

11 Q. What was your reaction when you were told he's still
12 going to be discharged?

13 A. I couldn't believe it. I don't know how far along I can
14 go on the line here, but I couldn't believe that my
15 father --- I mean, I was told --- and I think further
16 down, when my father was discharged --- I think
17 section 61 I'm looking at here, that:
18 " ... my father was [going to be] discharged in such
19 a dreadful state with multiple head wounds, bandages,
20 dressings. [And] I told ... the nurse I had spoken to
21 in ARI ..."
22 And my father was now --- and I was told by the staff
23 in the hospital he was mentally damaged, he was doubly
24 incontinent, which he wasn't before he went into
25 hospital, he had no memory --- he was struggling to

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1 remember his name --- and he was incoherent. You
2 couldn't speak to him. And they still intended putting
3 him back to the care home, and they did.

4 Q. From paragraphs 60 to 63, you describe a series of phone
5 calls between yourself, Aberdeen Royal Infirmary ---
6 A. Yes.
7 Q. --- and care home two ---
8 A. Yes.
9 Q. --- in which you were basically saying to those
10 organisations, "Don't release my dad".
11 A. Yes, I pleaded with them. I pleaded with them not to do
12 it. I just thought it was insane. I mean, I was
13 worried not only about my dad, but my mother, and the
14 assumption was that they would put my mother --- sorry ---
15 my father back in with my mother on the assumption
16 that --- well, the care home manager actually said to me,
17 "Your mother's probably got COVID anyway".

18 Q. Can you read paragraph 64 for us, please?

19 A. "The hospital basically put me in my place. They told
20 me I had no authority and that they would do what they
21 wanted to do, the consequences they were accepting. The
22 care home manager told me the same, the consequences of
23 whatever happened would be because the hospital were
24 discharging him. The hospital said it was Government
25 instruction [and] the care home said it was hospital

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1 instruction, a doctor told me the care home could have
2 refused to take my father back in his condition."

3 Q. But they didn't?

4 A. No.

5 Q. But the proposed discharge on that day came to be
6 cancelled; is that correct?

7 A. Yes.

8 Q. Was that for medical reasons or reasons at the care home
9 or was it simple logistics?

10 A. Logistics. I was told that there was a transport issue,
11 there was medication issues, so they would do it
12 probably the next day.

13 Q. And what was the position in terms of your dad going
14 back, given --- and we shouldn't forget her at all ---
15 given that your mum is still in the care home and
16 effectively they were in a double room before he went to
17 hospital?

18 A. Well, I don't think that was considered. I mean, my
19 feeling was that if my mother --- and I mean, I have
20 provided photographs to the Inquiry and they're not
21 allowed to be shown, but if they were shown on that
22 screen now and you see, my father came out of that
23 hospital looking like he'd been in a serious road
24 accident, and I think the effect it would have had on my
25 mother, with her dementia, would have been catastrophic.

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1 But they didn't accept that. They were hellbent on
 2 getting my father out of the hospital into the care
 3 home, and at that point there was no intention of
 4 isolating my father from anybody else.
 5 Q. I don't want to put words in your mouth --
 6 A. No.
 7 Q. -- apart from the fact that I'm going to!
 8 A. Yes.
 9 Q. Were the hospital attempting to deal with the person in
 10 front of them and not look at his overall situation?
 11 A. Yes, I just think it was a massive failure in a duty of
 12 care. I mean, I actually asked if there had been --
 13 I mean, I grew up in an industry where risk assessment
 14 was the way you operated because, you know, risks have
 15 consequences. I couldn't believe --
 16 Q. What was your job?
 17 A. I was a control room operator offshore, a process
 18 technician offshore, and for about three years
 19 I authored safety manuals and things like that for BP,
 20 platform manuals.
 21 Q. Platform manuals?
 22 A. Yes.
 23 Q. So although you don't know anything in particular about
 24 hospitals --
 25 A. No.

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1 Q. -- you know about safety structures?
 2 A. No, but I just -- I was used to being in an environment
 3 where everything was risk-assessed, double-checked,
 4 because there were serious consequences if there were
 5 mistakes, and I'm looking at a situation where my father
 6 has been seriously damaged in the care of Aberdeen Royal
 7 Infirmary in a three-day stay -- in fact two days did
 8 the worst damage to him -- and they -- not only did he
 9 have COVID, he was physically destroyed. And they were
 10 going to present this situation to my mother and the
 11 consequences would have been, as I've said, disastrous.
 12 Q. When he went back to the care home, because obviously
 13 the decision was taken --
 14 A. Yes.
 15 Q. -- and taken out of your hands -- when the decision was
 16 taken, do you know which room he went to in the care
 17 home or were you told about that?
 18 A. Well, I think the bit that has got to go before this was
 19 I had to force the hand of the new care home manager to
 20 isolate my father. Right up until the last minute there
 21 was no intention of isolating my father. He was going
 22 in with my mother. I said, "Before you do that, I want
 23 an email or a text accepting responsibility for any of
 24 the consequences of this action".
 25 Q. Were you provided with any reason for them proceeding in

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1 that way?
 2 A. No.
 3 Q. No?
 4 A. No. My father was put upstairs after that. He was in
 5 a -- I think it was -- it's the same -- probably the
 6 same area where my mother landed up when she died. It
 7 was a smaller room upstairs in the building, and that's
 8 where he spent the last few days of his life.
 9 Q. Okay. You talk at paragraph 74 about what you describe
 10 as a "weird picture".
 11 A. Yes.
 12 Q. Tell me about that.
 13 A. Well, when my father -- leading up to this, I was out
 14 for a walk. When I came back, my wife says to me,
 15 "You're not going to believe this. Your father's on his
 16 way from the hospital", on that date. It's on my
 17 statement. When I phoned the care home to tell them at
 18 about 10 past 9 that my father was on his way, they
 19 didn't know. They didn't know that my dad was on his
 20 way. And that was when I had to push for my dad to be
 21 isolated, protected from my mother, until at least we
 22 found out what the situation was going to be.
 23 Q. Do you know if the care home was aware of the aborted
 24 attempt to move him the previous day?
 25 A. I believe so, yes.

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1 Q. So they were told about that one?
 2 A. Yes. I think I spoke to them about that as well. It
 3 was a conversation with quite a lot of people at that
 4 time.
 5 Q. Yes, I can see that from your statement.
 6 A. Yes.
 7 Q. You weren't slow in coming forward?
 8 A. No. The thing is, they're playing with people's lives
 9 and I just thought this is just -- it was just crazy,
 10 you know, what was going on. Going back to the picture,
 11 the weird picture, yes. I don't know if anybody else
 12 here -- probably most people have got iPhones, but on
 13 the loop on the iPhone, I can -- when my dad was taken
 14 into the care home, I got a picture sent to me by the
 15 care home manager of my dad with bandages, cuts, blood,
 16 a nearly closed eye, a swelling on the side of his head.
 17 Now, I found out he didn't get scanned for his head
 18 injuries he got in Aberdeen Royal Infirmary. He got
 19 scanned for the head injury when he fell on to the back
 20 of his head, but the more serious falls, in my
 21 opinion -- and I think the evidence shows it on the
 22 pictures -- he didn't get a brain scan for the injuries
 23 he received in Aberdeen Royal Infirmary. He was sent
 24 back to the care home, as I say -- and the photographs
 25 show it -- in a terrible state. The photograph I'm

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1 referring to was horrendous because, on the loop that
 2 you get, you can hear him being asked to smile and he
 3 puts this inane grin on. And I thought, "Oh, my God",
 4 and when I blew it up and saw the state of him, I was
 5 just horrified .
 6 Q. On Sunday, 19 April, at paragraph 76, you get a phone
 7 call saying your dad is failing .
 8 A. Yes.
 9 Q. Where had he been found?
 10 A. Well, on his notes that I got from the care home as
 11 well — this backs this up — I got a phone call from
 12 the care home to say that my dad was failing. He was
 13 agitated, he'd been shouting for help, he'd been
 14 wandering into other rooms, so he was still mobile.
 15 They'd found him on his hands and knees, trying to get
 16 to the toilet . I was then told they were going to
 17 introduce end-of-life medication, which would be
 18 midazolam and, if needed, morphine, and I was shocked.
 19 Q. But you were told you could come and see your dad?
 20 A. I then got an opportunity because at that date — my
 21 father died on 26 April, and the impression that I got
 22 is that he was — something serious had happened and he
 23 was now in a comatose state and he might only have
 24 a couple of days to go. I was told I could go in fully
 25 PPE'd and see my father but I would only be allowed to

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1 stand at the door. Now, I don't understand this because
 2 I don't know if he was COVID negative by then or maybe
 3 they're worried about me going in or the staff, but all
 4 I'd be allowed to do is look at my dad, lying on his
 5 side in his bed. That was all I was led to believe
 6 I was able to do.
 7 Q. Give me one second.
 8 You'll find out about that in a minute.
 9 A. Okay.
 10 Q. Do you go in to see him?
 11 A. No, I didn't go in to see him. My wife, who is here
 12 just now, she pleaded with me not to go. My immunity
 13 was low because I'd had a spell of illness , which I've
 14 described, and I'd been on a fairly lengthy course of
 15 antibiotics . I've got young family, et cetera, and
 16 I spoke to the lead nurse, who I've got great respect
 17 for. She was in the care home. She was — I could rely
 18 on information from her. And I said, "What do I do?" —
 19 and I can't name her — but she said, "It's up to you,
 20 but what you'll actually see will be distressing and the
 21 fact that you can't touch him, and you are putting
 22 yourself at risk because there's COVID in this care
 23 home". My wife pleaded with me not to go in because she
 24 said, "Well, you're only going to see your dad
 25 momentarily and you're putting yourself and maybe other

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1 people at risk".
 2 Q. That's Sunday, 19 April we're talking about?
 3 A. Hmm.
 4 Q. We'll pick it up on Monday, 20 April in 15 minutes
 5 because the stenographers need a break. That's what
 6 I was being told.
 7 A. The stenographers?
 8 Q. Yes, they type this up. So we'll come back in
 9 15 minutes.
 10 A. Can I go back then?
 11 Q. Yes.
 12 A. Okay, thank you.
 13 (11.41 am)
 14 (A short break)
 15 (12.07 pm)
 16 MR CASKIE: Good afternoon, just, my Lord.
 17 THE CHAIR: Good afternoon, yes.
 18 MR CASKIE: We will pick up simply where we left off, which
 19 was at paragraph 79. You talk there about the — what
 20 you describe as a "cheerio call". Tell me about that.
 21 A. Yes, well:
 22 "At 1400 hours on Monday, 20 April, I had a 'cheerio
 23 call' [I called it] on Skype with my dad ..."
 24 That had been arranged via a stand-in manager, who
 25 had appeared from another care home.

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1 Q. We'll come back to the fact that a stand-in manager was
 2 being used.
 3 A. Okay.
 4 Q. But we'll just continue on 79.
 5 A. Yeah, a staff member told me — okay, right.
 6 "I took some photos on my phone of my father as he
 7 looked [absolutely] dreadful [and] I knew I would need
 8 them. I was horrified when I saw the state of my father
 9 [he was] badly injured, extremely dried up, his head
 10 [was] disfigured on one side."
 11 Q. We can read what's at paragraph 80 and on about the
 12 situation with your dad, but it wasn't what you
 13 expected?
 14 A. No. Do I read the paragraphs?
 15 Q. No, you don't need to. You can just tell us.
 16 A. It might be easier, but what I had in my mind with my
 17 father, I imagined he was sleeping away, lying
 18 comfortable, tucked in, and he was — you know, he was
 19 going to die. But then, when I saw him, I was extremely
 20 distressed .
 21 One of the pictures I got, my father was wearing —
 22 in the state he was in, was wearing a large pair of
 23 lady's mitts. Now, this picture was sent to me and
 24 I was horrified . I says, "Why is my father wearing ..."
 25 — and I mean huge sheepskin mitts. She said, "Oh,

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1 well, he was complaining his hands were cold". My
 2 father, as I found out, already stated, had been
 3 crawling around on all fours, trying to get to the
 4 toilet, had been walking into other rooms, although he's
 5 supposed to be in isolation. I found out he'd been
 6 crying and shouting for someone to help him. The other
 7 thing that I brought up here was, right from the start,
 8 when my father was taken back in to the care home, he
 9 had no glasses. My father had poor eyesight,
 10 particularly latterly. My eyesight is not brilliant but
 11 it's better than his. So my father would have been
 12 technically blind because he needed glasses to see --
 13 you know, even to see people. Even his close vision
 14 wasn't very good. In all the photographs from the time
 15 he arrived back, he never had glasses and I had
 16 mentioned this. I says, "What's happened to my father's
 17 glasses?".
 18 Q. You weren't the only person who had communication with
 19 your father that day.
 20 A. No, my wife was with me.
 21 Q. Were there any other -- was there another Skype call
 22 made?
 23 A. Yes, there was another Skype made. What happened was
 24 I was called first and they'd arranged for my sister to
 25 do the same, with the same stand-in manager, yes.

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1 Q. And I understand that you then got a phone call from
 2 your sister.
 3 A. Yeah. That's further down, yeah.
 4 Q. Yes. And what was she saying to you?
 5 A. Can we maybe move up? I can refresh my memory.
 6 Q. Sorry, 85 I'm looking at.
 7 A. "My sister phoned and said we should get Mum up to see
 8 Dad and I agreed despite [we both had reservations on]
 9 the effect [it would have] on my mother. [So] we asked
 10 the staff to take her up [to] let her see Dad and let
 11 her know he would be back with her as soon as he was fit
 12 to come back. We wanted her to see my dad because at
 13 that point in time we were told he was at death's door;
 14 he was not going to survive."
 15 And that was stated around the time of the Skype
 16 call.
 17 There's a point in this as well -- I don't know if
 18 that comes up later -- that we made an agreement, when
 19 my father first came back -- my mother had been looking
 20 for my father -- right? -- for days when he was in
 21 hospital. She'd been looking for him and wondering
 22 where he was. And when they said they were taking him
 23 back, despite my horror, I discussed it with my sister
 24 and I said, "Well, from what I believe, he's in such
 25 a mess that my mother will react badly to seeing him".

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1 On top of that, he wouldn't be able to speak, doubly
 2 incontinent, he looked totally different, covered in
 3 wounds. So we asked the care home to say that my father
 4 was -- we're nearly at five/six days -- was still in
 5 hospital so that she wouldn't -- and was being looked
 6 after in hospital. At that point in time, we had hoped
 7 that he might recover and they could both be back
 8 together again, which never happened.
 9 Q. At paragraph 86 --
 10 A. Yeah.
 11 Q. -- surprisingly, you talk about another fall.
 12 A. Yes.
 13 "On Tuesday 21 April, I got a phone call [again]
 14 from the care home to tell me my dad had fallen out of
 15 bed again [he was very] restless and agitated [and he
 16 was to be] given morphine. I was shocked to find out he
 17 was not on the related path of injecting already to stop
 18 these issues."
 19 This is where the confusion comes in because, when
 20 you hear that somebody is on end-of-life care, you
 21 imagine, as I said earlier, that somebody is at peace.
 22 They're in pain, they can be in peace. The medication
 23 he was given, midazolam and morphine, would be helping
 24 him.
 25 Subsequently from that, I found out that midazolam

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1 isn't a particularly nice drug and some practitioners
 2 refer it to being waterboarded because it floods the
 3 lungs. I don't know if it's been removed, but I believe
 4 there's motions afoot to look in at the use of midazolam
 5 and morphine in end-of-life care.
 6 Q. Were you ever advised about a specific care plan in
 7 terms of end-of-life care for your father?
 8 A. In the first care home he was in --
 9 Q. I'm talking about at the point --
 10 A. At that point?
 11 Q. Yeah?
 12 A. No.
 13 Q. Did you know what the care plan was to be?
 14 A. I didn't, no. I didn't know exactly what was going on
 15 and subsequently there was a conversation with a doctor.
 16 Q. And tell me about what was said in that conversation.
 17 A. I'd expressed my concerns to the returning new care home
 18 manager that I was distressed and upset about what
 19 I was -- what I'd seen, what was happening and the way
 20 that end-of-life care was being administered. I was
 21 confused because -- there was a DNR put in place from
 22 the first care home. However, you know, I think anybody
 23 here would think to themselves that, when they start to
 24 introduce an end-of-life care, that there's no way back
 25 and that the person is beyond hope, and yet I found out

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1 that my father had been mobile. He'd been walking
 2 about, he had — the poor man had been trying to get to
 3 the toilet, he'd been shouting for help. And they had
 4 started — in my opinion, it was almost like a random
 5 decision to keep him quiet, keep him in isolation, in
 6 a room, in a comatose state basically.

7 Q. At this stage, was there any talk about your dad going
 8 back into your mum's room?

9 A. There was two attempts to get my father put back in with
 10 my mother, which I declined. I said, "You'll finish my
 11 mother off". You know, what I've seen, "If you put my
 12 father with my mother, my mother will go — she'll just
 13 go crazy. It will finish her off", yeah.

14 Q. You've spoken about morphine and the other drugs that he
 15 was on.

16 A. Yes.

17 Q. I understand that you then got a phone call from the GP
 18 practice.

19 A. Yes.

20 Q. Tell me about that conversation.

21 A. It was a difficult conversation because out of the blue
 22 I got a phone call from the doctor, and it was in
 23 relation to my criticism of the use of the drugs, and he
 24 said, "I'm told you want your father put on to
 25 a morphine pump", which I think is a syringe device.

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1 And I lost the plot, I must admit. My wife was in on
 2 the conversation. I said, "So you're phoning me on
 3 whose authority?". I said, "Who gave you my phone
 4 number?"; "Oh, the care home manager. He said you
 5 wanted to speak to me". I says, "I don't want to speak
 6 to you. Have you seen my father?". The conversation
 7 got quite heated, I said, "Because the way you're
 8 talking to me now, if you're asking if I want my father
 9 put on a fast-track way of actually ..." — I don't use
 10 the word that I'm going to use, but ending his life —
 11 and I said, "and that is unbearable. I'm relying on
 12 professionals, whoever ordered the end-of-life
 13 medication, and how it's been applied is the
 14 responsibility of the medical people that are doing it",
 15 and I took offence to the phone call.

16 He apologised for phoning me, and I've actually got
 17 a copy of his comments on the notes that I eventually
 18 got after three years, that — it's a slightly different
 19 version of events, but I would agree with a certain
 20 amount of it. I then got a phone call from the new care
 21 home manager, apologising for giving out my phone number
 22 and also for the nature of the call. So we had words as
 23 well.

