

# OPUS2

Scottish Covid-19 Inquiry

Day 22

March 12, 2024

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1 Tuesday, 12 March 2024  
 2 (9.45 am)  
 3 THE CHAIR: Good morning, everyone, in the hearing room and  
 4 in particular good morning Mr Gale. Welcome back to the  
 5 continued hearings of the Health and Social Care  
 6 Portfolio of the Inquiry. Today, as I understand it,  
 7 we're going to hear from two witnesses in the morning  
 8 and two in the afternoon, Melanie Newdick in the morning  
 9 and Sharon Boswell also in the morning.  
 10 Mr Gale, are you ready to commence the evidence?  
 11 MR GALE: Yes, indeed, my Lord. Good morning. I think, on  
 12 behalf of everybody associated with the Inquiry, we're  
 13 very pleased to see your Lordship back in position,  
 14 albeit not in the room.  
 15 Yes, the first witness is Melanie Newdick. She is  
 16 a member of the Scottish Covid Bereaved group that's  
 17 represented by Aamer Anwar & Company. It's been agreed  
 18 that I will call Ms Newdick "Melanie" for the purposes  
 19 of discussing with her her evidence during the Inquiry  
 20 so it's that slight difference from the norm. But she  
 21 is our first witness. Her statement, my Lord, for the  
 22 reference is SCI-WT0248-000001.  
 23 THE CHAIR: When you're ready, Mr Gale.  
 24 MR GALE: We're just waiting for the witness, my Lord.  
 25 THE CHAIR: I see. Thank you.

1

1 MS MELANIE NEWDICK (called)  
 2 THE CHAIR: Good morning, Ms Newdick.  
 3 A. Hi, Lord Brailsford. It's good to see you. I hope  
 4 you're okay.  
 5 THE CHAIR: Yes, I'm fine. Thank you very much indeed.  
 6 Right, Mr Gale, when you're ready.  
 7 Questions by MR GALE  
 8 MR GALE: We've agreed, Melanie, that I'll call you  
 9 "Melanie" for the purpose of today's evidence --  
 10 A. Yes.  
 11 Q. -- but we also know your full name, Melanie Newdick.  
 12 A. Yes.  
 13 Q. Your details are known to the Inquiry and you've  
 14 provided the Inquiry with a detailed statement and I've  
 15 given the reference to that statement. As I understand  
 16 it, you're happy that the statement and that the  
 17 evidence that you are about to give today will  
 18 constitute your evidence to the Inquiry and that it is  
 19 published and recorded.  
 20 A. Yes.  
 21 Q. The person about whom you are going to talk is your late  
 22 mother, Christine Elizabeth Newdick?  
 23 A. Yes.  
 24 Q. And she was 77 when she died at home with you?  
 25 A. Yes.

2

1 Q. And she died of COVID in January 2021?  
 2 A. Yes.  
 3 Q. You tell us that your mother suffered from vascular  
 4 dementia --  
 5 A. Yes, she did, yes.  
 6 Q. -- and that she was in a care home from February 2019  
 7 until shortly before she died, when she became back home  
 8 to live with you.  
 9 A. Yes.  
 10 Q. And I think that element in the history of the  
 11 arrangements is the -- I won't say it's the unique  
 12 element, but it is somewhat different to many of the  
 13 deaths that we have heard about --  
 14 A. Yes.  
 15 Q. -- that she came back from the care home to be with you  
 16 at the end.  
 17 A. Yes. I managed to get her out of the care home and  
 18 bring her home, so yes.  
 19 Q. The Inquiry is aware of your present employment, but  
 20 just so that we can put your evidence in some context,  
 21 you tell us at paragraph 75 -- it's not necessary for  
 22 this to be brought up -- but at paragraph 74 -- I'm  
 23 sorry -- that in the period when your mother was in  
 24 a care home, you were on the board of Highland Health  
 25 Board.

3

1 A. Yes. I was the vice-chair of NHS Highland.  
 2 Q. So, from that perspective, you are able to make some  
 3 comments about the particular care home that she was  
 4 in --  
 5 A. Yes.  
 6 Q. -- and some comments obviously generally.  
 7 A. Yes.  
 8 Q. Can I just understand how you came to be on the board of  
 9 Highland Health Board and what your duties and  
 10 responsibilities were with that organisation?  
 11 A. Yes. That's a great question, actually. I joined the  
 12 board because they were looking for somebody with no  
 13 public sector experience and at my interview I told them  
 14 that the Health Service was basically a breakdown  
 15 service that fixed people when they were -- became  
 16 unwell, it didn't stop people becoming unwell, and my  
 17 background is trucks and transport, particularly  
 18 breakdown trucks, so that seemed to resonate. I ended  
 19 up on the board, my first ever board ex-public  
 20 appointment and within two years I was vice-chair and  
 21 I also ran the -- I was chair of the Health -- Highland  
 22 Health and Social Care Committee, which was responsible  
 23 for two-thirds of nearly the billion-pound budget that  
 24 NHS Highland have.  
 25 Q. How long did that involvement last?

4

1 A. That's another great question. It lasted four and  
 2 a half years. I got my reappointment for a second term  
 3 but I was put in a position where I had no choice but to  
 4 leave. If you're familiar with NHS Highland, you'll  
 5 know they had some issues with bullying and  
 6 whistle-blowers that had brought the attention to the  
 7 board and I was very supportive of the whistle-blowers  
 8 and, yes, that didn't go down very well with  
 9 NHS Highland and I went through the healing process as  
 10 a result of that experience afterwards.  
 11 Q. Okay. Right. Put simply, were you a critic of the  
 12 health board and the way in which it operated?  
 13 A. I tried to be a constructive critic ---  
 14 Q. Yes.  
 15 A. --- and --- but so a good example is, you know, when you  
 16 were talking about the care homes, I was able to share  
 17 my experience from my mum's experience to say, "What  
 18 you're saying is happening in care homes and care  
 19 provision and person-centred care and all these terms  
 20 that we use is not actually what's happening on the  
 21 ground. That's not people's experience", and it was not  
 22 what people were telling me. So I always tried to be  
 23 constructive and helpful because I wanted the best for  
 24 people in the Highlands, but they weren't always ready  
 25 to hear that.

5

1 Q. Now, prior to going into a care home, which we know was  
 2 in February 2019, your mother lived at home?  
 3 A. Yes, she lived at home.  
 4 Q. And was that with you or was that ---  
 5 A. No, she lived on her own. So initially --- so if we take  
 6 a step back, she had a diagnosis of dementia. Initially  
 7 my sister and I were her carers and then we --- because  
 8 we couldn't get any care through NHS Highland, we  
 9 employed carers who looked after Mum and did a fantastic  
 10 job at home. We had a team of five carers. And then  
 11 eventually we got to a position where we had to put Mum  
 12 in a care home, which we didn't want to do. We had no  
 13 choice but to do that.  
 14 Q. I think you've set that out in a little detail in your  
 15 statement.  
 16 A. Yup.  
 17 Q. Your mother had vascular dementia ---  
 18 A. Yes.  
 19 Q. --- as you tell us and you tell us about her being  
 20 diagnosed with that and the various systems that were in  
 21 place for her care.  
 22 A. Hmm---hmm.  
 23 Q. You mention particularly a monitoring system, which  
 24 perhaps may be thought slightly irrelevant to what we're  
 25 dealing with, but it's perhaps of interest. You said it

6

1 was a particularly good monitoring system ---  
 2 A. Yup.  
 3 Q. --- whereby you would be able to know what was happening  
 4 with your mother.  
 5 A. So the kind of standard, you know, health board thing is  
 6 to give you like a --- is to give people a call button,  
 7 a personal alarm, which, if anybody knows anybody with  
 8 dementia, first, they've got to remember to put the  
 9 flipping thing on, then they've got to remember to press  
 10 it if something happens, then it only tells you when  
 11 something has happened, you know, the person has fallen  
 12 over. So I sourced a different system and it had things  
 13 like monitors on the doors, so it would tell you --- it  
 14 would tell us what Mum was doing in the house, if she  
 15 was up in the middle of the night, so we could set  
 16 alarms. So I remember working in --- I think I was  
 17 working in the Azores at the time and the alarm went off  
 18 and Mum had got out of bed because she was confused  
 19 between day-time and night-time --- and the alarm went  
 20 off and I rang her and I said, "No, no, it's time to go  
 21 back to bed", and I was able to see that she'd gone back  
 22 to bed and she then slept the rest of the night. So it  
 23 gave us a lot of information and it enabled us to adapt  
 24 our care to her changing needs and, you know, try and  
 25 get ahead of things, rather than waiting for her to fall

7

1 over and then do something about it.  
 2 Q. At paragraph 13 of your statement, you do say, which  
 3 I think is probably something that those of us who have  
 4 had experience like you are aware of, that dementia is  
 5 very unpredictable.  
 6 A. Yeah.  
 7 Q. Interestingly, I think you say that perhaps the toughest  
 8 time for your mother was when she had an awareness that  
 9 she had dementia ---  
 10 A. Yes.  
 11 Q. --- and that thereafter, when her awareness lessened,  
 12 then it became harder for you but perhaps, perversely,  
 13 easier for her?  
 14 A. Yes. I think --- initially she had a very unhelpful  
 15 diagnosis with the GP, who helpfully told her, "Well,  
 16 Mrs Newdick, the sort of dementia you've got is the one  
 17 that you die from", so that was lovely, and then she had  
 18 a period of depression because her mother had had  
 19 dementia so she kind of had an expectation of what was  
 20 going to happen. Then, as things progressed, you know,  
 21 she became less aware, but then it was harder for us.  
 22 But, yeah, there was some --- in amongst all that, there  
 23 was a lot of laughs and some amazing memories too.  
 24 Q. We'll come to one of them in a moment.  
 25 A. Okay.

8

1 Q. Just so that we --- I think it's important that the  
 2 Inquiry does not really simply regard somebody as  
 3 a statistical death but gets a little concept of what  
 4 that person was like. So prior to her dementia, what  
 5 was your mum like, if I can call her "your mum" ---  
 6 A. Yeah.  
 7 Q. --- and what was your relationship with her?  
 8 A. My mum was amazing. She was a Londoner, born right in  
 9 the middle of London, and Clapham Common is where she  
 10 lived. She moved up to the countryside. She was  
 11 a great mum, we were really close --- actually we were  
 12 really close through dementia and, yeah, she laughed and  
 13 laughed and laughed, which is why I am determined to  
 14 carry on laughing as her legacy and she loved purple,  
 15 hence the purple, so thanks for your contribution too.  
 16 Q. My tie was not a deliberate endeavour today, but I'm  
 17 glad it is.  
 18 Obviously we've heard in this Inquiry a lot of very  
 19 sad stories ---  
 20 A. Yeah, heartbreaking.  
 21 Q. --- of people talking about their relatives with dementia  
 22 and you have one entertaining story which you say ---  
 23 it's in paragraph 12 of your statement.  
 24 A. Oh, yeah.  
 25 Q. And you tell us that it is one of your favourite

9

1 memories of your mother.  
 2 A. Yes.  
 3 Q. Can you just tell us about it, please?  
 4 A. Yes. We were out --- so one of the things that happened  
 5 with Mum's dementia --- you might have experienced it  
 6 too --- is the filter for what's acceptable to say in  
 7 public came right off, and we were out having a meal  
 8 somewhere and there was some kids that were being kids  
 9 and making noise, and really loudly my mum turned round  
 10 and said, "Oh, I'm so glad I never had children", with  
 11 me and my sister there too, and we fell about laughing  
 12 and we still laugh about that today.  
 13 Q. Thank you. Now, your mother went into residential care  
 14 in Kintyre House Care Home in Invergordon?  
 15 A. Yes.  
 16 Q. At paragraph 16 of your statement, you tell us that you  
 17 and your sister --- and I think your sister had also some  
 18 of the responsibilities for caring for your mother ---  
 19 A. Yeah.  
 20 Q. --- prior to her going into care, into a care home ---  
 21 provided the home with her likes and dislikes. You also  
 22 tell us that there was an eight-page care plan for her  
 23 and you tell us about your input into that.  
 24 A. Yup.  
 25 Q. You also tell us that there was no DNACPR notice at that

10

1 time although one was later put in place.  
 2 A. Yup.  
 3 Q. Was that something that you discussed with any  
 4 clinicians ---  
 5 A. Yes.  
 6 Q. --- or did you just put it in place?  
 7 A. No, no, I discussed that with --- sorry, we discussed  
 8 that with the GP and then the care home, so that came  
 9 a bit later. But we were lucky because we had such  
 10 fantastic carers. We had a huge wealth of information  
 11 about Mum's care and every aspect of what she liked and  
 12 how dementia had impacted her and the sort of little  
 13 nuances for her as well. So they had an awful lot of  
 14 information when she moved in.  
 15 Q. Now, in that context, you also had a power of attorney  
 16 regarding her welfare?  
 17 A. Yes.  
 18 Q. And I think your sister had a power of attorney in  
 19 relation to her finances?  
 20 A. Yes.  
 21 Q. Paragraph 50 of your statement --- again, it's not  
 22 necessary to go to it at this point --- you do mention  
 23 the care plan that you had for your mother, which  
 24 I suppose in a way led to your removing your mother from  
 25 the care home, is that the same care plan that was in

11

1 place at the start ---  
 2 A. No.  
 3 Q. --- or was it a subsequent iteration of it?  
 4 A. No, it was kind of like an addition that I did later  
 5 on --- I did after there was a big outbreak of COVID  
 6 in --- I think the name of the home was Burlington House  
 7 in Glasgow. So the day after I read about that, I did  
 8 a kind of revised updated plan to say here's what would  
 9 happen.  
 10 Q. So effectively a codicil to your care home plan ---  
 11 A. Yes.  
 12 Q. --- the care plan?  
 13 A. Yes.  
 14 Q. Now, you had certain concerns about the care home's  
 15 capacity to understand the individual needs of dementia  
 16 sufferers?  
 17 A. Yes, we ---  
 18 Q. Could you just explain why you had those concerns?  
 19 A. Well, we had concerns from day one. So initially we had  
 20 visited another care home which we thought Mum would be  
 21 better suited to. It was a nursing care home and they  
 22 had assessed Mum as being suitable for nursing care and  
 23 there's a difference with the amount of care that you  
 24 receive. But NHS Highland said, "No, no, we think it's  
 25 just residential care", which means basically that the

12

1 person doesn't have any medical needs. They just need  
 2 help with sort of daily tasks. So we agreed to put Mum  
 3 in because there was only really this home available.  
 4 We agreed to put her in on an interim placement with  
 5 a view to seeing how they managed, and it was clear  
 6 really early on that they really didn't understand what  
 7 was going — you know, what dementia meant to her.  
 8 So to give you an example, she laughed a lot — Mum  
 9 laughed all the time, and sometimes that laugh meant  
 10 "I'm really happy", sometimes it meant, "I have not got  
 11 a clue what is going on or what anybody is talking about  
 12 but I'm just going to laugh", and they just couldn't  
 13 tell the difference and just said, "Well, she's  
 14 obviously happy with everything because she's laughing  
 15 all the time", but that's absolutely not what that meant  
 16 at all.  
 17 Q. Was that the purpose of the information that you may  
 18 have given to the care home at the outset?  
 19 A. Yes. You know, we had — by the time she went into the  
 20 care home, we'd had a fantastic team of carers that we  
 21 had recruited, so to put that in context, we couldn't  
 22 get the care that Mum needed at home because  
 23 NHS Highland didn't have the care at home provision, so  
 24 we had no option but to use a funding scheme called  
 25 "Self Directed Support", where you arranged the care

13

1 yourself. So we employed five carers. I did all that  
 2 stuff. I did all the interviews, I did all the payroll,  
 3 holidays, rotas, pension plans, policies. I did the  
 4 whole lot. So it was a lot of work. But the care was  
 5 amazing. They were amazing. So we knew a lot about Mum  
 6 and we had all their experiences to contribute, but the  
 7 care home had — it just didn't seem to be able to  
 8 adapt. You know, they couldn't personalise the care.  
 9 Q. Right. You do mention that your mother had been very  
 10 active —  
 11 A. Yes.  
 12 Q. — during her life. What were the level of activities  
 13 that she was given in the care home?  
 14 A. Well, there was one where they had — so they had  
 15 a TV room with the chairs sitting round and they would  
 16 have a bucket in the middle of the floor and they would  
 17 get people to throw the ball in the bucket. That was  
 18 one. Needless to say she hated that. They had lots of  
 19 sort of children's toys, which we just felt were  
 20 really — you know, like really inappropriate things,  
 21 and a great big TV that they got plonked in front of, so  
 22 very limited activities.  
 23 Q. You were able to take your mum out — you and your  
 24 sister were able to take your mum out occasionally?  
 25 A. Yeah, we did, and when Mum moved into the care home

14

1 initially, I used to still bring her home and she used  
 2 to stay with me for the weekend even though she was  
 3 resident in the care home.  
 4 Q. Okay. We can read what you say about the care home and  
 5 the onset of the pandemic. One of the things that you  
 6 were apparently told was — and this is by the care  
 7 home — that there had been guidance from  
 8 Scottish Government that visits should be restricted by  
 9 75%.  
 10 A. Hmm—hmm.  
 11 Q. And while having been told that, as I understand it from  
 12 paragraph 20 of your statement, the way in which the  
 13 care home followed that guidance was that there were in  
 14 fact to be no visits; is that right?  
 15 A. That's right. We went to visit Mum in the care home, my  
 16 sister and I, and we went to the door and it was locked  
 17 and we thought that was a bit odd, and there was  
 18 a notice on the door that said, "There's no — we're  
 19 stopping visits, there's no visits", and that's the  
 20 first we knew of it. We didn't have any advance notice,  
 21 warning, anything. Just one day we could get in and see  
 22 Mum and the next day we couldn't.  
 23 Q. I think you were also told that there might be the  
 24 availability of an iPad for families to communicate with  
 25 their loved ones in their home —

15

1 A. Yeah.  
 2 Q. — but one of the problems was that there wasn't wifi  
 3 throughout the home; is that —  
 4 A. No, there never was right through the whole of the  
 5 pandemic. There was no wifi through the home, and one  
 6 of the issues we had with Mum's dementia, we couldn't  
 7 speak to her on the phone because she couldn't connect  
 8 the voice on the phone to who she was speaking to, so  
 9 she didn't know it was us. So we had no way of  
 10 contacting Mum at all.  
 11 Q. Okay. You found out about another care home that was  
 12 allowing what were termed "window visits"?  
 13 A. Yes.  
 14 Q. Now, one of the things we've heard a lot about in the  
 15 Inquiry so far — and you will be well aware of this —  
 16 is window visits so we're well aware of the  
 17 difficulties —  
 18 A. Yes.  
 19 Q. — of window visits, of the progression from window  
 20 visits to garden visits —  
 21 A. Yes.  
 22 Q. — the similar difficulties, so we've heard a lot of  
 23 evidence about — associated with those visits and we  
 24 read what you say about them and we're well aware of  
 25 that.

16

1 But the way in which you were able to visit your  
 2 mother went back, as I understand it, to no visits again  
 3 in September 2020 because there had been an outbreak not  
 4 of COVID but an outbreak of colds —

5 A. Yes.

6 Q. — within the home.

7 A. Yeah.

8 Q. What was your reaction to that?

9 A. Well, that was actually the second time they'd stopped  
 10 visits we had. Not long after she moved in, they shut  
 11 the home down for three weeks because of an outbreak of  
 12 norovirus and stopped all visiting then. And then of  
 13 course we got into pandemic times and they had an  
 14 outbreak of colds and they stopped all visits, including  
 15 window visits, which didn't make any sense to me at all.  
 16 So I asked for a copy of the risk assessment that  
 17 detailed how you — what the risk was of getting a cold  
 18 through a window that was completely closed, and  
 19 needless to say I didn't get that.

20 Q. Okay. Now, I'm going to take you on to paragraph 38 of  
 21 your statement, and this is a visit, a window visit,  
 22 that you had on 4 November 2020.

23 A. Yeah.

24 Q. You noticed that there was a wheelchair in your mother's  
 25 room and a falls mat on the floor —

17

1 A. Yeah.

2 Q. — presumably beside her bed. What was your reaction to  
 3 seeing those?

4 A. It was such a shock. We were like, "What's happened  
 5 here? We haven't had any conversation or correspondence  
 6 about ...". So the first thing when you see a falls mat  
 7 by a bed is you think, well, obviously something's  
 8 happened and there's been a change. We didn't know  
 9 anything like that. We saw the wheelchair and assumed  
 10 the two were maybe linked together and we're like,  
 11 "Well, what the hell is going on?", because we didn't  
 12 know.

13 Q. How was your mother at or around that time —

14 A. That was —

15 Q. — so far as you were able to see her and find out about  
 16 her?

17 A. She was different. So it was — I remember that visit.  
 18 It was really, really difficult and it was the first  
 19 time that we really felt there was a very big change in  
 20 Mum and she seemed — it's difficult to find the right  
 21 word to describe it. There was just something clearly  
 22 wrong. You know, she always had known we were there.  
 23 She was disconnected — yeah, it was really distressing  
 24 for us because we could clearly see there was something  
 25 wrong but we didn't know what it was.

18

1 Q. And did she manifest distress?

2 A. Well, it's difficult — for us, yes, that's what it felt  
 3 like. I mean, it's your perspective about distress,  
 4 isn't it? So for her to be so unresponsive and  
 5 uncommunicative, that, for us, was a sign of distress in  
 6 our mum, yeah.

7 Q. Subsequently you raised the question of the criteria for  
 8 essential visitor status?

9 A. Yes.

10 Q. Can you tell us how you became aware of that and, in  
 11 particular, was it through the care home that you became  
 12 aware of that?

