

OPUS2

Scottish Covid-19 Inquiry

Day 38

April 24, 2024

Opus 2 - Official Court Reporters

Phone: 020 4518 8448

Email: transcripts@opus2.com

Website: <https://www.opus2.com>

1 Wednesday, 24 April 2024
 2 (9.30 am)
 3 (Proceedings delayed)
 4 (9.36 am)
 5 THE CHAIR: Good morning, Mr Gale.
 6 MR GALE: Good morning, my Lord.
 7 My Lord, the first witness today is
 8 Mrs Esther O’Hara.
 9 MRS ESTHER O’HARA (called)
 10 THE CHAIR: Good morning, Mrs O’Hara.
 11 A. Good morning.
 12 THE CHAIR: When you’re ready, Mr Gale.
 13 MR GALE: Thank you, my Lord.
 14 Questions by MR GALE
 15 MR GALE: Mrs O’Hara, your full name, please?
 16 A. My full name is Esther Marie O’Hara.
 17 Q. Your details are known to the Inquiry, your contact
 18 address as well. You’ve provided the Inquiry with
 19 a detailed statement of your evidence. The reference to
 20 that is SCI-WT0381-000001 [sic]. As I understand it,
 21 you are agreeable that that statement be published —
 22 A. Yes.
 23 Q. — and that the evidence that you give today in
 24 amplification of that statement will be broadcast and
 25 recorded?

1

1 A. Yes.
 2 Q. Thank you. Now, you are a clinical specialist speech
 3 and language therapist —
 4 A. I am.
 5 Q. — with Greater Glasgow and Clyde Health Board?
 6 A. That’s correct.
 7 Q. And you have a specialist field within that discipline,
 8 and that is the treatment of cancers of the head and
 9 neck?
 10 A. Yes.
 11 Q. You’re presently on secondment to Unite the Union?
 12 A. That’s correct, I am.
 13 Q. And during the pandemic you were the convenor for Unite
 14 within the Greater Glasgow and Clyde Health Board
 15 branch?
 16 A. I was.
 17 Q. Can you just explain briefly what that involved?
 18 A. The convenor is a role that is an elected role, so the
 19 workplace and other representatives of Unite the Union
 20 within a particular branch have the entitlement to elect
 21 a convenor. That convenor must be a rep themselves and
 22 the convenor’s duty really is we’re responsible for the
 23 reps but also to the reps, so we’re responsible for
 24 ensuring that the reps are properly trained, that we
 25 support them properly. My role involved giving them

2

1 support with difficult cases, giving them advice,
 2 signposting them, et cetera. And because the convenor
 3 tends to be one of the more experienced reps, the
 4 convenor will also pick up some of the more difficult
 5 and challenging cases.
 6 Q. Thank you. You provide us with a note of your personal
 7 background at paragraph 8 of your statement and we can
 8 see that you’ve been in the speech therapist profession
 9 for 38 years.
 10 A. I have. 39 years come December.
 11 Q. You provide us with an overview of Unite and its
 12 activities and we can read that and probably many of us
 13 are familiar with it anyway.
 14 A. Yes.
 15 Q. We note from paragraph 13 that the Greater Glasgow and
 16 Clyde Health Board — I’ll just call it the “health
 17 board” for shortness in future — has some 40,000 staff.
 18 A. Just short of 40,000, yes, that’s correct.
 19 Q. I think you’ve said that between 2,500 and 3,000 of
 20 those are Unite members.
 21 A. Yes, nearer 3,000. I checked quite recently.
 22 Q. Perhaps you’ve touched on this a little bit. What was
 23 the convenor’s role during the pandemic?
 24 A. The convenor was, I guess, if you like, the main
 25 co-ordinating person. So within Greater Glasgow and

3

1 Clyde we have a number — approximately 60 — of
 2 staff-side representatives. Most of those are workplace
 3 representatives, but we also have health and safety
 4 representatives, equality reps and so on. So the
 5 convenor is the person through whom any cases that are
 6 brought into the Unite office in Glasgow are distributed
 7 out and allocated. And during the pandemic we had a big
 8 upsurge in phone calls and contacts made with people
 9 looking for advice about various situations that had
 10 arisen. Those — unless members came directly to a rep
 11 that they knew, those would generally come through me
 12 and I would then allocate those to the appropriate
 13 person to pick them up and deal with them. And,
 14 obviously, if it was something that was within my own
 15 constituency of speech and language therapy, then it
 16 would be myself that would pick up. But there are
 17 a number of other workplace representatives in speech
 18 and language therapy that I could delegate things out to
 19 if required.
 20 Q. You have provided us with a note of the pre- and
 21 post-pandemic situation as regards Unite in
 22 paragraphs 16 to 18 of your statement. You say in
 23 paragraph 18 that the convenor’s role was very busy
 24 pre-COVID and still is now.
 25 A. Yes.

4

1 Q. That rather begs the question that during COVID I take
 2 it there was a considerable increase in your activity?
 3 A. Absolutely. As convenor I was given what's called
 4 "facilities time", so I had four days of facilities time
 5 to carry out that role and another day to maintain my
 6 clinical role. However, I think it's fair to say that
 7 even pre-pandemic it really is a full-time job and then
 8 a bit more and during the pandemic the upsurge in
 9 workload and issues that had to be picked up,
 10 distributed, dealt with, advice given, et cetera, really
 11 increased quite considerably. To kind of put that in
 12 context -- and I have mentioned it in my statement --
 13 I keep my own record of any additional time that I work
 14 and pre-pandemic that was sitting at, I believe, 99 and
 15 a half hours that I had worked over and above what I was
 16 contracted to work for staff side. I had a separate one
 17 for clinical work. At the end of the pandemic, that was
 18 sitting at 270 hours, so in the course of the pandemic
 19 that increased several times over.
 20 Q. We've got that at paragraph 24.
 21 THE CHAIR: Can we be a bit more precise about that? "In
 22 the course of the pandemic" is possibly a controversial
 23 or contentious tag. The extra 273 hours would be over,
 24 what, two years, three years?
 25 A. Well, I measured that time -- from the start of the

5

1 pandemic I measured as being March of 2019 and I drew
 2 the line under it --
 3 THE CHAIR: March 2019? 2020, I suspect.
 4 A. 2020. Sorry, yes. You're quite right, 2020.
 5 THE CHAIR: That's all right.
 6 A. And I kind of -- the point at which I measured the 270
 7 was at the end of June of 2023.
 8 THE CHAIR: That's fine. That's good. Thank you very much
 9 indeed.
 10 MR GALE: Just looking at paragraph 18 of your statement,
 11 the last sentence, you say:
 12 "I would summarise and say there is more work now
 13 than there was before, but the balance of the work is
 14 slightly different."
 15 A. Yes.
 16 Q. Can you give us a little context of that, please?
 17 A. Of course. So when I say that "there is more work now
 18 than there was before", "before" is referring to
 19 pre-pandemic because obviously things overtook us in
 20 that approximately two/three-year interval. There is
 21 more work now than before because there's a lot of
 22 catch-up work. So during the pandemic, from the staff
 23 side trade union perspective, a lot of ongoing work was
 24 parked because in the scheme of things it wasn't as
 25 important. So, for example, service restructures,

6

1 initiatives the board was trying to take forward,
 2 partnership policy reviews, development of various
 3 groups to take forward pieces of work, all of that was
 4 deprioritised.
 5 On emerging from the pandemic there has been,
 6 particularly in the early stages -- "a tidal wave" I've
 7 described it as -- and I would say it was a tidal wave
 8 and still -- it's maybe not quite such a high tidal
 9 wave, but there was a sudden drive to start picking up
 10 all of these things at once, things that had just been
 11 sitting and hadn't been concluded. There were also
 12 workplace and HR processes that had been parked, so
 13 perhaps, for example, disciplinaries, grievances, all of
 14 that kind of stuff had been sidelined because there were
 15 priorities for management, HR and the unions because of
 16 the pandemic that meant that those were of lesser
 17 importance. But all of these things have timescales to
 18 them and the timescales had been well exceeded and so
 19 there was a push to start picking up a lot of this kind
 20 of work and we still haven't caught up with all of it so
 21 that that pressure is still there.
 22 Q. Thank you. Paragraphs 19 and following you deal with
 23 a subject that we are becoming very familiar with, and
 24 that's guidance. I suppose you operated, if I can put
 25 it this way, as a pivot between guidance coming from

7

1 others such as the Scottish Government down to the
 2 management of the health board --
 3 A. Hmm--hmm.
 4 Q. -- and then getting that guidance out, interpreted and
 5 to your members?
 6 A. Yes.
 7 Q. You have told us quite a lot about that situation.
 8 During the pandemic, if you can summarise it, what were
 9 the principal issues that arose, so far as you were
 10 concerned, in the receipt and issuing of guidance?
 11 A. I would say probably the principal challenge -- there
 12 were several challenges, but the principal challenge was
 13 the flow-through of that information in terms of the
 14 number of guidances that were coming through. They were
 15 changing sometimes daily, sometimes twice and
 16 occasionally even three times in a day. Our members
 17 were finding that very, very difficult to keep up with
 18 and to apply to their practice because what they read in
 19 the morning might not have been what the guidance was in
 20 the afternoon or what they read on Monday wasn't the
 21 guidance that was in place by Thursday. So people were
 22 finding that very difficult and they were frequently
 23 coming to the trade unions and asking, "What
 24 am I supposed to do in X situation? What is the current
 25 guidance?". So we found that quite challenging because

8

1 of course we were faced with the same fast flow—through
 2 of information.
 3 I would say some of the other issues really were
 4 around things like some of the guidance that was coming
 5 through that seemed to those of us — and I'm now
 6 speaking from a clinical perspective — that seemed to
 7 be ill—informed or based on a poor understanding of
 8 tasks that were taking place at the coalface. You know,
 9 I do have some examples of that from all in clinical
 10 practice. So, as trade unionists, we tended to be the
 11 people who would challenge at local level and through
 12 our regional officer up to Scottish Government level
 13 where we felt that guidance that was coming through was
 14 not really addressing some of the issues.
 15 Q. Was the problem that you're identifying that the
 16 guidance was put in terms that were general but then
 17 having to be applied to specific situations and specific
 18 professions?
 19 A. Yes, I would say that guidances that came through
 20 appeared to be written in a one—size—fits—all style and
 21 that was not necessarily the case or the experience of
 22 people at the NHS coalface, as it were.
 23 Q. You make the point at paragraph 87 of your statement in
 24 the hopes for the Inquiry — the point about
 25 communication. I think this is reflective of the