24 Q. You spoke about the new care home manager, the one who
 25 was inexperienced.

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1 A. Yes.

2 Q. You spoke about him going off sick. Do you know why he
 3 was off sick?

4 A. I was told he was off with COVID, and it was — I think
 5 it was on a Friday. What was happening when I was
 6 phoning, when my father was put into isolation on the
 7 upper floor of this building, the phone would ring and
 8 ring. You'd phone the office, they'd transfer you, it
 9 would ring forever and nobody would answer, and then you
 10 would give up. You'd phone again and try again.

11 On a occasion that I phoned, I got through to the
 12 area my father was in and I said I needed to speak to
 13 [redacted] — sorry.

14 Q. Just carry on.

15 A. I needed to speak to the care home manager, which will
 16 need to be retracted —

17 Q. Can you give us just a second?

18 A. Yeah.

19 Q. It had to happen! Let's press on. You didn't give the
 20 full name, so let's press on.

21 A. Okay. I asked to speak to the care home manager and
 22 I got pushed back down to the office to be told, "He
 23 went away home. He wasn't feeling well". So at that
 24 point I said, "Well, who is in charge of the care
 25 home?", and there was confusion.

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1 Q. Do you know when that occurred? When he was sent —
 2 when he went home?

3 A. I don't know. It's in my ...
 4 (Livestream paused)

5 Q. Good afternoon again, sir. We're ready to proceed.
 6 You were talking about telephone calls with the new
 7 care home manager.

8 A. Yes.

9 Q. Can you pick that up? Do you remember what you were
 10 saying?

11 A. Yes. I had phoned the upper floor in the care home and
 12 I wanted to speak to the care home manager. I was put
 13 back down to the office to be told that the said care
 14 home manager had been ill and he'd left to go home.
 15 I said, "Who's standing in for him?", and there was
 16 confusion. That because there wasn't an assistant
 17 manager, as far as I'm aware, although a senior nurse
 18 was shoehorned into that position at some point in time.
 19 I was — I didn't know who to speak to.

20 Q. So far as you're aware, had that care home manager been
 21 off for a fortnight?

22 A. I believe he was off for about five or six days with
 23 COVID and back into the care home again.

24 Q. And did you raise that as a problem —

25 A. Yes.

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1 Q. -- in terms of self-isolating?
 2 A. Yes.
 3 Q. And what were you told?
 4 A. The area manager, who incidentally resigned when the
 5 care -- the care home manager didn't know, but his area
 6 manager, later on in this, basically walked off the job
 7 and he didn't know that he no longer had an area
 8 manager. So I'd had conversations with the area
 9 manager. In the event that I couldn't get ahold of the
 10 care home manager, I had to phone the area manager, and
 11 I brought this to her attention. I said -- well, it's
 12 on my notes, section 90:
 13 "I ... received a call from [the care home
 14 manager and he said he had] Covid [but] would be back to
 15 work ..."
 16 So I believe he was off from Friday to Wednesday.
 17 I complained to the area manager that the care home
 18 manager was back at work, and I got a reply saying that
 19 they were following Public Health Scotland guidelines
 20 for staff. I sent her a media link of a carer who had
 21 been suspended for not complying with the length of time
 22 that they should be off before they return to work, and
 23 I retained the link, but I never got a response.
 24 Q. No response at all?
 25 A. They just said that they were complying with the Public

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1 Health Scotland guidelines for staff.
 2 Q. On 26 April 2020, at about 8 o'clock, you received
 3 a telephone call from a member of staff at the care
 4 home. What did they tell you?
 5 A. Have you got a section for that for me?
 6 Q. I'm looking at 98.
 7 A. Yes. The area manager who I'd had conversations with,
 8 she called me at 8 o'clock on the morning of Sunday
 9 26 April to tell me that my father had passed away in
 10 the home at around 1 o'clock in the morning.
 11 Q. And can you read the final part?
 12 A. "... and [he'd] been pronounced dead by [a] GP at
 13 [4 o'clock in the morning]."
 14 Q. And this phone call took place at 8.00 in the morning?
 15 A. Pardon?
 16 Q. This took place at 8.00 in the morning --
 17 A. Yes, I got a phone call --
 18 Q. -- seven hours after your father died?
 19 A. Yes.
 20 Q. You then got mixed messages from the new care home
 21 manager --
 22 A. Yes.
 23 Q. -- and you explain that over a few paragraphs, but
 24 I think you can probably --
 25 A. It's a very disturbing phone call because the care home

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1 manager subsequently told me that my father had passed
 2 away quietly and peacefully and he'd been with him at
 3 the end. I say, "But you weren't there unless you were
 4 called out because my father died at 1 o'clock in the
 5 morning". So I confronted him about this on the phone
 6 and he -- I said, "You couldn't have been there because
 7 my dad -- as far as I read his notes, he died between
 8 midnight and 12.30. He'd last been seen on his notes at
 9 12 o'clock. They said he died at 1 o'clock and he was
 10 pronounced dead at 4 o'clock. I got told at 8 o'clock".
 11 And the care home manager told me that he said he'd been
 12 with him because he thought it would make me feel
 13 better, and I said, "Well, it's actually made me feel
 14 a lot worse because it was a lie and it was
 15 a significant lie". It undermined a lot of things.
 16 What I've got here is how can you possibly say to
 17 somebody that you're sitting with their dad when they
 18 passed away peacefully when you weren't even there?
 19 Q. You kept your own meticulous records --
 20 A. Yes.
 21 Q. -- of what had gone on?
 22 A. Yes.
 23 Q. Why did you do that?
 24 A. I knew from the start -- I knew from my father's
 25 injuries and what was going on with COVID that it was

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1 going to be a disaster, and I'm being honest.
 2 I thought -- whenever I spoke to the hospital, my own
 3 training kicked in. I thought, "I've got to maintain
 4 a meticulous trail of what's going on here". It was
 5 almost like a premonition. When I saw what was
 6 happening in the hospital, Aberdeen Royal Infirmary, I'm
 7 glad I did because I wouldn't be able to remember most
 8 of this.
 9 Q. The next part of your statement relates to a -- well,
 10 no -- two complaints that you made to a number of
 11 bodies --
 12 A. Yes.
 13 Q. -- one of which was Aberdeen Royal Infirmary, and you
 14 refer to that at paragraph 105.
 15 A. Yes.
 16 Q. And you refer to a meeting with one of the doctors,
 17 a consultant.
 18 A. Yes.
 19 Q. Can you summarise what it was the doctor said to you?
 20 A. Well, I think the paragraph before:
 21 "I put in a formal complaint regards my father's
 22 treatment and discharge with injuries in ARI to NHS
 23 Grampian on 29 June 2020. I declined accepting an
 24 initial letter of response [that I received on]
 25 31 August 2020."

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1 We then were allowed to have a meeting with ARI
 2 staff, and that included the head of infectious
 3 diseases, the consultant at Aberdeen Royal Infirmary.
 4 My wife was with me, and he led us to believe or more or
 5 less said that they were acting on Government
 6 instructions.
 7 Q. Hang on, can I interrupt you there —
 8 A. Yes.
 9 Q. — because you said two different things about that.
 10 A. Did I?
 11 Q. "Led us to believe" and "Told us".
 12 A. Well, told us, yes.
 13 Q. Told you?
 14 A. Yes. He said that, you know, there was a policy of
 15 discharging patients back in the care homes to clear out
 16 the hospitals.
 17 Q. And that was the head of infections at Aberdeen Royal
 18 Infirmary?
 19 A. Yes.
 20 Q. A doctor that you name in your statement?
 21 A. Yes. And the public weren't aware of this, and I asked
 22 him directly — because, I mean, you've got a rambling
 23 conversation and my words were, as far as I can
 24 remember — and my wife will probably back me up —
 25 I said, "You're head of infectious diseases in Aberdeen

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1 Royal Infirmary and do you think the decision you made,
 2 sending my father with live COVID into a care home, was
 3 the correct decision?", and he said, "In hindsight, no".
 4 Q. You then got a letter from NHS Grampian —
 5 A. Yes.
 6 Q. — and you quote from that letter.
 7 A. Yeah.
 8 Q. Can you just read the part that you quote?
 9 A. "Quote, from revised NHS Grampian Letter of response
 10 dated 24 September 2020, 'we agree that the rapid
 11 discharge of your father was not the best decision and
 12 clearly caused your family considerable distress.
 13 I hope you can accept our apology'."
 14 There was no mention in the letter about the live
 15 COVID discharge to the care home and ARI were fully
 16 aware of the care home arrangements. I discussed this.
 17 In the period leading up to my father being discharged,
 18 I told numerous people —
 19 Q. Because, if you read that quotation, that could be an
 20 individual being returned quickly to a house on their
 21 own, if you just read those words.
 22 A. No, I don't think that my situation was considered.
 23 I got the feeling that the fact that — and I told the
 24 staff in the hospital that my father shared a room with
 25 my mother and the assumption that was accepted was that

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1 my mother was likely to have COVID—19. So if you read
 2 into that what I read in, the risk was minimal. So
 3 I did ask at that point in time was a risk assessment
 4 done by the hospital, and maybe I'm fast-tracking into
 5 this —
 6 Q. No, it's okay.
 7 A. — but it transpired that no documents existed. The
 8 care home manager told me that he had no discussions
 9 with the consultants at the hospital or direct
 10 conversations with a doctor on the method of looking
 11 after my father and the distressed mess he was being
 12 returned back in, and I asked for these documents and
 13 they don't seem to exist.
 14 Q. Okay. I want to ask you about three sets of records —
 15 okay? — ARI, Aberdeen, the care home and the GP
 16 practice.
 17 A. Yeah.
 18 Q. Did you get the records from ARI?
 19 A. Yes. It was — it took over a year. I found
 20 obstruction every single path that I took, and the worst
 21 was the GP practice.
 22 Q. That's the next one I'm going to ask you about.
 23 A. Yes.
 24 Q. Again, have you now recovered —
 25 A. Yes.

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1 Q. And when did you get them?
 2 A. About a month ago.
 3 Q. Right. And had you been involved since your father's
 4 death in trying to recover them?
 5 A. Yes.
 6 Q. When did you begin that process?
 7 A. Probably — I don't know — about a year and a half
 8 ago/two years ago. I don't know.
 9 Q. A year and a half to two years —
 10 A. I could find that — certainly from an early stage
 11 I tried to get all the medical records and, as time goes
 12 by, you know, you start to — it wears you out. I mean,
 13 I nearly gave up a couple of times, but I couldn't give
 14 up. I just kept on going. And a point to note down
 15 here, what I would say is NHS Grampian were extremely
 16 obstructive for me to get notes. I had to provide loads
 17 of evidence of who I was. The power of attorney died
 18 along with my father, as they were reminding me, so
 19 I couldn't — even though they knew who I was,
 20 I couldn't use that lever. The worst case of all was
 21 with the GP practice because most members of the public
 22 don't know what's going on with GP practices and part of
 23 the reason that they're in decline is because they can't
 24 be managed properly. What I found out was — and the
 25 reason I managed to get GP records was because an

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1 English company, which I can't name, I found out had
2 taken over the said practice and ---
3 Q. And that English company facilitated the release of the
4 GP records?
5 A. It was night and day. I got in touch with them ---
6 I wrote an email and I just said, "I believe ..." --- no,
7 I did this on a Google search. They've taken over two
8 GP practices in Aberdeen and one of them is the one that
9 I needed to get access to. Their safety manager was
10 fantastic and I thanked her profusely. When I told her
11 the situation, "You leave it with me", and she got it
12 done in a matter of weeks.
13 Q. So we've got ARI, GP practice ---
14 A. Yes.
15 Q. --- care home records?
16 A. Yes.
17 Q. Did you recover those?
18 A. Yes, I got the care home records fairly early on.
19 Q. Was that a difficult process compared to the GP ---
20 A. I don't recall it was particularly difficult but it
21 was a --- there were --- how do you put it? --- things in
22 there that didn't refer to my father that I reported to
23 the operations director because I'd given up dealing
24 with the care home manager. His area manager had walked
25 off the job, she just apparently resigned on the spot,

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1 so I'd lost that contact. So I started dealing then
2 with the operations director.
3 And, for instance, on my letter of complaint,
4 which --- like there was two letters went to the
5 operations director, to the company involved, and they
6 said in the notes that my father --- numerous times my
7 father needed help with his dentures. Now, my father
8 was 88 and, thankfully, that's one of the things that ---
9 I've got his blood pressure problems, but I've got
10 teeth, I've got my own teeth. I've no false teeth and
11 I'm 69. My father had no false teeth. Very rare in
12 a man of 88. He had a couple of dodgy teeth but he'd no
13 dentures. So I brought this to their notice. I says,
14 "Well, you know, you've got in his records ..." --- no,
15 I nearly said his name --- "... that my father needed
16 help with his dentures, my father needed help with his
17 dentures. My dad didn't have dentures".
18 Q. Let me ask you about that. That's clearly an erroneous
19 entry in the care home records.
20 A. Yes.
21 Q. What does that do to your impression of the other
22 records the care home have ---
23 A. Well, it undermines my confidence that they're accurate.
24 Q. Aha, because it may not --- you know, it's one of those
25 things where it doesn't matter when they he's got

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1 a problem with his dentures if he hasn't got dentures.
2 If it was the other way round, that would be a more
3 significant problem. But your concern relates to the
4 accuracy of the records that are being provided to you;
5 is that correct?
6 A. Yes, and when I got the records, I found out incidents
7 that hadn't been directly reported to me. I was the
8 main port of call --- although I've got a sister, I was
9 the main point of call. I live locally. I dealt with
10 the sharp side of this.
11 So when I got the records and I read them, that
12 jumped out to me right away, you know that --- the fact
13 that the care home manager told me that he'd been with
14 my father at the end and he admitted he wasn't because
15 he thought it would make me feel better, and then I get
16 the records and I see things in there that I was not
17 made aware of and things like my father needed help with
18 his dentures, when my father, at 88, didn't have
19 dentures.
20 Q. Tell me about the death certificate that was issued.
21 Did you have a problem with that?
22 A. Yes. I got a phone call about the death certificate ---
23 excuse me. I got a phone call about the death
24 certificate and --- in fact, I haven't got a copy of it
25 here, but on the first line it was "COVID-19", 2019, and

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1 his other issues, longstanding health issues ---
2 Q. Were listed at the beginning?
3 A. Yes, the circulation and --- it's a big word. I can't
4 remember it now. But "COVID-19" was top of the list.
5 So when the doctor phoned me, I said, "Well, you know,
6 I dispute this because my father was sent out from
7 Aberdeen Royal Infirmary with traumatic head injuries.
8 His head was disfigured, he was covered in stitches, and
9 that's not mentioned". I said, you know, "He was
10 discharged from Aberdeen Royal Infirmary's care, he went
11 in with a rear head wound and he came out doubly
12 incontinent", and I went through all that thing,
13 "incoherent, his memory was gone and he had a horrible
14 death". I said, "All you've got is COVID-19", and the
15 conversation got a bit stressed. I don't remember the
16 exact wording, but the wording was that if I refused to
17 accept the death certificate, there could be
18 complications. It could delay the situation. Now,
19 bearing in mind ---
20 Q. What situation?
21 A. Well, of getting my father --- my father's cremation.
22 And obviously --- I mean, it's a strange situation and
23 I don't know if other people have said this. When my
24 father died --- now, I spoke to the undertaker. Now, as
25 far as I'm aware, he was treated as contaminated even

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1 though I don't know if he still had COVID. But he was
 2 put in a body bag or maybe two with the clothes that he
 3 wore — he had on a polo shirt, I think, his pyjamas
 4 latterly, in the last photos I've got. So he was taken
 5 out of his bed, put in a body bag, put in a trunk and
 6 taken to the mortuary at the rest rooms and put in
 7 a sealed coffin, so he was treated as contaminated.
 8 So I'm thinking to myself, when I'm speaking to the
 9 doctor, it's highly unlikely now that they could do an
 10 autopsy to find out what killed him and I would have had
 11 to tell my family that I had halted proceedings because
 12 I decided to dispute the cause of death.
 13 Q. So it wasn't disputed and the funeral proceeded?
 14 A. Say that again?
 15 Q. It wasn't disputed and the funeral proceeded?
 16 A. Yes. I had to accept that, in my heart of heart,
 17 I needed closure, I think my family needed closure, and
 18 the funeral arrangements were equally harrowing.
 19 Q. I'll come back to that in a second.
 20 A. Yeah.
 21 Q. But you say in paragraph 137:
 22 "The man I dealt with at the undertakers was
 23 excellent though ..."
 24 A. Yes.
 25 Q. "... very sympathetic to our ordeal, he agreed to stop

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1 the hearse in front of my car."
 2 A. Yes.
 3 Q. "The funeral directors and workers ... were under
 4 enormous pressure."
 5 A. Yes.
 6 Q. Now, you have described in some detail in the preceding
 7 paragraphs the funeral itself —
 8 A. Yes.
 9 Q. — and you say that they had the hearse stop. You were
 10 able to get a photograph of the coffin in the hearse?
 11 A. Yes.
 12 Q. There were very limited numbers?
 13 A. Yes.
 14 Q. You were in the car park for the funeral?
 15 A. Yes.
 16 Q. Was there anything else significant about the funeral
 17 that you want to say to me — us?
 18 A. Well, when I had to go to the undertakers to hand over
 19 paperwork and you've got the cremation certificates and
 20 all that to do, I was advised — it seems crazy now.
 21 The police were stopping cars on the outskirts of Ellon
 22 in case anybody was going outside Aberdeen City — and
 23 I lived in the shire. I was living north of Aberdeen at
 24 that time — and I was advised to carry paperwork in
 25 case I got stopped by the police in my car.