13 A. It was definitely not through the care home. After that  
 14 visit, you know, we'd obviously got in touch with the  
 15 care home and said, "What is going on?", and it turned  
 16 out they'd put the falls mat in to monitor Mum at  
 17 night—time in case she got out of bed and the wheelchair  
 18 was just stored there in her room, which bearing in mind  
 19 her room was 8 foot by 6 foot — that's the whole size  
 20 of her bedroom — you know, they just parked it there  
 21 because her room was next to their office so it was just  
 22 easy. And I asked for a visit because I said, "You  
 23 know, there's clearly something wrong with Mum. We feel  
 24 that it's the lack of connection with family", bearing  
 25 in mind in nine months we'd had ten and a half hours of

19

1 actual visits through the window, and they said, "Well,  
 2 no", and then they said, "Well, we called a nurse out,  
 3 she checked your mum and she says she's fine". Funnily  
 4 enough, I didn't accept that either.

5 So I got on to the health protection team — and the  
 6 home had said, "We don't believe that you would qualify  
 7 for essential visitor status", and I went back to the  
 8 health protection team and they said, "No, you  
 9 actually — you would". And I said, "Well, could you  
 10 tell the care home that, please, because they won't  
 11 accept it". So there was just — I just got caught in  
 12 this real back and forward between the two, the care  
 13 home saying I wouldn't qualify, the health protection  
 14 team saying I absolutely would qualify, and we just were  
 15 stuck there.

16 Q. Did some progress happen around about Christmas of 2020?  
 17 I think you tell us at paragraphs 45 and following of  
 18 your statement that there had been a suspected or  
 19 suspected cases of COVID amongst staff —

20 A. Hmm—hmm.

21 Q. — and the care home had closed down completely —

22 A. Hmm—hmm.

23 Q. — all visiting had stopped, and you say then that you  
 24 wanted to bring Mum home but they wouldn't allow it.

25 A. Yes.

20

1 Q. Now, this is, I think, perhaps the first occasion in  
2 which you directly mention bringing your mother home,  
3 although obviously it was in the care plan that you had  
4 adjusted.  
5 A. Hmm—hmm.  
6 Q. What was it that triggered you wanting to bring your  
7 mother home?  
8 A. Well, there was a couple of things. So the first thing  
9 that happened was we had a notification that a member of  
10 staff had been identified — if we can — if you can  
11 remember back to when we actually had contact tracing,  
12 there was a member of staff that had been identified as  
13 the contact of somebody who had tested positive and we  
14 had — a note about that came from the care home. So  
15 I immediately got in touch with the care home and said,  
16 "Well, are you going to test them?", and they said,  
17 "Well, no, it's not the protocol to test somebody when  
18 they're just a contact of somebody identified through  
19 contact tracing", and I said, "Well, that's ridiculous  
20 because surely the job that she does and the risk means  
21 you would want to test", and they said, "No, no, the  
22 person just self-isolates". Then after that we then got  
23 the message that actually, oh, yes, the member of  
24 staff — a member of staff had tested positive, and  
25 that's when I said, "Right, I want to bring Mum home".

21

1 And initially they did say "No", but, funnily enough,  
2 I didn't take "No" for an answer.  
3 Q. You had a visit with your mum on 28 December —  
4 A. Yeah.  
5 Q. — which you tell us about in paragraph 46.  
6 A. Yeah.  
7 Q. You say it was very odd.  
8 A. Yeah.  
9 Q. I think it was — I don't want to disclose your  
10 birthday, but you had a specific birthday around about  
11 that time.  
12 A. Yes, it was my 50th birthday. I'm happy to own up to  
13 that, yes.  
14 Q. You say it was very strange.  
15 A. Yeah.  
16 Q. What was strange about that visit?  
17 A. Well, Mum wasn't in her room. They brought her to the  
18 door of the day room, which was closed. It was a big —  
19 it was a double-glazed door, and the day room was being  
20 used by other people, so there was other people sort of  
21 in the room and — you know, thank goodness I've got  
22 a O Level in drama because I was kind of miming to my  
23 mum, outside the window, you know, "How are you?" and  
24 "It's the birthday", and I'd put on the jumper that —  
25 you know, we'd bought all matching jumpers and things.

22

1 So there I was, trying to communicate with Mum, and she  
2 couldn't hear what I was saying and she'd got obviously  
3 people in the room behind her and it was just — it was  
4 just very strange to try and communicate with your mum  
5 like that.

6 Q. Thinking about bringing your mum home at that time —  
7 we'll look at it in a little more detail in a moment —  
8 but what were you envisaging would be the practical  
9 consequences of bringing your mum home?

10 A. Well, the reason that I'd done the additional care plan  
11 was really because I felt that bringing Mum home and  
12 being in a household of one person was going to be much  
13 safer than being in a care home so surely the risk of  
14 COVID was going to be then much lower, so that's really  
15 why I wrote it in the first place. So the care plan  
16 said that if Mum had — if there had been COVID found in  
17 the care home and Mum tested negative, then I was going  
18 to bring her home and she was going to stay with me and  
19 then we would sort it out. And practicalities, yes,  
20 she'd stayed with me before so it was no different.

21 Q. So far as caring for your mother —

22 A. Yeah.

23 Q. — was that going to be down to you or were you going to  
24 envisage having additional care support?

25 A. Well, we were in some level of restrictions — so this

23

1 happened over the Christmas 2020, going into 2021, so if  
2 I remember right, this was the Christmas that we almost  
3 had and then got cancelled at the last minute — so we  
4 were in restrictions about household mixing. So  
5 initially, because Mum had been in a care home that had  
6 been at that stage affected by COVID, we were both  
7 having to self-isolate as a result of that.

8 Q. At paragraph 49 you tell us about receiving information  
9 or requiring information from the care home on  
10 8 January 2021 —

11 A. Hmm—hmm.

12 Q. — when there was a confirmation that 12 residents had  
13 tested positive for COVID.

14 A. Hmm—hmm.

15 Q. Your mother wasn't one of those?

16 A. No.

17 Q. She had tested negative in the initial round of  
18 testing —

19 A. Yeah.

20 Q. — and thereafter, the following day, you brought your  
21 mother home —

22 A. Yeah, I —

23 Q. — on 9 January?

24 A. Yeah, actually I wanted to take her home on 8 January  
25 but they refused to let me pick her up until I had

24

1 a negative COVID test. So I had to go to Inverness and  
 2 of course it took 24 hours to get the test, so that  
 3 actually delayed me taking Mum out of the care home by  
 4 one day.  
 5 Q. So, as at that date, the testing for both you and your  
 6 mother was negative; that's right?  
 7 A. Yes.  
 8 Q. What PPE did you have for facilitating her removal back  
 9 into your home, your own home?  
 10 A. Well, thanks to the joys of Amazon I was able to order  
 11 everything I needed, so I ordered everything on the 8th  
 12 because I knew Mum was going to come home, but because  
 13 we lived in the Highlands it was not going to come until  
 14 the 10th, the Monday. So I went to pick Mum up on  
 15 the 9th, having had my negative test, which the care  
 16 home then didn't want to see the results, and I said to  
 17 them, "You know, I've got no PPE at home. It's all  
 18 coming tomorrow. Could you give me enough just for  
 19 today?", and they said, "No, we need it for our staff".  
 20 Q. Subsequently there was further testing, and this took  
 21 place I think on 14 January —  
 22 A. Hmm—hmm.  
 23 Q. — and the results which you got on the 16th, on the  
 24 Saturday, you say, by this time both you and your mother  
 25 tested positive?

25

1 A. Yeah. So the health protection team who were managing  
 2 the outbreak in the care home, they treated us in the  
 3 same way and they did follow-up surveillance, COVID  
 4 testing. We just had the testing out in the community,  
 5 so I think that was by then the second or the third test  
 6 that we'd had.  
 7 Q. It may be inferential, but where do you think you  
 8 contracted COVID?  
 9 A. Well, you can — we worked both infections back because  
 10 you could track back from the positive test and of  
 11 course Mum had had a negative test and I'd had  
 12 a negative test. So Mum had got COVID on the 8th, on  
 13 the day that I wanted to take her out of the care home,  
 14 and I got COVID on the 9th, which was the day I picked  
 15 her up.  
 16 Q. In the immediate days after your mother came home with  
 17 you, what was her condition?  
 18 A. Well, it was not great initially. So just to set the  
 19 scene, because I think my mum did amazing, when I went  
 20 to pick her up, we hadn't actually been able to have any  
 21 physical contact for over — for a year really, and the  
 22 care home opened the door, pushed her out of the door,  
 23 shut the door behind her, and she came and I managed to  
 24 get her in the car and took her home and showered her  
 25 and cleaned her, cut her hair because her fringe was

26

1 a mess, and put moisturiser on her legs and all this  
 2 stuff. And the care home had told us that she had to be  
 3 fed — you know, she couldn't feed herself. Well, we  
 4 sat down to dinner that night — I've got a video of  
 5 it — and she's chomping away on her pasta and she's  
 6 drinking herself. Amazing to go from the care home to  
 7 that situation and, to me, that just showed the power of  
 8 the connection to family.  
 9 Q. You say, perhaps reflecting what you just said, in  
 10 paragraph 55 that your mum was brilliant in that last  
 11 week.  
 12 A. Hmm—hmm.  
 13 Q. She hardly had any symptoms. There was just a drop in  
 14 her oxygen level.  
 15 A. Yeah.  
 16 Q. Then, I suppose her pivot, she decided on Sunday that  
 17 she was going to go to bed and subsequently she stopped  
 18 eating —  
 19 A. Yes.  
 20 Q. — and she didn't want anything to drink, although she  
 21 remained quite lucid, you say.  
 22 A. She did, but just something important just to say about  
 23 that drop in the oxygen levels. So I knew that her drop  
 24 in oxygen was a sign of COVID, so, poor Mum, I was  
 25 testing her oxygen like every hour or something. And

27

1 there was a drop in her oxygen and I thought, "Oh", so  
 2 I rang the GP and the first thing they said was, "Well,  
 3 you've read the reading wrong". I said, "No, I haven't.  
 4 I've done it a few times and it's the same". And I got  
 5 in touch with the care home and I said, "Could you tell  
 6 me if any of the carers that were looking after Mum went  
 7 on to develop COVID because Mum's — there's something  
 8 wrong with Mum and we're trying to work out what it is",  
 9 and they said, "We can't tell you that because of GDPR".  
 10 And I said, "No, no, I'm not asking for the name of the  
 11 person. I'm not asking for the person to be identified.  
 12 I'm just asking were any of Mum's carers then went on to  
 13 test positive for COVID", and they said, "No, we're not  
 14 going to tell you". So the district nurse came out and,  
 15 because of what the care home said, she said, "Well,  
 16 perhaps she's just got a bit of an infection", and they  
 17 gave her antibiotics. Then the next day we went and  
 18 I got Mum her COVID vaccine and then it was that  
 19 afternoon where she tested positive. So, sorry, just  
 20 a bit of context to that.  
 21 Q. No, not at all. You tell us that your mum I think had  
 22 the vaccine, I think it was on — was it the 14th?  
 23 A. Yeah.  
 24 Q. You took her to presumably the local health centre?  
 25 A. I did, yeah.

28



1 Q. And obviously, at that time, when you took her to the  
 2 health centre, she was likely to have been positive?  
 3 A. Yes. I have to say I felt like I'd --- oh, I felt awful  
 4 after that, when I found out that she had been positive,  
 5 because we --- it was when you had to sit in the doctor's  
 6 surgery for 15 minutes and I felt like I could  
 7 potentially have killed off, you know, half these very  
 8 vulnerable people. I felt awful. But the health  
 9 protection team said that the risk was minimal and there  
 10 had been no issue. So, yeah, so she had antibiotics,  
 11 a COVID vaccine and a positive COVID test all in pretty  
 12 much one day.  
 13 Q. Did you get a vaccine at the same time?  
 14 A. No, I didn't get one till later.  
 15 Q. Okay. Obviously things were now regrettably progressing  
 16 towards the end ---  
 17 A. Yeah.  
 18 Q. --- and you tell us that, initially, in that week, the  
 19 week that your mother died, you had a particularly  
 20 I suppose quite emotional time with her.  
 21 A. Hmm---hmm.  
 22 Q. Can you just tell us a little bit about what you did?  
 23 A. Well, initially Mum was --- you know, she was lucid and  
 24 conscious, so we recorded some videos, we did some  
 25 FaceTime calls with my sister, who obviously couldn't

29

1 visit family, we recorded messages for her carers just  
 2 to say, you know, what a good job they did and --- we did  
 3 all the things that you would hope to be able to do with  
 4 somebody, you know, in those stages. We read poetry.  
 5 She had --- my dogs spent a lot of the time up on the bed  
 6 with her. We watched TV and we laughed a lot at things.  
 7 She loved Victoria Wood, so we watched quite a lot of  
 8 Victoria Wood and laughed a lot during that time  
 9 initially. But then by the middle of the week things  
 10 had started to change.  
 11 Q. I think you say that by Tuesday she was drifting in and  
 12 out of consciousness.  
 13 A. Yes, she was in and out of consciousness and she was ---  
 14 I'm sorry if it's upsetting for anybody, but she was at  
 15 that stage where she was --- she was clearly having  
 16 conversations with people, she could see people, and  
 17 that was reassuring for her, yeah.  
 18 Q. Yes. I think you draw a parallel on a number of  
 19 occasions in your statement, paragraph 58 and another  
 20 occasion, where the amount of care that was offered to  
 21 somebody --- a lady who was in the same village as you  
 22 and your mother ---  
 23 A. Yeah.  
 24 Q. --- but that lady was dying of cancer ---  
 25 A. Hmm---hmm.

30

1 Q. --- and the level of care that she was receiving  
 2 juxtaposed to the level of care that your mother was  
 3 receiving.  
 4 A. Yeah.  
 5 Q. Was that something that at the time and continues to ---  
 6 I'll put it this way --- grate with you?  
 7 A. Well, I'm not a palliative care nurse or anything like  
 8 that, so one of the things I was worried about was that  
 9 Mum was suffering --- so we didn't have any palliative  
 10 care, we didn't have any visits by anybody. We managed  
 11 to get some Oramorph, which is oral morphine, because  
 12 the mouth becomes really painful. But I spent a lot of  
 13 time on Google, "What are the stages of dying? Is it  
 14 normal for people to make this noise, to be doing  
 15 this?". So we didn't have --- it was just me and Mum,  
 16 and that was really difficult. I think I described that  
 17 as the loneliest week of my life.  
 18 Q. Yes, at paragraph 57 you say that.  
 19 A. Yes.  
 20 Q. Yes. I'm not quite sure the exact day that your mother  
 21 passed away, but you tell us at paragraph 63 that you'd  
 22 telephoned the doctor or your GP, I presume ---  
 23 A. Yeah.  
 24 Q. --- but your mother had already died?  
 25 A. Well, actually, the GP had rung me --- so the health

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1 protection team were amazing at keeping in touch, so,  
 2 yeah, I'd just like to pay tribute to them, and there  
 3 was a particular lady there who was messaging me. And  
 4 I'd got to the stage where, you know, I just didn't  
 5 want --- I thought, what can you say, "She's more dying  
 6 than she was yesterday"? I don't know what you say.  
 7 And I said, "You know, I'm really struggling", and she  
 8 said, "Well, you know, I think there's actually some  
 9 help we might be able to get you", and she got in touch  
 10 with the GP and got the GP to ring me, but actually by  
 11 the time she rang Mum had already died.  
 12 Q. And you say it was a peaceful death.  
 13 A. It was so peaceful, which was a real contrast, because  
 14 the reason that the last day/two days were really  
 15 distressing, Mum was making really horrible noises  
 16 which --- you know, they're kind of normal when fluid  
 17 builds up in the throat, but, gosh, they sound grim and  
 18 I was really worried she was suffering. In fact I got  
 19 to the point where I couldn't cope. I couldn't be in  
 20 the room with Mum. And I went downstairs and watched,  
 21 of all things, a Greg Davies stand-up show, and he did  
 22 a sketch about his dad dying and how they --- instead of  
 23 crying, they ended up laughing around his dad and how  
 24 much better that was for him, and that was like  
 25 a light-bulb moment for me. I kind of went, "Right,

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1 that's what I need to do differently". And I went  
 2 upstairs and I watched the end of the stand-up --- so  
 3 thank you Greg Davies --- and Mum seemed to --- her  
 4 breathing changed just in that last hour and a half and  
 5 I was able to hold her hand and I was able to say ---  
 6 we'd said all the things that, you know, you would hope  
 7 to say and it was the most peaceful, with a smile on her  
 8 face, and she looked --- she looked as beautiful in death  
 9 as she did in life .  
 10 Q. And you were able to then change her and you laid her  
 11 out yourself?  
 12 A. Yeah.  
 13 Q. And I think you say that was then the first night's  
 14 sleep you'd had in a week.  
 15 A. Yeah, because I always wear a light sleep fitness  
 16 tracker thing and that week the longest sleep I'd had  
 17 was four hours, so I was exhausted, but I wanted Mum to  
 18 look nice and I put her nice purple stuff on, so I did  
 19 that. That I have to say is one of the hardest things  
 20 I've ever, ever done, but I did it and I laid my mum out  
 21 ready for the doctors and the funeral directors that  
 22 I knew would be coming.  
 23 Q. And the formalities thereafter, they were gone through.  
 24 There was a certification of your mother's death ---  
 25 A. Yeah.

33

1 Q. --- where COVID was listed as the cause of death?  
 2 A. Yes.  
 3 Q. And then, subsequently, there was a small and simple  
 4 cremation, which apparently was what your mother wanted?  
 5 A. Yeah.  
 6 Q. And it was just you, your sister and your nephew ---  
 7 A. Yeah.  
 8 Q. --- at the funeral?  
 9 A. Yeah.  
 10 Q. I think the collection of your mother's belongings from  
 11 the care home was a bit brutal.  
 12 A. It was a bit brutal. That's a good way to put it. So  
 13 the care home is actually within a few days --- bearing  
 14 in mind the care home --- we hadn't heard anything from  
 15 them since I'd taken Mum out of the care home, so our  
 16 last parting words from the care home to me were they  
 17 were going to report me to Social Services for  
 18 endangering my mum, which they decided not to do and  
 19 then we didn't hear anything from them at all. Then  
 20 they got in touch in a couple of days to say, "You need  
 21 to sort your mum's stuff out because we need the room".  
 22 So we went to the home expecting that we would go into  
 23 Mum's room and pack her stuff up and we found boxes on  
 24 the step and bin bags, and they basically just shoved  
 25 everything out on the step. Some things were broken.

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1 And the really annoying bit for us was they'd actually  
 2 included stuff that wasn't Mum's, so we had to then take  
 3 stuff back to the bloody care home that wasn't Mum's.  
 4 Q. All right. Okay. You mention in the section of your  
 5 statement headed "Impact", paragraph 71 and following ---  
 6 A. Yeah.  
 7 Q. --- you say that the main problem was the level of care.  
 8 That's really what you've been talking about, the care  
 9 that was afforded in the care home?  
 10 A. Yeah. Yeah, there's a big --- so to give you the context  
 11 for that, Mum had --- at home she had between five and  
 12 seven hours a day of one-to-one care. She didn't have  
 13 anybody overnight but we had the monitors. And then,  
 14 when she went into the care home, residential care is  
 15 basic care. It's just, you know, help with washing and  
 16 things like that. And so she had less than an hour of  
 17 care a day, so it was a big change.  
 18 Q. I think --- I don't want to cause embarrassment,  
 19 particularly to your mother's memory, but she was  
 20 incontinent ---  
 21 A. Yeah.  
 22 Q. --- and one of the, I think, problems obviously is  
 23 keeping somebody who is incontinent clean ---  
 24 A. Yeah.  
 25 Q. --- and dry.

35

1 A. Yeah.  
 2 Q. I think you've mentioned on a number of occasions in  
 3 your statement that was something that you didn't see  
 4 being done.  
 5 A. No. In fact we got so fed up with having to --- every  
 6 time we went to visit Mum in the care home, she was  
 7 clearly soaked through. So we got so fed up with every  
 8 time we went, the first thing we would have to do is  
 9 change her, that we used to ring the care home and say  
 10 we were coming in so at least they would do it. It was  
 11 a huge, huge issue. It was part of the complaint that  
 12 we made to the care home and in the records of that  
 13 complaint they couldn't --- they didn't have any records  
 14 for any baths or showers for two months.  
 15 Q. Now, you made a complaint to the Care Inspectorate about  
 16 her care.  
 17 A. Yeah.  
 18 Q. And you tell us at paragraph 73 that all aspects of the  
 19 complaint were upheld ---  
 20 A. Yeah.  
 21 Q. --- by the Care Inspectorate. I don't want to go into  
 22 that in any detail.  
 23 A. No.  
 24 Q. Were any of those in relation to the treatment of your  
 25 mother during the COVID pandemic?

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1 A. Yes.  
 2 Q. And what were those specific areas of complaint?  
 3 A. We had complained about the lack of activity, about the  
 4 lack of contact with family and — you know, just the  
 5 whole communication or lack of with the care home as  
 6 well.  
 7 Q. I think in paragraph 74 you tell us about your  
 8 involvement with Highland Health Board.  
 9 A. Yeah.  
 10 Q. You say that certain things were being said about care  
 11 homes and how frustrating you found what was being said.  
 12 A. Yeah.  
 13 Q. And you were the — were you pretty much the sole voice  
 14 of opposition to what was being said?  
 15 A. Well, I wouldn't say I was opposition. What I was  
 16 really trying to say was, "Here's our experience and  
 17 this is very different from what the policy and what  
 18 you're saying we're doing is", and that didn't go down  
 19 very well. I have to say, when I was on the board,  
 20 I often went and spoke to staff to get the real story of  
 21 what was happening and that was not very popular either.  
 22 Q. You also contacted the Procurator Fiscal, who — at the  
 23 time I think the Fiscal had been instructed to  
 24 investigate each COVID-19 death —  
 25 A. Yeah.