9

1 concerns that you had about guidance. Perhaps you would
 2 just — could you just read out what paragraph 87 says,
 3 please?
 4 A. Sure. Paragraph 87 says:
 5 "I would encourage robust and effective
 6 communication. Whilst I appreciate things change, and
 7 there may be a need to revise what's been issued,
 8 I would beg the powers that be not to be sending out
 9 three updates in one day. [This] leads to confusion.
 10 Make it clear who the information is for and what it
 11 means for people."
 12 Q. You put it in quite strong terms, "I would beg".
 13 A. Yes.
 14 Q. I take it that that's reflective of a very strong
 15 feeling on your part that that's something that should
 16 be done?
 17 A. Yes, very much so. It was very frustrating, as someone
 18 trying to give advice to members that was the best
 19 advice I could give them, to have that advice being
 20 constantly revised and sometimes finding myself
 21 wondering if the advice I was giving was the most recent
 22 advice, whether perhaps I had missed a memo because
 23 I was doing a clinical job as well as my trade union
 24 role and was very busy and often didn't have time to
 25 check and see what the latest core brief was that

10

1 morning or that afternoon, so it was a challenge for me
 2 too.
 3 Q. At paragraph 22 of your statement you say that:
 4 "As a sector, we were not consulted before any new
 5 guidelines were released."
 6 I take it as a sector you're talking about as
 7 a union?
 8 A. Yes. Health is a sector within Unite. It's one of
 9 20 sectors.
 10 Q. Was that any different from the situation that existed
 11 pre—pandemic? If guidelines were being issued,
 12 would you be given an opportunity to be consulted and
 13 make representations?
 14 A. I would say that probably was an "it depended"
 15 situation. Lots of guidance comes down from
 16 Scottish Government and, although people at my level, at
 17 local level, might not have had sight of that, we would
 18 anticipate that our regional officer, for example,
 19 would, through the connections that he has and the
 20 meetings that he has at Scottish Government — that he
 21 would be able to input and try and, if you like, mould
 22 the guidance that's coming out. And what I would say is
 23 that our particular regional officer is very
 24 communicative, very hands—on, so he would certainly be
 25 communicating with people like myself as convener and

11

1 our senior reps team if there was something that he was
 2 aware of that he felt he wanted a local view on.
 3 And we also, within Unite, have a Regional
 4 Industrial Sector Committee for Health, and that's the
 5 decision—making body within Scotland for Unite about
 6 what our position is on various things. So I would
 7 anticipate, through the interventions and offices of
 8 a regional officer, that that committee would be
 9 involved in the discussions about any key pieces coming
 10 through.
 11 At local level, within the health board, I, as
 12 convener at the time, sat on what's called the
 13 "Area Partnership Forum", and that is — as the label
 14 says, it's a group consisting of board members,
 15 management, HR and the various trade unions who are
 16 represented within Greater Glasgow and Clyde Health
 17 Board, and local policies and decisions would come
 18 through that group and staff side would have input at
 19 that level.
 20 THE CHAIR: I suspect the question that I'm going to put to
 21 you might — and I apologise in advance if it does —
 22 might step on toes of things that Mr Gale is going to
 23 ask you later on in your examination, but it seems an
 24 appropriate time to ask it, so with that apology.
 25 I suspect, Mrs O'Hara, that you would probably agree —

12

1 I think most people would agree — with the proposition
 2 that, in a critical situation of an emergency such as
 3 a pandemic, situations which require guidelines may
 4 change more quickly, well they will change more quickly,
 5 than they would in normal routine times.
 6 A. Yes. Yes, I think that's fair to say. And while it was
 7 challenging, I think we all recognised why it was
 8 happening. The scenarios were changing very quickly,
 9 new information was coming out very quickly and I fully
 10 understand that the guidances that were coming out were
 11 coming out for a reason. But the reality of that was
 12 that it became very challenging for people on the
 13 ground, staff trying to deliver care, to keep up with
 14 what the latest guidance was. And I think it's fair to
 15 say that staff were concerned about potential
 16 implications if the practice they implemented was not in
 17 line with the most recent guidance and there was
 18 a mishap or an infection or whatever. People were
 19 worried about being held responsible for that, if they
 20 had acted on the guidance that was two days old, that
 21 was the most recent one they were aware of because for
 22 whatever reason they hadn't seen the most recent one.
 23 THE CHAIR: Rest assured I appreciate that and we've already
 24 heard evidence about that. You're anticipating the
 25 wrong light in my question. The question that I was

13

1 going to ask proceeds that, if there had been — and I'm
 2 assuming at the moment that there may have been defects
 3 in the pandemic planning so I'm putting that assumption
 4 into it — but if there had been more — I'm not sure
 5 exactly how to characterise it — more comprehensive,
 6 more efficient pandemic — "more comprehensive" is
 7 probably the better word — pandemic planning, then it
 8 may have been that some of the issues which resulted in
 9 rapid and frequent changes in guidelines might have been
 10 covered by more comprehensive and full guidelines had
 11 they been prepared better in advance. Would you agree
 12 with that proposition?
 13 A. Yes. Yes, I would. My impression was that,
 14 particularly early in the pandemic, there was a lot of
 15 knee-jerk—reaction—type information coming out, and
 16 I can recall a couple of instances where there almost
 17 seemed to be a slight backtrack. We had a guidance,
 18 then we had a different guidance and then we would, at
 19 a point down the line, go back to what the earliest
 20 guidance had been — well, not the earliest but earlier
 21 guidance. So there was a lot of shifting, but I do
 22 understand why that was happening.
 23 THE CHAIR: Thank you. I'm sorry if I stepped on your toes,
 24 Mr Gale.
 25 MR GALE: No, no, my Lord. I'm very grateful.

14

1 Just on that, Mrs O'Hara, you do tell us at
 2 paragraph 22 that the union that you were part of you
 3 say "were very vocal if new guidance was released and we
 4 did not agree with it".
 5 A. Yes.
 6 Q. You were able, as it were, to advocate your position
 7 fairly quickly, as I understand it from what you're
 8 saying.
 9 A. Yes.
 10 Q. As a consequence of that, did that on occasion lead to
 11 revision of the guidance?
 12 A. In some cases, yes, ultimately. I would say that that
 13 wasn't a quick process necessarily. There were
 14 occasions where we had concerns about particular issues
 15 and raised those either through the risk — through our
 16 regional officer to Scottish Government or at local
 17 level to the Area Partnership Forum, and we did have —
 18 we did manage to effect changes of direction, but it
 19 sometimes took more time than would have been ideal.
 20 Q. Can I put this question in rather a general way rather
 21 than looking at a specific example? Did you come across
 22 instances where the guidance clearly proceeded upon
 23 a misapprehension or a misunderstanding of the
 24 circumstances of a particular profession to which it had
 25 the potential to apply?

15

1 A. Absolutely I can. As a speech and language therapist —
 2 and I'm speaking from a clinical perspective now —
 3 a lot of the work that we do is around people who have
 4 swallowing problems, for various reasons, certainly in
 5 my own clinical field. That's very much the case. In
 6 assessing these patients, you're in very close proximity
 7 to them and often the first symptom that someone has
 8 a swallowing problem is that they cough when they eat
 9 and drink. In assessing them to see what's going on
 10 with their swallowing, to try and work out at what stage
 11 in the swallow process things are breaking down and
 12 whether there are manoeuvres or things that we can try
 13 to try and minimise the risk of chest infection and
 14 ultimately pneumonia, you have to test the patient and
 15 introduce food stuffs and fluids, and if the patient has
 16 a swallowing problem, they are going to cough and
 17 they're going to cough quite close to you.
 18 In my own clinical practice, I deal with head and
 19 neck cancer patients, many of whom breathe through
 20 a permanent stoma in their neck. They don't breathe
 21 through their mouths anymore. And in order to be able
 22 to voice — and without going into a long-winded
 23 explanation of the anatomy and how the valve that we use
 24 functions — speech and language therapists will insert
 25 or change a prosthetic valve that sits in the back wall

16

1 of the trachea and in order to do that you're literally
 2 less than 6 inches away from the patient.
 3 You are introducing pieces of kit and using forceps,
 4 et cetera, that inevitably cause the patient to cough
 5 and sometimes to cough very, very profusely and you are
 6 in very close proximity. I have previously, prior to
 7 the pandemic, had instances where that coughing was so
 8 profuse that I had to go and change my uniform and try
 9 and wash my hair because there was blood and sputum,
 10 et cetera, despite any PPE that I might have had on.
 11 So our view as a profession and our professional
 12 body were very clear that this was a high-risk procedure
 13 and that swallowing assessments in general were risky
 14 because patients were going to cough and that these were
 15 aerosol-generating procedures. And the guidance from
 16 Health Protection Scotland, originating in
 17 Health Protection England and coming down through
 18 Government and through all the various levels to get to
 19 people at my level doing the job, was that this was not
 20 an aerosol-generating procedure and that we did not
 21 require full PPE in order to carry out swallow
 22 assessments or even the valve-change procedure that I'm
 23 speaking about.
 24 As a trade unionist, I was very concerned about
 25 that. As a clinician, I was concerned about myself and