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1 Now, I could travel from Ellon to Ballater, which
 2 was within Aberdeenshire, which was about 60 miles in
 3 one direction, but to travel 12 miles to the city limit,
 4 I could be seen as breaking COVID. That was how crazy
 5 it was. So I had to carry, you know, the funeral
 6 paperwork in — with me in the car to go there.
 7 Now, the reason that I'm saying the chap at the
 8 funeral parlour was good was because, when I went to see
 9 him, and he was — they were under enormous pressure.
 10 When I was there, there was a woman near—hysterical in
 11 the office, so it was very uncomfortable. He said to
 12 me, you know, what I could do is I could approach the
 13 hearse, they would open the tailgate and I could touch
 14 my father's coffin. Now, you're still thinking that
 15 this is COVID live, but I was told it had been
 16 desanitised, but I had to wear full PPE and I had to put
 17 it on in front of the people in the car park. The only
 18 way I could touch my father's coffin was by doing that,
 19 and I didn't think I had it in me to do it. I was
 20 emotionally wrecked at this point in time.
 21 Q. Did you do it?
 22 A. That was — you know. So what actually happened was —
 23 and the other thing that other COVID bereaved have had
 24 to deal with was — I was allowed, it was either 16 or
 25 18, I can't remember, we'll say it was 18, people at the

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1 funeral. We were allowed — I think it was again six or
 2 eight cars. The cars had to be in the East Chapel car
 3 park at Aberdeen Crematorium. We had to leave three
 4 spaces between each car. We could only congregate in a
 5 little group, which was my wife and I in front of my
 6 car, my son and his wife in another car, my sister and
 7 her husband in another car, and I had to tell family
 8 members they could not go to, well, my father's funeral
 9 and that was difficult.
 10 Q. Yes.
 11 A. So you've got to then compile a list of those that can
 12 go and those that want to go who couldn't go. So on the
 13 day — and we're lucky, it was a nice day — the hearse
 14 did exactly what the chap said he would do. He took
 15 a note of my number plate and the car, and he pulled the
 16 hearse up opposite me. He said, "I won't be allowed to
 17 linger, we've only got like ten minutes". So you
 18 imagine a hearse arriving. We were told we could have
 19 flowers in the car but they would be a waste because
 20 they would be destroyed immediately, so you'd only see
 21 them momentarily, and he advised against it. He said —
 22 so the hearse arrived with a blank coffin in the back,
 23 pulled out opposite me, and my sister and I were allowed
 24 to go up to the hearse, but not touch it, and I took
 25 a photograph of my dad's coffin. The hearse drove away

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1 and they said, "We won't be going to the chapel side.
 2 We'll be driving to what is classed as the industrial
 3 side". So it wasn't as if you could even walk down to
 4 the front. It went a way around to what you class as
 5 a tradesman's entrance where my father landed up.
 6 Q. Okay, you talk next in your statement at 139 about
 7 personal protective equipment.
 8 A. Yes.
 9 Q. Again, just reading -- having read that over, this was
 10 a difficulty in the care home, accessing PPE --
 11 A. Yes.
 12 Q. -- and your son, because he works in the oil industry --
 13 A. Yeah.
 14 Q. -- being able to access it.
 15 A. Yes.
 16 Q. You were given information about the quality of the PPE
 17 that your son was able to access?
 18 A. Yes. Well, what you were seeing on the TV at that time
 19 and particularly one of the managers of the company that
 20 had the care home was that there was a lack of PPE and
 21 the quality of PPE was variable, and I knew, speaking to
 22 the care home staff, that they were struggling for PPE.
 23 And I discussed it with my son and my son made two phone
 24 calls and he got top-quality PPE delivered free of
 25 charge. My sister did the same and got a friend to

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1 deliver PPE and my neighbour at that time had a family
 2 linked to a business that did medical supplies, and he
 3 said, "I'll get them top-quality stuff". They had
 4 a shipment coming in from America.
 5 Now, what arrived was -- it was so good that the
 6 care home manager and staff posed outside with some of
 7 the stuff. They got memory foam visors, high-quality
 8 material that they were never given, and I think my view
 9 is it comes down to cost. It's availability and cost.
 10 And that's one of the things I say later on. There
 11 needs to be a standardisation, and these people are at
 12 high risk and they were at high risk. And later on
 13 I said that. I really felt for the staff working in
 14 that care home because they were dealing with people --
 15 you know, some of them had been in the care home for
 16 years -- dying.
 17 Q. I want to ask you next about something that must not be
 18 forgotten, and that's your mother --
 19 A. Yes.
 20 Q. -- because we've spent a long time talking about your
 21 father.
 22 A. Yes.
 23 Q. Your father has now died?
 24 A. Hmm--hmm.
 25 Q. And your mum is still in the care home?

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1 A. Yes.
 2 Q. Tell me about the visits.
 3 A. The visits?
 4 Q. Hmm--hmm.
 5 A. Well, I think the first thing that needs to be said is,
 6 when my father died, I got a phone call from, again,
 7 a very reliable nurse that we had a good rapport with to
 8 say, "We need to tell your mum that your father has
 9 passed away" -- now, bearing in mind my mother's got
 10 Alzheimer's -- "Would you like to do it?". Well,
 11 obviously, "Yes, I'll need to tell my mother". So I had
 12 to gear myself up, and I think it was on the same day
 13 that my dad died -- was it the same day? I can't
 14 remember. So they got my mother to a phone,
 15 a loud-speaker phone, and I told my mother two or three
 16 times that my father had passed away, in the nicest way
 17 of saying it. "Where's he gone?", I think she thought
 18 "passed away" meant he went some place else. I said,
 19 "Mum, Dad is dead. He's died". And she went
 20 hysterical, she dropped the phone and I was extremely
 21 upset. And the nurse came on the phone and she was
 22 upset. She said, "Okay, Bill, we'll deal with your
 23 mother".
 24 Q. Tell me about subsequent visits.
 25 A. Subsequent visits were the same. When we did get to see

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1 my mother, it was on the -- I think it was 2 metres at
 2 the time. We were allowed to see my mother outside in
 3 the garden, and she's got a shawl round her because she
 4 was quite frail, she was feeling the cold. I could see
 5 a massive deterioration in my mother. She was now
 6 alone. And, by the way, when I told my mother my father
 7 had died, she went back to looking for him again. She
 8 went back hunting around the premises and asking staff,
 9 "Where's my Bill?", which was me. It just became
 10 unbearable. That's all I can say.
 11 The visits with my mother were equally unbearable
 12 because she couldn't understand why we couldn't be with
 13 her, we couldn't hug her, we couldn't go in for a cup of
 14 tea. And the last time I think I saw my mother in the
 15 care home, she was waving out her window at the care
 16 park because it was really cold, and I must admit the
 17 staff that were doing that, again, were fantastic. And
 18 we had one member of staff in there who was actually
 19 like the events co-ordinator, who was a lovely person,
 20 and I actually asked for her to be with my mother
 21 because my mother and her got on so well and she felt
 22 our pain.
 23 I think that was something that was missing. The
 24 empathy with a lot of people wasn't there. But some
 25 people, when you get to know that -- when you're dealing

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1 with care homes, you know natural caring people. You
 2 know people that are there for a job and you know people
 3 that are there because they enjoy what they're doing,
 4 you know. I think the last view I had of my mother in
 5 the care home was waving out the window of the dining
 6 room while my wife and I left in a car.
 7 Q. As I understand it, she suffered a stroke.
 8 A. My mother suffered a stroke and she landed up initially
 9 in Aberdeen Royal Infirmary and I went to see her there
 10 every day until she got moved to the Stroke Unit at
 11 Woodend Hospital in Aberdeen. That was equally
 12 traumatic because I wasn't allowed to touch her and by
 13 then she was virtually unrecognisable and withering
 14 away, you know, and just --- it was unbelievable.
 15 I went in on a weekend and one of the nurses who I'd
 16 been speaking to before was so distressed. I'm sitting
 17 in a room about half the size of this and my mother
 18 would be where you are and lying to one side and wearing
 19 somebody else's clothes, by the way. That was another
 20 thing that I don't think has been brought up. My mother
 21 was presented to me in a wheelchair and I was told by
 22 the nurse or auxiliary, "Look at the state of your
 23 mother. She's wearing somebody else's clothes". And
 24 "What do you mean?". She says, "Well, we don't know
 25 where her clothes have gone". I said, "Well, she came

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1 in with clothes so ...".
 2 I then found out that Woodend Hospital were not
 3 doing laundry because of COVID --- they asked me to take
 4 it home, which I refused to do --- they weren't doing
 5 laundry because of COVID. They were sending it to
 6 Aberdeen Royal Infirmary. I then found out that
 7 Aberdeen Royal Infirmary weren't doing COVID washing
 8 either and they were sending it in by the truckload to
 9 go (inaudible).
 10 The reason I'm saying that is I've got the
 11 combination of my mother in distress and with a stroke
 12 and wearing very odd clothing. I got to touch my
 13 mother --- probably it hadn't been the legal process, but
 14 this nurse was so upset, she said, "Look", I'm wearing
 15 PPE, "Put extra gel on your surgical gloves and hold
 16 your mother's hand". So I leaned over and my mother
 17 wouldn't let me go. She broke into tears and I felt
 18 physically sick and it stays with me now. She wouldn't
 19 let me go. And I discussed my dad with her, you know.
 20 Q. From paragraphs 150 to 159 you detail the complaints
 21 that you've lodged. I've taken you through each of
 22 those. I don't think that we need to go through those
 23 any further.
 24 A. Do you want me to read from 150?
 25 Q. No, I'm just saying I've taken you through ---

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1 A. Yes.
 2 Q. --- all of that ---
 3 A. Yes.
 4 Q. --- so there's no need for this to go into oral evidence.
 5 I'm not trying to hide it. It will be there and
 6 Lord Brailsford will read it.
 7 A. Yes.
 8 Q. That also applies to some extent in relation to impacts
 9 because I've very carefully taken you through the
 10 impacts.
 11 A. Yeah.
 12 Q. But I do want to ask you a little bit about "Lessons
 13 Learned". Again, that's something that the Inquiry will
 14 read and will consider carefully.
 15 A. Yes.
 16 Q. But can I take you to paragraph 173, which is in "Hopes
 17 for the Inquiry", because I think that's the only bit of
 18 your account that we haven't covered and it's something
 19 you want to say.
 20 A. 173?
 21 Q. Yes.
 22 A. "My family and many others including Covid Bereaved
 23 believe the Scottish Covid Inquiry has been compromised
 24 by repeated media reports of the Scottish Government,
 25 the Scottish National Party and others allegedly

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1 deleting withholding and altering evidence needed for
 2 the Inquiry. I reported this to Lord Brailsford. The
 3 thematic approach in Scotland means those accountable
 4 are not questioned until next year [and] I had asked for
 5 a statement regards this."
 6 The reason --- even two days ago I met a neighbour,
 7 and he knows that I'm coming down here, and he's older
 8 than me, he's probably nearer 80/85, and he said,
 9 "You're wasting your time". And this is --- I think the
 10 general public --- and I'm speaking on behalf of my
 11 family, friends, people I speak to --- cannot believe
 12 that there can be constant reporting of the Government
 13 deleting, altering and possibly withholding evidence
 14 that will never be recovered, and I can keep
 15 a meticulous record and yet I'm not employed to keep
 16 this meticulous record. Now, those in a position of
 17 power, from the First Minister, former First Minister,
 18 the whole lot of them, that should be held to account
 19 sooner rather than later.
 20 Q. You've said that to Lord Brailsford?
 21 A. I did, yes.
 22 Q. You've said it again today.
 23 A. Yes.
 24 Q. I don't have any other questions for you. Is there
 25 anything else that's important that we haven't spoken

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1 about? I've tried to cover everything fairly .
 2 A. I think the one thing that I would say is that I think
 3 the care profession , the care home profession, are
 4 neglected. And what I've witnessed, there needs to be
 5 a standardisation of PPE. They need to step up and,
 6 instead of buying the cheapest alternative and having
 7 low stocks, there needs to be a quality assurance
 8 situation , like we did offshore. We had separate gloves
 9 for separate jobs, separate tools for different jobs.
 10 And I think what I saw -- I mean, the apron I got in the
 11 care home was like clingfilm, and I actually said, "How
 12 on earth can you ..." -- if you tied it round your back,
 13 it fell apart. She told me -- she says, "We're being
 14 asked to wipe them down because we haven't got enough of
 15 them", and I couldn't believe it. It's the same with
 16 the masks. We all know now we're walking around with
 17 that blue paper mask and they were totally and utterly
 18 useless. They lasted about five minutes, if that. So
 19 I just feel that's one of the things, and I think I've
 20 said enough.
 21 Q. I think you have. I think we understand your position.
 22 A. I feel upset over that, yes.
 23 MR CASKIE: Okay. Thank you very much, Mr Jolly.
 24 A. Thank you.
 25 MR CASKIE: My Lord.

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1 THE CHAIR: Thank you, Mr Jolly.
 2 A. Thank you.
 3 MR CASKIE: Do you want a brief break, my Lord?
 4 THE CHAIR: Yes, I would like to speak to Mr Gale and you
 5 now, please, so we'll have --
 6 MR CASKIE: We'll go to the appropriate room.
 7 THE CHAIR: Can you go to the appropriate room, please? In
 8 fact, wait one second, Mr Caskie. Yes, I think just go
 9 to the appropriate room, please.
 10 Could you tell the audience that someone will make
 11 an announcement about what we're going to do in the next
 12 ten minutes?
 13 MR CASKIE: You've heard that. Thank you, my Lord.
 14 THE CHAIR: Announcement made!
 15 (1.00 pm)
 16 (A short break)
 17 (1.45 pm)
 18 MR GALE: Good afternoon, my Lord.
 19 THE CHAIR: Good afternoon, Mr Gale.
 20 MR GALE: The next witness is Dr Alan Wightman.
 21 THE CHAIR: Thank you.
 22 MR GALE: His wife is sitting next to him at the witness
 23 table and Dr Wightman will be with us in a short time.
 24 His statement, the reference is SCI-WT0254-000001.
 25

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1 DR ALAN WIGHTMAN (called)
 2 Questions by MR GALE
 3 MR GALE: Good afternoon, Dr Wightman.
 4 A. Good afternoon.
 5 Q. Can you give us your full name, please?
 6 A. Yes, it's Alan Wightman.
 7 Q. Now, your personal and contact details are known to the
 8 Inquiry.
 9 A. Right.
 10 Q. You've provided the Inquiry with a statement. I've
 11 given the reference to that statement. Your background
 12 is that you are a retired development scientist?
 13 A. Yes.
 14 Q. Could you just give us a little explanation of what that
 15 entails?
 16 A. Yes. When I left school, I went to
 17 Heriot-Watt University and did a degree in chemistry.
 18 I then went to the University of Lancaster and did
 19 a Masters degree in polymer science and technology, and
 20 I stayed at Lancaster and did a doctorate on the
 21 fascinating title of polymer supported reagents and
 22 catalysts, and there's a showstopper right there.
 23 Q. I'll take your word for it. Your work as a development
 24 scientist, briefly could you explain what that entailed?
 25 A. Yes. Having done the doctorate, I decided the world of

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1 academia is not really for me and I wanted something
 2 more immediate, so I went to industry. And I first
 3 worked for three years for a company that made
 4 bituminous roofing felt. I then had a complete change
 5 of direction and went to work for a company making food
 6 contact papers, and I was there for 22 years.
 7 Q. All right.
 8 A. And latterly, the final ten years, I went and joined
 9 a weaving firm, weaving polypropylene fabrics for
 10 industrial end use.
 11 Q. Okay, thank you. The statement that you've provided the
 12 Inquiry with can perhaps be guided into two sections.
 13 A. Yes.
 14 Q. The first deals with the circumstances of the death of
 15 your late mother, Helen Wightman.
 16 A. Yes.
 17 Q. We know from your statement that your mother died at the
 18 Scoonie Care Home at Windygates Road, Leven in Fife --
 19 A. Yes.
 20 Q. -- on 6 May 2020.
 21 A. Yes.
 22 Q. She was 88 when she died and sadly she was suffering
 23 from dementia?
 24 A. That's correct.
 25 Q. The second part of your statement is that which begins

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1 generally from paragraph 77 onwards. It's not necessary
2 to go to that just at this stage.

3 A. No.

4 Q. But you begin first of all by providing the Inquiry with
5 an overview of the concerns and impacts as reported to
6 you by other members of the Scottish Covid Bereaved
7 group; is that right?

8 A. Yes.

9 Q. As you tell us at paragraph 2 of your statement, you are
10 a lead member of that group.

11 A. Yes.

12 Q. Do I take it that, for the purposes of your evidence
13 today, you are speaking on behalf of that membership of
14 that group?

15 A. Yes.

16 Q. To follow on from that and perhaps just to set your
17 evidence in context, it's perhaps useful that at this
18 stage we take and begin with your involvement with the
19 group, which you deal with at paragraphs 70 to 76 of
20 your statement. If that can be shown on the screen in
21 front of you.

22 A. Right. You want me just to read these?

23 Q. Yes, I'll just look at some of this in a moment, Doctor.

24 A. Okay.

25 Q. I think the other thing that we perhaps at the outset

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1 should acknowledge is that you have also provided
2 a statement to the United Kingdom Inquiry --

3 A. Yes.

4 Q. -- in relation to Module 2 of that Inquiry's
5 investigative work, and it's actually termed your
6 "Impact and inequality statement". It's dated
7 20 September 2023 and the Inquiry has considered that
8 statement. It has also considered the oral evidence
9 that you gave to the UKI, which you did on 4 October of
10 this year. For the reference, the transcript reference
11 is to pages 132 to 146 of that day, 4 October.

12 A. Yes.

13 Q. Can we go to paragraph 70 of your statement, Doctor?

14 A. Yes.

15 Q. You begin by referring to an individual -- and it's not
16 necessary to name that person -- but another person, who
17 is another lead member of the Scottish Covid Bereaved
18 group, mentioned to you, obviously after your mother's
19 death, that the Procurator Fiscal was investigating
20 COVID care home deaths. You then contacted the
21 fiscal --

22 A. I did.

23 Q. -- and they confirmed that they were not investigating
24 your mother's death; is that right?

25 A. That's correct.

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1 Q. Was that the local fiscal? Was it Kirkcaldy or was it
2 Dundee?

3 A. No, I think I contacted the Edinburgh office.

4 Q. The Edinburgh office, okay.

5 A. The reason my mother's death was not being investigated
6 was they had -- there had been a direction that care
7 home deaths due to COVID would be investigated, but only
8 after a certain date, and my mother's death preceded
9 that date.

10 Q. Preceded that.

11 A. But then subsequently, and challenged by me and others,
12 that was -- the dates were extended. I have to say,
13 though, that, in the three years sort of since, very
14 little appears to have happened. I do get periodic
15 updates, I think it's every -- maybe every three months
16 or every six months, and the update usually reads,
17 "There is no update". And I think this is a common
18 experience amongst other members of our group.

19 Q. I think the Inquiry knows that the Crown Office has an
20 operation -- is carrying out an operation called
21 "Operation Koper".