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1 Q. — in a care home. Did you get any response and have  
 2 you had any further response or dealings with the  
 3 Procurator Fiscal?  
 4 A. I didn't initially and initially I did a freedom of  
 5 information request because I wanted to understand the  
 6 context of the investigation and whether they were going  
 7 to take into account the situation. So the reason that  
 8 I was querying that was Inverness has got a population  
 9 of 75,000 people and they had 53 people die in care  
 10 homes; Invergordon has got a population of 3,800 people  
 11 and they had 43 people die in care homes. So that's  
 12 1.15% of their population. So, to me, there was  
 13 something — you know, there's something to understand  
 14 there, and actually now we have been in correspondence  
 15 and I've made that point to them.  
 16 Q. Okay. Just in relation to the lessons to be learned,  
 17 can I focus on what you say at paragraphs 78 and 79 —  
 18 A. Hmm—hmm.  
 19 Q. — because you make the point — and again it's  
 20 something the Inquiry has already heard about, but  
 21 obviously we're interested to hear it from your  
 22 perspective — you emphasise the fundamental right to  
 23 a family life.  
 24 A. Hmm—hmm.  
 25 Q. Can you just explain what you're saying there?

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1 A. Well, it's a fundamental right to a family life, but all  
 2 of a sudden, you know, even those of us that had — you  
 3 know, thought we'd done everything properly and had  
 4 powers of attorneys and all the things that you would  
 5 need, we had no rights. And Mum lost her right to  
 6 a family life for rules that were brought in, and  
 7 I don't think that aspect of quality of life was  
 8 necessarily considered very carefully when those  
 9 lockdown measures were brought in, you know.  
 10 What's an important consideration about length of  
 11 life is the quality of life. That's the judgment that,  
 12 you know, for example, NICE use when they make  
 13 a calculation about whether drugs should be used as  
 14 a treatment for a particular condition. They look at  
 15 not just the cost but they look at the quality of life  
 16 that it's going to be able to give the person, and  
 17 I don't think we considered that.  
 18 Q. So the point you're making I think is balancing — you  
 19 term the lockdown as "draconian" —  
 20 A. Hmm—hmm.  
 21 Q. — but balancing that against the effect that that had  
 22 for persons who were the subject of that draconian  
 23 lockdown; is that right?  
 24 A. Yes, and also simply the fact that for most of COVID,  
 25 the pandemic, the Highlands was in the lowest two tiers

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1 of restrictions yet we had the same lockdown of care  
 2 homes. You know, it seemed very disproportionate.  
 3 Q. You also talk about, in paragraph 82, lessons to be  
 4 learned as really about being prepared.  
 5 A. Hmm—hmm.  
 6 Q. You give the example of — in connection with the work  
 7 you do —  
 8 A. Yeah.  
 9 Q. — of organising a visit quite recently to the time that  
 10 you gave this statement, where persons who were coming  
 11 across from the States and coming to Shetland found  
 12 themselves infected in Edinburgh and having to abandon  
 13 that —  
 14 A. Yeah.  
 15 Q. So you use that as an example. But can we perhaps just  
 16 look at what you see as the necessity or the necessary  
 17 elements of being prepared?  
 18 A. Well, my — one of my passions has always been  
 19 public health and prevention. So public health in  
 20 general gets 1%, if you're lucky, of health spending,  
 21 and health spending is about half the budget here in  
 22 Scotland. So, you know, that's got to include all your  
 23 vaccinations, all your "stop smoking" messages and all  
 24 that stuff. That's less than 1% of all our health  
 25 spending. So, yeah, if we want to be serious about

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1 being prepared for another pandemic, we need to be  
 2 serious about putting money and resources into it.  
 3 And I was lucky to work on the National COVID  
 4 Study — when there was no tourism work, because the  
 5 whole country was shut down, I worked on that. So  
 6 I used to go all round the Highlands, collecting  
 7 people’s blood samples and studying long COVID and  
 8 getting so much valuable data about, you know, what was  
 9 spreading where and long COVID impacts, and we stopped  
 10 all that and we lost all that data and information. So  
 11 how can we be prepared for another pandemic when we  
 12 don’t have any basic awareness of case numbers, what’s  
 13 happening where, and we’ve lost all that valuable data  
 14 and we still give public health funding so little  
 15 funding.  
 16 Q. Thank you.  
 17 Just one final point. In your section on the hopes  
 18 for the Inquiry, you express in paragraph 83 that you  
 19 hope that the Inquiry pulls together some of the lessons  
 20 learned for the Government for the future and you go  
 21 back to a letter that the then Health Secretary,  
 22 Jeane Freeman, sent out to health boards in March 2020.  
 23 A. Yes.  
 24 Q. So that would have been a letter that you would have  
 25 been aware of given your involvement with the health

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1 board, would it?  
 2 A. I’m trying to remember the date that I left. I’m not  
 3 sure about that, but, yeah, it was definitely written to  
 4 health boards and I’ve got a copy of it, yeah.  
 5 Q. Which said that the Scottish Government was well  
 6 prepared for such a pandemic —  
 7 A. Yeah.  
 8 Q. — and that they had everything organised.  
 9 A. Yeah.  
 10 Q. And you respond by saying that wasn’t the case.  
 11 A. No, and I think we’ve seen from all sorts of evidence  
 12 that that wasn’t the case.  
 13 Q. Melanie, I think that’s all I want to ask you in  
 14 relation to your statement. As is our tradition, we  
 15 offer the witness an opportunity if there is anything  
 16 further that you would like to tell us.  
 17 A. There is just a couple of things that I wanted to say —  
 18 Q. Please do.  
 19 A. — if that’s okay. Well, it follows on from your last  
 20 point really. Often we have heard that COVID-19 was  
 21 unprecedented and that nobody knew what to do, and  
 22 I don’t accept that. When I was on the board of  
 23 NHS Highland, we had all sorts of preparedness training  
 24 and scenarios. Bearing in mind, you know, we’re talking  
 25 about the Highlands, we prepared for nuclear attacks, we

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1 prepared for terrorist attacks. We plan for all sorts  
 2 of scenario. That’s our job. That’s part of  
 3 public health. And SARS in 2003 and MERS in 2012 were  
 4 both coronavirus outbreaks, so this was not the first  
 5 coronavirus outbreak.  
 6 Just picking up on that point about care homes and  
 7 quality of life, I think we really have to have  
 8 a discussion about the quality of life for people in the  
 9 care home environment. We talk a lot about, you know,  
 10 person-centred care but we experienced finance-centred  
 11 care at NHS Highland, which was very, very different.  
 12 You know, finally, I just wanted to say thank you  
 13 for giving us the opportunity to share our stories and  
 14 to listen to families. We have not had and we have not  
 15 needed any coaching before appearing before you. We’ve  
 16 just shared our experiences and I appreciate that  
 17 opportunity. Thank you.  
 18 MR GALE: Well, thank you very much, Melanie. That’s all  
 19 I have to ask you.  
 20 A. Thanks.  
 21 MR GALE: My Lord, that concludes Ms Newdick’s evidence. As  
 22 I’m not addressing her, I’ll call her “Ms Newdick”.  
 23 Could we have 15 minutes to get the next witness in  
 24 place?  
 25 THE CHAIR: Of course. I’d like to thank Ms Newdick for her

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1 evidence and also for her attendance here today. You’re  
 2 free to leave now, Ms Newdick, or you may sit in the  
 3 hall if you want to hear any other evidence. But we’ll  
 4 take 15 minutes, which will take us to just before  
 5 quarter past 11.  
 6 MR GALE: Thank you, my Lord.  
 7 THE CHAIR: Thank you, Mr Gale.  
 8 (10.51 am)  
 9 (A short break)  
 10 (11.14 am)  
 11 MR GALE: The next witness is Sharon Boswell and her witness  
 12 statement is SCI-WT0327-000001.  
 13 MRS SHARON BOSWELL (called)  
 14 THE CHAIR: Very good. Thank you. Good morning,  
 15 Ms Boswell.  
 16 A. Good morning.  
 17 THE CHAIR: Right. When you’re ready, Mr Gale.  
 18 MR GALE: Thank you, my Lord.  
 19 Questions by MR GALE  
 20 MR GALE: Mrs Boswell, your full name is Sharon Boswell?  
 21 A. Correct.  
 22 Q. And your details, your date of birth and your address  
 23 and contact details are known to the Inquiry?  
 24 A. Yes.  
 25 Q. Thank you. You’ve provided us with a statement for the

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1 purposes of your evidence and I think you are agreeable  
 2 that the statement and the evidence that you'll give  
 3 today will constitute the evidence that you would wish  
 4 the Inquiry to have from you?  
 5 A. Yes.  
 6 Q. You're also agreeable that the evidence should be  
 7 recorded and published?  
 8 A. Yes.  
 9 Q. Thank you. You're here to tell us about your late  
 10 husband, George Ian Boswell.  
 11 A. Correct, yes.  
 12 Q. We know from your statement that your husband was 52  
 13 when he sadly died on 9 February 2021.  
 14 A. Correct.  
 15 Q. He died in Aberdeen Royal Infirmary?  
 16 A. Yes.  
 17 Q. At paragraph 21 of your statement --- it's not necessary  
 18 to go to that --- but the death certificate records his  
 19 cause of death as COVID, diabetes and multi-organ  
 20 failure .  
 21 A. Correct.  
 22 Q. Now, what you tell us about your husband makes it clear  
 23 I think that he was, to you, a very special man.  
 24 A. Absolutely, yes.  
 25 Q. You'd known him from when you were teenagers?

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1 A. Yes, I actually met him when I was 11, so, yes.  
 2 Q. Before teenage then?  
 3 A. Yeah. We started going out when I was 15, so he was 16.  
 4 Q. You would have been together for 38 years?  
 5 A. Yeah --- at that point, yeah.  
 6 Q. At that point. You have a family?  
 7 A. Yes.  
 8 Q. A son and a daughter?  
 9 A. Correct.  
 10 Q. Now, again, we always like to obtain a little bit of  
 11 information about the people who have died rather than  
 12 just looking at them as a statistic ---  
 13 A. Yes.  
 14 Q. --- so can you tell us a little bit more about your  
 15 husband, what sort of man he was, what he meant to you  
 16 and what you meant to him?  
 17 A. He was the love of my life and I was to him. He was my  
 18 soulmate and I was his soulmate. Very  
 19 family-orientated, very hard-working. Lots of friends.  
 20 Everybody found him such a warm, caring person. Didn't  
 21 judge anyone at any point. Very approachable. In fact,  
 22 he was generous to a fault, I would say. Some people  
 23 took advantage, as people do. He was everything to  
 24 myself and my children. Yeah, he's just left --- it's  
 25 left such a huge hole in our family, yeah.

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1 Q. One of his interests I think was he was particularly  
 2 interested in coaching football?  
 3 A. He did, yeah. He did that particularly because --- he  
 4 went through my son's football career with him from  
 5 primary school --- he started coaching primary school  
 6 football and that took him right through to juvenile  
 7 football. So many of the kids there --- I had so many  
 8 messages when he passed from the children, just saying  
 9 what a brilliant man he was, the impact that he had had  
 10 on some of their lives because, you know, some of these  
 11 children came from not so good backgrounds and maybe  
 12 didn't have father figures or --- and they looked upon  
 13 him as someone that could give them maybe advice if they  
 14 were requiring it or --- he was just that kind of  
 15 approachable person.  
 16 Q. Obviously it's almost impossible to encapsulate what you  
 17 feel in this, but I think we get the flavour of it ---  
 18 A. Yeah, for sure.  
 19 Q. --- Mrs Boswell, and from your statement as well.  
 20 A. Yeah.  
 21 Q. We are conscious of that.  
 22 A. Hmm-hmm.  
 23 Q. One aspect of your husband's medical history is  
 24 something that you mention a number of times in your  
 25 statement ---

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1 A. Yeah.  
 2 Q. --- and that is that he was a type 2 diabetic.  
 3 A. Yes, he was.  
 4 Q. Had that been something of longstanding?  
 5 A. A few years, yes --- four years, I think.  
 6 Q. And you tell us that that was controlled by medication.  
 7 I assume the usual metformin, gliclazide, et cetera?  
 8 A. Metformin, yes, and diet.  
 9 Q. And diet?  
 10 A. Yes.  
 11 Q. He wasn't insulin dependent?  
 12 A. No, no.  
 13 Q. And, as you put it in paragraph 7 of your statement, it  
 14 was just something that was there?  
 15 A. Yeah, it was just an everyday thing that --- we didn't  
 16 have anything --- you know, we didn't have any symptoms  
 17 or --- he went for his usual checks. Everything always  
 18 seemed to check out most of the time. Yeah, it just  
 19 didn't impact his life at all.  
 20 Q. You also tell us that, almost coincidental with the  
 21 start of the pandemic, you received a certain medical  
 22 diagnosis.  
 23 A. I did, yes.  
 24 Q. You tell us about that at paragraph 8.  
 25 A. Hmm-hmm.

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1 Q. I don't know if you want to say it publicly in terms of  
 2 the evidence you're giving today, but we can read about  
 3 it there if you don't want to.  
 4 A. Yeah. No, I've got no problems with it at all.  
 5 Q. Okay. Can you just tell us what it was?  
 6 A. Yeah. So I was in bed one morning and George had --  
 7 just happened to discover that I had a lump in my  
 8 breast. It was just after first lockdown, yeah, and it  
 9 was diagnosed as breast cancer stage 2/3.  
 10 Q. I suppose that fairly devastating piece of  
 11 information --  
 12 A. Absolutely, yeah.  
 13 Q. How did that make you approach the circumstances of the  
 14 onset of the pandemic?  
 15 A. Okay. So obviously I had to receive chemotherapy and  
 16 radiotherapy, which affected my immune system, so, yeah,  
 17 George was just very, very careful when he was out and  
 18 about. Obviously I didn't get out much, with being so  
 19 ill with chemotherapy and what have you. It made him  
 20 super-vigilant as to where he went, what he did, but  
 21 obviously he had to go to work because he was an  
 22 essential worker, so -- he wasn't happy about it,  
 23 I wasn't happy about it. When he came home, he was  
 24 always -- you know, he stripped off at the front door,  
 25 straight into the shower, before he even came near me.

1 So, yeah, it was ...  
 2 Q. You, I think, were within the shielding category?  
 3 A. I was -- not put on it officially, but my consultant  
 4 told me immediately that I was diagnosed that I should  
 5 shield, yes.  
 6 Q. And I think one of the points you make and make with  
 7 some force in your statement is that you feel that your  
 8 husband should also have been within the shielding  
 9 category given his diabetic condition.  
 10 A. Absolutely. Yeah, absolutely. Knowing what I know now,  
 11 100%.  
 12 Q. Okay. Just to, again, get a little context, your  
 13 husband was a lorry driver for DHL?  
 14 A. Yes.  
 15 Q. And I think DHL at that time were contracted to Argos?  
 16 A. That's right, yeah.  
 17 Q. I know that you have certain views as to how your  
 18 husband contracted COVID --  
 19 A. Yes.  
 20 Q. -- and that involves contact with one of his colleagues.  
 21 A. Yes.  
 22 Q. Before we go into that, can I just emphasise, please do  
 23 not mention the name of that colleague.  
 24 A. Of course.  
 25 Q. I know you've provided that to the Inquiry, we are aware

1 of it, but please don't mention his name --  
 2 A. Yeah.  
 3 Q. -- at this stage.  
 4 A. Hmm--hmm.  
 5 Q. What were your husband's working arrangements during  
 6 lockdowns -- or during the lockdown?  
 7 A. Yeah, the first lockdown, obviously, everything was  
 8 super-vigilant and whatever. Nothing was put in writing  
 9 for him as to how to approach things, but they --  
 10 obviously they drove a lorry because they were delivery  
 11 drivers, but the driver's mate would -- had a separate  
 12 vehicle during lockdowns so that they didn't have that  
 13 contact.  
 14 Obviously they had to lift things like washing  
 15 machines, what have you, to people's properties, but it  
 16 was outdoors. So they were given masks -- yeah, masks  
 17 and gloves. They were given hand sanitiser and like  
 18 a spray to spray the interior of the lorry and what have  
 19 you, but that was about it. That was in the first  
 20 lockdown, yeah, but then things changed.  
 21 Q. You say that your husband, George, wasn't happy about  
 22 these arrangements.  
 23 A. No, he didn't think --  
 24 Q. Can you explain how he expressed that unhappiness to  
 25 you?

1 A. Yeah, he -- I mean, he wasn't happy that he was in  
 2 contact with other people anyway, and when it came to --  
 3 there was a second lockdown in Aberdeen because  
 4 obviously we had an outbreak -- I think it  
 5 was August, August of 2020 -- and they did not put that  
 6 initial -- the driver's mate into a separate vehicle.  
 7 They were working in the same vehicle at that point.  
 8 There was no perspex, there was no -- he didn't feel  
 9 that the PPE was adequate enough. He just felt -- he  
 10 felt very vulnerable, probably because of me. I think  
 11 it probably emphasised it a bit more to him.  
 12 Q. You tell us at paragraph 9 of your statement that he  
 13 felt that he had no choice but to go to work.  
 14 A. Yes -- no, if he was given the choice to stay at home  
 15 and keep me safe, he would have done that, 100%.  
 16 Q. And was that because of the direction that he was  
 17 receiving from his employer?  
 18 A. Yes. Yeah. They were so bad as employers that --  
 19 obviously I had -- nothing was face to face as much at  
 20 hospital and whatever. As far as when I got my first  
 21 appointment with my oncologist, it was on a screen,  
 22 obviously. He'd asked his employer if he could stay at  
 23 home with me that day to get this -- to see whether  
 24 I needed chemotherapy, blah, blah, blah, and they told  
 25 him "No". That was the kind of employer they were. So

1 they didn't have his best interests at heart at all .  
 2 Q. I think you also mention that, so far as your husband  
 3 was concerned, there was no offer of furlough.  
 4 A. No, not at all .  
 5 THE CHAIR: Can I ask a question, Mrs Boswell? Just for the  
 6 avoidance of doubt, in the first lockdown — perhaps  
 7 I should start by saying your husband normally, that is  
 8 pre-COVID, worked in a team of two —  
 9 A. Yes.  
 10 THE CHAIR: — driving a delivery lorry.  
 11 A. Yes.  
 12 THE CHAIR: And in the first lockdown there was a change in  
 13 the normal procedure —  
 14 A. Yes.  
 15 THE CHAIR: — whereby he would continue to drive the lorry  
 16 that no doubt contained the material to be delivered,  
 17 but the mate came along in another vehicle; correct?  
 18 A. Correct, yes.  
 19 THE CHAIR: But in the second lockdown the second vehicle  
 20 was taken away from the work situation —  
 21 A. Yes.  
 22 THE CHAIR: — and your husband and his mate were required  
 23 to use the same vehicle?  
 24 A. Correct, yes.  
 25 THE CHAIR: And I'm envisaging either a van or a lorry, but

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1 one way or another —  
 2 A. It's a lorry .  
 3 THE CHAIR: It's a what?  
 4 A. A lorry, yes, so it was just a cab.  
 5 THE CHAIR: And it was just a cab, just a normal lorry cab?  
 6 A. Yes.  
 7 THE CHAIR: Two or three seats on a bench or something like  
 8 that?  
 9 A. That's right, yes. Just two seats.  
 10 THE CHAIR: Two seats. Very good. So in close proximity?  
 11 A. Yes, very.  
 12 THE CHAIR: Very good. Thank you. Sorry to interrupt.  
 13 A. That's okay.  
 14 MR GALE: No problem. Thank you, my Lord.  
 15 Just following on from my Lord's point, when the  
 16 change occurred in the second lockdown period whereby  
 17 your husband was driving with a mate in the lorry —  
 18 A. Yes.  
 19 Q. — in the lorry cab and given your vulnerability at the  
 20 time, what was your — did your husband make any  
 21 representation, do you know, to his employers about  
 22 that?  
 23 A. Not that I'm aware of — not at that point, no. Yeah,  
 24 they just thought that they were doing what they were  
 25 supposed to be doing, so — they weren't the most

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1 approachable bosses anyway, so I think that that was —  
 2 yeah.  
 3 THE CHAIR: Can I ask a follow-up question again?  
 4 Sorry, Mr Gale.  
 5 Did the employer provide any explanation for what  
 6 was obviously a change in policy between first and  
 7 second lockdown?  
 8 A. None whatsoever, no.  
 9 MR GALE: Thank you, my Lord.  
 10 Your husband did ask for some time off at  
 11 Christmas —  
 12 A. Correct.  
 13 Q. — that year?  
 14 A. Yeah.  
 15 Q. And this had been approved, as you tell us.  
 16 A. Yes.  
 17 Q. However, presumably because of the nature of the work  
 18 and the volume of work being required, particularly at  
 19 that time —  
 20 A. Sales. Sales.  
 21 Q. — deliveries were necessary —  
 22 A. Yes.  
 23 Q. — your husband was asked to come on on the Tuesday  
 24 between Christmas and New Year?  
 25 A. Yes — not asked, told. He was told.