17

1 the team that I have responsibility for. I have to say
 2 that local management within my own department were
 3 enormously supportive of us and took the position --- and
 4 it was the correct position in my view --- that these
 5 procedures, particularly the valve-changing procedure,
 6 was not to be carried out unless we were wearing FFP3
 7 masks and all the appropriate kit. So that was
 8 double-gloved with a plastic apron on, with a visor as
 9 well as the mask. So that was a very sensible decision,
 10 but it flew in the face and was in direct conflict with
 11 the guidance that was coming officially to the health
 12 boards that this was not an aerosol-generating
 13 procedure.
 14 The only caveat around that was that we were told
 15 that, if we were using suction, which we do occasionally
 16 use for valve changing, that would be deemed to be
 17 aerosol-generating, and this was in a context of staff
 18 sitting at home watching computer graphics on the news
 19 about how the pathogen could spread if someone coughed
 20 in the supermarket, and we had people coughing right
 21 next to us, and, in the case of valve change, literally
 22 4 to 6 inches away from your face.
 23 Q. This is an area that you give us specific information
 24 about which reflects what you've just told us. It
 25 begins at paragraph 56 of your statement ---

18

1 A. Yes.
 2 Q. --- and goes on to paragraph 66. As I read what you say
 3 there, there was an obvious, from your perspective,
 4 disconnect between what should have been known and which
 5 was apparent to the experts in the field, such as
 6 yourself, and the more general guidance that was being
 7 given, emanating, I think as you've said, from ---
 8 I think some of it from the Chief Medical Officer.
 9 A. Yes.
 10 Q. Do you feel, looking back, that even at the outset of
 11 the pandemic, that this should have been something that
 12 was realised and realised specific to your profession?
 13 A. Yes, I would say so. I would draw the comparison with,
 14 for example, dentistry, where, you know, they were ---
 15 the guidance for them was very much that the work that
 16 they were carrying out was aerosol-generating, and
 17 I would say, in those contexts and particularly around
 18 valve change, where the proximity is so close and the
 19 coughing is so frequent and so violent sometimes, that
 20 the risks were not dissimilar, but the decision about
 21 what was and wasn't an aerosol-generating procedure were
 22 not similar.
 23 Q. I think you describe the coughing as on occasions
 24 "explosive".
 25 A. Yes.

19

1 Q. Right. Well, thank you for giving us that detailed
 2 explanation. That's I think very helpful.
 3 Can I move on to talk about PPE? You indicate at
 4 paragraph 32 that one of the key and initial challenges
 5 of the pandemic was the provision of PPE, what was
 6 available, where it was located, what its quality was.
 7 You go on to say --- and this is obviously in general
 8 terms but obviously informed by specifics, I assume ---
 9 that, "There were less than ideal decisions ... made by
 10 management in prioritising who got it and who did not".
 11 Then you offer your own personal opinion ---
 12 A. Yes.
 13 Q. --- which is that:
 14 " ... those in lower paid and apparently lower-valued
 15 positions were less appreciated in this regard and were
 16 not prioritised for PPE (for example, porters and
 17 domestic staff). Porters were not seen as 'front-line'
 18 staff. [And in your opinion] This was foolhardy, unfair
 19 and wrong."
 20 A. Yes.
 21 Q. Now, that's obviously quite a trenchant criticism.
 22 A. Yes.
 23 Q. Can you just give us a little context to it?
 24 A. Of course. Within my team of senior reps, one of our
 25 senior reps is in fact a porter, and he, on several

20

1 occasions, was in touch with me because the portering
 2 departments across the various hospitals were having
 3 significant challenges in being issued with PPE,
 4 particularly early/mid-stage in the pandemic. He was
 5 able to give me a personal example. So in one of our
 6 older hospitals there are various buildings and it
 7 connected by a very long corridor, and patients were
 8 coming into accident and emergency in one building,
 9 being examined, deemed to require hospital admission.
 10 Where COVID was suspected or known, these patients were
 11 then put on a trolley and had to be pushed by the
 12 porters from one building to another. The connecting
 13 corridor is quite a long corridor so it would take them
 14 quite some time to do that. And the porters were
 15 refused masks because they were told that, if
 16 a suspected COVID or COVID-positive patient that they
 17 were transporting coughed, the patient was facing away
 18 from them and so they were at low risk.
 19 Now, if you think about the logistics of that, if
 20 the patient is facing forward and the porter is behind
 21 and the patient is pushing forward and the patient
 22 coughs, the porter is going to walk right into the air
 23 into which a COVID-positive or suspected COVID-positive
 24 patient has coughed.
 25 I do believe that the decisions that were being made

21

1 at that time were being influenced by the fact that
 2 appropriate PPE was in short supply and I think
 3 essentially decisions were being taken about, "If we
 4 only have a limited number of masks available, who is in
 5 most need of those?", and, as I say, I think it was
 6 a very foolhardy decision. We did have a porter ---
 7 a porter that I knew well. I had represented him --- who
 8 contracted COVID --- his wife is adamant --- he was a very
 9 well-known, very likeable, very hard-working man who
 10 volunteered for extra shifts during the pandemic --- and
 11 his wife's take on that was that he was never away from
 12 the hospital. He contracted COVID and died, and that
 13 was in the period when these kind of decisions were
 14 being made that certain groups of workers --- and, in my
 15 personal opinion and looking at what I was being told as
 16 convenor, as the point of contact for all the people who
 17 had concerns, I think those decisions were being made
 18 along the lines of relative value of the staff role and,
 19 you know, "If we don't have enough of them, we're going
 20 to give them to that group but we're not going to give
 21 them to that group".
 22 Q. I think this is --- first of all, the example you gave or
 23 you've given about the porter who sadly died is
 24 something you tell us a little more detail about, and
 25 I don't want you to go beyond what you've told us just

22

1 in case he can be identified, so we'll leave it at what
 2 you've said, but we can find that at paragraph 51 of
 3 your statement.
 4 I think, even to a complete layman, the idea of it
 5 being deemed to be all right for a porter to be pushing
 6 a patient and therefore potentially walking through
 7 whatever that that patient has expelled from
 8 themselves --- it might work if you were being stationary
 9 but I don't --- personally, I don't see how it fits ---
 10 A. Nor do I.
 11 Q. --- with a moving situation ---
 12 A. Nor do I. Yes.
 13 Q. --- and I'm just comforted to see that somebody within
 14 the profession is of the same view.
 15 A. Yes. Yes.
 16 Q. A little bit about community health visitors. You refer
 17 to those professionals at paragraph 35 of your
 18 statement. I suppose one of the difficulties with
 19 community health visitors is that they are entering
 20 a situation which isn't or doesn't have the discipline
 21 of a clinical setting ---
 22 A. Yes.
 23 Q. --- let me put it that way. What were you finding ---
 24 what difficulties were you finding so far as community
 25 health visitors were concerned?

23

1 A. I think the challenges for community health visitors
 2 were the same for all community staff. So, you know,
 3 again, referring to my own profession, speech and
 4 language therapists were trying to maintain services in
 5 as far as they were able to within the guidances as well
 6 and for groups like health visiting and peripatetic SLT
 7 there were challenges of availability of PPE, of where
 8 that PPE could be sourced. I did have one member of
 9 staff who got in touch to say that they had to drive
 10 across the city to pick up PPE and had been given one
 11 mask for the whole day. That was not a common
 12 occurrence but it did occur.
 13 There were then issues of, once whatever task had
 14 been carried out in the home, what were these staff,
 15 health visitors and others, going to do with the PPE
 16 because, you know, they were not for reuse and it would
 17 not have been practical for staff to drive from
 18 a patient's home back to a health facility to dispose of
 19 PPE. And so the guidance that was given to them was
 20 just to put it in a bag and seal the bag and keep it in
 21 the boot of their car for 48 hours because after that
 22 time it was deemed the pathogen would have died off and
 23 then they could just put it in their domestic bin.
 24 I could understand why that was a cause for concern
 25 to these staff because they didn't like the idea of

24

1 potentially contaminated material, no matter how long it
 2 had been in their car, being put in their domestic bins.
 3 But also, you know, even allowing for the fact that
 4 people were not travelling in social context or
 5 shouldn't have been, situations could arise where these
 6 staff — the reason I'm mentioning this is because many
 7 community staff and health services used their own
 8 vehicles — situations could arise where they were with
 9 PPE in a bag in the boot that was not yet 48 hours, you
 10 know, from use and therefore potentially still
 11 contaminated. They may have to put their children in
 12 the car, they may have to put an elderly relative in the
 13 car, they may have to drive for many hours in the car
 14 themselves with accumulating bags of contaminated PPE in
 15 the boot. So I really could understand why staff were
 16 uncomfortable about that.

17 And the other thing which I haven't mentioned in my
 18 statement were concerns about laundering what you were
 19 wearing and laundering it in your own washing machine
 20 and, you know, whether that was a safe thing to do when
 21 you were doing laundry for other members of your family.
 22 So there were concerns around all of those issues for
 23 community staff generally, including the health
 24 visitors .

25 Q. One of the points that we have picked up in the recent

25

1 past in the Inquiry is issues about disposal of PPE, and
 2 while perhaps it doesn't necessarily , in the hierarchy
 3 of issues about PPE, present as possibly the most
 4 important, it is still a very important aspect with the
 5 risk of infection and reinfection .

6 A. Absolutely.

7 Q. You do tell us about problems with sub-standard PPE in
 8 paragraph 36.

9 A. Yes.

10 Q. We can read what you say there. The one that I'm
 11 particularly interested in is the use of — the
 12 availability of PPE with revised, if I can put it that
 13 way, sell-by dates.

14 A. Yes.

15 Q. Now, you make the point — and I think, with respect,
 16 it's one that probably hits home particularly to
 17 lawyers — that where — you make reference to
 18 a manufacturer, 3M, and you tell us that, where a piece
 19 of PPE is beyond the expiry date, however one wants to
 20 call it , the manufacturer would, quite properly,
 21 I suppose, indicate that they would not take
 22 responsibility for the consequences of use of, in this
 23 case, masks that had expired.

24 A. Yes, that's correct .

25 Q. You do give us an example of an incident that you were

26

1 personally involved in and you do that at really
 2 paragraph 37 and following. Just summarising, could you
 3 just tell us what actually happened?