22 A. That's correct.

23 Q. And that is an ongoing operation considering deaths in
24 care homes during the pandemic.

25 But one of my questions to you was going to be:

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1 you've not received any further update as to what is
2 happening with your mother's -- the investigation into
3 your mother's death?

4 A. I have not and I have not been contacted by
5 Scottish Police, who are carrying out that operation
6 that you spoke of. So, as far as I'm concerned, nothing
7 appears to have happened.

8 Q. No. Having reported the matter and achieved the
9 extension of the time period during which these matters
10 can be reported, what was it you were hoping to achieve
11 by reporting the matter to the fiscal?

12 A. Well, if the fiscal had decided that this was a matter
13 that needed to be investigated, then it needed to be
14 investigated in all such cases, was one thing. I have
15 to say I do not -- as I have understood it -- and
16 perhaps incorrectly -- but what they are looking for is
17 any evidence of criminality or neglect or something like
18 that. In the case of my mother's care home, I do not
19 believe they will find anything. I think it was
20 a well-run care home and the staff did the best they
21 could in the very difficult circumstances they were
22 placed in. So it's not that I'm after anything against
23 the care home per se; I'm not. It's just to make sure
24 the investigation is as full as it can be.

25 Q. Thank you. You tell us at paragraph 71 of your

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1 statement that you became aware of the Covid Bereaved
 2 Families for Justice Group, which was a UK-wide group,
 3 as I understand it.
 4 A. It was, yes.
 5 Q. And that was because of the involvement, I think, of
 6 a doctor, Cathy Gardner, and also -- I think also
 7 a Ms Fay Harris, because they began a challenge --
 8 A. They did.
 9 Q. -- a judicial review challenge in relation to certain
 10 documents issued by the Secretary of State, the
 11 Westminster Secretary of State for Health and Social
 12 Care, that certain documents that had been issued
 13 in March and April 2020 were unlawful.
 14 A. That was the case that she brought and I think
 15 ultimately got a partial success with. But it was
 16 reading the article about her and their campaign and her
 17 companion's campaign that this group, Covid Bereaved
 18 Families for Justice, was mentioned. So I thought,
 19 "I think I'll make contact with them and see what
 20 they're about".
 21 Q. Just again, to set matters in context, the challenge by
 22 Dr Gardner and Ms Harris was in part that those who
 23 drafted the documents that were under challenge failed
 24 to have regard to the risk to elderly and vulnerable
 25 residents from non-symptomatic transmission --

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1 A. Right.
 2 Q. -- because that had previously been mentioned by,
 3 amongst others, Sir Patrick Vallance?
 4 A. Yes.
 5 Q. The citation for the record of the case is Gardner and
 6 Harris v Secretary of State for Health and Social Care.
 7 The neutral citation is [2022] EWHC 967 (Admin).
 8 I think you're aware that it was partially successful,
 9 as you put it.
 10 A. Yes. Yes.
 11 Q. Now, you say at paragraph 72 that when you joined the
 12 group, you made it your business to try and find out
 13 other Scots who were involved or had similar experiences
 14 as yours.
 15 A. Yes.
 16 Q. Could you explain why you did that and how you did it?
 17 A. Because my bereavement was in Scotland and that's
 18 primarily what I was interested -- I'm aware of the
 19 different jurisdictions, the different governments, the
 20 different laws, and therefore I thought, "Whilst it's
 21 a United Kingdom group, I'm in Scotland and I should try
 22 to find out other Scots who have been similarly
 23 affected". If I saw a post and it described a town or
 24 a location in Scotland, I would contact that person --
 25 even, as ridiculous as this may sound, if someone with

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1 a Scottish-sounding surname, I would reach out and say,
 2 "Are you in Scotland?", and many times the answer would
 3 be "No". But slowly and over time, I started to contact
 4 people who were members of the group who were in
 5 Scotland and I just was starting to collect the stories
 6 and look at the similarities and threads. I called it
 7 a "Scottish sub-group", but it grew and it kept growing
 8 and, ultimately, the UK group made it the first regional
 9 branch, and at that point I was appointed chair of that,
 10 in the meeting that was held by the then campaign
 11 manager.
 12 Q. In September 2022 -- can I just check that is 2022?
 13 It's in paragraph 73.
 14 A. September of last year, yes, just as the UK -- we got
 15 down in October for the formal start of the UK Inquiry
 16 and it happened just the month prior. I think it
 17 was September. But I'll go with that. That's the
 18 nearest I can remember it. It was round about the time
 19 that the UK Inquiry was beginning.
 20 Q. You say that, "... we became the Scottish COVID Bereaved
 21 Group".
 22 A. Yes.
 23 Q. And that was separate, as I understand, from --
 24 A. It was.
 25 Q. -- the Covid Bereaved for Justice Group?

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1 A. It became completely autonomous from them, yes.
 2 Q. And what was the purpose of setting up that group?
 3 A. The separate group?
 4 Q. Yes.
 5 A. When -- there's a bit of the story that I haven't come
 6 to yet, but when we were told by the First Minister that
 7 there was likely to be a Scottish Inquiry and that she
 8 wanted us to be involved in setting the scope, we
 9 realised what a big deal this was and we needed to get
 10 some legal advice. We were bereaved members wandering
 11 about in a legal system, not sure -- and we had -- the
 12 UK group had a law firm based -- I think they're based
 13 in Manchester or -- Liverpool actually. Liverpool
 14 they're based. Not specialists in Scots law. So we
 15 asked, "Can we have a Scots lawyer?", and they said,
 16 "Oh, we'll pick someone for you nearer the time", and we
 17 said, "But now is the time. We might be involved in
 18 scoping an Inquiry in Scotland. We need legal advice".
 19 And they said, "Well, we can bring Aamer Anwar to the
 20 table", and we said, "Thank you very much", so they duly
 21 brought Aamer and he became solicitor for Scotland.
 22 But as time went on and it became evident that the
 23 UK group -- and you might find some resonance in some of
 24 the evidence that's been given in the last few days in
 25 what I'm about to say -- the UK group was predominantly

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1 English and was English-focused; for example, they were
 2 dealing with the Care Quality Commission, which only has
 3 jurisdiction in England. It's of no help to people who
 4 have got grievances in Scotland. So it became quite
 5 evident to us that we would need to think about
 6 separating.

7 We said, "We want Amer to do not just Scotland, we
 8 want him to do the UK Inquiry for us as well", and then
 9 we were told, "Well, if that's what you want, you might
 10 want to think about going separate". So we said,
 11 "Okay", and so it was a mutual -- not entirely amicable,
 12 but a mutual agreement to split the groups.

13 Q. Okay. How many members were there in the group,
 14 approximately, at that time?

15 A. Gosh. Now you're testing me.

16 Q. Just an approximation.

17 A. I think about the time we met the First Minister, we
 18 only numbered something like 30 to 40 --

19 Q. Okay.

20 A. -- quite a small group, but it's grown, and at that time
 21 it was probably -- now, let me ... at one point in time
 22 we were challenged to try and get up as high as 160
 23 members and I said, "There's no way". We were 40. How
 24 were we going to get to 160? We got there, I would say,
 25 by the date that we're speaking about, and today we're

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1 north of 200, pushing towards 250, I think.

2 Q. Does the group have a formal constitution or formal
 3 office-bearers, anything like that?

4 A. No, it doesn't. What it had was the five people -- that
 5 was my -- again, we're getting ahead of the story of
 6 what happened when we had the meeting with the
 7 First Minister.

8 Q. Yes, I'll come to that meeting in a moment.

9 A. But there were four speakers picked jointly by one of
 10 the founders of the UK group and myself, and I was asked
 11 to chair it. So the five of us that went and had the
 12 meeting online -- and there were other members who -- it
 13 was a Zoom meeting at that point in time because you
 14 couldn't do face to face -- and so we had other members
 15 of the group were also in the Zoom but didn't
 16 participate until right at the end, when a couple of
 17 them asked questions.

18 So those people, when we -- the group founder and
 19 the UK advisers and office-bearers were partly -- they
 20 were listening in as well, but they were not
 21 participating. But they were delighted that we'd won
 22 the possibility -- we'd won the support to push for
 23 a four-nation Inquiry, but the backstop of a Scottish
 24 Inquiry should that fail.

25 Q. Let's just come to that area, if we may.

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1 A. Right.

2 Q. You refer to it in paragraphs 74 and 75 of your
 3 statement.

4 A. Yes. Okay.

5 Q. You indicate that the UK group had asked for
 6 a meeting --

7 A. Yes.

8 Q. -- with the then Prime Minister, Boris Johnson, but he
 9 refused, as I understand.

10 A. I think at that point in time he had refused five times
 11 to meet with them and by the time the Sturgeon meeting
 12 happened, they'd been refused for a sixth time.

13 Q. Okay.

14 A. Now, the request that went from the group to the
 15 First Minister was, "Boris Johnson won't meet with us.
 16 Will you?". There was no mention of inquiries, there
 17 was no specific either Scottish or UK Inquiry, but,
 18 "Would you meet with us?", was the simple -- I have
 19 a copy of the original letter that was sent to the
 20 First Minister's office, and she said "Yes" in February.

21 That was November -- let me back up a little bit
 22 again. Before that time -- and I can't remember exactly
 23 when, but it will be a matter of public record -- it's
 24 some time at the end of wave one and going through the
 25 summer and into the new season of Parliament. At some

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1 point the Scottish Parliament had voted that there
 2 should be an Inquiry into what happened in Scotland in
 3 the care homes in wave one. That had passed through
 4 Parliament. There was an obligation on the
 5 First Minister to do something about it but she wasn't
 6 doing anything about it.

7 By this time I'd started to do a bit of press in
 8 Scotland and I was going in the papers and saying, "You
 9 should have this Inquiry, you should have this Inquiry.
 10 This is undemocratic. Your Parliament voted for this.
 11 You're not doing anything about it", and I was asked by
 12 the UK group, "Will you just tone that down a bit
 13 because we're asking her for a meeting and, if we do get
 14 the meeting, we'd want you to be involved". So I did
 15 back off and the meeting subsequently was held.

16 Q. Now, you tell us about five of you meeting with the
 17 former First Minister remotely --

18 A. That's right.

19 Q. -- in March of 2021.

20 A. Well, we --

21 Q. What was the purpose of that meeting?

22 A. It really was to tell to the First Minister directly the
 23 stories of individual loss, and my role was simply to
 24 chair and let these people tell their stories, which we
 25 duly -- they duly did and did very well, and it was very

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1 impactful. And --

2 Q. Can I ask, just before you go any further, so far as the

3 reaction from the First Minister to hearing those

4 stories, can you tell us what that was in general terms?

5 A. She seemed genuinely moved and at one point was actually

6 seen to wipe away a tear, and it did seem to be very

7 genuine. I'd also been given the brief, moments before

8 the meeting began, "We've got four stories, right?

9 Don't let her respond to each one because, by the time

10 she does it, we'll run out of time. You tell her she's

11 not to respond to the first story until the second one

12 is also done and then she can respond to them both".

13 I thought, "Ah, right. Okay". I did and, to be fair,

14 she complied. So two stories were told, she gave

15 a reaction, two more stories, she gave another reaction.

16 And at the end of the meeting -- I'd also -- to be fair,

17 I'd pointed out to her in my chairing role at the

18 beginning, "Of course, your Parliament has asked you to

19 have a Scottish Inquiry, but we're asking you would you

20 support -- would you go and negotiate with Mr Johnson

21 and tell him he should be having a UK Inquiry?", and she

22 said at the end of the meeting -- well, I've got the

23 actual quote --

24 Q. You quote it at paragraph 74.

25 A. "I will strive for a 4-nation approach at least in

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1 parts, if possible. I will move ahead on a Scotland

2 only basis if a 4-nation approach is not possible."

3 Now, that was in March, and she said we would have

4 a decision on that before the end of the year.

5 Q. So far as what was contained within that quote --

6 A. Yes.

7 Q. -- from the First Minister, the then First Minister,

8 which you record in paragraph 74 --

9 A. Yes.

10 Q. -- did you get an impression from -- I won't say you

11 were in the room but you were on the Zoom call.

12 A. On Zoom, yes.

13 Q. Did you get an impression as to what you thought her

14 reasoning was for going down this route?

15 A. At the time we thought -- and she did seem to genuinely

16 react to the stories she was being told and had said she

17 would do this. Now, was it entirely altruistic, bearing

18 in mind she had this thing hanging over her of, "Well,

19 your Parliament said you need an Inquiry and you're not

20 doing it"? There's always the trade-off -- we're

21 hearing a lot in evidence, in London in particular,

22 about trade-offs. I don't really care what her

23 motivation was. The thing was that she'd made us

24 a promise and everyone was cock-a-hoop on the night.

25 And we all met virtually again outside of the meeting

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1 and then everyone was absolutely over the moon,

2 including the UK group, at what had been achieved.

3 But when we started to press them to say, you know,

4 "We need to move on this. We need support", the

5 response was, "Scotland's had its turn. We need to

6 focus on other areas now", and that's when we started to

7 realise we were going to have to do this ourselves and

8 we would need a Scottish solicitor. It took from them

9 18 months or so before this split actually happened, but

10 you could say perhaps that was the genesis of the split.

11 In my mind, I thought we'd done something great and

12 they would use that result and use it to drive the

13 Prime Minister to have a UK Inquiry, and I believe that

14 that ultimately is what happened. I don't think he

15 would have capitulated when he did on the UK Inquiry had

16 there not been a Scottish Inquiry on offer first. So

17 I think we drove the whole thing forward on a UK basis.

18 Q. You were informed subsequently by the then

19 First Minister that she wanted the group to be involved

20 in setting the scope --

21 A. Yes.

22 Q. -- for the Inquiry.

23 A. Yes.

24 Q. Was that a role that you responded to?

25 A. Yes, we did. Not really knowing what that meant was the

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1 reason why we said, "Well, we really need to get

2 a solicitor involved to guide us on this". And that's,

3 as I say, when Aamer Anwar came on board as our

4 solicitor.

5 Q. In point of fact, did you --

6 A. Yes -- oh yes, we did.

7 Q. -- give an indication of what you felt would be the

8 appropriate scope of the Inquiry?

9 A. We did. We had a number of meetings. She appointed

10 John Swinney, Deputy First Minister, as the instructing

11 minister for the Scottish Inquiry and we had a number of

12 meetings with Mr Swinney and his team, both the five

13 that had become the lead team at that point, four

14 speakers plus myself. We had those meetings and no

15 doubt there were other meetings as well that took place

16 directly between our solicitors and the

17 Scottish Government on the subject of what is the scope

18 of this Inquiry, what should it look like.

19 I would say that our offerings were well received.

20 We genuinely felt we were contributing. It wasn't

21 a tick-box exercise. We were contributing to the scope

22 because we knew the experiences that our members had

23 gone through, and so we were covering a lot of bases

24 early on.

25 Q. In paragraph 76 you mention the point that you in fact

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1 just told us about, that you maintain that it was the
2 former First Minister saying that she would give us
3 a Scottish Inquiry that forced the former Prime Minister
4 to have a UKI.
5 A. I do.
6 Q. You also say that had been fended off, I assume by
7 Boris Johnson —
8 A. Yes.
9 Q. — during 2020.
10 A. As I say, five times they'd asked, and by the time we
11 met with the First Minister it was actually six times he
12 had rebuffed them, including the infamous — there's
13 a clip where he's asked, "Why won't you meet with the
14 COVID bereaved families?", and his response is, "Of
15 course I'll meet with bereaved families". He left out
16 the word "COVID". I picked that up straightaway. But
17 that was him saying, "Of course I'll meet bereaved
18 families" — not necessarily COVID families but, "I'll
19 meet bereaved families". He did meet some COVID
20 bereaved, but I think they were all rather sympathetic
21 to his party's cause, you know.
22 Q. Really, that gives a little background to your role, if
23 we can consider that, Dr Wightman.
24 Can we now go back to the circumstances that have
25 led to you being here?

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1 A. Yes.
2 Q. And those are in relation to the death of your mother.
3 A. Yes.
4 Q. You tell us a little bit about her and reading short —
5 and I mean no disrespect either to your mother or to
6 your late father in doing this — but the family in
7 which you and your younger brother were brought up was,
8 as you put it, "a normal working class background in
9 a mining town".
10 A. Yes.
11 Q. I assume that's a mining town in Fife?
12 A. Yes.
13 Q. You describe your mother and your father as very
14 different characters.
15 A. Yes, and Dad was quite a calm man, didn't speak a lot,
16 but he was a really good judge of character, and it was
17 very difficult to rile him — not that we tried, but
18 I rarely saw him angry. He was the calming influence.
19 Mum was a little bit more flighty, a wee bit more
20 emotional, maybe, but between the two of them they made
21 such a blend. And I realise I haven't said much at all
22 about either of them in this written submission, so if
23 I could just speak a wee bit more about —
24 Q. Please do.
25 A. — the two of them as a couple.

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1 They'd met — my dad didn't go down the mine. My
2 dad became apprentice to a painter and decorator firm
3 and he was — once he was qualified, he was trusted with
4 the work's van, much to the annoyance of older and
5 longer-serving members of the organisation. "Why
6 are you giving it to the laddie?"; "Because I can trust
7 him" was the response. But they used — and Mum
8 actually worked as a shop assistant in the painter's
9 shop. In those days, painters did actually have shops
10 on the high street.
11 Q. I think I can probably remember that. I'm old enough to
12 remember that, believe it or not.
13 A. So Mum worked there and that's how she met Dad. So they
14 became an item. They were both very keen dancers, so
15 they would go to céilidh dancing. It wasn't the formal
16 Scottish country dancing, it was a wee bit more loose
17 than that, but they were very, very keen and every
18 weekend they'd be out to some dance somewhere or other,
19 and of course Dad, using the van, would run them to
20 different towns, different locations, so they became
21 quite widely known in their youth.
22 Then when the two boys come along, they sort of —
23 Mum stopped working and became a full-time mum and they
24 didn't have the time to go dancing so much. But once my
25 brother and I were up and raised, they went back to the

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1 dancing, and it was very rare — my wife just reminded
2 me of a story. I wanted to tell one about both Mum and
3 Dad but I might accidentally name my dad in telling it,
4 so I'll tell this other story.
5 We took Mum — by this time she was widowed and
6 living on her own and she wanted to go and see
7 André Rieu. So we thought — he was coming to the SEC
8 in Glasgow — "Let's go and take Mum to see André Rieu".
9 So we were way out of Fife, we were through in Glasgow,
10 we were in this big auditorium, there's 8,000 people or
11 whatever, and we're way up in the gods. And we go in,
12 down the steep steps, help Mum down, shuffle her into
13 her seat. She sits down ready for André Rieu. And this
14 woman leans over and taps her on the shoulder, "Hello,
15 Helen". She was just one of these people — anywhere
16 she went, somebody would know her, and Dad was the same.
17 You couldn't walk down the street in Fife but that
18 somebody would be shouting "Hello" to them. It was
19 incredible. Very sociable people.
20 And of course Mum, working in the local shops, was
21 known throughout the community as well, and in those
22 days it was more an Arkwright type, behind the counter.
23 You asked for what you wanted for. You didn't go pick
24 it yourself. So, yes, that's a flavour of who the two
25 of them were.