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1 Q. It was an instruction rather than a request?  
 2 A. He was told, yes.  
 3 Q. As you tell us, you're almost certain that that's the  
 4 day that your husband caught COVID.  
 5 A. Yes.  
 6 Q. You provide us with some details of how you've come to  
 7 that view and can I just remind you not to name the  
 8 individual concerned?  
 9 A. Of course.  
 10 Q. Can you just explain how you've come to the view and  
 11 presumably your husband came to the view as to how he  
 12 contracted COVID?  
 13 A. So his mate was — his daughter lived in England for  
 14 a lot of time with her mum and it was decided that his  
 15 daughter was going to come back into Scotland to live  
 16 with him. And in December her mum travelled from Kent  
 17 to Aberdeen on the train and visited with the driver's  
 18 mate and her daughter. When she went back down to Kent,  
 19 she had phoned him the day after, saying that her dad  
 20 had tested positive for COVID and that she was going to  
 21 be getting tested as well because she had travelled in  
 22 the car with him to the train station, so the driver's  
 23 mate immediately went and got him and his daughter  
 24 tested for COVID the same day. When it was only like  
 25 two days beforehand that they'd had contact, there's no

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1 way that it would have showed up as a positive test in  
 2 my opinion. So, because of that, he went to work on the  
 3 Tuesday. Yeah, he didn't tell his employers that he  
 4 went for a COVID test either.  
 5 Q. Right. Did he tell your husband?  
 6 A. Yes. Yes. My husband told the employers when he was in  
 7 his bed, ill, when the big boss had phoned to see how he  
 8 was doing.  
 9 Q. Now, you tell us how your husband progressed from an  
 10 initial test to testing positive.  
 11 A. Yes.  
 12 Q. You tell us at paragraph 14 of your statement that  
 13 within about ten days your husband started to feel  
 14 unwell.  
 15 A. Yeah.  
 16 Q. And he was ill for about two days?  
 17 A. Yeah.  
 18 Q. And on the third day he had really bad cramps?  
 19 A. Hmm—hmm, in his back, yeah.  
 20 Q. In his back?  
 21 A. In his back, yeah.  
 22 Q. Was that a symptom of COVID that you had come across in  
 23 the material that had been issued?  
 24 A. Absolutely not. We had no idea what was going on there.  
 25 Q. He went for a COVID test — in fact you both went for

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1 one on 14 January 2021?  
 2 A. Yes.  
 3 Q. And with the exception of the cramps, did you husband  
 4 have any other symptoms?  
 5 A. I think — he was very lethargic, that was for sure.  
 6 Appetite — no appetite whatsoever. He was being sick  
 7 and had — he had diarrhoea as well. But apart from  
 8 that, no cough, no — not at the start, nothing. Yeah,  
 9 no.  
 10 Q. And in fact I think you both tested positive?  
 11 A. We did, yes.  
 12 Q. And you tell us that your own symptoms were lethargy and  
 13 that you lost your taste and smell.  
 14 A. I did, yes. It was very difficult to actually figure  
 15 out what was — because I was still suffering from  
 16 chemotherapy, I was going through radiotherapy that week  
 17 as well, so it was difficult to say what symptoms went  
 18 with what was going on.  
 19 Q. If you feel able to tell us, can you indicate how your  
 20 husband's condition progressed after that?  
 21 A. Yeah. So he was in bed for a couple of days — we were  
 22 both in bed the first day. He took me to my last  
 23 radiotherapy appointment on the Friday, which was  
 24 a horrendous experience, yeah, and that was the last  
 25 thing that he was able to do for me. He never got out

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1 of bed again after that. That was the day that we both  
 2 tested positive. Yeah, he just became weaker and  
 3 weaker. He wouldn't eat, he was vomiting, so obviously  
 4 his metformin that he was taking was probably coming  
 5 back up as well. He started getting shivers, found it  
 6 very difficult to get up and down stairs.  
 7 Then, by the Tuesday morning, first thing, I heard  
 8 him get up to the toilet. Again he was sick in the  
 9 toilet, and when he came back downstairs — he was  
 10 coming downstairs and had to stop maybe four times, he  
 11 was that weak. He went into the living room, and I got  
 12 up and went through and I was like, "Are you okay?".  
 13 Previous times before this I'd asked him if he wanted me  
 14 to phone 111 for advice or whatever and he'd always  
 15 said, "No, no, I'm good, I'm good". When I went into  
 16 the living room on this occasion, I said, "Do you want  
 17 me to phone 111?", and he said "Yes". I took another  
 18 look at him and I just phoned 999.  
 19 Q. So you elevated it from 111 to 999?  
 20 A. Yes, just by looking at him once I put the light on.  
 21 Q. I think one of the other symptoms he had at that time  
 22 that he mentioned was that he was having breathing  
 23 difficulties.  
 24 A. Not that I could see. I mean, he was very hunched over  
 25 and what have you. It wasn't until the first paramedic

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1 came in that —  
 2 Q. I see.  
 3 A. Yeah.  
 4 Q. An ambulance crew did come to your home —  
 5 A. Yeah.  
 6 Q. — and took your husband to Aberdeen Royal Infirmary?  
 7 A. Yeah.  
 8 Q. And, as you tell us, that was pretty much the last time  
 9 you saw him?  
 10 A. Absolutely. I wasn't even allowed to say goodbye to  
 11 him. I wasn't even allowed to give him a hug or ...  
 12 Q. Yes. Once he went into ARI, were you able to keep in  
 13 touch with him?  
 14 A. Yeah, the first six days I was able to video-call him,  
 15 which I did and which our family did, and friends, quite  
 16 a bit. But, yeah, it just — it was harder and harder  
 17 as the days went on. I was very, very worried about  
 18 him.  
 19 Q. What advice were you being given about his condition  
 20 from those in charge of his care?  
 21 A. It was very, very limited. When he first went in, we  
 22 found it very hard because we were supposed to get  
 23 updates from the nurse in the morning and the doctor  
 24 some time in the afternoon or evening, and due to  
 25 files — I don't know — systems in the NHS, my home

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1 phone number was on the record and they kept phoning  
2 this home phone number which just rang out because  
3 I didn't have a phone at that point. Numerous times we  
4 told them I only had a mobile, numerous times I didn't  
5 get that phone call. So, yeah, the updates were very  
6 limited at times, which us as a family found very, very  
7 difficult .

8 They did sort of, you know --- they always prepared  
9 me for he might need to go on a ventilator and whatever.  
10 I just never --- I knew that they had to say that.

11 I just never thought --- I never ever thought that that  
12 would happen. He's 52 years old, he's got everything to  
13 live for. He was relatively healthy and I just thought,  
14 "Yeah, they're just saying this because they need to say  
15 it just in case", and ...

16 Q. So you thought that they were probably pre-warning you  
17 but you hoped ---

18 A. Yeah ---

19 Q. --- perhaps that it wouldn't come to that?

20 A. Yeah, I think your brain just works in that sort of way,  
21 doesn't it, as protection mode?

22 Q. Obviously things deteriorated ---

23 A. Yeah.

24 Q. --- and at paragraph 19 you describe, as things went on,  
25 that it was always just doom and gloom.

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1 A. Yeah, yeah.

2 Q. Can you explain what you mean by that?

3 A. Okay. So, yeah, I kept a diary --- when I had to go and  
4 start my chemotherapy, because George couldn't be there  
5 with me, he asked me to keep a diary on how I felt and  
6 just the symptoms I was having, et cetera. So

7 I decided, when he went into hospital, I would do  
8 exactly the same for him so when he came out he could  
9 read, you know, what we were being told and what we went  
10 through as a family.

11 Q. I think you became aware that he had a bacterial  
12 infection in his lungs ---

13 A. I did, yeah.

14 Q. --- and that there was a difficulty in regulating his  
15 sugar level?

16 A. Yes, so he was starting to get insulin injections by  
17 that point. He was still not on the ventilator at that  
18 point. Yeah, they couldn't get his blood sugar levels  
19 under control at all. Yeah.

20 Q. I think also, regrettably, he had also acquired a fungal  
21 infection?

22 A. Yes, that was after he went on the ventilator. He had  
23 no bacterial infection when he first went in. He  
24 developed the bacterial infection and then, once he went  
25 on to the ventilator, it was a fungal infection as well.

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1 Now, reading his medical notes, it was the fungal  
2 infection that was the final straw.

3 Q. You tell us about your husband's passing at paragraph 21  
4 of your statement, that his organs had started to shut  
5 down ---

6 A. Yeah.

7 Q. --- and you got a call out of the blue from a doctor at  
8 the hospital ---

9 A. Yeah.

10 Q. --- to say that you needed to get to the hospital with  
11 your family.

12 A. Hmm---hmm.

13 Q. So that presumably was a --- you didn't really need  
14 telling what that meant?

15 A. No, absolutely not. I mean, by that point he had  
16 deteriorated so much that he had been put on dialysis  
17 for his kidneys, he had had two chest ... chest drains  
18 inserted in his left side. So, yeah, there --- yeah,  
19 I mean, reading back on my diary that I kept at the  
20 time, I can see what was happening now. At the time,  
21 no, I couldn't see what was happening. I just couldn't  
22 accept it, I guess. So, yeah, we were taken to the  
23 hospital --- told to go to the hospital, which I'm very,  
24 very grateful that we were there at the end for him, and  
25 yeah.

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1 Q. And you were there in time before he passed away on  
2 9 February?

3 A. We were, yes. About 20 minutes.

4 Q. Was he conscious?

5 A. No, he was still on the ventilator. When we did go into  
6 the room, he did turn his head.

7 Q. And I think we've already noted that, on his death  
8 certificate, it's mentioned COVID, diabetes and  
9 multi-organ failure.

10 A. Yeah.

11 Q. Again, you tell us about the circumstances of the  
12 funeral. We've heard from many witnesses about the  
13 restrictions on funerals so we are very familiar with  
14 this, but ---

15 A. Yeah.

16 Q. --- yours was --- it was a limited funeral, 20 people?

17 A. Hmm---hmm.

18 Q. And the coffin was sealed?

19 A. Yes. Yeah.

20 Q. You didn't have any initial contact with the  
21 Procurator Fiscal?

22 A. No.

23 Q. But did that change ---

24 A. Yes.

25 Q. --- or has that changed?

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1 A. That has changed now, yes.  
 2 Q. In what context has it changed?  
 3 A. They are now investigating his death through his work  
 4 and not — them not providing testing for him or —  
 5 yeah, so I've had to give a statement to the police.  
 6 Q. Yes. I think again — without mentioning the individual  
 7 concerned, I think the driver's mate was subsequently  
 8 sacked; is that right?  
 9 A. He was, yes. Yeah, he appeared at my door just after  
 10 the funeral and said that he was going back to work  
 11 because he was actually off work with COVID as well. He  
 12 went and got tested the day after George and I did, and  
 13 he was going back to work and they met him at the gate  
 14 and they escorted him off the premises because he was  
 15 being investigated. At that point he never said why he  
 16 was being investigated, but I believe that he was being  
 17 investigated because they thought that he had — well,  
 18 he'd lied anyway, that he'd said that he didn't go and  
 19 get a COVID test, but George had told them on the phone  
 20 before he went to hospital that he did, so ...  
 21 Q. Dealing with the impact on you, Mrs Boswell, you've told  
 22 us about the length of time you and your husband had  
 23 been together.  
 24 A. Yeah.  
 25 Q. You've told us about the closeness and the depth of your

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1 relationship .  
 2 A. Yeah.  
 3 Q. You say at paragraph 26 you're devastated that he's gone  
 4 but you're also furious.  
 5 A. Yeah.  
 6 Q. I think we can probably understand the devastation.  
 7 A. Hmm—hmm.  
 8 Q. I don't want to go through and ask you to deal with that  
 9 anymore, but the fury, can you explain where that  
 10 emanates from?  
 11 A. Yeah, I'm just so angry at the English Government in  
 12 particular — yeah, just especially now with, the more  
 13 that you hear about how they just thought we were going  
 14 to sail through — sail through this even though what  
 15 was going on with Italy originally . The just arrogance  
 16 of it, oh, my God, yeah. Things that should have been  
 17 put in place before this got as bad as it got — just  
 18 the fact that he wasn't shielded when I've got an  
 19 article that was written in August 2020, six months  
 20 before he died, and it says, "COVID 19 and Diabetes,  
 21 a Deadly Combo". You know, it's — yeah, I just —  
 22 I just — I'm so angry.  
 23 Q. Now, that article is a magazine article —  
 24 A. It is, yes.  
 25 Q. — that you've shown to us and we've asked that you

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1 provide us with a copy of that. I'm sure we can  
 2 probably find it online somewhere —  
 3 A. Yeah.  
 4 Q. — but if we may take the advantage of you having  
 5 a copy —  
 6 A. Of course.  
 7 Q. — and we will return it to you —  
 8 A. Yes.  
 9 Q. — in due course because it's obviously a matter of  
 10 interest to us.  
 11 A. Yes.  
 12 Q. Your anger is, I think, in part — and manifests itself  
 13 in paragraph 31 of your statement — where you talk  
 14 about, "Finding out ... the UK government's disregard  
 15 for the lockdown rules ..." —  
 16 A. Yeah.  
 17 Q. — "... makes all this even harder to bear".  
 18 A. Absolutely, yeah.  
 19 Q. This is essentially Partygate?  
 20 A. Yes, absolutely. To know that they were being so  
 21 disrespectful while my husband was in hospital — my  
 22 husband was in hospital, dying, my best friend was in  
 23 hospital as well. She was very, very ill as well.  
 24 Yeah, and they're disregarding every lockdown rule so  
 25 they could have a party here and there.

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1 Q. Okay, yes. Now obviously you lost your husband and had  
 2 to deal with cancer.  
 3 A. Yes.  
 4 Q. You do tell us — I think it's at paragraph 34 — that  
 5 you've had assistance from an oncology psychologist.  
 6 A. Yes.  
 7 Q. Has that been of any assistance to you to deal with your  
 8 grief?  
 9 A. Absolutely. I don't think I would have got through this  
 10 without her support and everybody else's support that  
 11 I've had, yeah. And I just feel so lucky that I was  
 12 able to access that — not lucky — oh God, "lucky".  
 13 With cancer it's not really a good way of putting it —  
 14 but I was able to access her very quickly because of my  
 15 cancer whereas I probably still wouldn't have  
 16 a psychologist, you know, if I had to go on a waiting  
 17 list .  
 18 Q. Yes. Just on the point about your husband not being on  
 19 the shielding list — because this is one of the points,  
 20 as I understand your statement —  
 21 A. Yes.  
 22 Q. — that you really want to get across to the Inquiry —  
 23 A. Yes, absolutely.  
 24 Q. — that he should have been.  
 25 A. Yes.

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1 Q. If he had been on the shielding list, what difference  
2 would — it may be obvious, but what difference would  
3 that have made to your daily life?  
4 A. I would have had more time with him for sure. I think  
5 that, you know, he would have been at home to take care  
6 of me as well because it was so difficult going through  
7 chemotherapy when he was at work and the stress of  
8 him — yeah, I don't ... he — I remember one night,  
9 after I got my diagnosis, and he knew that he had to go  
10 to work after I was getting my chemotherapy and I heard  
11 him crying upstairs because he was scared — he was  
12 scared that COVID would kill me, yeah. Little did we  
13 think it would be the other way round. We never  
14 thought — we were young. We didn't have, you know,  
15 health issues as such. You know, no lung problems —  
16 yeah, nothing. No signs that this was going to happen.  
17 Q. I think one of the other points you make, Mrs Boswell,  
18 is that, going back to when your husband started to feel  
19 unwell — and we've perhaps touched on this a little —  
20 A. Yeah.  
21 Q. — that his symptoms were not the classic symptoms, the  
22 common symptoms —  
23 A. No.  
24 Q. — that were being talked about, and you mention this at  
25 paragraph 33.

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1 A. Yes.  
2 Q. What you say is that there was no real clear guidance  
3 available at the time.  
4 A. No. At the time, obviously, I — when he was ill, I had  
5 Googled on my phone just to see when I should seek help.  
6 As I've mentioned, I had said to him twice previous to  
7 the day that he got taken into hospital, "Should I phone  
8 111?", because I was really, really concerned. I ended  
9 up with an infection in my hand due to a cat bite while  
10 he was in bed. I think that — he went into hospital on  
11 the Tuesday, so that must have been on the Saturday, and  
12 they wanted to take me in because I was — still no  
13 immune system with chemo, they wanted me to go in for IV  
14 antibiotics, and just the terror that I saw in his face  
15 that he was going to be left at home by himself, I'll  
16 never ever forget that.  
17 You know, he was scared, and at that point I knew  
18 there was something not right, so I said to him, "Do you  
19 want me to seek advice?". I believe he knew at that  
20 point that he was very, very ill. He just was a very  
21 stubborn man and didn't want to cause a fuss, you know.  
22 That's just the type of person he was.  
23 Q. Right. Some of the lessons to be learned that you've  
24 identified.  
25 A. Yes.

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1 Q. I think you say about the need to give more information  
2 to the public —  
3 A. Yeah.  
4 Q. — than it was. Is that particularly in the context of  
5 the information regarding the dangers for persons such  
6 as your husband —  
7 A. Absolutely, yes.  
8 Q. — as a diabetic?  
9 A. Yup.  
10 Q. And also possibly more comprehensive information about  
11 symptoms?  
12 A. Yeah, absolutely. I mean, pre-existing conditions, what  
13 is that? Even now I don't know. What is pre-existing  
14 conditions? Even now, like if I speak to someone that's  
15 a stranger and I say, "You know, I lost my husband to  
16 COVID"; "Oh, did he have any underlying health  
17 conditions?"; "Yeah, he was ..."; "Oh, yeah, yeah", and  
18 this was right at the start of his death. How did they  
19 know this and I didn't know this? It's ...  
20 Q. Have you formed, perhaps from other people you've spoken  
21 to, that almost your husband, because of a pre-existing  
22 condition of diabetes, was more susceptible to COVID?  
23 A. That's exactly what they're telling me and it's  
24 something that we did not know, yeah.  
25 Q. You also mention at paragraph 37 the flights —

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1 A. Hmm.  
2 Q. — and you're quite trenchant about your views on that.  
3 A. Absolutely. Absolutely. And, I mean, at the end of the  
4 day, I know that Scotland couldn't — didn't have the  
5 power — well, our Scottish Government didn't have the  
6 power to stop that. But why did the UK not stop these  
7 flights coming in — coming in from these places that  
8 already were rife with COVID? I think it was too little  
9 too late — far too little too late, when they did it.  
10 Q. You are complimentary of the then First Minister and the  
11 way in which she addressed the nation in paragraph 38.  
12 A. Yes.  
13 Q. Can you just give us a little more context to that,  
14 please?  
15 A. Yes. I think that I understood from our  
16 Scottish Government a bit more about what was going on.  
17 I felt that it was a lot more honest than the — what  
18 the English Government were telling us. I felt more  
19 empathy from Nicola Sturgeon and the other people that  
20 were talking every day. Yeah, just the fact that the  
21 Scottish Government also wanted — the English  
22 Government stopped their briefings and the  
23 Scottish Government continued their briefings, beside  
24 the fact that, you know, the English Government didn't  
25 want them to do that. Yeah, I just felt that our

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1 Government were a lot better at putting over information  
 2 than the English Government were.  
 3 Q. And your hopes for the Inquiry, particularly that ---  
 4 you'll appreciate, and I think we've discussed this ---  
 5 there are certain things we can't provide you with an  
 6 answer to ---  
 7 A. For sure, yeah.  
 8 Q. --- but one of the things that --- and you've made the  
 9 point and we have it very clearly from you ---  
 10 A. Yeah.  
 11 Q. --- about why your husband was not put into  
 12 a shielding ---  
 13 A. Yeah.  
 14 Q. --- category because of his diabetes.  
 15 A. Hmm---hmm, absolutely, yeah. Yeah.  
 16 Q. Now, Mrs Boswell, thank you very much for engaging with  
 17 me in this discussion. Is there anything else you would  
 18 like to mention to the Inquiry before you leave us?  
 19 A. Yes, please. Just, as far as the hopes for the Inquiry  
 20 are concerned, there's also another question that I have  
 21 thought about. I was hoping that the Inquiry could  
 22 maybe answer and tell me about immunisations. When they  
 23 were first rolled out, they were distributed to  
 24 obviously our NHS, care home staff and whatever. I'd  
 25 like to ask why were essential workers not part of that

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1 first lot of people that were immunised, you know. The  
 2 elderly and nursing homes were immunised from I think it  
 3 was 3 December in Scotland and, obviously, it leaves me  
 4 with questions as to, if he had had his first  
 5 immunisation, would it have turned out differently. You  
 6 know, yeah, that's definitely another question I'd like  
 7 answered.  
 8 Q. Well, this Inquiry will be looking at the roll-out ---  
 9 A. Yes.  
 10 Q. --- of the vaccination programme and it may be in that  
 11 context we'll be able to assist you ---  
 12 A. Okay.  
 13 Q. --- somewhat with that.  
 14 A. That would be good.  
 15 MR GALE: But subject to that, Mrs Boswell, thank you very  
 16 much.  
 17 A. Thank you.  
 18 MR GALE: Thank you, my Lord.  
 19 THE CHAIR: Thank you, Mrs Boswell. I'm very grateful. You  
 20 may leave. You are of course free to stay if you wish  
 21 to hear any of this afternoon's evidence, but thank you.  
 22 A. Thank you.  
 23 THE CHAIR: Now, Mr Gale, we're due to take the next witness  
 24 at 1.30; is that correct?  
 25 MR GALE: 1.30, yes, my Lord.