4 A. Yes. I was made aware by one of the senior rep team who
 5 sent me a photo shot. He had spotted — because he was
 6 a front-line clinician himself, he was an AHP and was
 7 required to use FFP3 masks, so these are the most
 8 robust, if you like, masks that were available and they
 9 had to be personally fitted, et cetera. He had spotted
 10 boxes of masks and, because he was familiar with them,
 11 he realised that they normally didn't have a sticky
 12 label on them, that they normally — that the expiry
 13 date of the masks was printed on the fabric of the box.
 14 He decided to peel the label off to discover that the
 15 masks were over a year out of date and a new expiry date
 16 had been stuck over the top.

17 So I thought that was really quite concerning and so
 18 I raised that with the senior management team through my
 19 contacts at the Area Partnership Forum and was told that
 20 this was perfectly fine and that the masks were
 21 absolutely fine for use and that was because
 22 Health Protection Scotland said that they were satisfied
 23 that the masks were safe. My reaction to that was,
 24 "Well, just because you say it's so doesn't make it so.
 25 Can I please see the evidence of that?". There was

27

1 quite a bit of to-ing and fro-ing over a period of time.
 2 I was then told that Health Protection Scotland's
 3 position was based on Health Protection England's
 4 position and my comment was the same, "I need to see the
 5 evidence". The health board said that they would try
 6 and get the evidence and eventually they did forward me
 7 a sort of, if you like, engineering report and it was
 8 full of engineering speak. And the engineering
 9 report — because that's not my sphere of expertise,
 10 I was not sure what that report was telling us, but
 11 Unite were able to engage an engineer with that specific
 12 background who not only was familiar with standards but
 13 actually wrote standards, and his assessment was that
 14 the testing parameters were not stringent enough and his
 15 particular concern, apart from the fact that he thought
 16 the threshold was too low for when masks would be deemed
 17 to be suitable — the report stated that, if one mask
 18 out of every consignment of 100 was tested and found to
 19 be sufficiently protective, then the entire box of 100
 20 was deemed to be sufficiently protective.

21 A colleague of mine, a trade union colleague,
 22 contacted the manufacturer, 3M, who gave us in writing
 23 a statement that said that these dates were there for
 24 a reason and that it was their company position that,
 25 when masks reach their expiry date, they could no longer

28

1 be guaranteed to be sufficiently protective and should
 2 not be used. I fed that information to the board and
 3 the credentials of the engineer concerned were
 4 questioned. I provided the credentials and, after a day
 5 or so of reflection, I was emailed and told that the
 6 health board's position would be that they were not
 7 going to withdraw these masks from circulation but that,
 8 if any member of staff requested --- said they were not
 9 prepared to wear one of these expired and redated
 10 masks --- and some of them were redated not just once but
 11 twice --- that they would be provided on request with an
 12 alternative. However, the health board did not
 13 undertake to communicate that and so it was left to
 14 ourselves in Unite to communicate that to our members.
 15 We shared that information with our trade union
 16 colleagues because we thought it was worthy of wider
 17 dissemination, but it's fair to say that not everyone in
 18 the NHS is a trade union member so that information
 19 would not reach everybody. But we circulated it as
 20 widely as we could and I believe that people did say
 21 that they didn't want to use those masks and they were
 22 issued with an alternative, but it was on request only.
 23 Q. Was the health board made aware of the caveat that 3M
 24 had issued to you?
 25 A. Yes.

1 Q. --- regarding the appropriate ---
 2 A. Yes, they were. I made them aware of that myself.
 3 Q. And, as you said, what they had said to you --- and it
 4 may be that there's a commercial side to it as well ---
 5 A. Yes.
 6 Q. --- but that those dates were there for a purpose?
 7 A. Yes. And what I would also say about that is, you know,
 8 the point was made to me that, "Well, it was in the
 9 company's best interests to say that so that they could
 10 sell more masks". But the fact was at that time they
 11 could not keep up with the demand, so, you know,
 12 I thought it was a flawed argument to say that 3M were
 13 trying to sell more masks when they didn't have more
 14 masks to sell.
 15 Q. The point is made, Mrs O'Hara, in paragraph 44 of your
 16 statement, that there was perhaps the perception that
 17 the unions were panicking over nothing and just being ---
 18 just making an "unnecessary fuss"; to put it bluntly,
 19 being a bit bolshy.
 20 A. Basically, yes. It wasn't something that I came across
 21 from all management approaches that I made but I did
 22 have reason to believe from time to time that there was
 23 an impression that the trade unions were just making
 24 a fuss because they could. And, in actual fact, we were
 25 making a fuss because we were concerned and our members

1 were concerned and it's our role to raise those concerns
 2 and to try and protect our members as best we could.
 3 Q. I'll move on to another issue, and that's staff
 4 redeployment. You talk about this at paragraph 46 of
 5 your statement and you give an example. We've heard
 6 a little bit from a number of witnesses about staff
 7 redeployment, particularly the concern that staff were
 8 being redeployed into areas for which they did not have
 9 the correct skill set. Could you explain the
 10 circumstance that you are referring to?
 11 A. I can think of a couple of circumstances but, as speech
 12 and language therapists, obviously --- I've explained
 13 already --- we do a lot of work around swallowing and
 14 swallow assessment. We were short-staffed, we had
 15 people who were furloughed, we had --- not furloughed but
 16 isolating --- we had people off, we had huge caseloads,
 17 we were running to standstill and we were then asked to
 18 go and assist on the wards if and when we could, over
 19 lunchtimes, et cetera, with personal care tasks.
 20 Now, personal care tasks, you might think, "Where's
 21 the clinical concern around that? Surely anybody can do
 22 that", but those kind of tasks could involve, for
 23 example, walking a patient to the toilet. Now, if that
 24 patient falls, we're not trained in --- we're trained in
 25 how to lift and move boxes. That's our moving and

1 handling training. If a patient slips and falls and
 2 hurts themselves, there were concerns about how --- and
 3 it wasn't just a concern for SLT. There were other
 4 clinical specialisms being asked to do similar types of
 5 tasks. But there was that question about, "If something
 6 goes wrong and we don't have the skills to deal with
 7 that, how does that affect us in terms of working
 8 outside our scope of practice?", which is viewed very
 9 seriously, and rightly so, by professional bodies such
 10 as the HCPC and, you know, the kind of nursing
 11 professional body as well. So there were concerns
 12 around that.
 13 There were also concerns where people were in fact
 14 qualified to do a task that was requested of them but
 15 perhaps were not sufficiently experienced, and I think
 16 the example that I've given in my statement was
 17 something I didn't witness but I was made aware of it by
 18 a colleague from another discipline the next day. We
 19 have an open plan office and she had witnessed
 20 a situation that arose. A very junior, very newly
 21 qualified member of our staff was working late,
 22 a temporary member of staff obviously trying to make an
 23 impression and do the job properly, and she was sitting
 24 doing her notes a good half an hour/three-quarters of
 25 an hour after her finishing time, and a manager appeared

1 and instructed her that she had to go to accident and
 2 emergency to assess a patient's swallowing because that
 3 assessment was all that was keeping the patient at the
 4 casualty department, and if we could assess the patient
 5 and the patient was fit to go, the patient could go
 6 home.
 7 The member of staff concerned was not asked, "Can
 8 you do it?". She was just told to do it. She wasn't
 9 comfortable doing it because there was no more
 10 experienced SLT around had there been an issue that she
 11 wanted to seek advice on or get some guidance on. She
 12 went and did the task, but she — what I was told — was
 13 visibly very upset, and I did take it up directly with
 14 line management the next day and was assured that it
 15 wouldn't happen again.

16 Q. One of the other areas you tell us a lot about from your
 17 perspective as a union representative but as an observer
 18 about staff pressures — you've told us quite a bit
 19 about that from paragraphs 49 through to 55. And,
 20 again, these are matters that we can read about and it
 21 includes the point that you made about the porter who
 22 died from COVID, so we have that. Again, it's probably
 23 something that we are now all well aware of, but I think
 24 perhaps coming from you as an observer it's quite
 25 impactful.

33

1 At paragraph 54 of your statement, you say that you
 2 saw nurses outside critical care units in tears on
 3 several occasions. Again we've heard about this from
 4 the RCN and indeed from other individuals. So far as
 5 those who were relaying issues back to you, what were
 6 the particularly emotive and emotional aspects of what
 7 people were doing at that time?

8 A. Yeah, I did feel very much for nurses, particularly
 9 those who were working in that kind of environment.
 10 They had many, many challenges, dealing with very, very
 11 sick people, in PPE for full shifts, which — you know,
 12 I had to wear it for two/three hours at a time, which
 13 was horrendous enough. So they had all those
 14 challenges.

15 But nurses are, by definition, caring, as are all
 16 NHS staff — that's why we do what we do — and for
 17 these staff to be dealing sometimes with people that
 18 they knew or to be dealing with people who were very
 19 seriously ill from COVID or dying from COVID when they
 20 knew people in their own lives who were in that same
 21 situation and to have to do the mechanics of the nursing
 22 but to be unable to do, in the same way that they would
 23 normally have done, the caring aspects of the nursing,
 24 the sitting with someone when you know they're about to
 25 pass away and hold their hand and be with them, when

34

1 there were so many pressures and they had other patients
 2 to deal with, and the very PPE that they were wearing
 3 meant that they couldn't be as caring or be seen to be
 4 as caring. They were just a faceless, maskless person,
 5 who was delivering the care, whereas what they really
 6 would have wanted to be doing was supporting these
 7 people in their worst moments and sometimes their dying
 8 moments. I think the mental impact of that has been
 9 enormous.

10 We had at the time a staff side representative who
 11 was working in that context and she shared with me over
 12 a coffee one day some of her experiences and it was
 13 harrowing to listen to. And they didn't even have the
 14 same rest and recreation facilities. The health board
 15 was very good at making rooms available where people
 16 could go and have a cup of tea and kind of chill down
 17 for half an hour, but they couldn't leave the ward
 18 because of the nature of the patients that they had and
 19 the pressures of having so many of them who were so very
 20 seriously ill. They even had to kit out their own rest
 21 and recreation area. This particular — as I say, she
 22 was a trade union representative but also a very senior
 23 nurse — had to make phone calls to get armchairs and
 24 kettles and a water cooler and other kind of facilities
 25 so that, when there was a member of staff needing

35

1 a break, be it because they'd been working for a long
 2 time or they'd just had a very distressing situation,
 3 there was a place that they could go and chill out.
 4 But, as I say, they even had that challenge of having to
 5 kit out their own rest and recreation area.