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1 Q. Well, thank you for that.
 2 You personally moved away to pursue, as you've told
 3 us, your academic and then your professional career, but
 4 I think your brother always lived close to your parents.
 5 A. He always lived in Fife, yes. Yes.
 6 Q. And I think you tell us that your father sadly died in
 7 2016.
 8 A. That's actually a typo. It's 2015.
 9 Q. 15?
 10 A. Yes.
 11 Q. Thank you. He had dementia and your mother had looked
 12 after him until the end of his life?
 13 A. She'd looked after him until I think -- not quite two
 14 years before he died, and he just -- I've heard some of
 15 the other witnesses speaking about dementia in the
 16 family. And Dad would wander. He would get up at
 17 3 o'clock in the morning and go for a shower and get
 18 dressed, ready to go out to his work. And he would --
 19 sometimes he would just leave the house and he wouldn't
 20 have said where he's going, and my brother and my uncle
 21 would be driving round looking, "Where's Dad gone?", you
 22 know. So it became a problem, to the point where Mum
 23 was getting worn out with it and we had to put him in
 24 a care home.
 25 Q. I think your mother was also diagnosed with dementia --

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1 you tell us about that in paragraph 12 -- after the
 2 death of your father.
 3 A. She was, and I think -- I've been thinking about this
 4 a lot recently. I don't know if some of the origins of
 5 that might have been showing themselves while Dad was
 6 still alive because Mum got really, really anxious.
 7 We'd put him in the care home so she could have a bit of
 8 her own life, and yet every single day -- every day she
 9 would go to the care home to see him, and she wouldn't
 10 always come out -- she wouldn't always come out happy
 11 because maybe another resident had said something or
 12 a nurse had said something to her, and it was just
 13 anxiety.
 14 I wonder now if some of that was the beginnings of
 15 dementia in Mum as well. But once Dad died, we went to
 16 see Mum every week, and my brother would be there and my
 17 uncle would be in every day, looking after his older
 18 sister. For a while she seemed to almost kind of get
 19 used to it, but then, whether it's being on your own all
 20 the time, she started to become really, really anxious.
 21 Phoning her brother -- I mean, I remember one incident,
 22 there was a piece of furniture and Mum had been dusting
 23 around and she'd looked down and lying on the floor was
 24 a screw; "Where's the screw come from? Where's the
 25 screw come from?". She was phoning my uncle. He had to

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1 go round and assure her that the house wasn't about to
 2 fall down, that everything was fine, that it probably
 3 didn't even come from that piece of furniture and it had
 4 been lying there for a long time. But it was little
 5 things like that Mum would be worried about and quite
 6 anxious on the phone, and it became apparent something
 7 was wrong.
 8 Q. I think you and your brother at some stage obtained
 9 a power of attorney in relation to your mother.
 10 A. Yes. We'd actually put that in place when Dad was
 11 diagnosed with dementia but they had the foresight to
 12 make it for the both of them -- or two separate powers,
 13 whatever it may be. But, yes, that had been put in
 14 place in advance of being needed really in the case of
 15 Mum.
 16 Q. You tell us in paragraph 14 that your brother was in
 17 fact the primary carer for your mother.
 18 A. No, again that shouldn't say "primary carer". He was
 19 her primary attorney. He didn't do any of the caring.
 20 He was her attorney. So anything to do with Mum's
 21 affairs, my brother was the point of contact, because he
 22 lived closer and over the years that had been the way
 23 things were. He was the one that was nearest. I was
 24 always the one that was furthest away.
 25 Q. You think that after finding your mother in a slowly

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1 distressed state, your brother was able to arrange for
 2 her to go into respite care --
 3 A. Yes, and this is where --
 4 Q. -- in March 2019?
 5 A. Ironically, Mum was a -- it was a semi-detached house
 6 over two floors and the bedrooms were upstairs, the
 7 bathroom was upstairs, and my brother said to me at one
 8 point, "I'm going to go in there one day and find her
 9 lying there at the bottom of the stairs". He found her
 10 in this very distressed state. He'd arranged for
 11 respite care and, ironically, the very first night she's
 12 in the care home for the respite care, she falls and
 13 breaks her hip. She then goes to Victoria Hospital, the
 14 hip operation is done, it's a success, but she's not
 15 waking up, she's not waking up from it. She's got
 16 delir -- -- I remember going to see her and she's lying
 17 there, and I went over and spoke to her, and then she
 18 grabbed my finger and she's rubbing her nose like this
 19 (indicates) crazy, and I went, "What are you doing?",
 20 and I took the finger -- "No, no", she's grabbing the
 21 finger back. The nose must have been itchy, but she was
 22 using my finger to scratch it rather than -- it was
 23 a bizarre moment. I thought, "Are we ever going to get
 24 you back?", but after about two weeks of delirium, she
 25 did come round, and then she went to a convalescent

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1 hospital for about five weeks and then she went to the
 2 care home.
 3 Q. Yes.
 4 A. And then in the care home I have to say we got our old
 5 mum back. She wasn't anxious, she was being looked
 6 after, someone was there to tell her when it was time to
 7 eat, when it was time for medication, someone would help
 8 her bathe. And we got Mum back and it was lovely.
 9 Q. I think you say coincidentally the care home where she
 10 was placed at Scoonie Care Home in Leven was one that
 11 you had in fact looked at earlier, when you were
 12 considering a care home for your father.
 13 A. That's correct, and that was the one -- if I'd had
 14 a free choice, that was the one that I would have put
 15 Dad into. But at that point in time they said the
 16 ground floor was not secure and Dad was recognised to be
 17 a wandering risk and therefore he might escape, and they
 18 didn't -- they couldn't be responsible for that so they
 19 couldn't take him. That fault -- that feature was
 20 subsequently addressed to make it secure and, by the
 21 time Mum went in there, it was a secure unit.
 22 Q. Just a few observations, if we may, about your mother's
 23 care pre-pandemic. You say at paragraph 21 that, while
 24 you had some issues with the care home, you conclude
 25 that it was well-run and the residents seemed happy

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1 enough.
 2 A. Yes. I would pay keen attention when we went in to
 3 visit Mum -- she was often sitting in the lounge with
 4 the other residents and I always had one eye on Mum and
 5 the other eye on the staff interacting with the other
 6 residents, and everything seemed to be done with genuine
 7 care. There was empathy between the staff and the
 8 residents. The complaints I had were -- I would say
 9 they were minor. I don't necessarily mean minor -- the
 10 fact of not having enough activities is common. That's
 11 found in a lot of care homes. There's not enough
 12 stimulation. And what dementia patients need is
 13 stimulation. But that means you have to take on extra
 14 staff and that costs more and councils won't pay the
 15 going rate and all the rest of it.
 16 Then the business of changing -- not changing the
 17 hearing aid batteries. The number of times I had to
 18 ask, and they said, "Yes, yes, we'll put it in the care
 19 plan", and it would be fine for a month, five/six weeks
 20 and then suddenly you would find they weren't doing it
 21 again and you would have to remind them, "She can't hear
 22 you. Can you change the batteries?". Aside from those,
 23 I really had no complaints.
 24 Q. One of the points that we've heard a lot about -- you
 25 refer to it later in your statement at paragraphs 87

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1 to 90 and we will look at it when we come to that
 2 point --
 3 A. Okay.
 4 Q. -- is DNRs.
 5 A. Hmm.
 6 Q. You had a DNR as part of your mother's care plan in the
 7 care home, as I understand it.
 8 A. We did because we'd been through that with Dad. My mum
 9 could be quite direct, and I remember driving down from
 10 Forfar to visit her one day and walking in through the
 11 door -- and this is at a time when Dad was -- had just
 12 gone into the care home -- and I'd just got through the
 13 door and she turned round and said, "If your dad
 14 collapses, do you want him revived?"; "Um, is it all
 15 right if I take my jacket off before I answer that?".
 16 But, yes, we decided it was appropriate in Dad's case
 17 and it was appropriate in Mum's case too, when it came
 18 her time to go into the care home. So we were quite
 19 happy to sign these things. We'd discussed them and
 20 said "Okay", and on the understanding it is what it
 21 said, "Do not attempt cardio-pulmonary resuscitation".
 22 It does not mean, "Don't give them any treatment".
 23 Q. Yes, it was specific to that form of resuscitation?
 24 A. Yes.
 25 Q. You also tell us that the -- it was for you really to

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1 contact the care home to obtain updates in relation to
 2 your mother's condition but occasionally they would be
 3 proactively reaching out to you and telling you if there
 4 were any issues that they felt you should be aware of.
 5 A. Yes, I think there's one occasion they phoned up and
 6 said, "Hello, it's the care home here. Just -- nothing
 7 to worry about, but we noticed that your mum's big toe
 8 was looking a bit red and raw today so we've got the GP
 9 to come in and your mum's going to be getting
 10 antibiotics for a week. Is that okay?", and just little
 11 things like that they would tell us.
 12 Q. I think that perhaps takes us to another point about the
 13 availability of medical professionals within the care
 14 home. I think you've made the point in that very
 15 answer, but you also make it in your statement, that
 16 there was a GP surgery that covered the area --
 17 A. Yes.
 18 Q. -- that covered the care home.
 19 A. I'd like to make it clear that this was a care home and
 20 not a nursing home because there is quite an important
 21 distinction.
 22 Q. Obviously.
 23 A. There was a GP surgery that served that care home and
 24 that GP did -- that GP grouping did support the care
 25 home, and there was never a problem that I heard of. If

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1 somebody needed to see a GP, they would come to the
 2 home.
 3 Q. I think you go on in your statement to talk about the GP
 4 care that was afforded to your mother —
 5 A. Yes.
 6 Q. — in the latter weeks of her life. I think I remember
 7 reading in your evidence to the UKI that you praised the
 8 GP service —
 9 A. Yes.
 10 Q. — that was provided.
 11 A. I've become aware, with all the stories that we have in
 12 the group — and I do try and get at least the basic
 13 story from everyone who joins the group. It's not
 14 nosiness. It's wanting to understand how many different
 15 categories do we have in this group, what each
 16 individual — just skeleton story. I don't want detail,
 17 I don't want chapter and verse. Just the basics,
 18 please. Are we talking care homes? Are we talking
 19 hospital-acquired? Is this infection at work? And that
 20 kind of thing. You know, is it community-acquired?
 21 Just a general feel for who we have in the group.
 22 Sorry, I think you asked me about the GP. In the
 23 time of COVID, that GP was close to retirement age and
 24 subsequently did retire when it came to a quiet period
 25 after the initial COVID, but that man went in when he

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1 was needed. He put himself at risk. He didn't have to,
 2 but he did it, a sense of duty —
 3 Q. Yes.
 4 A. — and we were lucky.
 5 Q. I think we've seen that referred to in your UKI
 6 evidence.
 7 A. Yes.
 8 Q. So we have that, Dr Wightman.
 9 Right. Can we bring you to the circumstances of the
 10 pandemic, please? You deal with this at paragraphs 25
 11 and following of your statement. You had been following
 12 the developments of the pandemic in China and then in
 13 Italy and Spain in early 2020?
 14 A. Yes.
 15 Q. You talk about this in paragraph 26.
 16 A. Yes, I've got —
 17 Q. As a scientist, what was your reaction, bearing in mind
 18 you had a mother in a care home at the time?
 19 A. I just noticed I've got "January 2019". That's clearly
 20 not correct. But, yes, because it started —
 21 in December 2019 we started seeing the footage from
 22 China. I watched it in horror at what was going on.
 23 The pictures from China were absolutely scary, and
 24 I think, "Wow, I hope this thing doesn't go any wider",
 25 and then it was going wider, and the next thing you know

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1 it's in Italy and Italy is locking down whole regions
 2 and the hospitals are getting overwhelmed. Then the
 3 stories started coming out of Spain about care homes and
 4 staff being too afraid to go in and tend to the
 5 residents and them being left basically to die. And
 6 it's horrific. And I'm thinking, "Surely we're going to
 7 do something here. We must do something. This is
 8 coming our way". And there was nothing apparent
 9 happening from our Government — I mean, primarily the
 10 UK Government, but there was nothing happening in the
 11 Scottish Government either that I could detect.
 12 Q. When you say that there was nothing happening in
 13 relation to either the UK or the Scottish Government,
 14 what particular failings were you thinking about in
 15 saying that?
 16 A. Well, we're an island and yet we continued to allow
 17 flights to come from China and from Wuhan into the UK
 18 and import the virus into the UK. And then, you know,
 19 there were other instances of — I think the
 20 super-spreader, as he was called, had been in China at
 21 some conference, he'd then stopped in the Alps, a town
 22 in the Alps on his way home, and he'd gone back to the
 23 UK and into his local pub and infected everybody along
 24 the way. He was perfectly fine, but he was infecting
 25 and sending the virus to all those around him. And I'm

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1 thinking, "How much warning do you need?". You know,
 2 this — I know some of the scientists have argued,
 3 "Well, locking down doesn't prevent the virus from
 4 coming in". Well, I'm not. How do you think it gets
 5 here? You know, it's not carried on the gentle breeze,
 6 well, not very far — inside a room maybe. But it
 7 didn't waft its way from China. It came inside people
 8 who were on an aeroplane and flew into this country.
 9 How do you think it arrived?
 10 I just couldn't believe we were doing — virtually
 11 we were doing nothing. Maybe asking people, handing out
 12 leaflets at airports, "If you get a cough or
 13 a temperature, you should really think about maybe
 14 isolating". Is that all — is that the best we could
 15 do? Really?
 16 Q. And one of the things this Inquiry is going to have to
 17 grapple with is the benefit of hindsight.
 18 A. Right.
 19 Q. This is something that you're indicating was in your
 20 mind at the time; is that right?
 21 A. Yes, and my stock answer to people who say, "Oh, this is
 22 all hindsight", my answer is, "No, it was lack of
 23 foresight. That's what caused it. This is not
 24 hindsight". This was all obvious to me, sitting in my
 25 house in Forfar watching the news programmes. I didn't

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1 have teams of medical specialists or scientists advising
 2 me, but I could see what was happening. How did the
 3 Government not know what was coming?
 4 Q. Did you have to have a scientific background in order to
 5 do that?
 6 A. I don't think so. I think you had to have a large dose
 7 of common sense and a bit of life experience to see this
 8 was coming and fast.
 9 Q. Right. Can I take you on to communications that you had
 10 from the care home? Paragraph 29, you tell us that you
 11 got an email from the care home, your mother's care
 12 home, saying that it was going into lockdown and that
 13 there was to be a restriction on visiting. The
 14 exceptions were to be, as you put it, emergencies or
 15 extreme circumstances. Now, you say in paragraph 30
 16 that there was not a definition of "emergencies or
 17 extreme circumstances" —
 18 A. No.
 19 Q. — but you applied, I presume, your common sense as to
 20 what those amounted to. Generally, what was your
 21 reaction to that approach being taken by the care home?
 22 A. I welcomed it. I thought it was the right thing to do
 23 because we had some of the most vulnerable people in our
 24 community inside care homes. Frail people with
 25 comorbidities. If that virus got in, it was going to

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1 devastate that population, so I was all for keeping it
 2 out.
 3 So I welcomed the fact they were doing these
 4 restricted visits and putting these limitations on,
 5 although they might need some interpretation. I mean,
 6 for me, an emergency isn't that, "Oh, my mum's run out
 7 of her favourite soap", but an emergency might be, "My
 8 mum's had a suspected heart attack. She might need to
 9 go to hospital" — that could be an emergency — or,
 10 "She's about to breathe her last breath", that might be
 11 an extreme circumstance. But, you know, apply a bit of
 12 common sense. It means: don't go in unless you really
 13 have to and you can't avoid it.
 14 Q. In that context, did you have regard to the impact that
 15 restrictions on visiting would have had or did have on
 16 your mother?
 17 A. At that point in time, no. I think I say this in the
 18 statement.
 19 Q. Yes.
 20 A. I was 100% for restrictions because I wanted to stop the
 21 virus getting into the home because, once it's in and
 22 it's circulating, it's good night for so many of the
 23 people in there. And I backed it, and I subsequently
 24 have learned from listening to Care Home Relatives and
 25 others that the impacts were not all beneficial; the

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1 impacts were negative on the residents, even if they
 2 didn't catch COVID, and particularly for dementia
 3 patients. And I think I would soften my approach now.
 4 But I think — I'm not going to second-guess my feelings
 5 at that time. I would stand by the decision I made in
 6 the circumstances that I made them. I was all for
 7 keeping those out of the home.
 8 Q. I think you make these points at paragraphs 32 and 33
 9 and 34 of your statement.
 10 A. Yes.
 11 Q. I don't think it's necessary to go over that in any more
 12 detail.
 13 A. No.
 14 Q. Thank you for that. You have given us a section on PPE
 15 and infection control at paragraphs 35 to 39. There's
 16 just one point I would like to — because we can read
 17 what you say there. There's just one point I'd like to
 18 take from you, and that's what's in paragraph 37, where
 19 you say that you were told that the home was not taking
 20 any new residents after lockdown. Did you ascertain
 21 whether the home was taking in any residents or patients
 22 from hospitals?
 23 A. That's why I asked the question about taking new
 24 residents, period, because that would also include
 25 taking them in from hospitals. I didn't ask that —

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1 I don't think I asked the question directly about the
 2 hospitals. I asked, "Have you taken in any new
 3 residents since you locked down?", and they said, "No",
 4 so that includes discharges from —
 5 Q. Wherever they came from.
 6 A. — hospital, as far as I'm concerned.
 7 Q. Thank you. Now we move on to the section of your mother
 8 becoming unwell, and again I don't want to take this in
 9 perhaps detail because we do realise it will be
 10 upsetting for you.
 11 A. Yes.
 12 Q. But really this began I think on 20 April, where you
 13 became aware through a rather circuitous route that your
 14 mother was unwell. You tell us about this in
 15 paragraphs 41 and 42.
 16 A. Yes. My brother received a phone call from an NHS
 17 doctor asking to speak to Helen Wightman, and my brother
 18 said, "Well, she's not on this number, but I'm her son.
 19 What is it?", and they said that the care home had
 20 called them that morning because Mum wasn't very well
 21 and the care home had been looking for advice. Now, he
 22 did say that he found it very difficult to understand
 23 the doctor's accent, so I think what the doctor may have
 24 been saying was he was asking for Alan Wightman, not
 25 Helen —

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1 Q. Quite right.
2 A. — because I did have a German colleague at one time who
3 phoned at home and asked to speak to "Ellen", and
4 I said, "There's no Ellen here". "No, no, Alan. No,
5 Alan"; "Oh, right".