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1 THE CHAIR: Very good. Did you want to say something?  
 2 MR GALE: No, my Lord. I was just seeing whether or not  
 3 there was any possibility of advancing that witness, but  
 4 I think the other witnesses have been given time so I'm  
 5 afraid it's probably not possible to do that.  
 6 THE CHAIR: Very good. We'll reconvene then at 1.30. Thank  
 7 you very much.  
 8 MR GALE: Thank you, my Lord.  
 9 (11.57 am)  
 10 (The short adjournment)  
 11 (1.29 pm)  
 12 MR GALE: Good afternoon, my Lord.  
 13 THE CHAIR: Good afternoon, Mr Gale. Can you hear me?  
 14 MR GALE: Yes, indeed.  
 15 My Lord, the next witness is Paul Deakins. His  
 16 statement ---  
 17 THE CHAIR: Good afternoon, Mr Gale.  
 18 MR GALE: Is your Lordship hearing me?  
 19 THE CHAIR: Good afternoon, Mr Gale.  
 20 MR GALE: Obviously not. If you can't hear me, there's not  
 21 much point telling you we are having a problem.  
 22 THE CHAIR: Can you hear me now, Mr Gale?  
 23 MR GALE: I can hear you, my Lord, yes. I don't know  
 24 whether you can hear me.  
 25 THE CHAIR: I can now, I'm glad to say. Thank you. Good

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1 afternoon.  
 2 MR GALE: Good afternoon.  
 3 THE CHAIR: I understand that we have two witnesses this  
 4 afternoon.  
 5 MR GALE: Two witnesses.  
 6 THE CHAIR: Mr Deakins and Ms Hunter.  
 7 MR GALE: That's correct. Mr Deakins is present with us in  
 8 the room now.  
 9 MR PAUL DEAKINS (called)  
 10 THE CHAIR: Good afternoon, Mr Deakins.  
 11 A. Good afternoon.  
 12 MR GALE: His statement is reference SCI-WT0413-000001.  
 13 Before Mr Deakins does give evidence --- and I think  
 14 this is something that has been raised with him when we  
 15 met last week.  
 16 Questions by MR GALE  
 17 MR GALE: Mr Deakins, there is in place something called  
 18 a "general restriction order", which prevents naming of  
 19 various people. In your case there hasn't been an  
 20 application to disapply that so I must ask you, please,  
 21 be mindful that you should not name any person, and that  
 22 includes your father.  
 23 A. Yes.  
 24 Q. So you can refer to him obviously as your father, your  
 25 dad, however you refer to him as, but please don't give

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1 his name.  
 2 A. No.  
 3 Q. And, similarly, any of those people who may have been  
 4 treating your father, please don't give their names.  
 5 But you can give the names of the various institutions,  
 6 health institutions, that your father was in.  
 7 A. Okay.  
 8 Q. So they are Wishaw General Hospital, Canderavon House  
 9 Care Home and Hairmyres Hospital. So you can name the  
 10 hospitals. If something slips out, don't worry.  
 11 A. Okay.  
 12 Q. We'll deal with it. But if I can ask you just ...  
 13 Anyway, with that introduction, Mr Deakins, your  
 14 full name is Paul Deakins and your details are known to  
 15 the Inquiry. You've provided us with a detailed  
 16 statement really concerning the circumstances of the  
 17 eventual death of your father. You are content that  
 18 that statement, together with the evidence that you're  
 19 going to give today, constitutes the evidence that  
 20 you're providing for the Inquiry?  
 21 A. Yes.  
 22 Q. And you are agreeable that that information may be used  
 23 by the Inquiry — it may be recorded and published?  
 24 A. Yes.  
 25 Q. Thank you. First, a little about you, Mr Deakins. You

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1 tell us in your statement that you have a background in  
 2 nursing between 1988 and 2003; is that right?  
 3 A. Yes.  
 4 Q. Can you tell us a little bit about that background,  
 5 please?  
 6 A. Well, I started nursing back in 1988 and working  
 7 primarily in the private sector in a nursing home and  
 8 various nursing outlets. I did that for a couple of  
 9 years and then was offered a job in specific mental  
 10 health, which was old adults with varying degrees of  
 11 dementia, Alzheimer's and alcohol-related and other  
 12 mental illnesses.  
 13 I started that job in 1990 until I left in 2003.  
 14 I started as an assistant manager and I worked my way up  
 15 to a deputy manager, residential establishment. We also  
 16 had a weekend daycare facility for people who had mental  
 17 health problems run in the local community. I was  
 18 a non-residential partner. I used to come in in the  
 19 morning, provide service levels for adults over the  
 20 weekend and then my normal job was obviously 24-hour  
 21 residential care on a shift system.  
 22 Q. You tell us that — and you've summarised it in what  
 23 you've just said — you were a manager in mental  
 24 health —  
 25 A. Yes.

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1 Q. — provision for 14 years —  
 2 A. A—ha.  
 3 Q. — so what — I take it through saying you were  
 4 a manager, you had an overseeing role?  
 5 A. Yes. It was a management team of senior care staff and  
 6 assistant manager. I was a deputy manager and then we  
 7 had a unit manager.  
 8 Q. How many patients — if that's the correct term for the  
 9 people you were looking after — how many patients  
 10 would you be looking after?  
 11 A. On the residential scale, we had eight — eight adults  
 12 and at weekends we had accommodation for up to 18.  
 13 Q. And would these be people with a variety of mental  
 14 health issues?  
 15 A. Yes, mostly dementia, some alcohol-related dementia,  
 16 a lot of older retired people, Alzheimer's and dementia,  
 17 but some younger people as well, below retirement age,  
 18 who may be affected with alcohol-related mental illness,  
 19 deemed to be dementia.  
 20 Q. And in the various comments that you make later in your  
 21 evidence, do you bring that experience to some of the  
 22 observations that you make and would ask the Inquiry to  
 23 have regard to?  
 24 A. Yes.  
 25 Q. Okay. Now, as I say, we're here to hear from you about

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1 your father, and we know from your statement that he  
 2 died of COVID pneumonia in Wishaw General Hospital on  
 3 11 November 2020 —  
 4 A. Yes.  
 5 Q. — and he was 82.  
 6 A. 82 years old.  
 7 Q. Can you tell us a little bit more about him and your  
 8 relationship with him?  
 9 A. Yes. We were quite close to each other. I stayed just  
 10 half a mile up from where my dad stayed. My dad stayed  
 11 just in a small one-bedroom pensioner's flat. About —  
 12 probably about more than ten years ago, he began to lose  
 13 his sight — I can't remember the word now. He took —  
 14 sight deterioration, macular degeneration.  
 15 Q. Macular degeneration.  
 16 A. Sorry.  
 17 Q. No, no, don't worry.  
 18 A. And his sight — he lived alone in that house — to  
 19 begin with independently he lived alone, but as his  
 20 sight deteriorated, so his physical health deteriorated  
 21 as well. He had — in previous years had had a heart  
 22 bypass so he had cardiological problems, COPD and then  
 23 latterly the diabetes as well.  
 24 Prior to my dad dying, he lost his — completely  
 25 lost his sight. He was down to about 1% vision. So

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1 throughout the years, as my dad got worse, for want of  
 2 a better word, my care input with my dad increased.  
 3 I would look after him — look after him more, do things  
 4 for him more.  
 5 Q. Okay. You talk principally in your statement about the  
 6 events in October/November 2020.  
 7 A. Yes.  
 8 Q. But your father, as you say, lived on his own and  
 9 I think he had a level of assistance both from  
 10 yourself —  
 11 A. A—ha.  
 12 Q. — and from — did he have carers as well?  
 13 A. He had carers sporadically. He had carers one year —  
 14 I think it was in 2018, he'd taken unwell with heart  
 15 problems, and when he was discharged from hospital he  
 16 had home care via the local council. I can't be  
 17 specific as to say how long that lasted, but they would  
 18 come in at night and they would heat up a meal for him,  
 19 which had — probably made earlier on that day. They  
 20 would heat up a meal for him and sit with him maybe half  
 21 an hour and chat to him, make sure he was okay and  
 22 things like that. I had him on a dosette system for his  
 23 medication. They would help him to take his medication.  
 24 I'm struggling to remember how long he had that for.  
 25 But latterly, before he went into — I'm sorry, I'm

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1 getting mixed up. Before he went into hospital —  
 2 before COVID came, he had carers from the previous  
 3 Christmas — he go out of hospital in the Christmas —  
 4 sorry — after having been unwell. He had carers for  
 5 a few weeks into January and all of a sudden I got  
 6 a phone call to say it was stopping. So he had  
 7 no one — no carers at all, and that was the January.  
 8 And then COVID came in the March. I've lost my way  
 9 a bit. Sorry.  
 10 Q. It's okay. Please don't worry, Mr Deakins. I'll try  
 11 and help you through various important points.  
 12 The events which eventually led to your father's  
 13 death in hospital began, I think, on 23 October 2020,  
 14 when there was a fire in his home; is that right?  
 15 A. Yes.  
 16 Q. And I think it was due to smoke inhalation —  
 17 A. That's correct.  
 18 Q. — that he was admitted to Hairmyres Hospital?  
 19 A. Yes.  
 20 Q. You tell us about that in paragraphs 5 through to 8 of  
 21 your statement.  
 22 A. Yes.  
 23 Q. We don't need to look at it, but just for the reference.  
 24 Given his condition prior to being admitted to hospital,  
 25 did you have any concerns about him being admitted to

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1 hospital?  
 2 A. Due to COVID, yes, I always thought he would be  
 3 susceptible — more susceptible to COVID, due to he had  
 4 COPD and breathing difficulties, his mobility wasn't  
 5 good and his sight wasn't good.  
 6 Q. I think you were given certain information after his —  
 7 or at around the time of his admission to hospital about  
 8 your father being moved within the hospital due to the  
 9 cleaning of the curtains in the ward in which he was  
 10 a patient.  
 11 A. A—ha.  
 12 Q. And I think at paragraph 8 you express a view — and  
 13 don't worry about the language —  
 14 A. Sorry.  
 15 Q. — just tell us what you said about the suggestion that  
 16 there was some cleaning of curtains taking place.  
 17 A. When my dad went into hospital on the Friday night, he  
 18 wasn't admitted to a ward until later on in the night,  
 19 he was still in the A&E department, so obviously, as the  
 20 night went on, we'd left until the next morning and then  
 21 he phoned me and he told him he was on a ward. There  
 22 was — I would assume — well, he'd have said it's been  
 23 a six-bedded bay, six beds in the bay. That was in the  
 24 morning, about half past 9/10 o'clock. I chatted to him  
 25 throughout the day on and off and on and off. I'd

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1 spoken to him earlier on in the morning or maybe  
 2 lunchtime — at lunchtime, and I says, "Are you okay?",  
 3 and he says, "I have to phone you back. I'm getting  
 4 moved". I says, "Why are you moved?". He says, "Oh,  
 5 they're moving us into the big room. They've taken down  
 6 the curtains. They need to do some spring cleaning —  
 7 they need to do some spring cleaning". I said — excuse  
 8 me — I said, "Spring cleaning, my arse. They've got  
 9 COVID in the ward". My dad knew — he was very aware of  
 10 what COVID was and he was aware of the circumstances in  
 11 which people were catching it. And he was in the main  
 12 room and he wasn't told anything about it, that whole  
 13 day. I think — I'm assuming they stayed that whole  
 14 day, they maybe got put back into the ward at night, but  
 15 to me the patients had been emptied out the room for  
 16 a deep clean.  
 17 Q. And is that — obviously something you hadn't been told  
 18 per se, but was that an inference that you took —  
 19 A. Yes.  
 20 Q. — based on your previous experiences —  
 21 A. Yes.  
 22 Q. — as manager in a unit?  
 23 A. A—ha. I was keeping in contact with my dad on the  
 24 phone, so I was asking him constantly what was  
 25 happening. That was a Saturday — on the Saturday, and

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1 then I phoned the ward and it rang and rang and rang and  
2 rang out and I never got an answer from anyone. Then,  
3 as the night went on and as I spoke to my dad, as time  
4 was going on, he said, "I think we're getting put back  
5 into the ward now". And I'm thinking, well, they've  
6 shipped all the patients out — given there's a bed  
7 crisis all over every hospital, there wasn't much room  
8 for manoeuvre, so I imagine they only moved them from A  
9 to bring them back to B again, and he got put back into  
10 his ward later on the Saturday night.

11 I remember speaking to him — it was after  
12 11 o'clock at night and they'd only just been moved back  
13 in. I said, "What have you done all day?", and he said,  
14 "Well, I had to lie in the bed for a while or sit in the  
15 chair". But I think — and, again, you weren't accessed  
16 to the hospital. It wasn't a ward that he was moved  
17 into, and there was a patient—holding area that I later  
18 became aware of.

19 Q. You were obviously able to keep in touch with your  
20 father by phone?

21 A. Hmm.

22 Q. Were you in touch with any of those who were caring for  
23 your father?

24 A. No.

25 Q. Were you able to ascertain from any of the staff what

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1 the prevalence or otherwise of COVID within the hospital  
2 generally and in your father's ward in particular was?

3 A. No. There was no one to answer the question. I'd asked  
4 what happened was on the Friday. Saturday morning I had  
5 asked My dad — sorry — yeah, I says to my dad I was  
6 going to phone the hospital to see if I could take some  
7 stuff up for him because on the day before, he'd got  
8 taken out the house so quick, we didn't pack a bag or  
9 anything for him. The fire brigade wouldn't let us in  
10 the house because the house was piled with smoke, so he  
11 couldn't — so I had to just say, "You need to go with  
12 what you've got". In fact the neighbour next door gave  
13 him — one gave him slippers, one gave him a jacket and  
14 another one gave him a dressing gown because he had  
15 nothing bar the clothes he was wearing and he was  
16 covered black head to toe in smoke.

17 So I phoned the ward the next day and I says,  
18 "I know there's no visiting. My dad needs stuff.  
19 Am I okay to come?", and she says, "Yes, by all means  
20 come, but you'll not be able to see him"; "Fair enough.  
21 I know I'm not allowed, but I just want to make sure my  
22 dad's got stuff". And she said "Yes". So I said, "Any  
23 particular time?", and she said, "No, just come and  
24 someone will see you".

25 I drove to the hospital the next day, I went in and

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1 the chap — the window, someone saw me, came over and  
2 asked — and I said, "I'm handing this in for my  
3 father", and I said his name. I said, "Is he all  
4 right?", and she wasn't prepared to discuss anything  
5 with me, and I says to — "Youse having a bit of  
6 COVID?", and she says, "I'll have to go", and she just  
7 cut me off and took the bag away from me. I went  
8 outside and I phoned my dad, and I says to my dad, "I've  
9 given the bag, but I don't know when you'll get it", and  
10 I don't think he got the bag until the next day. It was  
11 toiletries and things that you would need when you go to  
12 hospital, obviously.

13 Q. So at that point, which is just after your father's  
14 admission to hospital, you weren't made aware or weren't  
15 aware of the prevalence or otherwise of COVID within the  
16 hospital?

17 A. Not officially, no. I wasn't told by any manner or  
18 means.

19 Q. Okay. Can I take you forward a little? You were  
20 contacted by your father's social worker I think on  
21 27 October. You tell us this in — it's not necessary  
22 to look at it but you tell us this in paragraph 13 of  
23 your statement.

24 A. Yes.

25 Q. Your social worker asked you whether or not you could,

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1 as I understand it, take your father either back to his  
2 own house or to your house?

3 A. Yes, she asked me both. First of all she said his own  
4 house and I immediately jumped in and says, "Absolutely  
5 no. Not a chance at all".

6 Q. And that was because of the fire damage?

7 A. Yes.

8 Q. I think also, without going into detail, your house  
9 wasn't suitable for him?

10 A. Yes, I said that to her. But can I say, I think it's  
11 beforehand and that I did get the phone call on the  
12 Sunday from the staff nurse at the ward to advise me  
13 that my father was being moved because they had found  
14 COVID in the ward — a six-bedded bay — they said one  
15 patient had tested positive, so, as a precaution,  
16 because my father had breathing difficulties at best,  
17 she said, "We're moving your dad out into a side room",  
18 and it was a quite — she actually left a message.  
19 I hadn't been home, so when I came home there was  
20 a message on my answerphone and I phoned — she told me  
21 her name, which I won't say, and I phoned and I asked to  
22 speak to her, and I spoke with her, and she said, "Just  
23 as my message, your dad's being moved because obviously  
24 he's vulnerable to having a breathing difficulty", his  
25 smoke inhalation having been even worse and he was in

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1 heavy oxygen therapy.  
 2 Q. Right. After you were asked about the possibility of  
 3 moving your father back into his own home or into your  
 4 home, what happened to your father thereafter, do you  
 5 know?  
 6 A. I believe he was moved and put in a side room.  
 7 I believe --- I remember now it was ward 13 in the same  
 8 hospital, but I was told he'd been moved to a side room  
 9 on his own.  
 10 Q. And you tell us at paragraph 15 that, on the 27th, which  
 11 I think is the same day as the contact from the social  
 12 worker ---  
 13 A. Yeah.  
 14 Q. --- you were told that your father was going to be moved  
 15 to a care home.  
 16 A. Yes.  
 17 Q. And were you given a reason for that?  
 18 A. No. Obviously we knew there was bed crisis going on all  
 19 over the place, so I says to her, "So why ..." --- she  
 20 didn't ask me. She said to me, "Your father will be  
 21 moved". But this was on the back of me saying that he  
 22 couldn't go to his own house or come and stay in my  
 23 house, so I felt, as I've said, at the time more or less  
 24 got told, "Well, if you can't take him and he can't go  
 25 to his own house, then he's going to have to go

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1 somewhere. He can't stay here because of COVID", and  
 2 I said to her, "Well, has my father got COVID then?",  
 3 and I wasn't answered at the time. I said, "Well, he's  
 4 an old gentleman and he's in a hospital, so where else  
 5 is he to go?". She said, "We are admitting people  
 6 younger who need beds". So obviously my father was  
 7 shipped out --- I wasn't told where he was going on that  
 8 day --- that was the Tuesday, I believe --- I wasn't told  
 9 where he was going but I did say to her, "Try not to  
 10 make it anywhere that he wouldn't be familiar with at  
 11 all".  
 12 Q. Can I just be clear, Mr Deakins, were you told by  
 13 a member of staff at the hospital that they were moving  
 14 your father because of the need to free up beds within  
 15 the hospital?  
 16 A. Not a member of staff in the hospital. It was a social  
 17 worker.  
 18 Q. A social worker?  
 19 A. A social worker in the hospital. She was a social  
 20 worker who was based in the hospital.  
 21 Q. So it was the social worker who told you that?  
 22 A. Yes, she told me my father had been moved out of the  
 23 hospital, not anyone from ---  
 24 Q. Not a member of the nursing staff?  
 25 A. Not anyone from Hairmyres Hospital, no.

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1 Q. Prior to your father --- we'll come to your father being  
 2 moved to the care home in a moment ---  
 3 A. Yeah.  
 4 Q. --- but prior to your father being moved to the care  
 5 home, do you know if he was tested for COVID?  
 6 A. I was told he was tested on the Sunday because that was  
 7 the day they told me they would move him to a side room.  
 8 I was told that he had been tested and they were waiting  
 9 the results, but I was never given the results for that,  
 10 and in fact my dad wasn't even able to tell me ---  
 11 I asked my father that day --- I said, "Have you been  
 12 tested for COVID?", and he said "Yes". He said that's  
 13 the second time since he came --- he got tested on  
 14 arrival on the Friday, when he first went in, never got  
 15 the results of that test, and then was tested on the  
 16 Sunday after they had discovered --- when I was told,  
 17 rather, that they had identified COVID in the ward that  
 18 he had been in.  
 19 Q. Right. So regarding the move of your father into a care  
 20 home, we have an understanding of why. What was your  
 21 reaction to that occurring?  
 22 A. I was angry.  
 23 Q. Yes, and why was that?  
 24 A. I felt as if he was just being pushed out because,  
 25 although I hadn't known at the time that my father had

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1 COVID, he was vulnerable as it was. He was 82 years  
 2 old, he had had a fire in his house, he was vulnerable,  
 3 he was blind. He was very --- he had very little  
 4 independence and needed looking after. So, not to be  
 5 hard or anything, he deserved to have a hospital bed the  
 6 same as anyone else did, but he was in --- but then I'd  
 7 heard other stories of other people just getting taken  
 8 out because --- I know there was bed crises, they were  
 9 freeing beds, but I couldn't understand why my father,  
 10 who was in such a vulnerable position, not just of being  
 11 admitted to hospital unwell but with smoke inhalation  
 12 and then having been in close proximity to someone with  
 13 COVID --- and I thought, well --- in my mind, in my mind,  
 14 "There's no two ways about it. My father is going to  
 15 have COVID". And I actually even says to my daughter,  
 16 the day they took my father away on the Friday ---  
 17 I says, "My dad will never be back here because he'll  
 18 end up with COVID and he'll never see this place again";  
 19 you know, sixth sense or whatever you want to call it.  
 20 Q. Yes. So you said that to one of your family members?  
 21 A. Yes, to my daughter who was with me ---  
 22 Q. Don't give a name.  
 23 A. --- my daughter who was with me that day.  
 24 Q. Right. That's paragraph 16, just to give the reference.  
 25 A. Yeah.