6 So my moving from our office building to where
 7 I normally have to go to deliver clinical care, I have
 8 to pass these units and it was not unusual to see
 9 somebody standing outside, crying into a hankie.

10 Q. Now, because you've dealt quite fully with the
 11 particular challenges that your own profession had, I'm
 12 not needing to go through that in any detail. There's
 13 just one thing I would like to ask you about.
 14 Paragraph 61 of your statement, again you're talking
 15 about the — I suppose it's based on guidance or
 16 instructions. For one of your — either to you or one
 17 of your colleagues, a suggestion was made by one speech
 18 and language therapist manager that perhaps you could or
 19 your profession could look at holding open air sessions,
 20 for example in local parks.

21 A. Yes.

22 Q. How sensible is that?

23 A. I could see that it was well intentioned because,
 24 although I've mentioned a lot about our involvement with
 25 swallowing, this particular scenario was around children

36

1 with speech and language problems and it's fair to say,
 2 as a speech and language therapist — and you may have
 3 seen reports on TV — that we are now picking up the
 4 consequences of lots of these children not developing
 5 normal language, who couldn't have speech and language
 6 therapy during the pandemic because of the restrictions.
 7 So this suggestion was made. It didn't go anywhere, but
 8 I could see that the thinking was perhaps we could do
 9 something where safe social distancing could be
 10 maintained. But my thought at the time was, "It's
 11 Scotland, it's cold, it's often wet".

12 My specialism isn't in paediatrics at all, but from
 13 what I do know of it and having had children myself,
 14 children in a park environment are going to want to go
 15 and play football or go on the swings, so their ability
 16 to attend to the therapeutic intention of any session in
 17 the park was never really going to be something that
 18 young children were going to be able to manage. So it
 19 was well intentioned and I absolutely understood where
 20 it was coming from, but it just really wasn't practical
 21 at all.

22 Q. Finally, Mrs O'Hara, you do deal with some of the
 23 longer-term impacts on your profession at paragraph 67
 24 and following. One of those is that there was burnout,
 25 a lot of people retired from the profession because of

1 what they'd experienced, and you do put it that there
 2 was a feeling, I suppose, that some felt that they
 3 should soldier on for the love of the job. Is that
 4 something that might apply not only to your own
 5 profession?

6 A. Oh, yes, absolutely. I think there is a perception in
 7 society that NHS work is a vocation and that we do it
 8 for the love of the job. And we do do it for the love
 9 of the job, we wouldn't be there otherwise, but we also
 10 do it because we all need to live.

11 I would say within professions, certainly within my
 12 own profession, I have seen a number of colleagues of
 13 a similar age to myself and similar many years of
 14 experience and expertise who have either retired and not
 15 considered the option of staying on, or considered it
 16 and said, "I'm not going to do that. Why would I?", and
 17 also I have known colleagues to go slightly earlier than
 18 they would normally have planned. And I do think that
 19 the stresses of the pandemic, the expectations that were
 20 put on staff, some of them — we understood, you know,
 21 this was an absolute crisis situation, but it went on
 22 for a long, long time. And while people can cope with
 23 a short-term crisis and then recharge their batteries,
 24 this was relentless over many, many, many, many months
 25 and there were staff who took the decision that it was

1 time to go.

2 We do now have a recruitment crisis and normally
 3 staff would perhaps consider coming back, but there are
 4 lots of staff who are saying, "No, I've done my bit and
 5 I'm not coming back".

6 Q. "That's it".

7 Final point, and again something that we are hearing
 8 about is the backlog of work and the delay that may have
 9 occurred during the pandemic. And you — in your
 10 specialty of neck and head cancers, I think you make the
 11 point that there were — you have experience of patients
 12 presenting late and, as a consequence and within your
 13 area of expertise, requiring more extensive treatment
 14 and more challenging rehabilitation —

15 A. Yes.

16 Q. — and, as you say, there are poorer clinical outcomes
 17 as a result of that.

18 A. Yes, that's absolutely fair and that's a view held not
 19 just by myself or people within speech and language
 20 therapy but it's a view that's been expressed by some of
 21 my medical colleagues as well. The difficulty was most
 22 of our referrals will come in through either dentists or
 23 GPs and people were, during the pandemic, unable to get
 24 these kind of appointments. So where a dentist might
 25 routinely have spotted a cancer at an early stage or

1 a patient might have gone to the doctor and said, "I've
 2 got a sore throat", and the doctor could physically,
 3 with the patient in front of them, look in and see there
 4 was a lesion there that required investigation, those
 5 processes were just not possible remotely and, as I say,
 6 dental appointments were for absolute emergencies.

7 The result of that has been that people are now
 8 presenting who perhaps could have been curable had they
 9 been picked up at an earlier stage and now are either
 10 not curable or their treatment, be it surgery or
 11 radiotherapy or whatever — sometimes both — the amount
 12 of surgery, et cetera, that they have is much, much
 13 bigger, which gives them much more challenging issues
 14 with speaking, with swallowing and with issues that
 15 other people in other clinical disciplines have to pick
 16 up and their outcomes therefore are not so good. They
 17 may have restricted diet, they may never swallow again
 18 or they may be terminal.

19 So I think it's fair to say that the effect of the
 20 pandemic in people not being able to seek intervention
 21 at an early stage is now causing us challenges at a time
 22 when services are under pressure anyway.

23 Q. I'm conscious of the time, Mrs O'Hara. You've provided
 24 us with a note of what you think are the lessons to be
 25 learned and also the hopes for the Inquiry, and I've

1 referred to one of them, which is at paragraph 87, about
2 communication, so all of those matters will be taken
3 into account.

4 At this stage can I just ask, if there is anything
5 that you feel that you would like to say in addition to
6 what you've said — not in repetition but in addition to
7 what you've said — this is perhaps your opportunity to
8 do it.

9 A. I'll try not to be repetitive. You know, my intention
10 here today is to give my perspective as a trade union
11 rep and as a front-line clinician who is not a doctor or
12 nurse, and I think it's fair to say that good decisions
13 were made — I don't want it to come across that every
14 decision was a bad decision — good decisions were made,
15 but sometimes the good decisions were in direct conflict
16 with guidance. There were bad decisions taken with no
17 intention to harm but often harm resulted and it was
18 down to the trade unions to challenge those. That was
19 our role. We weren't there to make things difficult for
20 management but to challenge.

21 So, you know, I think you've covered what I feel we
22 need to learn. I think for me the big thing is the NHS
23 was not and is not in a state of readiness and I do fear
24 the once-in-a-century-pandemic mentality, where we get
25 one every 100 years and that's us had it now so we don't

41

1 need to worry about it anymore. In the modern age, with
2 global connections, this could happen again at any time
3 and it could evolve and become very challenging very,
4 very quickly. So I think it sits with the
5 decision-makers to reflect on what the pandemic has
6 taught us so that if — and I guess I should say "when"
7 because it will be a when — when something like this
8 happens again, that the service is battle-ready.

9 MR GALE: Thank you very much.

10 My Lord, just in conclusion, I'm told that I gave
11 the wrong reference to Mrs O'Hara's statement. It
12 should be SCI-WT0318 — I think I gave it as "81" — and
13 then the usual 000001.

14 THE CHAIR: I suspect we can live with that, Mr Gale.

15 MR GALE: I think we no doubt can, my Lord.

16 A. There is a typo on page 1 as well, but I've already
17 flagged that to Thompson's so —

18 MR GALE: All right. I'm sure we can live with that as
19 well.

20 THE CHAIR: You're forgiven as well.

21 A. It overexaggerates how many members we have in
22 Greater Glasgow and Clyde. It's got a "4" and it should
23 be a "3".

24 MR GALE: Thank you very much, Mrs O'Hara.

25 A. Thank you.

42

1 THE CHAIR: Thank you very much, Mrs O'Hara. Very good.
2 Between 5 to and the hour.

3 (10.43 am)

4 (A short break)

5 (10.57 am)

6 THE CHAIR: Good morning, Ms Trainer.

7 MS TRAINER: Good morning, my Lord.

8 THE CHAIR: Are you ready to proceed?

9 MS TRAINER: I am, thank you very much. The next witness is
10 Ms Emma Currer.

11 MS EMMA CURRER (called)

12 THE CHAIR: Good morning, Ms Currer.

13 A. Morning.

Questions by MS TRAINER

14 MS TRAINER: I wonder if you could start by telling us your
15 name.

16 A. Emma Louise Currer.

17 Q. You are, as I understand it, the national officer of the
18 Royal College of Midwives.

19 A. Yeah, for Scotland.

20 Q. You have provided a statement to the Inquiry, and that
21 statement, for the benefit of the recording, bears the
22 reference SCI-WT0389-000001. That's for our benefit.
23 You should understand that all of that information will
24 form part of your evidence and the Inquiry will be able
25

43

1 to consider it.

2 There are a number of interesting matters which
3 I wanted to pick up with you, but first of all your
4 statement tells us that you've been in your current role
5 for around 15 years.

6 A. Yes.

7 Q. You also tell us I think that you qualified as a midwife
8 in 1998 and you're still registered as one.

9 A. Yes, that's correct.

10 Q. In your current role within the RCN, I wonder if you can
11 give us an overview as to the responsibilities that you
12 have.

13 A. So in — sort of mirroring the nature of the RCN as an
14 organisation, I kind of have a dual role in the context
15 that from a Scottish perspective I have a professional
16 representation and advisory role in relation to
17 maternity strategy, healthcare policy, advocating on
18 behalf of midwives and our members and maternity
19 services and women and families and I also have a role
20 leading on our trade union side in terms of employment
21 relations and representation of members in relation to
22 regulatory or workforce issues.

23 Q. From your statement, we can gather that all of that
24 really came to the fore during the pandemic period.

25 A. Yeah.

44

1 Q. I wonder if you can maybe give us a brief overview as to
2 the particular role that you were required to step into
3 because of the pandemic.