6 So it could have been that, but, anyway, they'd
7 phoned asking about — the care home had been on
8 presumably to NHS 24 or some such looking for advice.
9 So my brother then phoned the care home and was told,
10 "Ah, yes, we couldn't waken your mum up properly this
11 morning". She was described as "listless and sleepy",
12 but she didn't have a fever and at no point did she have
13 a fever. The temperature was raised slightly but was
14 within normal bounds. And that doctor had said, "Well,
15 it's rest and fluids", which was usually the go—to thing
16 for any ailment, is rest and fluids.

17 Q. Was there any question of hospitalisation discussed?

18 A. No, that was not discussed at any point and I was pretty
19 convinced I would have pushed back against it anyway,
20 and I'll explain why when we get there. But to follow
21 on, three days later the GP was sent for because the
22 care home staff had heard what they'd described as
23 a "crackle" in Mum's chest, so some sort of ruckle or
24 noise in her chest. He came in, prescribed antibiotics.
25 Here's the section where I say it's not appropriate

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1 for — there was no discussion of why hospital was not
2 appropriate at this stage, but I would have pushed back
3 and said, "I don't want her going to hospital. She has
4 dementia. In a hospital ward, a non—specialist ward,
5 without dementia carers, she'll be completely — she
6 won't know anyone, she won't know what's going on around
7 her", and there was so much COVID circulating in the
8 community and COVID appearing in the hospitals, I felt
9 the care home was the safer option. So I did not want
10 her to go to hospital.

11 Q. Okay. At paragraph 47, you tell us about the first of
12 the cardinal COVID symptoms which afflicted your mum,
13 and you mention that a senior carer who had been absent
14 for a few days had noticed a very serious deterioration
15 in her condition.

16 A. Yes. This particular carer, she had been on holiday,
17 she hadn't seen Mum, but she used to — when I would go
18 in to visit Mum, she would say, "Oh, your mum's lovely.
19 I call her 'my wee pet'. I'd just love to take her home
20 with me each night". She really had a bond with Mum.
21 She'd been on holiday, she came back and she — "Oh, my
22 goodness. Look at the state she's in", and phoned to
23 get a GP back. She couldn't believe how much change
24 there had been in Mum in the two weeks that she hadn't
25 seen her.

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1 Q. Just on access to your mum at that time, were you able
2 to get into the care home to see her?

3 A. Only under the —

4 Q. Under the criteria of it's an emergency?

5 A. — the criteria of it's an emergency. We decided it
6 wasn't an emergency. Mum was described as "not properly
7 wakening up". Now, I can go back, and I've already told
8 you, when Mum broke her hip and spent two weeks in
9 delirium and I thought, "She's never going to come
10 round". Prior to that, what finished my dad off was he
11 had a fall in his care home, broke his hip, went in, had
12 an operation, they sent him back to the care home and
13 Dad never recovered full consciousness. So I knew that
14 the chances are Mum might — she might not wake up.

15 They said to me, "Look, you can come in, but you'll
16 be fully PPE'd up. You'll get 15 minutes. If your
17 mum's asleep when you come in, we won't wake her, we
18 won't try to wake her", and we just felt: what are we
19 adding there? What's ... and I also tell people this —
20 and my mum — I've told you she could be quite direct.
21 And I remember a number of occasions when I would report
22 I'd done something and it didn't turn out right, and she
23 would just turn round and go "That was awful silly,
24 wasn't it?". And I could just picture my mum, if my
25 brother and I and the family had gone in to visit her

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1 and we'd been infected and we subsequently had a serious
2 illness or lost our lives — I could just picture my mum
3 saying, "That was awful silly, wasn't it? Why did you
4 come in? You knew there was a risk. Why did you do
5 that?". So I and my brother decided we wouldn't go in
6 and I don't think any member of the family went in at
7 all during those times. They weren't supposed to
8 anyway, they'd been asked not to do it, so we didn't.

9 Q. With the deterioration in her condition —

10 A. Yes.

11 Q. — I think there was something called "Hospital at Home
12 care" —

13 A. Yes.

14 Q. — that was offered.

15 A. That's from —

16 Q. This was something from the Victoria Infirmary in
17 Kirkcaldy, I think.

18 A. That's right. The first application of antibiotics
19 hadn't worked, hadn't been successful, caused Mum
20 terrible diarrhoea. She'd always had a problem with
21 taking antibiotics and that — so they'd stopped, and
22 this had dehydrated her. So they decided that she
23 needed intravenous fluids and perhaps intravenous — I
24 think they stopped all the antibiotics at that time.
25 But she needed fluids.

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1 So they said, "Well, we can't do it. We're not
 2 a nursing home. We'll have to get Hospitals at Home to
 3 come out", and they came out three times a day from
 4 Victoria Hospital. I was so much happier that they did
 5 that, rather than say, "We're going to send your mum to
 6 Victoria". I would not have been happy with that. So
 7 she got hospital care, but in a care home setting in her
 8 own room, with people that she knew round about her.
 9 For me, that was the best option.

10 Q. Thank you. Things escalated thereafter and part of the
 11 information that you obtained was through the local news
 12 paper, The Courier —

13 A. Yes.

14 Q. — about an outbreak of COVID within the home. As you
 15 tell us in paragraph 53, there were 16 positive tests in
 16 your mother's care home.

17 A. 16, and at that time the number of residents was 35.

18 Q. Now, your mother wasn't one of those who was included in
 19 the 16 because her test was inconclusive.

20 A. That's correct, and she was tested twice and both times
 21 it was inconclusive.

22 Q. Yes. How did you feel about obtaining that information
 23 through the newspaper or from the newspaper?

24 A. I think I took it better than the chief nurse and
 25 de facto deputy manager, who had to phone me and tell

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1 me. I think she — she was very upset at having to give
 2 this news. And we don't know who leaked the story to
 3 the press, but somebody in the know leaked the story
 4 about the number of residents, and the story at that
 5 time I think said there were two dead and she said,
 6 "Well, it's actually worse. There's now three dead".
 7 I felt for her because she genuinely did care.

8 I've told you that Mum had been a keen dancer, and
 9 there was one day in the care home they had musicians in
 10 to play and Mum had got up out her chair and was
 11 standing herself, just moving gently side to side, and
 12 this lady had gone up — the carer had gone up and took
 13 Mum's hand and had a dance with her. She said she cried
 14 going home because she was able to do that for Mum. And
 15 I felt so much of her doing that for my mum, to take her
 16 up and dance, and said that she just came alive, she
 17 just came alive, she danced. And that meant so much to
 18 that lady. And now she was phoning me to tell me,
 19 "We've got COVID in the care home and we've got deaths",
 20 and I felt for her.

21 Q. I appreciate this is upsetting for you, Dr Wightman, and
 22 I'm afraid that where we're going is probably not going
 23 to be any better.

24 A. It's becoming clear, I hope, that I bear no malice to
 25 the care home and the staff whatsoever. I think they

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1 did an amazing job in very, very difficult circumstances
 2 and they shouldn't really have been put in that position
 3 in the first place because we should not have allowed
 4 this virus to circulate and let it rip indeed.

5 Q. Yes. Can we perhaps take things short? There was
 6 consideration given by you and your brother as to the
 7 continuance of the Hospital at Home treatment over a few
 8 days —

9 A. Yes.

10 Q. — and then, because there was — your mother's
 11 condition continued as it was, on 4 May you were asked
 12 whether you would agree to the cessation of the
 13 treatment, and you agreed to that. I think you say in
 14 your statement that you'd had an extra 11 months of your
 15 mum after the incident that you referred to earlier —

16 A. Yes —

17 Q. — where she broke her hip.

18 A. — the broken hip incident. We were summoned and said,
 19 "Look, we've fixed the hip but you'd better be prepared
 20 for the worst. We don't think she's going to survive".
 21 And so to get her back and to see her happy again and
 22 settled and to get a bit of Mum back for another
 23 11 months, I'm grateful.

24 Q. And then, taking it short, I think, Doctor, the
 25 treatment was withdrawn. You had concerns whether you

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1 had done the right thing, as you say, at paragraph 61 —

2 A. That's another — a close family member said to me,
 3 I think on the Tuesday or the Wednesday morning,
 4 perhaps, "Oh, God, have we done the right thing?", and
 5 I said, "Yes. Don't be in any doubt. We have done the
 6 right thing". And she's —

7 Q. I think, again, we'll — it's best we take this short
 8 and, again, it's no disrespect — that you were phoned
 9 by the care home —

10 A. Yes.

11 Q. — at 7 pm on 6 May to say that your mother had died.

12 A. That's right. And, as I say here, to be honest, it was
 13 a relief because she was no longer suffering, and that's
 14 all we had wanted, for her not to suffer. But she was
 15 a tough one. I mean, 88 years old, I think she was
 16 about six and a half stone when she died. She had a
 17 bent over — the big dowager hump on her back, breast
 18 cancer, death. But God she fought. She fought those
 19 last three days to stay. You know, there was no good
 20 outcome, not from where she was.

21 Q. No. You deal briefly with bereavement and you tell us
 22 at paragraph 65 that her death certificate noted
 23 "Suspected COVID".

24 A. Hmm.

25 Q. That I think is a reflection of the fact that the test

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1 was still inconclusive.
 2 A. It was — the test was inconclusive, and I think we
 3 skipped a paragraph where one of the —
 4 Q. Yes, we did.
 5 A. — doctors from the hospital had explained to me how
 6 a test could be inconclusive, so I understood that.
 7 But the GPs — one of the doctors from Kirkcaldy
 8 said — when they did the Hospital at Home thing, said,
 9 "Don't you be in any doubt. This is COVID. I've seen
 10 enough of it now to know", and the GP said it was COVID
 11 and signed the death certificate. But because the test
 12 hadn't been positive, they had to say it was suspected,
 13 but they said, "There's no doubt in our mind. This is
 14 what it is".
 15 Q. And again you tell us about the restrictions at your
 16 mother's funeral, which is something that we've heard
 17 a lot about in the Inquiry so far.
 18 A. Yes.
 19 Q. Six people were allowed, and I think also one of the
 20 invidious situations you were put in was in relation to
 21 your uncle.
 22 A. Yes, my uncle was about 14 years younger than my mum, so
 23 Mum — when he was a child growing up, he almost had two
 24 mothers. He had my mum and he had her mum and his own
 25 mum, and there was a bond between the two of them that

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1 was strong, right through their life. And he had given
 2 up a lot of his time when Mum was at home, before she
 3 went to the care home, going up every day and just
 4 seeing that she was okay. It seemed only fitting that
 5 he should be included in the six. So my brother and his
 6 wife and three of their children, plus my uncle was the
 7 six. I decided I would give my uncle the place, which
 8 I did happily. Now, unfortunately, on the day, they
 9 would not allow him into the crematorium because he was
 10 over 70, and that was — not only was it six people, but
 11 nobody over 70 allowed in, so his son ended up having to
 12 go in his stead. But I did get to write the service
 13 eulogy for my mum, the celebrant read it out very nicely
 14 and it was streamed, so I was able to follow that and
 15 also record it and keep it. I don't — I think I may
 16 have watched it once since, but — I don't keep going
 17 back to it, but I know it's there if I need it.
 18 I think I honoured my mum in the best way that
 19 I could at the time and I'm quite at peace with having
 20 done that.
 21 MR GALE: My Lord, I wonder if we could take a short break
 22 at this point.
 23 THE CHAIR: Of course. About 15 minutes, Mr Gale?
 24 MR GALE: That will be plenty, my Lord, yes.
 25 THE CHAIR: Thank you.

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1 (3.05 pm)
 2 (A short break)
 3 (3.22 pm)
 4 MR GALE: My Lord, Dr Wightman is back in the room and we're
 5 in a position to recommence.
 6 THE CHAIR: Thank you, Mr Gale.
 7 MR GALE: Dr Wightman, can I take you to the section of your
 8 statement which gives an overview of members' concerns
 9 and impacts? And this is at paragraph 77 and following.
 10 A. Yes.
 11 Q. Now, having read through what you've said there, I think
 12 I should say that a number of the impacts and concerns
 13 that you do refer to are matters that the Inquiry has
 14 heard —
 15 A. Yes.
 16 Q. — from other witnesses — individual witnesses and also
 17 I've read statements from various people which you
 18 incorporate within here.
 19 I don't wish to — again, I don't wish to
 20 foreshorten matters. You look — as you say,
 21 "Chronologically, the first concern of the ... members
 22 was that of care homes", and you say that, "It was
 23 a huge scandal at the time".
 24 A. Yes.
 25 Q. You also use an expression that you referred me to

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1 earlier, when you said you were not buying into the
 2 concept of hindsight.
 3 A. Correct.
 4 Q. Again for the benefit of the record, can you just
 5 explain perhaps in a little detail what you have in mind
 6 in that paragraph?
 7 A. There's been a lot of talk about, "Oh, yes, looking
 8 back, in hindsight, we should have done things
 9 differently". You were the Government. You had access
 10 to experts and specialists. You did pandemic planning
 11 exercises that were meant to have actions coming from
 12 them that would equip the country to meet challenges of
 13 various types. I'm not buying the hindsight thing at
 14 all. It was lack of foresight. If we'd have done —
 15 worked — stuck to those pandemic plans that were
 16 devised, and there were lots — and I heard a lot —
 17 again, sorry, I'm going to have to go to the
 18 UK Inquiry — but I've heard things about task and
 19 complete groups or task and finish groups that seemed to
 20 start a task but didn't seem to finish it, and I —
 21 well, there are many reasons for it, not the least of
 22 which is austerity, I guess, and that's the reason for
 23 running down stockpiles and privatising left, right and
 24 centre people who said they could do a job more cheaply
 25 without necessarily committing to the quality of job

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1 that is done. And I'm thinking in this instance about
 2 the management of PPE, the stockpile.
 3 So there were many, many things that could have been
 4 done differently, had the pandemic preparation exercises
 5 been followed through to some kind of logical conclusion
 6 and plans on the shelf. Now, I also agree a plan is
 7 only as good as the day it's written and it may not
 8 apply in the real circumstances that hit you, but you've
 9 got somewhere to start from, instead of just starting
 10 from, "Gosh what do we do now? We've got this thing
 11 rolling towards us. What are we going to do?".
 12 Q. I suppose also a plan is only as good as its
 13 implementation?
 14 A. That is also correct, that it's all very well having the
 15 plan, but if you have no means to put it into practice,
 16 then it's not worth very much.
 17 Q. You do use the word "scandal", and I'd like to just
 18 explore that with you a little. Why do you use that
 19 word?
 20 A. Because we — and I think I said this earlier — in
 21 fact, we say it here — we saw what happened in Italy,
 22 we heard reports coming out of Spain that care homes in
 23 particular — the elderly were just being left to die in
 24 Spanish care homes. The workers were so scared to go
 25 in, scared for their own lives. This is all well

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1 documented and reported at the time. Why did we think
 2 somehow we would be different? On what basis would this
 3 not happen in the UK? Where's the evidence that says,
 4 "We're going to stop this thing from happening in the
 5 UK"? By what means? A wing and a prayer? Hope? You
 6 know, there was not enough foresight of, "This thing is
 7 coming. How are we going to stop it?". It seemed to be
 8 all about, "Well, it's coming. There's nothing we can
 9 do. Let's try and mitigate it, but let it flow through
 10 the population, fastest way of getting immunity", blah
 11 blah. The whole ethos was just wrong, and I still say
 12 it's a scandal, what happened in the care homes, because
 13 we did have a model several weeks ahead of us of what is
 14 coming your way but we didn't do anything to mitigate
 15 against it.
 16 Q. In the following paragraph, you express sympathy with
 17 care home workers.
 18 A. Yes.
 19 Q. I think what you do is contrast their position within
 20 the care home sector with those workers within the NHS.
 21 Can you explain why you do that?
 22 A. Well, I wasn't around when the NHS was born, but
 23 I believe it was meant to be from the cradle to the
 24 grave healthcare. Now, somewhere along the line we
 25 detached part of that from the NHS responsibility and,

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1 if you're an old person needing care for dementia or
 2 something else, this is no longer provided by the NHS.
 3 This is now something called "care" and we get that off
 4 the Government books by privatising it. So it was all
 5 very well, "Protect the NHS". Where was the protection
 6 for care? It didn't seem to exist other than perhaps in
 7 the mind of Mr Hancock.
 8 Once — "Well, it's private providers. We don't
 9 have to — they're responsible for their own business.
 10 They can source their own PPE". And many care homes
 11 didn't get any help to get PPE from Central Government
 12 for quite some time and some way into the pandemic.
 13 Probably by the time wave one was subsiding, they
 14 started to get help with PPE sourcing and provision.
 15 And, similarly, the care, "Oh, that's local government
 16 looks after that. That's nothing to do with central
 17 government. Let them sort it out. They're responsible
 18 for that".
 19 To me, there was a completely callous attitude and
 20 Central Government rolling responsibility away from
 21 themselves and saying, "That's somebody else's problem.
 22 We're going to save the NHS". The NHS was meant to save
 23 us, not the other way round.
 24 Q. Just looking at the position and role of workers in the
 25 two sectors, which is how you begin that paragraph, it's