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1 Q. Now ---  
 2 A. (Inaudible).  
 3 Q. At what time did you ascertain that your father had been  
 4 tested for COVID?  
 5 A. On the Sunday, when I got the phone call from the nurse  
 6 to say he was being moved, and she told me --- I said,  
 7 "I take it my father's been tested?", and she said, "Oh,  
 8 yes, we tested all the patients yesterday". I said,  
 9 "Have you had any results?", and she says "No". And  
 10 then I asked her --- I says to her, "Should you get the  
 11 results, will that become known to my father or me?",  
 12 and I never got an answer.  
 13 Q. Right. So, just to be clear, your father was moved on  
 14 29 October. That's at paragraph 19.  
 15 A. Yes.  
 16 Q. He was moved into Canderavon House Care Home?  
 17 A. Care Home.  
 18 Q. And that's in Stonehouse?  
 19 A. A-ha.  
 20 Q. Do you know whether he was tested and the results were  
 21 to hand before he was moved?  
 22 A. No.  
 23 Q. You don't know.  
 24 A. No, not at all. And --- sorry --- I asked my dad because  
 25 my dad --- he could recollect --- I asked my dad --- he

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1 wasn't confused --- I asked him --- I said, "Have you been  
 2 ..." --- because what happened is they said on Tuesday he  
 3 was going to a home. They took him out of his bed on  
 4 the Wednesday and sat him in a wheelchair all day, meant  
 5 for him to be getting transported to the home on the  
 6 Wednesday, and I asked him if he'd been tested for COVID  
 7 then because I knew there was a thing about are people  
 8 being tested prior to discharge from care home --- sorry,  
 9 from hospitals to care homes, and my dad told me quite  
 10 matter of --- categorically that he had not been tested.  
 11 He said, "And I've been tested twice", as they come  
 12 in and it was a Friday and on a Sunday. He hadn't been  
 13 tested prior to getting moved, and that was on the  
 14 Wednesday when I thought he was getting moved. And then  
 15 late on on the Wednesday night --- I spoke to him at  
 16 11 o'clock at night and he says, "They've told me I've  
 17 just to go back to my bed. I'm not getting moved now",  
 18 and I said, "Well, I would think not at this time", and  
 19 they left him the next day and he got moved Thursday  
 20 evening about half past 8 at night and he hadn't been  
 21 tested then either.  
 22 Q. When your father was in hospital, were you able to visit  
 23 him?  
 24 A. No --- at Hairmyres, no.  
 25 Q. You tell us something about the first floor of the care

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1 home that he was moved into and what it was called.  
 2 A. Yes.  
 3 Q. Just tell us about that, please.  
 4 A. It was called "Stonehouse intensive care for COVID".  
 5 Q. Was that a euphemism for it or was that what it was  
 6 actually known as?  
 7 A. For the word --- for want of a better word, it was the  
 8 word on the street.  
 9 Q. Right. Okay.  
 10 A. That was what it was being called.  
 11 Q. Did you find out any information which backed that up?  
 12 A. I phoned --- what happened is my dad went in there on the  
 13 Thursday evening, probably about after 9 o'clock, and  
 14 I'd spoken to him that night and he was obviously  
 15 getting surrounded. I'm saying "How are you? You okay?"  
 16 He was saying, "I'm here. They seem all right. They  
 17 seem fine", and I says to him, "Do you know where you  
 18 are?". He says, "I know it's a home but it could be  
 19 anywhere". I says, "I'll talk to you tomorrow", when he  
 20 was more at himself so that he wasn't as much upset.  
 21 And then the next day I explained to him where he was.  
 22 I said, "Stonehouse, do you know where you are?", and he  
 23 knew Stonehouse but didn't know anything of it. I asked  
 24 him if he was allowed to mix with anyone in the home and  
 25 he said, "I've just been put in the room. I've been

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1 told to stay in the room and, if I need anything, they  
 2 come to me. And I've been told I've got a buzzer", so  
 3 he obviously wasn't allowed to go outside the room.  
 4 Q. Did you know anything or did you find out anything at  
 5 the time about the prevalence of COVID within the care  
 6 home?  
 7 A. Aye, my dad went in there, as I say, on the Thursday  
 8 night. Nobody phoned me to say that he had been  
 9 received into that home. The only reason I knew that he  
 10 was there was I spoke to my dad --- spoke to my dad on  
 11 the phone. I phoned the home the next day and I spoke  
 12 to a person --- I couldn't remember their name anyway ---  
 13 I explained my father was brought in last night from  
 14 Hairmyres Hospital. They said, "I'll need to pass you  
 15 through. That's upstairs". They put me to a call  
 16 upstairs and I said, "I'm just phoning to see how he  
 17 is", and, "Yes, all right". I said, "I know obviously  
 18 there's no visiting but he will need stuff. Can I bring  
 19 stuff?", and she said, "Yes, you can bring stuff and  
 20 leave it at the reception". I was never ever inside the  
 21 doors of the home.  
 22 Q. Were you told anything about your father's COVID test  
 23 status?  
 24 A. Sorry, I beg your pardon. Just if I can backtrack.  
 25 Excuse me. When I phoned, I also asked the person I

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1 spoke to on the phone — I said, "I'm not sure if you're  
 2 aware", I said, "but my father has been in Hairmyres  
 3 Hospital, you'll be aware he came from there". I said,  
 4 "The reason he's been put out of there is because they  
 5 had COVID on the ward", I said, "so has he come to you  
 6 with a ..." — what would the word be? — sorry.  
 7 Q. It's okay. Don't worry. Don't worry.  
 8 A. No.  
 9 Q. Are you wanting to say that he came with  
 10 a vulnerability?  
 11 A. Yeah, I was — I'm sorry.  
 12 Q. It's all right. Don't worry. Anyway, did you question  
 13 anybody in the care home —  
 14 A. That's it.  
 15 Q. — as to whether or not your father had COVID?  
 16 A. That's it. I said, "I've heard the COVID in your home  
 17 is rife". I said, "Is my father in any part of that?".  
 18 And she said, "We're not able to discuss anything with  
 19 you". I said, "Well, put it another way, do you have  
 20 any patients within your residential home who have  
 21 COVID?"; "I can't tell you anything". I said, "I'm not  
 22 asking you to breach confidentiality". I said, "I'm  
 23 asking you for the safety of my father". I said,  
 24 "Do you know that your place is being referred to as the  
 25 COVID casualty or the COVID intensive care ward in

1 Stonehouse?", and I never got an answer off of her.  
 2 Sorry, what I was wanting to ask was were they aware  
 3 that my father had been — were they told that my father  
 4 had had a negative test prior to discharge from the  
 5 hospital.  
 6 Q. And did you get an answer?  
 7 A. No, they said they weren't aware of that. They didn't  
 8 know anything.  
 9 Q. Now, you mentioned about handing stuff in for your  
 10 father —  
 11 A. Yeah.  
 12 Q. — at the care home.  
 13 A. A—ha.  
 14 Q. I think you tell us at paragraph 23 that you were able  
 15 to go and you were able to see your father —  
 16 A. Yeah.  
 17 Q. — through the window and you were able to wave to him.  
 18 A. Yeah.  
 19 Q. Was that the first time you'd seen him since he'd been  
 20 admitted to Hairmyres after the fire?  
 21 A. Yes, it was.  
 22 Q. How long would that have been? About a week?  
 23 A. Yeah, well, he'd been admitted to — it was exactly  
 24 a week.  
 25 Q. Exactly a week.

1 A. He'd been admitted to hospital — the day he got  
 2 admitted to hospital — this was the following Friday  
 3 and it was late afternoon and I'd gone to the home. The  
 4 way the home is, all the windows face to the front and  
 5 the reception part was at the back car park, so I went  
 6 to the car park and I rang the bell and a girl came and  
 7 I gave her the bag, and I says, "This is for my father",  
 8 and she said, "That's fine". And when I'd come off,  
 9 I just said, "Is he all right?", and she said, "I'll  
 10 need to pass it upstairs. It's different staff who are  
 11 upstairs". And a bell rang in my head and I think to  
 12 myself, "Well, why is there different staff upstairs  
 13 from what's downstairs?". But the place was dead.  
 14 There was not a soul to be seen anywhere. I even asked  
 15 my dad — I says to my dad at one point — I said, "It  
 16 seems really quiet. Is there any noise?", and he said,  
 17 "You don't hear a thing", so — anyhow, a different  
 18 story.  
 19 So I'd come off there and went back to my car and  
 20 I phoned my dad and I says to him, "Are you looking out  
 21 to the front?", and he says "Yes". I says, "What can  
 22 you see?", being blind, it's a dark night — I said,  
 23 "Can you see street lights?". He said, "Yes, I can see  
 24 maybe shops across the road". I said, "Go and walk over  
 25 to your window and I'll come and see if I can see you".

1 I walked round and onto the main road, where he was one  
 2 up on the level, the so-called COVID intensive care  
 3 unit, and he was at the window. And I was waving at him  
 4 and I put the torch on my phone to do this (indicates)  
 5 so he could see where I was standing and spoke away to  
 6 me. And I was saying, "Are you all right?", and we  
 7 conversed for a few moments.  
 8 Q. Did you form any impression about your father's  
 9 appearance and how he looked?  
 10 A. He looked a bit — he looked tired, drawn, exhausted,  
 11 pale, weak and frail and fragile. He was —  
 12 Q. You were able to talk to him over the phone —  
 13 A. I had my phone in my hand and he stood at the window  
 14 with his phone in his hand.  
 15 Q. How was his voice? How was his ability to talk?  
 16 A. Very weak. Very weak.  
 17 Q. Did you get the impression that he was breathless?  
 18 A. Oh, very breathless, yeah. I — sorry, I asked him then  
 19 as well — I says to him, "You're awful out of breath",  
 20 I said, have you been tested for COVID since you went in  
 21 there?", and he said "No". I said, "Well, you should  
 22 ask somebody if you can get a COVID test done", because  
 23 he obviously had COPD and he used inhalers as it was,  
 24 so — and with the smoke inhalation, it only exacerbated  
 25 his respiratory problems.

1 Q. Yes. I understand that your father was subsequently  
 2 prescribed medication.  
 3 A. Yes, that was further on. The weekend had gone by.  
 4 Q. And I think there was a difficulty in obtaining that  
 5 medication, which left you very frustrated.  
 6 A. Yeah, this is now moving on to the Friday, which is the  
 7 day where I became even more concerned for him, when  
 8 I had phoned and asked them to get the doctor for my  
 9 father because he was — what had happened is I'd gone  
 10 up the night before, the Tuesday, and he appeared even  
 11 worse to me. When he was talking on the phone he  
 12 appeared weak and I said, "You're not very well". When  
 13 I spoke to him in the morning he was extremely  
 14 breathless and could hardly speak. I said, "You need to  
 15 tell one of the members of staff that you're not feeling  
 16 very well", which he did.  
 17 Q. And I think your father had a video call with the GP?  
 18 A. Yeah, I'd asked to get a doctor out, they said it would  
 19 happen, but, as it was, it was a video call he'd had  
 20 around about 3 o'clock that day.  
 21 Q. And there was a prescription of medication ordered but  
 22 that, I think, for a variety of reasons, wasn't  
 23 obtained?  
 24 A. The doctor left a prescription at the chemist across the  
 25 road for someone to go and collect it, so I'd asked my

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1 dad when a staff member was — when a staff member was  
 2 in his room, I said to my dad — because I was led to  
 3 believe to begin with that a doctor had actually been  
 4 there physically but I then learned that he hadn't  
 5 because I says to my dad — I said, "So did they listen  
 6 to your chest at the front and back?", and my dad said,  
 7 "Well, how the hell could he when he was on a camera?".  
 8 So I said, "So you've not seen a doctor, it was a video  
 9 call", and all that kind of thing was new to my dad. He  
 10 wasn't aware of FaceTime and video calls and all that.  
 11 He didn't know about it. So that was when I learned  
 12 that a doctor hadn't actually been in situ. It was by  
 13 a —  
 14 Q. Video call?  
 15 A. Yeah, yeah.  
 16 Q. Right. As I understand it, you in fact offered to go  
 17 and get the prescription?  
 18 A. Yes.  
 19 Q. But that was refused —  
 20 A. A—ha.  
 21 Q. — by the home?  
 22 A. By the home.  
 23 Q. And you were by this time — this is paragraph 25 — you  
 24 by this time were of the view that your father was  
 25 terribly — as you put it, terribly ill?

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1 A. Yes, he was deteriorating.  
 2 Q. Now, that evening an ambulance was called for your  
 3 father?  
 4 A. Yes, I phoned the — I was constantly trying to phone my  
 5 dad, but I says to him, "Did you get the tablets yet?",  
 6 and I was asking him every ten/15 minutes, he said,  
 7 "No", "Well, it's 6 o'clock. The chemist is going to be  
 8 closed, you're not going to have it". So — but prior  
 9 to that, when I was — it got to 6 o'clock and I says to  
 10 my dad — oh, sorry, I'm mixed up.  
 11 Q. No, don't worry. I think we're looking at the time  
 12 that — well, I'll just direct you to it. There was an  
 13 ambulance called for your father.  
 14 A. Yes, that was because I eventually got through to the  
 15 home. The phone was ringing and ringing and ringing,  
 16 and I says to my dad — when he was in the room,  
 17 I says — he was on his mobile phone. I says, "Do me  
 18 a favour. Pull your buzzer in your room to get a member  
 19 of staff to come into the room". And there wasn't  
 20 anybody there, so I said, "Pull your buzzer". Then  
 21 I said — I had been phoning and phoning and phoning.  
 22 I'd been phoning the office phone, which was ringing  
 23 relentless and nobody was answering the phone.  
 24 And I was sitting in my own house — and my daughter  
 25 will tell you if I'm telling a lie — I had my landline

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1 phone in that hand, my mobile phone in that hand  
 2 (indicates). That was on the phone to my father here  
 3 and I was phoning the home on my landline, ringing and  
 4 ringing, and they said, "Okay, we'll pick the phone up",  
 5 and a female was the first person that I spoke to.  
 6 I told her who I was, I told her who my father was, and  
 7 I says to her, "I want to know why, when you were  
 8 given a prescription by a GP after 3 o'clock and it's  
 9 6 o'clock now — and after 6 o'clock and it's not been  
 10 collected for my father, who is dreadfully unwell and  
 11 he's now not going to get an antibiotic till another  
 12 day. He'll not last another day". And I was told, one  
 13 time and another, "We never managed to get to the  
 14 chemist. We're short-staffed, we're this, we're that,  
 15 with the next", and I said, "Well, I did say I would  
 16 have come and got it".  
 17 Q. Yes. Paramedics arrived and you were informed by  
 18 a senior carer — again, please don't name them —  
 19 A. No.  
 20 Q. — and you were put on loud speaker —  
 21 A. He had a phone in his —  
 22 Q. — to speak to the paramedics; is that right?  
 23 A. A—ha.  
 24 Q. What did the paramedics tell you about your father's  
 25 condition?

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1 A. They said my father was gravely unwell, extremely  
 2 unwell, he had an extremely high temperature, and I says  
 3 to them, "So what are you thinking of?", and he said,  
 4 "He's either got sepsis or COVID-19 or both".  
 5 Q. And what were they going to do with your father? Were  
 6 they going to take him to the hospital?  
 7 A. Yeah, they immediately put oxygen on him. They said  
 8 they've got him on the highest resolution of oxygen that  
 9 they could give him and they said they'd given him some  
 10 pain relief to calm him down because his breathing was  
 11 becoming very distressed. Excuse me.  
 12 Q. Not at all.  
 13 A. And they'd given him something to take, they said, "We  
 14 will be blue-lighting your father to hospital", and I  
 15 asked where it was, and they just said to me,  
 16 "Wishaw General".  
 17 Q. Right. I think you made a complaint about the way in  
 18 which your father had been treated at the care home ---  
 19 A. Yes.  
 20 Q. --- and the level of communication that the care home had  
 21 had with you.  
 22 A. Yes.  
 23 Q. What was the outcome of that complaint?  
 24 A. No complaint was ever --- sorry. No response, I was  
 25 never given a response. Can I say, on the evening when

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1 I'd spoken to the senior carer, who inadvertently was  
 2 the chap who had phoned an ambulance for my dad, he says  
 3 to me he would have to log everything that happened.  
 4 I says to him, "Who is the manager? I want to talk to  
 5 the manager. Do you have anyone senior to you?". He  
 6 said, no, he was in charge. I said, "I'll be phoning  
 7 tomorrow", and he says to me, "I'll get the manager to  
 8 phone you. When are you available?", and I said, "From  
 9 7 am, and I'll receive a phone call then from you ---  
 10 from your manager?", he says, "Yes", and I never  
 11 received anything at all. I obviously got preoccupied  
 12 with the fact that my father had then been taken to  
 13 hospital and was very unwell.  
 14 Q. Now, your father was taken to Wishaw General Hospital  
 15 and you tell us at paragraph 30 that he was admitted  
 16 later that particular evening.  
 17 A. Yeah.  
 18 Q. You say you received a call from a consultant at  
 19 10.50 pm.  
 20 A. That's right, the Friday night. Sorry ---  
 21 Q. And you were told, I think, that your dad's condition  
 22 was critical ---  
 23 A. Yes.  
 24 Q. --- and that he'd been taken to the high dependency unit?  
 25 A. Yeah.

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1 Q. Also I think you were told that you should contact other  
 2 family members to let them know?  
 3 A. Yes, a--ha. She ascertained at that point as well, if my  
 4 dad had been in contact with any of us in the last ten  
 5 days, but I'd explained no, because he'd been in the  
 6 hospital.  
 7 Q. So far as your father's COVID status was concerned,  
 8 were you told on admission to Wishaw General whether  
 9 they thought he had COVID?  
 10 A. He was tested immediately upon being taken in, but the  
 11 doctor who I spoke with that night says to me she was  
 12 99.9% certain my father was what they called "HAC",  
 13 hospital-acquired COVID.  
 14 Q. Yes. Just a moment.  
 15 Subsequently did you receive confirmation that your  
 16 father had in fact tested positive?  
 17 A. Yes, the next day I got a phone call from another doctor  
 18 about lunchtime, and he said, "I'm phoning to tell you  
 19 your dad's COVID results are positive", and he asked me  
 20 if I would give my permission for the results to be  
 21 shared with Canderavon Home, and I said, "Yes, by all  
 22 means".  
 23 Q. Were you able at this time to still contact your father  
 24 by phone?  
 25 A. Just by phone, yes.

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1 Q. And what impression did you get regarding those  
 2 telephone conversations as to your father's condition?  
 3 A. Oh, he was very ill. Very ill. I tried to limit the  
 4 conversation because he was --- it was a struggle for him  
 5 to speak. He had to --- he was straining himself to  
 6 speak. He was so exhausted and he could hardly --- he  
 7 could hardly get his words out. He was just failing and  
 8 becoming more and more ill.  
 9 Q. Just perhaps to help you, Mr Deakins, at paragraph 33 of  
 10 your statement you say that you were told to contact  
 11 family members ---  
 12 A. Yes.  
 13 Q. --- on 9 November.  
 14 A. A--ha.  
 15 Q. So this about four days after your father was  
 16 admitted ---  
 17 A. Yes.  
 18 Q. --- to Wishaw General; is that right?  
 19 A. Yeah.  
 20 Q. I take it that being told to contact family members is  
 21 a precursor regrettably to somebody passing away?  
 22 A. Yeah, I'd got a phone call that morning about 6 am on  
 23 the 9th and it was the nurse in charge, and she says to  
 24 me, "I know you've not been able to come and see your  
 25 father but I think the time is now".

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1 Q. Right. And were you grateful for that?  
 2 A. Extremely.  
 3 Q. Yes. And I think you and a number of your family  
 4 members — and, again, please don't name them — were  
 5 able to go and see your father, as you say, in half-hour  
 6 bursts?  
 7 A. Yes, a—ha. I lived the closest to the hospital so I was  
 8 the first one there and I was able to get over, but  
 9 en route I managed to contact my brother and my sister  
 10 and I told them what was happening. We'd spoken all  
 11 over the weekend and they'd been talking to my dad on  
 12 the phone as well and they knew how ill he was becoming.  
 13 But on the Monday morning, when I got the call, I phoned  
 14 them to tell them, "I've been told to come to the  
 15 hospital. Youse should make your way there". I arrived  
 16 there at 7 and they came — my brother actually was in  
 17 work and he left and he got there — I would say he  
 18 arrived about half past 8 and then my sister was staying  
 19 with my niece in Kilmarnock, they got there mid-morning.  
 20 Q. I think this was probably 10 November.  
 21 A. That would be the Tuesday.  
 22 Q. And I think that you stayed with your father until about  
 23 8 pm that evening?  
 24 A. The Tuesday evening, yeah.  
 25 Q. And by this time he'd slipped into a coma?

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1 A. Yeah.  
 2 Q. You I think went home —  
 3 A. A—ha.  
 4 Q. — and, as you say at paragraph 35, waited for the phone  
 5 call for that — throughout the night?  
 6 A. Yeah, I just sat — I got home and — I went to his  
 7 house first to do some bits and whatever and then I went  
 8 home, and I just basically sat and waited because I knew  
 9 that his death was pretty imminent. So I just sat  
 10 waiting, and I'd phoned actually at 3 am to ask how he  
 11 was and they said he's — they didn't say "peaceful".  
 12 One nurse actually says to me — she says, "Why  
 13 aren't you sleeping?". I said, Well, because I can't  
 14 sleep". She said, "You're welcome to come over if you  
 15 want, but I would say to you not to". She said, "Just  
 16 telling you, you know we know where you are. You're not  
 17 far. When we need to, we'll give you a call. We won't  
 18 leave you to the last minute", which is what I did.  
 19 Q. And in fact they didn't leave you till the last minute.  
 20 They did contact you the following day, which was  
 21 11 November —  
 22 A. A—ha.  
 23 Q. — and told you that you should go to the hospital, and  
 24 you were there in time to spend some time with your  
 25 father before he died?

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1 A. Roughly eight minutes.  
 2 Q. Yes. I think your brother — again please don't name  
 3 him — he also came to the hospital but he got there ten  
 4 minutes after your father died?  
 5 A. Yeah, yeah, yeah.  
 6 Q. And I think also you were grateful for the way in which  
 7 the staff at the hospital allowed you to spend time with  
 8 your father —  
 9 A. The staff were excellent. The staff went above and  
 10 beyond. They were fantastic. Excellent, excellent.  
 11 Q. Right. Your father's death certificate noted COVID-19  
 12 pneumonia as the cause of death and you tell us at  
 13 paragraph 40 that there were only 20 people allowed at  
 14 the funeral.  
 15 A. Yes.  
 16 Q. And this is, I think, a difficulty because your father  
 17 was well known, well liked, from a big family and, as  
 18 you say, it was horrible having to say to people that  
 19 they could not come to the funeral.  
 20 A. Yeah, of course.  
 21 Q. And one of the points you make subsequently, in that  
 22 paragraph, paragraph 40, and also in paragraph 47, that  
 23 having to choose people who could be there and by  
 24 exclusion people who couldn't be there —  
 25 A. That's correct.