4 A. I wouldn't say my role fundamentally changed because of
5 the pandemic but in terms of the weight of particular
6 pressure shifted, so as a — within our organisation, on
7 a UK-wide basis, we very quickly formed a group called
8 an "expert clinical advisory group", so we recognised
9 very quickly, based on the number of enquiries we were
10 receiving, that there was no guidance specific to
11 maternity and obstetric care and we worked in
12 collaboration with the Royal College of Obstetricians
13 and Gynaecologists to produce an overarching document
14 around providing care to women during the pandemic, but
15 we also created a group of a number of individuals in
16 our organisation, coming from different backgrounds,
17 where we sought to develop a number of guidance
18 documents.

19 So one of the key things that I was doing was
20 writing, specifically leading on some and contributing
21 to a number of guidance documents that we wrote that
22 were specific to providing maternity care during the
23 pandemic and they went on to essentially a strand of our
24 website that was dedicated to the pandemic and where
25 resources were available, not just for midwives and

45

1 maternity care workers but also the general public.
2 We also formed a rota for responses, so the numbers
3 of enquiries that we got absolutely escalated overnight
4 and a huge number of them came from the general public,
5 which wouldn't ordinarily be so high, and we found
6 ourselves having to respond to a number of these
7 enquiries. So we had to actually form a rota to ensure
8 that we responded to them all and directed women and
9 midwives to appropriate information.

10 In terms of the other element of my role, the trade
11 union side of it, likewise the number of enquiries and
12 requests for advice and support escalated significantly.
13 That also came via our workplace representative networks
14 as well; regular enquiries about what we should and
15 shouldn't be doing in practice, what's safe to do,
16 what's not safe to do, how do we manage these pressures,
17 how do we interpret a number of things that we're being
18 given or being told, and escalating to us concerns about
19 the pressures and what can be done about them, so ...

20 Q. In terms of the membership that you serve, I think you
21 say at paragraph 5 of your statement that, without
22 giving any specific figures, the vast majority of the
23 midwifery profession in Scotland particularly are
24 members.

25 A. Yes.

46

1 Q. You talk at paragraph 14 about a matter you just raised.
2 Essentially you say:
3 " ... when COVID happened the number of general
4 inquiries we received from the public and employers,
5 mostly pregnant women (mostly through [your] website)
6 increased significantly. So much so, we needed to
7 allocate existing staff to assist [in] dealing with
8 these."

9 Can I take it from that that that perhaps was a new
10 thing, the number of enquiries from the general public
11 rather than just your membership?

12 A. Absolutely, yeah. We will always have a level of
13 enquiry there but it was significantly increased.

14 Q. You go on to say at paragraph 15 that, like everybody
15 else, you couldn't attend anything in person so quite
16 a lot of the work was moved online. You say:
17 "Things like disciplinary hearings and many aspects
18 of routine business were put on hold ... unless they
19 were of a very serious or pressing nature."

20 I wondered if you could tell me more about the
21 impact that things like disciplinary hearings being put
22 on hold might have had to the members.

23 A. Obviously anyone that's subject to, you know, a work
24 process that involves scrutiny of their practice or
25 conduct is going through an episode that's stressful for

47

1 them and they want to generally expediate that to the
2 point that it concludes and then they feel — you know,
3 they understand where they're at with it. To have that
4 sit static for prolonged periods, particularly while
5 they, in the large, continued to work through it,
6 obviously maintained a level of anxiety and stress that
7 we couldn't alleviate for them because we couldn't
8 conclude a number of processes.

9 Q. And I suppose you wouldn't have had an answer as to when
10 you were going to be able to do that again because you
11 didn't know?

12 A. No, and even when they did begin to resume, they were no
13 longer themselves conducted in person, which made those
14 processes all the more challenging and stressful
15 probably.

16 Q. I think within paragraph 17 you say generally that
17 services being moved to online-based, "providing support
18 remotely does not mirror the in person support [you]
19 provided prior to the pandemic". I wonder if you can
20 tell us what the issues were with providing that online
21 support. You mentioned there stress particularly.

22 A. Yeah, I think for many of us in our day jobs we
23 regularly use computers and elements of IT
24 functionality, and even that — as we know, you know,
25 moving to online video meetings, even for those of us

48

1 that had some experience and insight, became the norm
 2 and — but for our coalface members, they were not used
 3 to working in that capacity and engaging in their role
 4 in that way, be it with other staff and health
 5 professionals or with patients themselves. So I think
 6 arguably an anxiety around, "Will the IT mechanisms
 7 work. Do we know how to work them?", but also the
 8 person that they're engaging with, "Do they also know
 9 how to do that as well?". And just the barrier that's
 10 perceived from not having that personal element of care
 11 and — it makes the communication more formalised where
 12 actually you can get more out of more, you know,
 13 hands-on, in-person communication with people.

14 Q. You go on to talk in a general sense about there being
 15 an extraordinarily enhanced role for midwives and people
 16 in midwifery roles. You say that the role increased
 17 significantly but the funding didn't, and that was
 18 perhaps an issue. I wonder if you raised that with
 19 anybody and whether you think actually an increase in
 20 funding would have helped at that time.

21 A. I think — in the instance of the pandemic, I don't
 22 think that the funding was really the primary issue or
 23 cause. It was lack of bodies essentially. So I think
 24 that, where there was increased expectation on midwives
 25 to arguably extend or expand their role slightly or take

49

1 on work that would have ordinarily been done by another
 2 health professional, there was arguably an anxiety
 3 around are they the right person with the right skill
 4 set. But actually it was the additional resource, and
 5 the resource pressures did not arise from funding; they
 6 arose from actually we do not have enough midwives. It
 7 wasn't about the ability to employ them or fund them.
 8 It was primarily that they didn't exist.

9 Q. Coming — and I will return of course to the role
 10 I think that midwives took on that perhaps they weren't
 11 taking on before the pandemic — but I want to take you
 12 out of turn in your statement because you discuss at
 13 paragraph 52 a survey which you conducted and you
 14 explain that in autumn of 2021 the organisation carried
 15 out a survey of its members. That survey, you say,
 16 wasn't directly about the pandemic but, because of the
 17 timing of it, you certainly are of the view that the
 18 responses are quite reflective of the membership's
 19 experience of the pandemic; is that right?

20 A. Yeah, absolutely.

21 Q. At paragraph 53 you say that the response to that survey
 22 was overwhelming.

23 A. Yes.

24 Q. Four out of ten members responded?

25 A. Yeah, higher than we've ever had before.

50

1 Q. I think you also say that there's an option in the
 2 survey to — instead of just give a short response, they
 3 have the ability to write prose, to write text, about
 4 experiences and you gleaned a lot from that as well.

5 A. Yeah, so a significant number of the respondents elected
 6 to provide a narrative to expand on their primary answer
 7 to the questions that they were asked, and I think in
 8 our analysis what would have originally been intended to
 9 have been a survey where we could, you know, collate
 10 data essentially that would be particularly
 11 numbers-focused actually turned into a thematic analysis
 12 of themes because we had such a high level of narrative
 13 response within it that we could not, you know, fail to
 14 explore that and understand it. And we then acknowledge
 15 in the writing-up of the report of Scotland that
 16 actually it's very apparent that one of the heavily
 17 influencing factors in the narrative responses was their
 18 experience of working during the pandemic. So although
 19 we never specifically asked about that, that was what
 20 was volunteered in the responses.

21 Q. Thank you. I asked you about that because I want to
 22 come back to some of the answers, where they're
 23 relevant, in terms of what you're talking about.

24 Going back to paragraph 21 of your statement, you
 25 say that there was a focus on reducing care which was

51

1 provided within the hospital setting —

2 A. Yes.

3 Q. — and that meant that more care and more maternity care
 4 was provided in the community.

5 A. Yes.

6 Q. What impact do you think that had on the membership?

7 A. I'd say it was significant in the sense — well, the
 8 different areas. There's the impact on the community
 9 workers, who, of course, like all of healthcare staff,
 10 were working with depleted numbers. There was no
 11 additional resource — and by "resource", I mean
 12 staffing resource — to support the movement of staff
 13 from other areas into community, to go with the work, if
 14 you like, because actually there was still
 15 a pre-existing workload in other areas.

16 And what — I think the biggest anxiety that came
 17 across from our community members would have been that
 18 they were — where they go to work, be it a clinic or
 19 a patient's home, that is their workplace, but these
 20 were much more uncontrolled environments for them. So
 21 in actual fact the guidance that was out there around,
 22 you know, protecting yourself, protecting patients,
 23 protecting staff, minimising contact and interaction,
 24 was hugely, hugely difficult to apply in practice when
 25 you were repeatedly going into uncontrolled environments

52

1 where there may not have been adequate ventilation,
 2 adequate hand-washing facilities. You weren't in
 3 control of how many persons were present in a patient's
 4 home, for example. And that created significant
 5 anxiety.
 6 You add on to that the nature of the work that we
 7 were being asked to undertake, it would have been
 8 essentially some tasks that patients would have
 9 previously come into an acute setting to have undertaken
 10 and where possible in any way there was a shift to try
 11 and undertake aspects of care in these environments. So
 12 it was about we want to prevent patients and women and
 13 families from coming into a healthcare setting because
 14 that's about avoiding the contact, the social
 15 distancing, et cetera, but the challenge then was, "Are
 16 we still providing the same level and quality and safety
 17 of care in a community setting as we would have done in
 18 an acute setting? Are the individuals providing it, you
 19 know, of the right skill? Do they have the right tools
 20 to do so and is it to the same standard essentially?
 21 And do they have the time and resource to do it?". So
 22 these were the competing kind of priorities and
 23 pressures.
 24 Q. You I think deal particularly with the topic of
 25 community-based care at paragraph 33 and you give an