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1 perhaps reflected also in the fact that, in your
 2 discussion with me earlier about the care that was
 3 afforded to your mother —
 4 A. Yes.
 5 Q. — you don't criticise in any particular way —
 6 A. No.
 7 Q. — those who worked within the care home sector. Do you
 8 feel that as a generality they were unfairly either
 9 treated or castigated?
 10 A. I think, yes, they were. We seem to think that it was
 11 okay to treat care homes as if they were isolation
 12 hospitals. We could take these positive —
 13 COVID-positive patients who didn't really need to be in
 14 hospital out of hospital to make way for the next wave
 15 of COVID patients that would be coming in and would need
 16 the beds. And where do you stick them? Well, let's
 17 stick them in a care home. Why? A care home exists and
 18 its function and its ethos is that residents should not
 19 be isolated. They should mix with each other. They
 20 should mix with staff. You turn that completely on its
 21 head and now suddenly they've got to be isolation
 22 hospitals, and they don't have nurses, a lot of them, so
 23 how are they going to achieve this? This was never
 24 explained to me. How is a care home supposed to turn
 25 itself into an isolation hospital? It makes no sense to

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1 me, and that was a scandal. I've never yet seen any
 2 piece of evidence from anyone that says, "This was
 3 a good idea". Common sense again -- forget the
 4 science -- common sense says you do not put people who
 5 are infected with a highly contagious virus, for which
 6 we have no treatment, for which we have no vaccine, for
 7 which we have no cure, in amongst your most clinically
 8 vulnerable people in society. That's madness.
 9 Q. Thank you. You also mention the situation of medical
 10 care within care homes in paragraph 79. To a certain
 11 extent we've already touched upon this. Again, you
 12 praise the GP whose services were afforded to your
 13 mother in the care home --
 14 A. Yes.
 15 Q. -- and also the Hospital at Home service.
 16 A. Yes.
 17 Q. But you indicate that that was not always the case and
 18 this is material that you've obtained from your
 19 membership, I think; is that right?
 20 A. Yes. Yes. I can recognise one of those examples as
 21 someone who has already given evidence to this Inquiry
 22 in their own right.
 23 Q. You go on to say in paragraph 80:
 24 "To me, the biggest failing of all has been in the
 25 hospitals with COVID being able to circulate pretty much

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1 freely in the hospitals."
 2 A. Yes.
 3 Q. And I think you make the point that, within your group,
 4 three times as many people have been bereaved from
 5 hospital-acquired COVID compared to those who have been
 6 bereaved through care homes.
 7 A. Yes, I think the latest stats that I saw, last time
 8 I ran them, was 25%. One in every four of our members
 9 lost somebody because of nosocomial infection -- so they
 10 went into hospital for one reason and they were infected
 11 with COVID whilst in there and they didn't survive --
 12 versus 9%, typically, for care homes. Now, that's why
 13 I say it's three times bigger. If it was a scandal what
 14 happened in the care homes, it's three times bigger
 15 a scandal what's happened in the hospitals and how we've
 16 not been able to control the circulation of COVID within
 17 medical settings.
 18 Q. A point you make in paragraph 80 is that you say:
 19 "... it would appear, because we've forgotten all we
 20 ever knew about infectious disease control."
 21 Can you explain that a little more, please?
 22 A. When my mum was a girl, she had -- I think it was -- I'm
 23 going to say it was scarlet fever. I may have got that
 24 wrong -- but she had a disease and she was taken from
 25 the family, taken to an isolation hospital, and she said

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1 that her dad would cycle out from his home after work --
 2 out to the hospital every day to see her, and he'd put
 3 little toys on the window ledge. That was harsh, but
 4 that was an isolation facility. That was take this
 5 person out, put them on their own, give them nursing
 6 care but separate them, stop this from circulating.
 7 That's an extreme case, but I don't think we do this
 8 anymore.
 9 We've got numerous examples -- we've heard some of
 10 this -- about people wandering from red zones to green
 11 zones in hospital without changing PPE, sometimes
 12 without any PPE -- maybe not medical staff, but support
 13 staff, technical staff, someone coming to change
 14 a light bulb, someone coming to empty a bin. There
 15 doesn't seem to be -- I go back to an example that maybe
 16 isn't a very real one, but, you know, I remember
 17 watching old black and white films where you had
 18 a matron who was in charge of the ward, and that matron
 19 was the nearest thing to God. What she said went and
 20 nobody but nobody dared to deviate from that.
 21 It seems to be very lax now. People just -- there
 22 doesn't seem to be the control there anymore that there
 23 used to be. As a complete layman in this matter, they
 24 are just observations I've made on the rare occasions
 25 I've had to go into the hospital myself.

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1 Q. The domiciliary care that you refer to in paragraph 81,
 2 this is again something that the Inquiry has heard about
 3 and will continue to hear about --
 4 A. Yes.
 5 Q. -- and the lack of care particularly for disabled people
 6 within their own homes.
 7 A. Yes.
 8 Q. You say, reading short, that all of that should have
 9 been foreseen. This is the last sentence in
 10 paragraph 81.
 11 A. I see, yeah.
 12 Q. Why do you think that, in relation to domiciliary care,
 13 it should have been foreseen in particular?
 14 A. It's another way of providing care to people that need
 15 it, but in their own home, so it's a far -- if we get to
 16 the pound signs, it's a far cheaper way of providing
 17 these people with the care that they need than putting
 18 them into an institution where they probably don't need
 19 to be. They just need a little bit of help to stay
 20 home. But of course that means that these people that
 21 are providing that care are going home to home to home
 22 to home, so they need to understand how to control
 23 infections and what appropriate equipment to wear to
 24 stop the spread. It's a big part of provision of care.
 25 Not everybody has to go into a care home. And why were

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1 these people not thought about more in the planning?
 2 Q. Again you're taking, as I understand it, instances from
 3 the membership of your group to inform what you're
 4 saying here.
 5 A. Yes, they got --
 6 Q. Just one point I'd like to ask you about is that you
 7 say, within that paragraph 81, that people were afraid.
 8 Now, again, this may seem very obvious, but what was it
 9 that was causing that fear? Was it the messaging? Was
 10 it the non-availability of services?
 11 A. This -- the fear was, "This thing kills. It transmits
 12 readily. It's now in our country. How do I avoid this?
 13 And I am someone who is going in providing care to
 14 people in their own homes. How am I going to avoid
 15 getting this?". There's instances of -- I think
 16 there's, in one of the examples, a lady that needed care
 17 in their own home and had mentioned to the carer one day
 18 that, oh, her grandson had been a wee bit unwell last
 19 time she'd seen him, and that was enough on that day for
 20 them to say -- they went back to the office and said,
 21 "We're not going to that house again because she said
 22 her grandson is not well and he's been to the house. He
 23 might have COVID", so they just stopped going and she
 24 was left with no help. That's not right. You can't
 25 just abandon people, you know.

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1 They needed the care, they should have had the care.
 2 There should have been a way to provide that care. And
 3 if that was appropriate PPE, if it was more training or
 4 even if it was taking that person into some sort of
 5 temporary setting where they could be administered to,
 6 there has to be something. You can't just leave people
 7 in need of care alone and not provide.
 8 Q. You talk about triage arrangements, in a way looking at
 9 it from both sides in paragraph 82 and 83. I think we
 10 can read that. You do give an example in paragraph 83
 11 and I wonder if you'd just read what you say there.
 12 A. In 83?
 13 Q. In paragraph 83.
 14 A. Yes.
 15 "And then we have the other side of it ..."
 16 No, that's not good English.
 17 "[On the] other side of it there were people in
 18 hospital for whatever reason but then caught Covid while
 19 in hospital. Some had mild symptoms while in there, so
 20 they were sent home. 'Send this 83-year-old man back to
 21 his 82-year-old wife, don't even say he's got COVID.'
 22 This is a real example of what happened to people
 23 who are now in -- or the relatives are now in our group
 24 because both of those -- the elderly gentleman and his
 25 wife both died of COVID because he was known to be

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1 infected, they couldn't do anything for him, sent him
 2 home to his wife, don't even say he's got it, and they
 3 both die. That's happened on more than one occasion.
 4 There are, I think -- there are at least a couple of
 5 instances in our group where something very, very
 6 similar to this was done, and that really should not
 7 have been the case.
 8 Q. You mention also the situation of people who weren't
 9 able to advocate for themselves and they didn't get the
 10 treatment they deserved. This is paragraph 84. I think
 11 you give a specific example of that subsequently in your
 12 statement at paragraph 94.
 13 A. Ah, yes, that's the one, yes.
 14 Q. You talk about one of your members having a non-verbal
 15 younger sister with learning difficulties.
 16 A. Yes.
 17 Q. Can you tell us about that, please?
 18 A. I only know the skeleton story here, but it's as it
 19 says. She was basically her sister's advocate. The
 20 sister needed to go into hospital, I don't
 21 necessarily know the underlying reason why she needed to
 22 go in, but -- so she went in with the sister, stayed
 23 there for three days and after three days was
 24 shown the door. Now, I could read between the lines
 25 and say, "Well, maybe she was too demanding, maybe

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1 she overplayed ... " -- I don't know the -- but, anyway,
 2 for whatever reason she was ushered out, and when the
 3 hospital phoned and asked her to come back in because
 4 her sister wasn't going to make it, she got in there to
 5 find her sister was in a really terrible, terrible
 6 state. Basic care clearly not having been done, basic
 7 hygiene not having been done for the sister, and shortly
 8 after that the sister died.
 9 So here was someone who should have had an advocate
 10 there, had an advocate there in the beginning, that
 11 advocate was then asked to leave for whatever reason and
 12 called back in at the end of life. She describes on the
 13 day she was asked to leave and the sister was screaming
 14 and screaming, and she went and knocked on the door, and
 15 "Let me back in", and they wouldn't let her in. Now,
 16 I've no doubt that situation was difficult for the
 17 healthcare staff too and perhaps they were
 18 overstretched, perhaps they were overworked, but it
 19 wasn't the right treatment for the younger sister.
 20 Q. Can I move on to paragraph 85 and the question of
 21 telephone access and the 111 number, in which you say
 22 that your members have told you that that appeared to be
 23 a bit of a lottery, to a certain extent, depending on
 24 who was actually answering the phone, I suppose; is that
 25 correct?

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1 A. Well, again, I think when these phone lines were set up,
 2 the idea was there would be a trained doctor or
 3 a trained nurse there to assist with interpretation of
 4 the call, the incoming calls, but they had to draft —
 5 because they needed those people in hospital, not
 6 answering phone lines, they needed to bring people in
 7 who were used to dealing with phone calls, so people who
 8 worked in call centres. And I believe the format was
 9 they were given a flow chart to follow. If they ask
 10 a series of questions, it will take you down a path and
 11 that will lead you to the answer of what should you do
 12 with this caller, and oftentimes there wasn't
 13 a qualified nurse or doctor there to go and say, "This
 14 is where it's taking me, but I don't think this is
 15 right. Could you just have a look at this for me?", you
 16 know.

17 Q. You give an example in paragraph 86 about that, it's
 18 been passed on to you and you make reference to this in
 19 the statement that you gave to the UKI. Could you just
 20 tell us about what that record is?

21 A. Well, this is as I had understood it at the time I wrote
 22 this, but again one of these relatives has actually
 23 given quite a full account of this, one of these
 24 particular stories, and I realise I didn't know the full
 25 extent — well, because I don't ask the full extent,

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1 I just want to know the basics. But, yes, as
 2 I understood it, they couldn't get treatment because —
 3 they've phoned up to get help and, going down through
 4 the flow chart, the person they spoke to said, you know,
 5 "What you're supposed to do is you're supposed to stay
 6 home and basically tough it out. You stay where you
 7 are". A lot of that was driven by the fact that they
 8 were young, fit — formerly fit men in their late
 9 20s/early 30s. So by the time they actually could get
 10 treatment, it was too late. They were lost.

11 Q. You also have a section on DNACPR. To a certain extent
 12 we've looked at this a little bit —

13 A. Yes.

14 Q. — in the context of what was in place in relation to
 15 your mother.

16 A. Yes.

17 Q. But you do make the point in paragraph 90 that this is
 18 an issue that has caused a lot of distress among your
 19 members.

20 A. Hmm, it has.

21 Q. What is it that you would want to bring to the Inquiry's
 22 attention about that distress and what do you feel
 23 should be done to alleviate the distress?

24 A. I think there are people in the group who can address
 25 this far more effectively than I, but there seems to be

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1 a failing that the DNACPR which, as we said earlier, has
 2 a specific meaning, in some cases was applied apparently
 3 with the consent of the patient but the said patient had
 4 delirium or couldn't communicate effectively but they
 5 had agreed — understood and agreed that this was to
 6 take effect, that sometimes they — the person with
 7 power of attorney for medical matters and might
 8 therefore have been expected to have signed in lieu of
 9 the patient wasn't even consulted.

10 And it's a grey area because I do — what little
 11 I understand of it — and this is way outside my real
 12 area of any kind of expertise — is the medics will
 13 apply this in the best interests of the patient
 14 regardless of what anyone else thinks, close family
 15 member or not. I really don't know the fine detail of
 16 that. I really don't know. Someone would have to
 17 explain that to me as well. But I know it's a matter of
 18 huge concern, these things getting to be applied and the
 19 meaning gets stretched. It's not in the case of the
 20 heart should stop and you want it restarted. It seems
 21 to be widened out to removing other forms of treatment.
 22 It's almost a "Do not bother treating", and it was never
 23 intended to be that. But, as I say, this is well beyond
 24 my area of expertise. But there are good people in the
 25 group who have the expertise and can assist.

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1 Q. Also — and I suppose it's a matter largely of
 2 communication and advice — you make the point about the
 3 distinction between end-of-life care instead of
 4 palliative care. You say that — this is
 5 paragraph 91 — there should be dialogue about that.

6 A. Yes, and again it probably comes down to a clinical
 7 decision on what is best for that patient, as judged by
 8 a medical professional —

9 Q. Yes.

10 A. — versus what the family member might think. And,
 11 again, where does all that really lie? It's a difficult
 12 enough topic at the best of times, but in the midst of
 13 a pandemic, when everyone is overworked and the whole
 14 system is about to be overwhelmed, perhaps, I think
 15 there are issues around the ethics of some of these
 16 decisions. But, again, it's beyond my scope to define
 17 it any better than that. I just know it's been a huge
 18 concern for our members.

19 Q. And just finally — and it is again a matter that we've
 20 heard a great deal about — and that's digital
 21 exclusion; people who simply don't have access to the
 22 internet or have the ability —

23 A. Yes.

24 Q. — to use devices that would connect them to the
 25 internet.

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1 A. That's right. It's not everyone who can go online and
2 book a GP appointment, you know. Maybe visually
3 impaired, maybe just not used to — not technically
4 minded, can't do these things. And we all know,
5 I think, the problems of phoning up and trying to get
6 a GP appointment, but this is exacerbated even more
7 because now you're on — you're trying to use an online
8 system and you still can't get a GP appointment.
9 Q. Thank you. Could we move to "Lessons Learned", please,
10 at paragraph 100 of your statement?
11 A. Yes.
12 Q. You say:
13 "The first thing we have always said we wanted was
14 a factual narrative of what actually happened."
15 You say it should be:
16 "... stripped of all the spin and the protecting
17 your own backside."
18 A. Yes.
19 Q. I'm not quite sure whose backside you have in mind,
20 but —
21 A. Whoever is in the frame, whoever had the responsibility
22 for a particular area. Why — tell us what happened,
23 first of all, and then tell us what other options you
24 had available at that point in time and why did you pick
25 this particular option when others might have seemed

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1 more appropriate. That's really what I'm thinking of.
2 But first you start with what actually happened, and
3 I think a lot of the time you don't get told. And
4 that's back to the Hillsborough Law that —
5 Q. We'll come to Hillsborough in a moment. If I can be
6 permitted to make this comment on behalf of the Inquiry
7 team —
8 A. Yes.
9 Q. — I think I can say safely that I can hopefully assure
10 you that this Inquiry and its team is determined to
11 produce a narrative based on the information that it
12 obtains and will carry out that exercise robustly and
13 independently in accordance with its statutory
14 obligation. I hope that gives you a level of
15 reassurance.
16 A. That is my understanding of the purpose of a public
17 inquiry, yes.
18 Q. Also it probably follows on, 101:
19 "Who took the decisions [and] on what evidence?"
20 Should there have been a different route? Again
21 that is something that, albeit expressed in very general
22 terms by you in that paragraph, you can again, I hope,
23 be reassured that that will be within the ambit of this
24 Inquiry.
25 A. Yes.