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1 Q. — this caused a problem within your family?  
 2 A. It did.  
 3 Q. Can you just explain that, please?  
 4 A. Well, as I said, my dad was from quite a large family  
 5 and he was a very popular person. He had a lot of  
 6 friends who were personal friends as well as people in  
 7 the immediate family. So there was one aunt and uncle  
 8 who had to be told they couldn't come. And I had one  
 9 aunt who lived in England, and she was on the phone and  
 10 was all prepared and asking where she could go and stay  
 11 when she got to Scotland. I said, "I'm sorry but you  
 12 can't", and "Why not?", and I told why not, well, there  
 13 were restrictions for goodness' sake. And then — she's  
 14 never talked to you again. The phone went down and  
 15 never broke breath to me since then, and that was all  
 16 those years ago.  
 17 Q. And that was as a consequence of having to exclude them  
 18 from the funeral?  
 19 A. Pardon?  
 20 Q. That was as a consequence of having to exclude them from  
 21 the funeral?  
 22 A. Yes, yes, a—ha.  
 23 Q. Okay. At paragraph 42 of your statement, you again draw  
 24 on your experience as a manager of a mental health unit  
 25 for 14 years.

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1 A. Yeah.  
 2 Q. And you tell us that the basic instinct is to care for  
 3 people --  
 4 A. A--ha.  
 5 Q. -- but you say that, in your view, the care home did not  
 6 do that.  
 7 A. No.  
 8 Q. Can you just explain why you come to that view?  
 9 A. There was no communication at all. When my dad left  
 10 Hairmyres at night to be transported to the care home  
 11 and he was received there, I didn't get a phone call  
 12 from anyone to say, "Your father's arrived here", at  
 13 all, and I would have expected that because, in my day,  
 14 working in residential establishments, you would never  
 15 have gotten away with that. It was basic protocol. You  
 16 had to keep relatives informed of the care that their  
 17 relative was receiving. I had no communication at all.  
 18 And when I'm saying about the basic instinct to care,  
 19 the next day my father became quite unwell, on the  
 20 Wednesday, when they had to be told that my father was  
 21 unwell and told to get an ambulance, to the point where  
 22 I demanded it.  
 23 I lost my rag at one point and I said, "If you don't  
 24 get an ambulance, I'm going to come up and I'm going to  
 25 sit in the car park and I'm going to dial 999 myself and

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1 I'll pull my father out if youse don't do something".  
 2 They had to be pushed and -- not threatened but heavily  
 3 coerced into the fact to get my father the medical  
 4 attention he needed, because I did say to them -- I  
 5 said, "If you don't get my father to hospital, he's  
 6 going to be dead within a matter of four hours, so do  
 7 something". But they had to be told to do something.  
 8 They didn't do it, so there was no basic instinct for  
 9 them to care and no to think, "Well, the man needs help.  
 10 He's unwell", even by the fact that a doctor who came --  
 11 no, sorry, a doctor who'd prescribed drugs for him that  
 12 day that was never given to him. That's just wrong.  
 13 That's malpractice in my view.  
 14 Q. After your father's death, you did receive a letter from  
 15 the Procurator Fiscal --  
 16 A. Yes.  
 17 Q. -- advising that they were looking into your father's  
 18 death --  
 19 A. A--ha.  
 20 Q. -- presumably because of the connection with having been  
 21 in a care home?  
 22 A. Yeah.  
 23 Q. You were told that you would be kept informed.  
 24 A. A--ha.  
 25 Q. Have you been kept informed by the Procurator Fiscal?

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1 A. At periodic intervals. There was, I'm sure -- if  
 2 I remember correctly, there was like a tick-box on it  
 3 that would say, "How often do you want to be kept  
 4 informed?", and it was things like -- more or less, "As  
 5 and when necessary" or "At three-month intervals" or  
 6 maybe "As something arises". But I have been kept, via  
 7 the solicitors as well and the COVID-19 bereavement  
 8 group -- I've been kept abreast of all that was going  
 9 on.  
 10 Q. Okay.  
 11 A. And then -- sorry -- I actually even had a member of the  
 12 Procurator Fiscal take my statement as well. I'd given  
 13 the statement -- I'm remembering right back -- in the  
 14 beginning of December. That was for Procurator --  
 15 sorry.  
 16 Q. It's all right. Don't worry.  
 17 Just on the question of impact, you tell us that you  
 18 were very close to your father and I think we've  
 19 gathered that from what you've said earlier. You say in  
 20 paragraph 45 that initially you were very angry about  
 21 the way he was shunted about in Hairmyres and then, as  
 22 you put it, dumped into a care home --  
 23 A. Yeah.  
 24 Q. -- and the lack of communication and that you had  
 25 absolutely no say in what happened to your father.

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1 A. No, none whatsoever.  
 2 Q. And I think you wrote to the care home manager, as you  
 3 put it, venting your anger?  
 4 A. Very much so.  
 5 Q. Have you had a response to that?  
 6 A. Never. Never even got an acknowledgement.  
 7 Q. I think you conclude at paragraph 48 by saying you're  
 8 very angry with the lack of communication.  
 9 A. A--ha.  
 10 Q. Again, is that directed principally at Hairmyres and at  
 11 the care home?  
 12 A. Yeah, both. The whole transitional period, from the day  
 13 when my dad took ill, which was the day of the fire, all  
 14 the way through until I was contacted probably by  
 15 Wishaw General -- Wishaw General, when I went in there  
 16 on the Wednesday night, they did keep in contact with me  
 17 and plus the fact, whenever I was talking to my dad on  
 18 the phone, I would say to him, "If there's a nurse near  
 19 you, ask the nurse if she can speak for a minute to save  
 20 me phoning". They were very nice and very hospitable  
 21 and they took their time with him. So the communication  
 22 was there. I knew what was happening from when my dad  
 23 went in. I knew how good he was doing, how bad he was  
 24 doing or how indifferent. But just there was no  
 25 transition of anything from going from Hairmyres into

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1 the home, from the home contacting me, who — they knew  
 2 I was next of kin, and they didn't even phone to say he  
 3 needs anything or he's here, he's there, or anything at  
 4 all. Nothing. Just there was zilch, which is why  
 5 I feel he was treated unfairly because my dad —  
 6 although my dad had his faculties, he could have been an  
 7 older person who maybe wasn't able to ask and articulate  
 8 the language and speak and ask for things for  
 9 themselves.  
 10 Q. You set out very briefly but very pointedly some lessons  
 11 to be learned in your view.  
 12 A. Absolutely.  
 13 Q. The first is:  
 14 "Be prepared, they could have been more prepared."  
 15 Who is the "they"?  
 16 A. Government, governing bodies, World Health Organisation,  
 17 all the people with their statistics. Things like PPE,  
 18 for example, there was the big stramash with that as  
 19 well. They kind of look in my mind like not — with —  
 20 given the fact that my father would have been  
 21 Joe Bloggs, if you like, saw what was coming. So we all  
 22 knew we were heading the one way. We all knew we were  
 23 going to end up locked down. We knew there were  
 24 shortages of PPE and things like that, and then this  
 25 whole ongoing thing of preparedness. There was no

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1 preparedness. So obviously it's come up a lot in these  
 2 COVID inquiries that I've followed, in England and in  
 3 Scotland as well. So a lot of things is there laid bare  
 4 and then there's obviously speculation of we should have  
 5 locked down in January, it should have been started in  
 6 January, early, when the first case came in, it should  
 7 have been ongoing from there. But people sat back to  
 8 not bother and they let big events happen, like rugby  
 9 events and all the rest of it. Maybe things should have  
 10 happened — those shouldn't have happened. Who is to  
 11 say? It happened and it happened and it's done.  
 12 Q. The second lesson you say is "Act on advice".  
 13 A. I think —  
 14 Q. Again, with your former nursing profession hat on, what  
 15 sort of advice are you envisaging?  
 16 A. Well, maybe if the — when the health officials were  
 17 telling the Government to take the advice and to  
 18 lock down at a particular time and to do whatever and to  
 19 close schools and to get people to work from home and do  
 20 this and do that, they were slow to react with some  
 21 things, so that was my slant on it. Not from a point of  
 22 view of having been a previous healthcare worker or  
 23 anything but from the point of view of myself and having  
 24 a family and having to protect an older relative through  
 25 lockdowns and all the rest. I mean, I had to go from

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1 being in my father's house every day to go for weeks on  
 2 end with chats, phoning and saying, "Right, Dad, I'm  
 3 outside. I've dropped your bags of shopping at the  
 4 door. I'm sorry I can't come in your kitchen and put  
 5 them in, you'll have to get up and go and get it  
 6 yourself", which half-killed him, but he did do that, as  
 7 we all did.  
 8 Q. Mr Deakins, that's really all I've got to ask you under  
 9 reference to your statement. I know it's been a bit of  
 10 an ordeal for you.  
 11 A. It's fine.  
 12 Q. Thank you very much for the evidence you've given to us.  
 13 Is there anything else that you'd like to tell us?  
 14 A. No. I think I've throughout our charts, when I think of  
 15 all you need to know.  
 16 MR GALE: Right. Well, thank you very much, Mr Deakins, for  
 17 your help.  
 18 A. Thank you very much.  
 19 THE CHAIR: Thank you, Mr Deakins.  
 20 A. Thank you.  
 21 THE CHAIR: Thank you for coming and giving your evidence  
 22 and you're obviously free to go now. Thank you.  
 23 A. Thank you very much.  
 24 MR GALE: Thank you, my Lord. The next witness is  
 25 Melanie Hunter, but if we could have a few minutes to

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1 get things in place.  
 2 THE CHAIR: It's just before half past so shall we say about  
 3 between 20 and quarter to 2?  
 4 MR GALE: That would be fine, my Lord. Thank you.  
 5 THE CHAIR: Thank you very much indeed.  
 6 (2.26 pm)  
 7 (A short break)  
 8 (2.45 pm)  
 9 THE CHAIR: Good afternoon, Mr Gale.  
 10 MR GALE: My Lord, good afternoon again.  
 11 The next witness and indeed the final witness today  
 12 is Melanie Hunter. She's present in the room with us  
 13 now.  
 14 MRS MELANIE HUNTER (called)  
 15 THE CHAIR: Good afternoon, Ms Hunter.  
 16 A. Good afternoon.  
 17 THE CHAIR: Now, Mr Gale, when you're ready.  
 18 Questions by MR GALE  
 19 MR GALE: Mrs Hunter, your full name is Melanie Hunter?  
 20 A. Yes.  
 21 Q. And your personal details and contact details are known  
 22 to the Inquiry?  
 23 A. Yes.  
 24 Q. Like all of the witnesses, you've provided the Inquiry  
 25 with a statement. The reference for that statement is

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1 SCI--WT0618--000002 this time.  
 2 You're here to tell us about the circumstances of  
 3 the death of your father, John Cowan.  
 4 A. Yes.  
 5 Q. There is a restriction order and while you can mention,  
 6 obviously, your father's name and your mother's name --  
 7 we'll come to that in a moment -- and also Ayr Hospital  
 8 where your father died, but can you avoid mentioning the  
 9 names of certain carers and also I think the name of  
 10 your daughter?  
 11 A. Okay.  
 12 Q. If you can just call her your daughter --  
 13 A. My daughter, yeah.  
 14 Q. -- that will be fine.  
 15 A. Okay.  
 16 Q. We know that your father sadly died on 8 November 2020.  
 17 A. He did.  
 18 Q. And from paragraph 24 of your statement, we know that he  
 19 was 83 when he died.  
 20 A. He'd just turned 83, yes.  
 21 Q. And he died in Ayr Hospital?  
 22 A. He did.  
 23 Q. He had tested positive for COVID. What was the cause of  
 24 death on his death certificate, do you remember?  
 25 A. COVID and pneumonia.

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1 Q. COVID and pneumonia?  
 2 A. Yeah.  
 3 Q. Now, inherent in all this is the relationship between  
 4 your father and mother, and it was, I think, because of  
 5 your father's wish to be with your mother in a care  
 6 home --  
 7 A. Yes.  
 8 Q. -- that he went to live with her there.  
 9 A. He did.  
 10 Q. Now, just so that everyone is aware, you've subsequently  
 11 lost your mother; is that right?  
 12 A. Yes.  
 13 Q. I don't want to -- and I appreciate it's very upsetting  
 14 for you, but I think we need just to establish that that  
 15 has regrettably happened.  
 16 A. Yes.  
 17 Q. Now, your father and mother, I think, had been -- up  
 18 until your father's death, had been married for some  
 19 60 years.  
 20 A. They had, yes.  
 21 Q. And between June 2002 and August 2020, they lived in  
 22 a flat in Ayr?  
 23 A. They did.  
 24 Q. I think they were very happy there?  
 25 A. Loved it.

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1 Q. Your mother had a number of health issues?  
 2 A. She did.  
 3 Q. And latterly those included COPD?  
 4 A. Yes.  
 5 Q. Were there any other issues she had?  
 6 A. She had an enlarged liver, dementia, early stages heart  
 7 failure, diabetic, insulin-dependent.  
 8 Q. Right.  
 9 A. She was very overweight when she went into the nursing  
 10 home. Yeah, true, her health wasn't great.  
 11 Q. We'll come to the circumstances of going into the  
 12 nursing home in a moment. Prior to the onset of the  
 13 pandemic in early 2020, you, I think, together with an  
 14 employed carer, looked after your parents.  
 15 A. I did.  
 16 Q. And did your father have any substantial health issues?  
 17 A. He was fit and healthy. He did have -- he had been  
 18 diagnosed with onset of dementia -- very, very early  
 19 dementia. You'd be talking to him, you wouldn't have  
 20 known. He did take an anticoagulant medication but it  
 21 was very well controlled. I took him to the hospital  
 22 every month. That was checked it was very well  
 23 controlled and apart from that he was fit and healthy,  
 24 had worked 7 days a week all his life. He was self  
 25 employed and was just a wonderful man.

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1 Q. In, I don't want to put a time limit on it, but in  
 2 perhaps the two or three years prior to the onset of the  
 3 pandemic how did your parents get on with day to day  
 4 life? Were they able to do things? Were they able to  
 5 go places?  
 6 A. Absolutely. Initially really they didn't need me every  
 7 day. I probably took over a wee bit to still look after  
 8 them because I loved them. They were very  
 9 independent -- very independent -- as that generation  
 10 most definitely are. They loved life. They went on day  
 11 trips. I sent them on a coach trip, their two selves.  
 12 They went away up north to Inverness. We took them on  
 13 holiday. I had them in Corfu. We went abroad. We went  
 14 to Spain. They enjoyed their retirement. They had  
 15 worked hard for it and they were just -- they were  
 16 absolutely loving life really. Mum's health wasn't  
 17 great, but it didn't stop her doing anything.  
 18 Q. Right. Okay. I think you were concerned, particularly  
 19 given your mother's COPD --  
 20 A. Yes.  
 21 Q. -- you were concerned when everybody became aware of the  
 22 news coming out of China and particularly what was  
 23 happening in Italy and Spain --  
 24 A. Yes.  
 25 Q. -- about the dangers of the coronavirus.

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1 A. Yes.  
 2 Q. And I think in fact your daughter — and again, please  
 3 don't name her — but your daughter caught COVID.  
 4 A. She did.  
 5 Q. So you were — at a very early stage —  
 6 A. Yes.  
 7 Q. — you saw the effects of somebody catching COVID?  
 8 A. She was very, very poorly. They had gave her — she was  
 9 in a hospital. She'd had seven nebulisers and they said  
 10 if she needed one more, she'd be going to intensive  
 11 care.  
 12 Q. Just as a matter of interest — and, again, I don't want  
 13 to pry — did your daughter have any pre-existing health  
 14 issues?  
 15 A. No.  
 16 Q. So this was a relatively young person with no  
 17 pre-existing health issues but who was very ill as  
 18 a consequence of COVID?  
 19 A. Yes, she's actually — she was an elite athlete so she  
 20 was very fit.  
 21 Q. You took a decision, I think, as you put it, that you  
 22 would lock your parents down?  
 23 A. I did, a week before the official lockdown.  
 24 Q. So what was your thinking about that?  
 25 A. I was very worried about my mum and I thought, "If Mum

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1 catches this, it's going to be really serious". I'd  
 2 seen what was happening in Italy, et cetera, and I just  
 3 made that decision. I just took that call for the sake  
 4 of my mum and dad. They didn't complain. They took it  
 5 and they were amazing with it.  
 6 Q. Yes. With your parents' health issues, were they in the  
 7 shielding category?  
 8 A. Yes, they were.  
 9 Q. They were. So with them in the shielding category and  
 10 you having taken the decision that you would effectively  
 11 lock them down —  
 12 A. Yes.  
 13 Q. — what were the arrangements for getting them food and  
 14 meals and — were they able to do that or did you assist  
 15 with that?  
 16 A. Well, I had obviously done all their shopping before.  
 17 I got meals — I paid for meals to get delivered to  
 18 their house the whole of lockdown, every day. They got  
 19 a cooked meal from hotels that were delivering,  
 20 restaurants that were delivering. I knew it was  
 21 healthy, it was good food and I knew they would eat it.  
 22 The carer was going in in the morning, making sure they  
 23 had their cereal and that, toast, whatever, porridge in  
 24 the morning and she would make a sandwich for them for  
 25 lunchtime. I would take their bread and their milk

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1 down. They would stay in one room. I would go in, put  
 2 their shopping away, leave with full PPE on.  
 3 I couldn't — I just kept them at a distance from  
 4 everybody.  
 5 Q. After the first period of lockdown had ended, you were  
 6 able, I think, to go out for lunch with your parents?  
 7 A. Yes.  
 8 Q. And this would have been perhaps the first time that  
 9 they'd been out for some considerable time?  
 10 A. Over 14 weeks.  
 11 Q. Right. And when you took them out, you observe in  
 12 paragraph 12 of your statement the effect that the  
 13 lockdown had had on them. Can you explain what it was?  
 14 A. It wasn't till I actually got them outside that  
 15 I realised — after I spent looking at them — they'd no  
 16 garden to go in. They had sat in a top-floor flat.  
 17 They'd no natural vitamin D. They did no exercise.  
 18 They were very tired. It had a real effect. I'd seen  
 19 my dad had aged quite a bit just in that short period of  
 20 time.  
 21 Q. Was the effect more on your mother or more on your  
 22 father or was it different effects on both of them?  
 23 A. More on my mother because my dad — my mum was sleeping  
 24 all the time. Trying to get her out of bed was so  
 25 difficult. She ended up in hospital with her diabetes

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1 as well.  
 2 Q. I think the decision was taken in July 2020 by your  
 3 mother's consultant that she needed 24-hour nursing  
 4 care.  
 5 A. Yes, that was the first time it had ever been brought  
 6 up.  
 7 Q. What was your — you mentioned earlier that your mother  
 8 had dementia. What was the level of her dementia at  
 9 that time, can you remember?  
 10 A. Oh, you know, you could sit and chat. You wouldn't have  
 11 known. It was very early stages.  
 12 Q. Very early stages. I think you also had a power of  
 13 attorney in respect of both of your parents.  
 14 A. I did.  
 15 Q. So what was your father's reaction to being told by your  
 16 mother's consultant that she needed 24-hour care?  
 17 A. Not great initially. He took it on the chin when he was  
 18 with the consultant, but when we got home he phoned his  
 19 lawyer to see if he could stop it from happening. Lucky  
 20 enough, the lawyer knew us all as a family and spoke to  
 21 me. I explained what had happened. He agreed that Mum  
 22 really did now need 24-hour nursing care and explained  
 23 that to my dad. So between the consultant, myself and  
 24 the lawyer, he accepted that that was the right choice  
 25 to make.

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1 Q. The right choice.  
 2 A. Yes.  
 3 Q. Very good.  
 4 You chose a care home for — a nursing home for your  
 5 mother and we'll come to that in a moment. It was  
 6 called "Windyhill"?  
 7 A. Windyhall.  
 8 Q. Windyhall, I'm sorry. At that stage and looking at it  
 9 from your perspective, how did you feel about your  
 10 mother having to go into a nursing home?  
 11 A. I thought they would be safe. I thought they would  
 12 be — it would just be like they were at home. They  
 13 would be locked away, they wouldn't — there would be  
 14 a nurse there to look after Mum. Dad worried a lot  
 15 about Mum. When I left, you know, he would phone the  
 16 house at least two or three times, you know — when  
 17 I wasn't there, he was always worried something would  
 18 happen to Mum. So I knew this would be a good thing for  
 19 Dad because Dad said, "If your mum is going into  
 20 a nursing home, then I'm going with her", although he  
 21 didn't have to. He chose to go in with her.  
 22 Q. Your mother went into the nursing home from hospital; is  
 23 that right?  
 24 A. Yeah, she did.  
 25 Q. That was on 25 August 2020?

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1 A. Yes.  
 2 Q. And I think your daughter was also involved in that; is  
 3 that right?  
 4 A. Yeah, my daughter had went and got her Papa and had  
 5 taken him for pancakes for his breakfast before we met  
 6 at Windyhall. We arranged to be there — I picked my  
 7 mum up at the hospital and brought her down and we met  
 8 there at 11 o'clock that morning and the two of them  
 9 went in together.  
 10 Q. So the arrangement was that both your mum and dad would  
 11 go into the care home, albeit that it was really only  
 12 your mum who needed —  
 13 A. Yes.  
 14 Q. — to be there; is that right?  
 15 A. Yes.  
 16 Q. They went in together on 25 August 2020?  
 17 A. They did.  
 18 Q. I think they had to isolate — sorry, self-isolate upon  
 19 admission.  
 20 A. Yes, I had to take my dad to get a COVID test before he  
 21 went in, my mum obviously had to get a COVID test, but  
 22 they had to self-isolate in their room for two weeks.  
 23 Q. Right. Your father, according to your statement, seemed  
 24 to, as you put it, embrace the place —  
 25 A. He certainly did.