1 example of some of your membership requiring to provide
 2 home birth services ---
 3 A. Yes.
 4 Q. --- and those persons particularly being pressured,
 5 I suppose, because that is an environment which they
 6 have absolutely no control over but with which they of
 7 course are required to work in.
 8 A. Yeah. So women have choice of place of birth and we
 9 obviously want to promote that they have that option to
 10 elect to have their baby in the safest, most appropriate
 11 setting for them with the freedom of choice. So there
 12 are always a number of women that will request and elect
 13 to have a home birth. One of the challenges was that
 14 that was thought to increase as a consequence of the
 15 pandemic because obviously there was awareness that we
 16 were trying to, as far as possible, not bring women and
 17 families into hospitals, but also their own anxieties
 18 arguably about potentially coming into a hospital
 19 environment during such a period arguably had an impact
 20 on their decision around place of birth. So there were
 21 increased pressures to provide intrapartum care in these
 22 settings but there was also a period whereby we
 23 struggled then to understand whether it was actually
 24 safe to do that from that perspective of providing
 25 healthcare, the risk to our staff versus the benefits to

1 our pregnant women and also did we have the resource to
 2 continue offering that choice as well. So there were
 3 some real competing priorities there that created a lot
 4 of stress and anxiety across the workforce and arguably
 5 for women as well.
 6 THE CHAIR: Can I ask a question in relation to the last two
 7 answers you've given, Ms Curren? You used in the
 8 previous answer the word "acute" twice.
 9 A. Yeah.
 10 THE CHAIR: My knowledge may be incomplete here but "acute"
 11 at least suggests that in non-pandemic situations those
 12 persons would have --- and indeed it would have been in
 13 the best interests of those patients, those women, to
 14 have been treated in hospital. Is my understanding
 15 correct?
 16 A. Yes. So in general terms, my use of the term "acute"
 17 would be hospital-based care, and so what I am
 18 describing is where care that would ordinarily be
 19 provided in a hospital setting as being the best place
 20 for that care to be given was then shifted to
 21 a community context.
 22 THE CHAIR: And whilst I'm certainly not criticising anyone
 23 in relation to this, but when those difficult decisions
 24 were made, then the inference must be that patient was
 25 being placed in a sub-optimal position or a sub-optimal

1 place because they would routinely have been taken into
 2 hospital, but the pandemic required them or made it
 3 necessary for them to be treated at home?
 4 A. I think in any of these situations there would have been
 5 a degree of risk assessment as to, you know, where on
 6 the scale of risk would it sit to provide this care in
 7 a different setting and what would be required to
 8 mitigate that risk. And so I wouldn't --- you know, I'm
 9 not suggesting that everything was just suddenly dumped
 10 into a community setting because arguably that's not
 11 possible, but what I would have said was that, where
 12 possible, certain aspects of care were selected as being
 13 something that could arguably be amended to an extent to
 14 still provide that care, albeit in a different way.
 15 THE CHAIR: I understand that completely, but --- yes, thank
 16 you.
 17 MS TRAINER: Thank you, my Lord.
 18 Turning back to paragraph 22, I think you explore
 19 there that an issue amongst the membership was that some
 20 staff were redeployed to work in clinical areas which
 21 were unfamiliar to them and they hadn't worked in in
 22 some time and with staff and a team that they didn't
 23 know. Are you able to tell us what issues members
 24 reported as a result of that decision being taken?
 25 A. So something that evolved quite quickly during the

1 initial phases of the pandemic was a process that is now
 2 becoming embedded as a real-time staffing assessment.
 3 So what each of the clinical areas were tasked with
 4 undertaking at the start and arguably during some shifts
 5 was, you know, what is the demand for care and what is
 6 the staffing resource and then making an assessment
 7 across the wider area as to where the imbalances were in
 8 that and how they could mitigate some of the risks where
 9 there was potentially not adequate resource by the
 10 movement of staff.

11 What we certainly gleaned from our survey thereafter
 12 was that our respondents reported that on a regular
 13 basis they were being moved, so they were reporting to
 14 work, to their ordinary place of work, and either at the
 15 start or during the course of their time at work they
 16 were being asked to go and work in a different ward,
 17 a different clinical area and sometimes on a different
 18 site to support the level of work or the risk that was
 19 perceived elsewhere.

20 That's highly stressful because they are used to
 21 working in a particular aspect of their role. When you
 22 go to a different ward, even just simple things like,
 23 "Where are things kept? What are the policies and
 24 procedures? What is the skill set of the people I'm
 25 working with? I don't know the people I'm working with.

57

1 I'm not familiar with them. I'm not familiar
 2 necessarily with how patient care is delivered here or
 3 the policies and protocols that are in place here" — so
 4 that automatically becomes a more stressful scenario.
 5 And obviously doing it when you're — going to somewhere
 6 unexpectedly that you're not familiar with is stressful
 7 in itself, but to do it because you're responding to
 8 a high pressure, the expectation and the anxiety is even
 9 further escalated, and that happened regularly.
 10 Q. You say within that context there was a "high demand for
 11 'upskill'", and I wondered what you meant by that.
 12 A. Well, "upskill" is potentially too general as a term.
 13 It wouldn't be a skill that would be beyond the
 14 expectation of a midwife but at any given time maternity
 15 care isn't streamlined in such a way that you will apply
 16 all aspects of your skill set, you know, regularly —
 17 every day. So you will often — for example, community
 18 midwives are familiar with providing community-based
 19 care in the context of how they do that. Midwives
 20 working in a labour ward are much more familiar and up
 21 to speed on providing intrapartum care.

22 So if I was to suggest that, you know, a midwife
 23 from a labour ward had been asked to go out and work in
 24 a community setting that day, she would be particularly
 25 unfamiliar with potentially antenatal care pathways,

58

1 protocols. It wouldn't be that she didn't have an
 2 awareness of them; it would just be more in practice the
 3 familiarity of that skill isn't there and that's where
 4 it would be, "I have to understand and gain a level of
 5 kind of knowledge and insight quickly here". So it
 6 wasn't that the skills, the core skills, didn't exist.
 7 It's more the familiarity of them in practice that would
 8 have been the challenge.

9 Q. And can I take it from what you're saying, again without
 10 criticising anybody in particular, that that necessarily
 11 has an impact on the care that's provided?

12 A. I think, you know, you could say in any scenario that if
 13 somebody lacks confidence or feels anxious about how
 14 they — how familiar they are with what they're being
 15 asked to do, then that arguably presents risk in terms
 16 of how that's managed then and their ability to access
 17 support to manage that sense of feeling a little bit out
 18 of their depth potentially. I think in an ordinary
 19 scenario you would go to work in a supportive
 20 environment, you would say, "Oh, I've not worked here
 21 for a while. You know, can somebody show me how to do
 22 things? How does this work?", but in the scenario of
 23 the pandemic that support wasn't there so that
 24 exacerbated that anxiety more. You could argue then
 25 that that presented risk. And our members did report,

59

1 particularly in the narrative, that they felt
 2 vulnerable.

3 Q. Talking about taking up different roles, you go on to
 4 talk about — rather than a kind of clinical —
 5 a different clinical role, you talk about midwives
 6 also — there being a sense that they're taking up the
 7 role of two professions, GPs and social workers,
 8 because, as professions, they were generally seeing less
 9 people face to face and midwives, by necessity, were.
 10 Did you get a sense that the members felt able to take
 11 on those roles or was that a significant additional
 12 pressure?

13 A. Do you mean able in the context of having the resource
 14 to do it or having the skill to do it?

15 Q. Both.

16 A. So I think that — you know, we won't be unfamiliar with
 17 the fact that, unless it was deemed absolutely
 18 essential, GP contact was exceptionally limited and many
 19 women in pregnancy are healthy but they have healthcare
 20 needs associated with their pregnancy. Many have
 21 additional needs arising from other pre-existing medical
 22 conditions or conditions that arise as a consequence of
 23 their pregnancy and others will have other healthcare
 24 needs that are not pregnancy-related that coincide with
 25 their pregnancy.

60

1 So what we saw from that perspective is that, where
 2 they were perceiving barriers to accessing healthcare
 3 from other appropriate healthcare professionals for the
 4 need that they have, they could access healthcare via
 5 the maternity service, so there was an increased
 6 number — there always is a number of women that will
 7 present in maternity services with
 8 a non—maternity—specific need, but that was
 9 significantly increased during the pandemic, where, you
 10 know, if a woman was experiencing a problem that was —
 11 wouldn't have been deemed to be maternity or
 12 obstetric—related, she could present to the maternity
 13 services as a route in. And obviously the anxiety of
 14 the pregnant population, like the whole population, was
 15 high in respect of, you know, "Where do I access the
 16 appropriate healthcare and how do I do that without
 17 facing perceived barriers?"

18 I think our members also reported that, you know,
 19 other elements of care still existed. So a lot of
 20 maternity care relates to social need. There's also
 21 a level of obviously assessment from a child protection
 22 perspective, where ordinarily midwives would work in
 23 collaboration with Social Services and health—visiting
 24 colleagues to do that multi—professional assessment and
 25 oversight and care planning. But because they were the

61

1 individuals that were having the most direct contact,
 2 because they didn't have an option not to with pregnant
 3 women, it was — they felt a little bit more of a lone
 4 voice in some of that work because the engagement from
 5 other health professionals was more detached so the
 6 burden felt heavier.

7 Q. I was going to ask, was there a feeling that essentially
 8 they were having to take on a child protection or
 9 a safeguarding role where ordinarily that would be
 10 a duty and a burden on another profession?

11 A. It would ordinarily have been combined assessment and
 12 decision—making, and there was a sense that they were
 13 then being given a lead role to some extent and that
 14 obviously created an anxiety there.

15 Q. You go on to talk about the guidance and messaging that
 16 was received and I think you've already said, I think,
 17 that guidance and messaging wasn't necessarily tailored
 18 to maternity and obstetric care but really was more
 19 generalised and you produced guidance which was more
 20 specific.

21 A. Yes.

22 Q. You say at paragraph 24 that the guidance lacked clarity
 23 and you give a specific example at paragraph 25
 24 involving resuscitation of a newborn baby.

25 A. Yeah.

62

1 Q. I wondered if you could explain that and perhaps it
 2 might help to give us a good example of where the
 3 messaging wasn't perhaps as clear as it could have been.