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1 Q. Paragraphs 102 to 104 I'd like to ask you about because
2 I think here you were putting on your scientific hat, if
3 I can put it that way, and in particular you are
4 observing that cabinet ministers — and I don't know
5 whether that's UK cabinet ministers or Scottish cabinet
6 ministers or both — but what you say is:
7 "... whatever skills they may have, most of them are
8 not scientists and most do not get the concept of
9 exponential growth."
10 Can you just explain why you say that, please?
11 A. I think people tend to think that growth is a linear
12 process, it's a straight line, and it isn't.
13 Exponential growth isn't that. Exponential growth is
14 a doubling of the number of whatever it is you're
15 considering in unit time, and maybe one way of
16 visualising this is to think of a chess board —
17 okay? — and you put one grain of rice at the bottom
18 left-hand square, then you go to the next one and you
19 double that, that's two, you go to the next one, that's
20 four, eight, 16, 32, 64. Before you get very far,
21 you're up in the thousands, and probably by the time you
22 get to the top of the square, it's tens of thousands, if
23 not more, millions perhaps.
24 I don't think — the number of times I have heard —
25 and they are UK ones because the Scottish ones haven't

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1 been brought under the same scrutiny yet, but they will
2 be — is — they seem to think that you wait until you
3 know you've got a problem and then you take action. Not
4 with exponential growth you don't because, by the time
5 you've waited to know you've got a problem, it's too
6 late, it's out of control. You have to hit it —
7 as Patrick Vallance said — hit it hard, early and for
8 longer than you would anticipate. That's the nature of
9 exponential growth and that's how a virus replicates.
10 So I don't think they got it. I think they thought
11 it was linear and you just add one grain every time you
12 move up a square on the chess board. No, you double the
13 number of grains on each consecutive square, you know.
14 It's a simple enough thing for me to understand, but
15 I don't think they're — looking at the evidence of the
16 last couple of days, I don't think the Prime Minister
17 got it and I think they need to understand that sort of
18 thing. When you're dealing with that kind of growth,
19 you have to go hard and quick. You can't sit around
20 waiting till you're absolutely certain you need to react
21 because it's too late.
22 Q. There's also probably an element within that that, if
23 you don't, as a cabinet minister, understand that —
24 A. Yes.
25 Q. — then at least you should be in a situation where you

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1 appreciate and understand the information that is being
 2 given to you by your experts who do understand it.
 3 A. Yes, and I think there was probably a lot of nodding
 4 and, "Hmm, yes. Hmm, yes. Right, good", not having
 5 understood what was being said. Now, I think — again
 6 to go to the UK Inquiry, I think Mr Keith at one point
 7 was quizzing the scientists on, "Did you think that the
 8 minister you were explaining this to had understood what
 9 you were saying?", and in some cases they've said, "No".
 10 Well, then who was the failing with? Is it with the
 11 minister or is it with the adviser? If the adviser
 12 thought the advice he was giving wasn't clear enough, he
 13 should have found another way or she should have found
 14 another way to deliver and make it understandable or,
 15 failing that, go up the chain and say, "I'm afraid
 16 Minister X just isn't getting what I'm saying", you
 17 know.
 18 Q. That leads you, in paragraph 104, to the view that
 19 lockdowns were too late.
 20 A. They were, and I think the Prime Minister even conceded
 21 that now, that, yes, they were too late because of
 22 exponential growth. If you hit it hard and early and
 23 for a little bit longer than you like, you save a much
 24 longer, bigger and deeper lockdown later on. And
 25 that — well, I know we're heading into something else

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1 in a minute so I'll wait till we get there.
 2 Q. Okay. The third lesson that you refer to in 105 is the
 3 precautionary principle. Now, for those of us who have
 4 spent some time in our careers doing environmental law
 5 and planning law, the precautionary principle is
 6 something that we are very well familiar with. Can you
 7 explain how you see its application here?
 8 A. The example I give here is discharging people into care
 9 homes without testing. Now, I think I said earlier,
 10 I haven't found anyone yet who has stood up and said,
 11 "Yeah, I advocated that and I said that was a good idea
 12 based on this information". I think people were going
 13 on a bit of a wing and a prayer that, "If we do
 14 discharge these folks from hospitals into care homes and
 15 if the care homes know how to isolate them and if
 16 they've got the right PPE and if and if and if, we won't
 17 have a disaster". Well, you've got so many "ifs" in
 18 there, you're going to have a disaster. The
 19 precautionary principle says — I think I said it again
 20 earlier on — "Do you really think this is the right
 21 place to be putting highly infective people in amongst
 22 your most vulnerable population? Does that seem
 23 sensible to you?". Wouldn't you have a note of, "Just
 24 hang on a minute, let's think about that. No, couldn't
 25 we put them somewhere else instead?". You know, why —

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1 I'll never understand why care homes were felt to be the
 2 right place to put these people because it's balance of
 3 risk. Now, it might have worked and there might not
 4 have been deaths. As it happens, it didn't work and we
 5 had thousands of deaths — tens of thousands of deaths
 6 across the UK of people in care homes because they just
 7 thought, "It's risky, but let's do it anyway". That's
 8 what I mean when I talk about "precautionary principle".
 9 Q. In simple terms, does it involve, in your view, the
 10 identification of the risk and then taking steps
 11 which —
 12 A. Yes.
 13 Q. — are designed to obviate that risk?
 14 A. Yes, otherwise known as "mitigation", I think.
 15 Q. Mitigation, yes.
 16 A. Yes. Sorry, I've distracted myself by looking at the
 17 next point, but we've covered that one.
 18 Q. Well, let's go to the next point. You mention also the
 19 Hillsborough Law campaign —
 20 A. Yes.
 21 Q. — and in particular in that context you talk about
 22 a duty of candour. Now, obviously the implementation of
 23 the bishop's — and regrettably I've forgotten his
 24 name — the bishop's report —
 25 A. Yes, I've forgotten his name as well for the moment.

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1 Q. — into Hillsborough has been in the news again this
 2 past week.
 3 A. It has.
 4 Q. Again, can you explain to us what you see as its
 5 significance for either this Inquiry or indeed the
 6 general approach to lessons to be learned?
 7 A. We've seen through the history of the Hillsborough saga
 8 a number of occasions in which conclusions have been
 9 reached based on information available only to be found
 10 later that other information that cast a different light
 11 was known but was not made available. It was covered
 12 up, it was kept quiet, it was hidden from public view.
 13 Now, anyone who's being paid out of the public
 14 purse — examples would be MPs, MSPs, cabinet ministers,
 15 secretaries of state, civil servants — any of these
 16 people, when something happens and an investigation is
 17 launched and they are asked what they know about
 18 a particular topic, it shouldn't be for the interrogator
 19 to ask just the right form of question to get the
 20 response. The documents that are relevant should be
 21 produced — that the holder knows to be relevant should
 22 be produced and made available to the complainant.
 23 We've seen it in a number of different ways. The
 24 Post Office scandal — I know it was privatised by that
 25 time, but the Post Office scandal was another one where

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1 I think everybody that worked in it knew that the
 2 software was deficient and the software was generating
 3 false imbalances and people were being accused of
 4 stealing that money, and all the time it was the system.
 5 But people that knew about it kept quiet about it and
 6 a lot of people suffered because of it.

7 I think there just needs to be this general openness
 8 and honesty — there's an old-fashioned word — that if
 9 you're in one of these positions and you're asked for
 10 information, you don't sit on it. You bring it forward.
 11 You don't hide. That's kind of what I mean by — that's
 12 my understanding of the Hillsborough Law. But of course
 13 it's not going to happen yet, we read the other day.

14 Q. Finally on your lessons to be learned, you refer in
 15 paragraph 108 to — it's not a "dichotomy", as you put
 16 it, and the question is, "... are you going to protect
 17 people's health or protect the health of the economy?".

18 A. Yes.

19 Q. You say that you can't do one without the other, and in
 20 particular you make reference to long COVID.

21 A. Yes.

22 Q. Again, can you just explain what you're driving at
 23 there, please?

24 A. I think we've seen some evidence of — the consideration
 25 is, you know: do you go for maximum protection of

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1 people's health and let the economy suffer or do you
 2 protect the economy and let people's health suffer?
 3 I don't think that's a real balance. I think you have
 4 to do both. If you don't have a healthy population, you
 5 won't have a healthy economy, and long COVID is a great
 6 example of that, that we've now — because we let COVID
 7 run loose into the country and let it run loose, there's
 8 now 2 million people suffering from long COVID who are
 9 not as economically productive as they once were and may
 10 never recover back to that level. And that is an
 11 ongoing cost to the economy in the future because these
 12 people need care, they need looking after, they need
 13 support. Whereas previously they were contributors to
 14 the economy, they may end up as being the receivers from
 15 the economy. So I don't think it's the economy or the
 16 health. I think you really have to do both. That's
 17 I think the point I make there.

18 Q. Thank you.

19 You have hopes for the Inquiry and in
 20 paragraph 109 —

21 A. Yes.

22 Q. — you begin with referring to what your brother asked
 23 what you wanted when you became a member of the
 24 Scottish Covid Bereaved group, and you said that you
 25 wanted to make sure that this is not allowed to happen

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1 again.

2 A. Yes.

3 Q. You then go on to make a comment about the care system
 4 in this country and the necessity to make the
 5 distinction between a care home and a nursing home.

6 A. Hmm.

7 Q. You say you don't think that is widely understood.

8 A. No.

9 Q. Can you explain that, please?

10 A. I think I hear — I used to hear it when I went into my
 11 dad's care home and I heard it in my mum's care home as
 12 well, that people would refer to carers as "nurses".
 13 Well, they weren't nurses. They were carers. A nursing
 14 home needs to have, I think, at least one registered
 15 nurse on the staff. I'm not sure what the requirement
 16 is to provide shift cover from that one registered
 17 nurse, but there must be at least one. Now, if you
 18 haven't got it, you're not a nursing home, you can't
 19 provide nursing care. That's why you have to get
 20 someone who is qualified to come in and do that job for
 21 you. That's what Hospitals at Home were providing, in
 22 my mum's case.

23 I don't — but even a nursing home is not the same
 24 thing as an isolation hospital because, again, yes, they
 25 can provide intravenous fluids or whatever or whatever

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1 nursing they're permitted to do in the nursing home, but
 2 it's still, at its heart, a care home primarily with
 3 some nursing needs also provided for. It is not a place
 4 to put people into isolation. So we've really got to
 5 have a think about, in the next pandemic, where is the
 6 surge capacity going to come from because it's not
 7 appropriate to use care homes as surge capacity for the
 8 NHS.

9 Q. Thank you. The next paragraph, you refer to the
 10 construction of the Nightingale Hospital in Glasgow.

11 A. Yes.

12 Q. You make the point, as I read it, that — well, you
 13 question what was the point of that, particularly if
 14 there was —

15 A. Yes.

16 Q. — not sufficient staff to staff it.

17 A. Yes. I think we got a bit blindsided by watching the
 18 Chinese building hospitals from the ground up in
 19 response to the COVID pandemic, and we thought, "Oh,
 20 well, we can't do that, but we can repurpose some
 21 buildings and make them into hospitals". Now, there are
 22 only two possibilities here for me: one, we didn't
 23 realise, when we set about repurposing that building,
 24 that we couldn't put anyone in to staff it or, two —
 25 and either way, which one is worse — we did know that

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1 we couldn't staff it but we went ahead and converted it
2 anyway.
3 How could we have done this — spent this money and
4 not be able to make use of the facility when it was
5 actually converted? Did we not think about the staff or
6 did we know we couldn't staff it, but, "Let's do it
7 anyway. You're seen to be doing something. The public
8 needs to see us doing something. This is what the
9 Chinese did. We can do a cheap knock-off version of
10 that". What was the purpose of building a Nightingale
11 Hospital? It's not surge capacity if you can't man it.
12 Q. Thank you. Pandemic preparation, you say, is not an
13 optional extra.
14 A. Correct.
15 Q. Probably I don't think there's much more that needs to
16 be said in relation to that.
17 A. No.
18 Q. You then — in paragraph 112 you talk about the question
19 of whether Scotland could have closed its borders on
20 health grounds or whether the closure of borders is
21 really reserved to Westminster.
22 A. Well, I think — in terms of international borders,
23 I think it is reserved to Westminster, but I seem to
24 recall at one point Scotland trying to say that you
25 couldn't travel between the south of Scotland and

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1 Cumbria because Carlisle was a hotspot, and people who
2 worked across the border weren't allowed to cross the
3 border to go to work because there were different levels
4 of COVID in those two areas and you didn't want to swap
5 it between the one and the other. And that I think was
6 permissible because it was a health matter, so this was
7 an internal border. But I don't believe the
8 Scottish Government had any ability to close the
9 international borders. And I do recall at one point the
10 First Minister had asked Border Force — because you
11 weren't allowed to fly from Scotland, but people would
12 just go down to Newcastle and Manchester and fly from
13 there instead and then come back to Scotland — she
14 asked them, "Could you intercept homecoming Scots in
15 Newcastle and Manchester?". Well, that got a fairly
16 short answer, so, no. This whole question — I don't
17 know legally really where that distinction — where that
18 real power lies.
19 Q. But it's a question you pose.
20 A. Yes.
21 Q. Finally, I think it's a non-controversial statement,
22 which is that rights and actions must be
23 non-discriminatory.
24 A. Yes.
25 Q. How do you relate that to what you feel and what your

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1 members have reported to you?
2 A. I think there was discrimination on age grounds, people
3 not getting treatment both ways, at the upper end of age
4 and at the lower end, as we've discussed in there.
5 There were discrimination — again, I saw a little bit
6 of yesterday's questions to the PM and the KC for FEMHO
7 was asking Mr Johnston about institutional racism in the
8 NHS and he said he wasn't aware of it. He said, "But,
9 Mr Johnston, there was a report done on it. Have you
10 not seen the report?", you know.
11 I think Scotland has gone a lot further into trying
12 to bring human rights into its legislature than the rest
13 of the UK has done and I think that probably needs to
14 progress a lot further than it has. But there shouldn't
15 be discrimination, whether it's the young lady we spoke
16 about who needed an advocate, people being denied
17 treatment because they were felt to be too old.
18 I think there was — there's been an instance —
19 I know when — I think Chris Whitty, if I remember
20 correctly, brought out a triage scoring system at some
21 point and it was quite badly received and it was quickly
22 withdrawn, but I believe there was a period of time when
23 some of the hospitals in Aberdeen actually used that
24 form, and I think that's got to be part of the
25 investigations of the Inquiry as well. I'm not trying

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1 to tell everyone how to do their job, but really I just
2 think these are the sorts of things we need — we need
3 something like the Inquiry to delve into.
4 Q. Okay.
5 A. Yeah.
6 Q. Dr Wightman, those are really all the questions I have
7 for you based on your statement. I offer you the
8 opportunity — if you feel that there is something that
9 you haven't said or would like to say, this opportunity
10 to do that.
11 A. Right.
12 Q. Now, normally I might anticipate that that would come in
13 the form of a statement, but I think in your case it
14 comes in the form of verse —
15 A. It does.
16 Q. — and I think you've put together something that you
17 would like us to hear.
18 A. I would and I will attempt to read it, but if you think
19 you saw me weeping earlier, hold on to your hats. But
20 I will do my best.
21 Before I get to that, however, can I just say one of
22 the members asked me this morning would I please raise
23 the topic of nosocomial infection and point out that
24 COVID has not gone away. This is still circulating
25 inside hospitals in Scotland today. It is still causing

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1 deaths today. Therefore anything that can be done to
 2 expedite — you know, some form of making that better,
 3 making that less of a risk to people who use hospitals
 4 in the short term, would be more than welcome.
 5 I think that's the best I can do with that for the
 6 moment.
 7 So now, yes, this is — when I began listening to
 8 people's stories, when I first became involved with the
 9 group, there were many times I heard things that were
 10 very difficult to hear. And then I kind of became a bit
 11 inured to it for a period, and I remember reading for
 12 the first time — and I'd asked somebody, "Would you
 13 tell me the story of your loss?", and they said, "You
 14 are the first person to come and ask me about my loss",
 15 and that was so powerful. But I became a bit inured to
 16 it and then just this year something changed again and
 17 I became quite aware of the way that people spoke about
 18 what had happened to them, spoke about their loss and
 19 little phrases and little things they would say that —
 20 I just wrote them down and I think, "Wow, that was —
 21 that really summarised that". I didn't know what I was
 22 going to do with these things, but I just started to
 23 note them, and I'd lay them somewhere in the back of my
 24 mind and after a period of time they started coming out
 25 in the form of verse. And I'd like to read what I have

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1 here because — it's not everyone in our group that's
 2 going to be given the chance to have the privilege that
 3 I've had today to address the Inquiry, and even those
 4 that have have told in some depth their stories and
 5 they're impactful, but I think there's another way to
 6 perhaps try and encapsulate some of these failings and
 7 impacts. And I'd like to read what I have.
 8 I've called this — it has a title and it has
 9 a subtitle, I've called it, "For Those We Lost to Covid
 10 (And For Those They Left Behind)":
 11 "To those we lost to Covid
 12 These are our words to you
 13 Although you cannot be here
 14 We are forever true
 15 "And of the ways you left us,
 16 They should not be in vain
 17 The promise that we make is
 18 These should not be again
 19 "You were once a Brylcreem boy
 20 Your shiny hair slicked down
 21 I think about you often
 22 And feel your presence round
 23 "I hugged you for the last time
 24 Then everything was changed
 25 No touch or words from you, now

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1 My life is re-arranged
 2 "You fought it for so long,
 3 Till your strength it was all gone
 4 Our children lost without you,
 5 So for them I go on
 6 "'If you have flu, it is not flu'
 7 I heard the expert say
 8 I knew then what it really was.
 9 And it took you away
 10 "'Your mum would be proud' the lady said
 11 Trying to make me cry
 12 'Why all this fuss!', I pictured Mum
 13 But with a twinkle in her eye
 14 "The care home staff just did not know
 15 The ways to keep you safe
 16 So few were they, they had no help
 17 We're left now with this grief
 18 "It was you said, your Lottery win
 19 Told 'No more shielding for you'
 20 But COVID took you off from me
 21 I can no longer hold you
 22 "But I recall on our last cruise
 23 The way you dressed, your smile
 24 Although we're separated now
 25 I'll see you again, in a while

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1 "I once had thought to understand
 2 The true depth of such grief
 3 But now I know I did not then,
 4 And find little relief
 5 "Together we supported your
 6 Beloved football team
 7 And in your name I support them still
 8 With you still there, I dream
 9 "The first year was just as tough,
 10 As I knew it would be
 11 The second year confirmed this now,
 12 My new reality
 13 "My Brother, you survived the stroke
 14 That kept you locked within
 15 Denied the jab against Covid
 16 That fight you could not win
 17 "Dear Uncle, I recall your voice
 18 Your singing and your smile too
 19 Down's Syndrome may have walked with you
 20 But it did not define you
 21 "Two young men each sought advice
 22 From Assessment hubs so dismal
 23 That Covid virus took their lives
 24 Their triage was abysmal
 25 "An elderly husband was discharged

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1 With Covid to his wife
 2 Who sadly then caught Covid too
 3 And they each lost their life
 4 "This month was once my favourite
 5 'til it took you from me
 6 But now I do not love it,
 7 It will not leave me be
 8 "You always were the main one,
 9 That I depended on
 10 Since Covid took you from me,
 11 My safety net is gone
 12 "Her very handsome husband
 13 Had made her future bright
 14 Since Covid took him from her
 15 Some days are dark as night
 16 "My friends ask me, 'How are you?',
 17 But they don't want the truth
 18 Some now no longer know me,
 19 Though I've known them since our youth
 20 "They took you into hospital
 21 'To make you well', they said
 22 But in there you caught Covid
 23 Which took your life, instead
 24 "'All rules were followed, at all times'
 25 The UK Prime Minister lied

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1 Inside No 10 they danced, drank and sang
 2 While we at home complied
 3 "The legal team supporting us
 4 We instruct to enlarge
 5 On questions that just must be put
 6 To those who were in charge
 7 "And of the ways you left us,
 8 They WILL NOT be in vain
 9 The promise that we make is,
 10 These WILL NOT be again."
 11 "For those we lost to Covid."
 12 Thank you.
 13 Q. Thank you very much, Dr Wightman thank you for being
 14 able to get through that.
 15 A. Just about. Just about.
 16 Q. I appreciate that. Thank you very much for your
 17 evidence.
 18 A. Thank you.
 19 THE CHAIR: Very good. That's all for this evening.
 20 Tuesday, 10 o'clock.
 21 MR GALE: Thank you, my Lord.
 22 (4.27 pm)
 23 (The hearing adjourned until
 24 Tuesday, 12 December at 10.00 am)
 25

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