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1 Q. And I think you did a lot to personalise the room in  
 2 which they were, a lot of their own furniture and so on.  
 3 A. Yeah, apart from the fitted wardrobes, everything had  
 4 been brought from their flat. They had a huge big room.  
 5 Q. And they had a double room, as it were?  
 6 A. Yeah, they had their own double bed, yes, and furniture,  
 7 et cetera, yes.  
 8 Q. Now, during that two-week period of isolation, how  
 9 were you able to communicate with your parents?  
 10 A. It was mainly through a window but they actually had  
 11 a patio door at the back of the building from their room  
 12 so they would allow me to go round the back of the  
 13 building. They would open the patio door and I would  
 14 stand about 10 metres away with a mask on, just to help  
 15 them settle in because it was — obviously they were  
 16 stuck in that room for — with no other visitors. But  
 17 that was once or twice. After that it was through  
 18 a window.  
 19 Q. And I think you used to take your dog for a walk past —  
 20 A. Yes.  
 21 Q. — so that you could wave to them; is that right?  
 22 A. Yes, I did.  
 23 Q. I think obviously, indicative of your relationship with  
 24 and affection for your parents, you say that this  
 25 process broke your heart, at paragraph 18, but you kept

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1 telling yourself it was to keep them safe.  
 2 A. Yes.  
 3 Q. Okay. Right. Your father I think had some concerns  
 4 about being in the care home and the financing of it.  
 5 A. Yes, my dad had always taken control of his own finances  
 6 and not being able to go to the bank every day to check  
 7 his balance was — that's true — kind of played on his  
 8 mind. I kept reassuring him that their bills were  
 9 getting paid, which they were, and they were absolutely  
 10 fine, but he was always a man that was in control, that  
 11 liked to be in control. He always took control of the  
 12 finances and not being able to see how — because I used  
 13 to get him wee print-outs of his balance and take it  
 14 down to him. Yeah.  
 15 Q. You were able to keep in touch with them through — as  
 16 well as walking by with your dog and able to have window  
 17 visits, you were able to keep in touch with them through  
 18 use of a mobile phone. I think you're very appreciative  
 19 of the staff in the care home for making that available  
 20 to you.  
 21 A. Yeah, it was through an iPad, but I used to always just  
 22 get the top of his head because he would never know  
 23 exactly where to hold it. But, yes, that made a huge  
 24 difference rather than just a phone call, yes.  
 25 Q. Now, can I take you to your father's birthday

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1 in October 2020? I think we know that that was his  
 2 83rd birthday. At that time the home was in strict  
 3 lockdown, I think.  
 4 A. Yes, it was.  
 5 Q. And you had a video call with your parents ---  
 6 A. Yes, I did.  
 7 Q. --- on that date. What did you notice during that call?  
 8 A. Dad was never one for lying in bed. He was always up  
 9 first thing in the morning. The staff had told me that  
 10 he had been in bed all day. They had brought --- I'd  
 11 handed in a birthday cake for him. They had brought the  
 12 cake through, he wasn't really interested, and he loved  
 13 getting fussed over on his birthday. He was just lying  
 14 in his bed. He just looked very tired.  
 15 Q. Right. As a consequence of that or possibly just as  
 16 a routine, I think your parents were then tested for  
 17 COVID.  
 18 A. They were.  
 19 Q. And one was positive, one was negative. Who was  
 20 positive?  
 21 A. My mum.  
 22 Q. Your mum. And was there talk of splitting them up and  
 23 putting one in a different room?  
 24 A. Yes, there was. The nursing home asked me if they  
 25 wanted me to move Dad out into another room. I chose to

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1 keep them together.  
 2 Q. Okay. And subsequently your father also tested  
 3 positive?  
 4 A. The following day, yes.  
 5 Q. A decision was taken then by the home that an ambulance  
 6 was to be called and one of your parents was to be taken  
 7 to hospital.  
 8 A. Yes.  
 9 Q. Who was that and what was the reason for that?  
 10 A. That was my dad. They said because he had a slight  
 11 temperature --- the GP obviously had refused to come out  
 12 and they said, "Just phone an ambulance. He needs to go  
 13 up to hospital".  
 14 Q. Okay. I think you were told by your daughter, whose  
 15 friend was the ambulance technician ---  
 16 A. Correct.  
 17 Q. --- during that transfer ---  
 18 A. Yes.  
 19 Q. --- that she was somewhat surprised because she knew your  
 20 father ---  
 21 A. Yes.  
 22 Q. --- about why he was being transferred.  
 23 A. Very shocked, yes. He was laughing and joking with her  
 24 and went, "Oh, you're my granddaughter's wee friend".  
 25 Yeah, he recognised her right away and was laughing and

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1 joking in the ambulance with her. She did think it was  
 2 a bit odd.  
 3 Q. The views, I think, that were taken as to why your  
 4 father was being admitted to hospital was that it was  
 5 precautionary?  
 6 A. Yes.  
 7 Q. Were you told that --- again don't give the name of  
 8 anybody, but were you told that that was --- it was as  
 9 a precaution?  
 10 A. Yes, that there was no real huge risk and he was just  
 11 going up there just to be kept an eye on.  
 12 Q. What was happening to your mother?  
 13 A. Mum was left in the nursing home.  
 14 Q. Right. Now things advanced, I'm afraid --- and I'm sure  
 15 you're afraid --- very quickly.  
 16 A. Yes.  
 17 Q. Three or four days later you were told that your father  
 18 was very unwell ---  
 19 A. Yes.  
 20 Q. --- and you also learn about a do not resuscitate  
 21 notice ---  
 22 A. I did.  
 23 Q. --- in relation to your father. You describe that at  
 24 paragraphs 29 to 32. What was your reaction to learning  
 25 that?

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1 A. Extremely angry. I found out through a staff nurse  
 2 that --- when they said that Dad had taken quite ill,  
 3 I had asked, "Will he go to intensive care?", and they  
 4 said, "No, a do not resuscitate had been signed".  
 5 Q. And had that been discussed with you?  
 6 A. No.  
 7 Q. You had a power of attorney?  
 8 A. I did.  
 9 Q. And it was not discussed with you?  
 10 A. No.  
 11 Q. I think you go on to talk about it later, but do you  
 12 know how it came about that that decision was taken?  
 13 A. My personal view was that they'd just seen a man, 83,  
 14 the address came from a nursing home and he was  
 15 disposable.  
 16 Q. Yes, okay. Do you know who took the decision?  
 17 A. The consultant.  
 18 Q. And did you discuss that --- discuss that with him ---  
 19 A. No, he wouldn't phone me.  
 20 Q. --- him or her?  
 21 A. It was a gentleman. No, he wouldn't phone me. He got  
 22 his senior house officer to phone me.  
 23 Q. And what were you told about it?  
 24 A. I was told that if he went into intensive care he  
 25 wouldn't survive.

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1 Q. Right. What was your view about that?  
 2 A. "How would you know that without trying?".  
 3 Q. Did you formally object to the fact that --  
 4 A. Yes, I did, but I was basically told it will get me  
 5 nowhere. It was signed, it was in his notes and that  
 6 was it.  
 7 Q. And it had been signed by the consultant?  
 8 A. Yes.  
 9 Q. Okay. Do you know if it was communicated to your  
 10 father?  
 11 A. No. No.  
 12 Q. It wasn't or you don't know?  
 13 A. I don't know, but I very much doubt it. My dad wouldn't  
 14 have -- not that he wouldn't have understood. The first  
 15 thing he would have said was, "You need to speak to my  
 16 daughter", because that's what my dad done.  
 17 Q. I think you summarise this at paragraph 33 and also at  
 18 paragraph 50 of your statement, and I think there's  
 19 a slight typo there. I think what you're saying is that  
 20 the view was taken that your father should be regarded  
 21 as being "dispensable" --  
 22 A. Yes, sorry.  
 23 Q. -- rather than "indispensable".  
 24 A. Sorry, yes.  
 25 Q. I think we all realise that --

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1 A. Yes.  
 2 Q. -- but just for correctness. So can you -- I appreciate  
 3 it may be difficult, but if you can just briefly  
 4 describe the next couple of days and perhaps I can  
 5 assist you. Taking it short, your father developed  
 6 symptoms of delerium?  
 7 A. He did.  
 8 Q. And he was taking his mask off, I think?  
 9 A. He was starting to refuse food and he was pulling at his  
 10 oxygen mask. He was kind of thrashing about in the bed,  
 11 they told me. I got the impression he was just becoming  
 12 a bit of hard work for them.  
 13 Q. Yes, you say that at paragraph 34. You also say that,  
 14 if you had been allowed in, you're sure that the outcome  
 15 would have been a lot different.  
 16 A. I've got absolutely no doubt about it.  
 17 Q. Explain that, please.  
 18 A. My dad was very much a family man, a huge family man.  
 19 If I had been allowed in and had been able to chat to  
 20 him and explain to him, he would have listened and done  
 21 it. I was a daddy's girl and he would have done  
 22 anything for me.  
 23 Q. Now, we're concentrating obviously on your father in  
 24 hospital. What was the position about your mother?  
 25 A. My mum had been admitted into the ward the day after my

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1 dad so I had both of them in with COVID at the same  
 2 time.  
 3 Q. Both in the same hospital?  
 4 A. Yes.  
 5 Q. And how was your mum?  
 6 A. Mum was quite stable. I was -- they weren't -- they  
 7 didn't seem overly concerned about Mum.  
 8 Q. Right. Now, subsequently I think a consultant contacted  
 9 you and asked you to come to the hospital.  
 10 A. Yes, he did. 10 o'clock in the morning on the Sunday  
 11 morning.  
 12 Q. And I think we don't need to be a genius to understand  
 13 the circumstances of that. You were shown to your  
 14 father's room --  
 15 A. Yes.  
 16 Q. -- and, again, I'll take you through it. Your father  
 17 was very thin, he was showing -- he was in a state of  
 18 delerium. Your mother was allowed in to see him,  
 19 I think; is that right?  
 20 A. Yes. They asked if I wanted my mum to be brought  
 21 through to see him, so they brought her through in  
 22 a wheelchair. I thought it was her husband of 60 years,  
 23 she should absolutely be allowed to see her husband. So  
 24 they brought my mum through for a short time to see my  
 25 dad, yes.

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1 Q. So your mother was allowed in. There's no easy way of  
 2 putting it. Obviously your father was dying.  
 3 A. Yes, he was.  
 4 Q. Was your mother aware of that?  
 5 A. Yes. Yes, she was.  
 6 Q. Your daughter -- and again please don't name her -- but  
 7 your daughter also came in. What was your daughter's  
 8 job?  
 9 A. She's a nurse.  
 10 Q. She was a nurse. Okay, because I think at some point  
 11 she does give an opinion on taking her granddaughter's  
 12 hat off and putting her nursing hat on.  
 13 A. Yes.  
 14 Q. We'll come to that in a moment. But I think her  
 15 presence in your father's room caused a problem.  
 16 A. It did. My sister had left, she was visibly very upset  
 17 and it was just me and my dad. This had got back to my  
 18 daughter and my husband, and my daughter had said that  
 19 she was coming up. So she came to the ward. They told  
 20 her that she couldn't get in and she said that, "My mum  
 21 is not going through this on her own and I'm coming in",  
 22 and the nurse agreed, and his exact words were,  
 23 "I totally agree with you. I would do the same". So  
 24 she was brought in. She came down to the room. I was  
 25 surprised but so relieved to see her, and then

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1 a different male nurse came into the room and walked in  
2 and rudely said, "You need to leave", and we were like,  
3 "What do you mean?"; "You need to get out of here.  
4 You're not supposed to be here". And she went, "I'm not  
5 leaving my mum", and he goes, "I'm going to phone  
6 security", while my dad was lying dying in his bed. We  
7 just went "Go and phone them", but they never appeared.  
8 Q. Discretion was the better part of valour, perhaps?  
9 A. Sorry?  
10 Q. Discretion was the better part of valour in that  
11 situation.  
12 A. Yes.  
13 Q. Thank you. You also mention that the nursing assistant  
14 who had been off for some days and had seen your father  
15 upon his admission to hospital —  
16 A. Yes.  
17 Q. — then saw your father in the very latter stages of his  
18 life.  
19 A. She did, she was night—shifts.  
20 Q. You talk about that at paragraph 42 and also on at  
21 paragraph 50. She couldn't believe, as I understand it,  
22 the deterioration in that period of time.  
23 A. Very shocked. I've never seen a nurse's assistant  
24 looking so shocked. She had said that before she went  
25 off, she had been laughing and joking with my dad. My

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1 dad always had funny wee sayings and he would say,  
2 "Right, come into my office", so when they came into his  
3 room to see him — and this is what we were — we had  
4 been talking about — she'd said to him, "Right, come  
5 into my office", and she was just standing in total  
6 disbelief and she couldn't believe what she was seeing.  
7 Q. Right. Against that background, you say at  
8 paragraph 42 — and you also say something similar at  
9 paragraph 50 of your statement — that you got the  
10 feeling that something wasn't right and that something  
11 didn't add up.  
12 A. Yes.  
13 Q. Can you explain that, please?  
14 A. From the nursing assistant's view and — there was —  
15 I suppose you could really just say it was a gut  
16 feeling — the looks I was also getting from a couple of  
17 other members of staff, they couldn't look me in the eye  
18 and it was very — a bit kind of stand—offish. Just  
19 something wasn't sitting well with me. Yeah, there was  
20 just something not right.  
21 Q. Now, I normally don't ask people, when I'm asking  
22 questions, for people to indulge in speculation —  
23 A. Yes.  
24 Q. — but I'm going to ask you.  
25 A. Okay.

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1 Q. What do you think wasn't right?  
2 A. I don't think they gave him what they said they had gave  
3 him.  
4 Q. In terms of what?  
5 A. They said that as soon as he had come to the hospital,  
6 he'd been put on the steroids. I ...  
7 Q. Right. Okay. Now, sadly your father died at 11 pm on  
8 8 November. Can you tell us what your daughter — and  
9 I mentioned — I asked you about your daughter's  
10 profession. Your daughter said something about her  
11 grandfather's death from the perspective of her position  
12 as a nurse. What was that?  
13 A. Her exact words were, putting her nursing hat on, "That  
14 was a horrific death".  
15 Q. Was your mother able to see your father before he died?  
16 A. Yes.  
17 Q. And your mother, I think, remained in hospital for about  
18 a month?  
19 A. She did.  
20 Q. And so, after that, did she go back to the care home?  
21 A. She did.  
22 Q. And I think you tell us that, four weeks later, she was  
23 able to have the first vaccine —  
24 A. She was.  
25 Q. — or her first vaccine.

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1 A. Yeah, she did.  
2 Q. And I think you make the point that your father was that  
3 close.  
4 A. So close.  
5 Q. Yes. Just a point you've made at paragraph 47 of your  
6 statement, you say that you found out that the  
7 Government was offering care nursing homes cash  
8 incentives to accept patients without a COVID test being  
9 carried out and you heard that they were offering  
10 £1,500 —  
11 A. Yes.  
12 Q. — to receive patients from hospitals.  
13 A. Yes.  
14 Q. Again, without naming anyone, can you tell us where you  
15 got that information from?  
16 A. The carer that looked after them at home.  
17 Q. Okay. And do you know where she got that information  
18 from?  
19 A. That I can't answer, no.  
20 Q. You don't know. Okay.  
21 Now, you do talk about your own feelings of guilt  
22 and I don't think anybody who has heard what you've gone  
23 through and what you've done would say that you have any  
24 reason to feel that, but you obviously felt it.  
25 A. I did.

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1 Q. Can you explain why you did feel it?  
 2 A. I had kept them safe right through the first lockdown in  
 3 their flat — can I have a minute, please?  
 4 Q. Yes, certainly, certainly. Take your time.  
 5 Are you okay to carry on? Okay, we're nearly  
 6 finished.  
 7 A. It's okay.  
 8 Q. Right. I don't want to —  
 9 A. Sorry.  
 10 Q. I don't want to exacerbate what you've just gone  
 11 through —  
 12 A. No, it's fine.  
 13 Q. — but one expression that you use at paragraph 49  
 14 rather struck me, that you, I suppose, chastise yourself  
 15 for not shouting louder than you did.  
 16 A. Yes, I wish I had. I wish I had questioned more.  
 17 I wish I hadn't just accepted doctors' decisions. But  
 18 not actually being able to see them in person whilst  
 19 they were in hospital had a massive impact on myself and  
 20 I very much believe on them also.  
 21 Q. Your account of your bereavement and your father's  
 22 funeral is similar to many others that we've heard and  
 23 I don't want to take you through going through that, but  
 24 again the numbers at the funeral were limited.  
 25 A. 20.

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1 Q. And your father was well known and I think there was —  
 2 as you've said, there were — over 800 people left their  
 3 condolences —  
 4 A. Yes.  
 5 Q. — but there were only 19 people who could be at his  
 6 funeral.  
 7 A. The last place was left for my mum.  
 8 Q. But your mother wasn't able to be there?  
 9 A. Yes.  
 10 Q. Just a couple of other things, Mrs Hunter. At  
 11 paragraph 58 of your statement, you expressed the view  
 12 that the staff in the care home were, as you put it,  
 13 hung out to dry.  
 14 A. Yes, I think they were.  
 15 Q. Can you explain that, please?  
 16 A. Once the care home opened back up — obviously I hadn't  
 17 really got to know the staff when they initially moved  
 18 in, and when it opened back up and you get chatting to  
 19 them and you're finding out everything they went  
 20 through, they'd been told that they weren't to spend any  
 21 time in rooms with people that were dying. They were  
 22 in, out, so they were just to be basically left to die  
 23 on their own. They weren't allowed to sit with them.  
 24 Q. I think you describe it as a "'get in get out' approach  
 25 from the government".

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1 A. Yes, that's what they had been told, yes.  
 2 Q. And I think you indicate that, to your knowledge, many  
 3 staff after COVID chose other career paths.  
 4 A. They did.  
 5 Q. I think you subsequently found or obtained some  
 6 information as to how [broken audio] COVID got into the  
 7 care home.  
 8 A. I do, yes.  
 9 Q. And how is that?  
 10 A. It had come from a husband and wife carers, who had  
 11 children at school and the schools were still on.  
 12 Q. Okay. You also I think questioned [broken audio] who it  
 13 was [broken audio] transfer your mother and father into  
 14 hospital.  
 15 A. [broken audio] wasn't told who it was. I just [broken  
 16 audio] the nursing home, but I did find out later that  
 17 the GP was just sent [broken audio] that was it.  
 18 Q. Now, you make a fairly [broken audio] and perhaps  
 19 sweeping statement at paragraph 61. You say that you  
 20 feel [broken audio] died due to incompetence and  
 21 negligence.  
 22 A. Yes.  
 23 Q. Again, is there any individual, without naming anybody,  
 24 who you feel [broken audio] having been incompetent and  
 25 negligent?

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1 A. [Broken audio] I love the NHS but sadly I feel let down  
 2 [broken audio] and the staff at the hospital who were  
 3 working under [broken audio]. I truly believe they had  
 4 saw my dad's address, a man of 83 in a care home, and  
 5 that was it. They were — he was [broken audio].  
 6 Q. Now, you did write to the then First Minister —  
 7 A. I did.  
 8 Q. — after your dad died. What did you say to her?  
 9 A. "Close the borders".  
 10 Q. Right. And that would have been in [broken audio] 2020?  
 11 A. Yes.  
 12 Q. And you got a reply from a member of her staff, I think?  
 13 A. Yes.  
 14 Q. And as you put it, it was a standard reply, saying,  
 15 "sorry for your loss" —  
 16 A. Yes.  
 17 Q. — but it wasn't anything more than that?  
 18 A. That was it.  
 19 Q. Okay. Right. Now, Mrs Hunter, is there anything else  
 20 you'd like to tell us, having provided your statement  
 21 and having given evidence today?  
 22 A. My dad was a wonderful man, totally committed to his  
 23 family all his life. I know we're going to lose our  
 24 parents, I've just recently lost my mum, that's part of  
 25 life, but we should never lose a parent under

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1 circumstances like that. I should never have been told  
 2 I couldn't go and visit my dad in hospital. I should  
 3 have been able to be there by his side and I have got  
 4 absolutely no doubt, if I had been by his side, he would  
 5 have pulled through. He loved his family. He would  
 6 have done anything for us. He deserved better. He had  
 7 worked hard all his life, he had served his national  
 8 service and has been so let down, as we all have been,  
 9 and sadly I don't think things have got much better  
 10 since, especially with my mum's recent passing.  
 11 Things have to change. We're going to be talking --  
 12 our kids are going to learn about this in 50 years' time  
 13 in history. They're going to be talking about the  
 14 pandemic of 2020. We've also got to be able to teach  
 15 them how it never happened again, and this could happen  
 16 again. We've got to be prepared. Our children learn  
 17 about the wars and everything. This was a major  
 18 disaster in this country. But we've also got to be able  
 19 to explain to the children what changes were made to  
 20 make sure this didn't happen again. But when you listen  
 21 to everything that's going on now, nobody's learned  
 22 anything. There's been -- it's just all spin and  
 23 waffle. Nobody has learned anything, and that's why  
 24 this Inquiry is so important. They have got to listen  
 25 to us because we're the ones that have suffered the

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1 most, and I will never get over my dad's death --  
 2 never -- and losing him like that. I should never -- my  
 3 dad --  
 4 Q. I think you've made that very clear.  
 5 A. He fought for so long in that bed. He fought for  
 6 12 hours. He thrashed about. I begged them to give him  
 7 something and they wouldn't.  
 8 Q. Well, Mrs Hunter, using your own words, what you've told  
 9 us I don't think in any way could be described as "spin  
 10 and waffle", so thank you very much.  
 11 A. Thank you.  
 12 MR GALE: Thank you, my Lord.  
 13 THE CHAIR: Yes. Thank you as well, Mrs Hunter. I'm very  
 14 grateful for you attending today and giving your  
 15 evidence. That brings the proceedings for today to an  
 16 end and we will commence again tomorrow morning at 9.45.  
 17 MR GALE: Yes.  
 18 THE CHAIR: Thank you, all.  
 19 (3.35 pm)  
 20 (The hearing adjourned until  
 21 Wednesday, 13 March 2024 at 9.45 am)  
 22  
 23  
 24  
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