4 A. I think the issue around the messaging was its
 5 generalisation and when that — and the frequency of
 6 change. But if we took one message in isolation, what
 7 you would find would be how that was then interpreted to
 8 different clinical settings varied. So I, you know, can
 9 recall specific incidences of midwives contacting us,
 10 saying, you know, "We are all expecting to be fitted for
 11 FFP3 masks because our role involves us actively
 12 resuscitating newborns, neonates. However, some of the
 13 management or some of our, you know, leads within the
 14 organisation are telling us that newborn resuscitation
 15 doesn't require a FFP3 mask, but that's not how we read
 16 the guidance". So there was this conflict then around
 17 what they understood to be the best approach to
 18 providing care to protect everyone concerned and how
 19 others potentially then translated that and there became
 20 a conflict around what you should and shouldn't be
 21 doing. And I specifically recall a few members saying,
 22 "If I'm not going to get measured and fitted for FFP3
 23 and be allowed to use it, I can't go to work, I'm not
 24 resuscitating babies", because of their anxiety around
 25 the risk.

63

1 Q. I think later on in your statement you discuss FFP3
 2 masks and I think you report there to be a feeling that
 3 those were hard to come by and were rationed for
 4 a period.

5 A. Yes. Yeah, I think during that particular kind of
 6 period around the issuing of masks and where they should
 7 and shouldn't be used and what categories and types
 8 should be used, it was felt by our members that some of
 9 the interpretation of guidance was arguably being
 10 steered by the availability of the resource as opposed
 11 to the best approach clinically, so they were perceiving
 12 that there was this conflict between what we should be
 13 doing for safety and what realistically we can do
 14 because of supply.

15 Q. You go on at paragraphs 26 and 27 to tell us about the
 16 experiences that members reported from communication
 17 with those who were accessing maternity care. You say
 18 and you've already said that women and families
 19 experienced increased anxiety and vulnerability. You
 20 talk us through the reasons for that, which I think
 21 everybody would understand, that they weren't able to
 22 access social support, they weren't able to bring
 23 support or have visitors into the hospitals. You say
 24 that this led to increased hostility by those accessing
 25 care to staff and to members that you heard from.

64

1 A. Yeah.
 2 Q. Can you tell me more about that hostility and that
 3 conflict because, perhaps, of rules and guidance that
 4 were in place?
 5 A. Yeah, I think, you know, what we heard, particularly on
 6 a ward basis, was our members felt the immense
 7 frustration and stress and anxiety through them having
 8 to facilitate the restrictions. So they didn't make
 9 up — you know, they weren't the decision-makers in that
 10 but they had to comply with that, therefore they were
 11 the point of contact with the public as being seen to be
 12 the enforcers.
 13 So the frustration and the anxiety and the stress
 14 felt by women and families and their extended families
 15 arguably in some cases was vented directly towards our
 16 members at times, and that was distressing because they
 17 were enforcing something that they could see was
 18 arguably — had detrimental impact. It was being
 19 done — it was the conflict between it was being done
 20 for the right reasons from a kind of physical safety
 21 perspective but there is a secondary consequence here,
 22 and that's really hard because we are denying these
 23 people the support and the access to each other at quite
 24 critical unique times in their lives. And so a real
 25 conflict there between doing the right thing for the

65

1 right reasons but being aware of the consequences for
 2 them not being great. And I think they definitely
 3 experienced the frustrations felt through women and
 4 families of the impact for them.
 5 Q. You say that perhaps all of these impacts were acutely
 6 felt by student midwives and you go on to talk about, at
 7 paragraph 39, there being a number of reasons why
 8 student midwives were very significantly impacted by
 9 COVID, by the pandemic time, and that has perhaps now
 10 had a longstanding impact. First of all, can you tell
 11 us the concerns and the experiences that student
 12 midwives experienced because of the pandemic?
 13 A. So, to put it into context, the midwifery training is
 14 a three-year — typically a three-year programme,
 15 a three-year degree programme, but unlike in any other
 16 degree, nursing and midwifery degrees are heavily
 17 reliant on a significant clinical component of clinical
 18 learning and teaching and assessment. So there is
 19 a requirement that they have to do a number of clinical
 20 practice hours, they have to be exposed to a number of
 21 different types of clinical scenarios, they have to be
 22 taught, they have to be assessed, they have to pass that
 23 and they have to do certain levels.
 24 Like all of the population, our student population
 25 were also subject to recommendations around shielding,

66

1 They also obviously had issues in relation to caring
 2 responsibilities. And what they experienced going into
 3 their clinical placements was a workforce that was
 4 unable to fully support their clinical learning in the
 5 way it previously would have done. Also, because of
 6 social distancing, even in healthcare settings and
 7 changes to how care was provided, they weren't then
 8 getting the same exposure to clinical experiences, even
 9 when they were on placements, so that all delayed and
 10 deferred their ability to acquire that exposure and that
 11 learning.
 12 We had many during that period that had to extend
 13 their training period to make up time, but what we were
 14 already working with was quite a pressurised number of
 15 student midwives because we had the highest number in
 16 training than we'd seen previously, to try and meet
 17 future workforce projections, but when we increased the
 18 numbers of students, we didn't in turn increase the
 19 number of midwives, so there was already a significant
 20 number of students being supported in clinical practice.
 21 If you then have gaps or inability to do that and
 22 that's deferred down the line, that doesn't mean that
 23 you can defer the others coming through the system. So
 24 what that created was this backing-up, if you like, of
 25 student needs that was still being put upon a workforce

67

1 that wasn't fully able to deliver all aspects of
 2 clinical care in the way it should ordinarily have been
 3 and of course the experiences and the teaching of
 4 students would have become further down the priority of
 5 providing safe clinical care to women.
 6 So the knock-on effect would have been that they
 7 weren't supported in the same way to learn, their
 8 learning took much longer, and that created delays then
 9 in the outputs at the other end of midwives qualifying
 10 and being able to enter into the workforce to support
 11 the workforce gaps that then existed. So it was this
 12 kind of multi-factorial impact really, that there was
 13 the immediate impact and then there was the longer-term
 14 impact of that.
 15 Q. And turning back to the survey that you mention later on
 16 in your statement, one of the interesting statistics
 17 that I read at paragraph 37 was that, of the respondents
 18 to the survey, 12% of them qualified less than two years
 19 ago, so in 2021 that would have been 2019 or less than
 20 that period, and 51% of those who had been qualified for
 21 less than two years said they had been left in charge
 22 during that period.
 23 A. Yes, so one of the — the reason that we did the survey
 24 and we did a survey in a way that we had never done
 25 before was because we were very, very aware of the sense

68

1 of extreme burnout across our membership. And what was
2 being reported back to us, either directly from
3 individuals or through our networks and branches, was
4 that one of the biggest stresses being felt was newly
5 qualified midwives working without support of more
6 experienced staff and frequently being left in charge
7 when they would previously have worked on a shift, you
8 know, where they would have been supported by more
9 experienced and senior members. They were sometimes
10 turning up to work where the whole shift were arguably
11 newly qualified and there might have been some bank
12 workers that weren't part of the core team and so they
13 were deemed to be the individual that was most
14 experienced in that scenario so had to take charge, and
15 that's not something that would ever have happened.

16 Of course what you would do with somebody in their
17 period of preceptorship post qualification is you would
18 begin to expose them to some of the leadership elements
19 of their role as a practising midwife, but that would be
20 undertaken with support. But what it felt like or what
21 was being reported was that it wasn't done in that way
22 and it just was an expected norm and that they felt very
23 isolated and vulnerable.

24 Q. At paragraph 44 of your statement you say, quite starkly
25 I think, that:

69

1 "Maternity care should have been prioritised as an
2 essential service during the pandemic, however this
3 wasn't always the case."
4 My first question is: it might be obvious, but why
5 do you say that maternity care should have been
6 prioritised?
7 A. You can't defer a pregnancy and you can't, you know, say
8 to people, "Don't become pregnant". So I think
9 obviously what we saw in healthcare immediately was
10 anything deemed to be an elective, non-urgent procedure
11 was postponed or deferred in order to be able to respond
12 to the increased demand for immediate high-risk acute
13 care. What perhaps went unrecognised was that, yes,
14 lots of pregnant women are well but every pregnant woman
15 requires maternity care to ensure that she has a safe
16 and healthy pregnancy and outcome. Some of them will
17 require enhanced levels of care but all of them require
18 care at specific times. From a safety perspective, we
19 can't defer that because there are risks with deferring
20 it. So I think what we felt was unrecognised was that
21 we can't — deferring a week — an episode of care by
22 a week isn't possible. You can't defer post-natal care.
23 You know, it's acutely required. You can't prevent
24 women from being in labour when they're — these are
25 things that we do not control. So those numbers

70

1 remained unchanged for us. There was no shift or any
2 ability essentially to shift on the demands of maternity
3 services or defer any of it in any way.

4 And yet there was resource taken sometimes to
5 support other areas of service. That could be that some
6 midwives on a shift by shift or on a more kind of
7 planned basis were asked to support other areas of
8 healthcare, but that some of the maternity settings were
9 used by other areas of healthcare to provide care for
10 other patients. So we are very familiar with — you
11 know, a bay on a ward, for example, which would have
12 been for post-natal care, may have been handed over to
13 the acute side to provide beds to respond to the
14 pandemic, medical beds.

15 THE CHAIR: Perhaps the clue, Ms Currer, is in the first
16 line of paragraph 44, if you take out the word
17 "prioritised", because maternity care is, if ever there
18 was one, an essential service.

19 A. Yeah, and it's a universal service as well. It's not
20 something that we can be selective of. Every pregnant
21 woman requires maternity care.

22 THE CHAIR: And women are always going to have babies if the
23 human race is going to survive or go on. It sounds
24 trite but it's true.

25 MS TRAINER: I think picking up on that issue about the

71

1 approach taken to maternity care, at paragraph 63 you
2 say — we've touched on it already but:

3 A lot of the guidance was written in such a way that
4 it was ... ambiguous but aimed at acute hospital-based
5 care."

6 And that wasn't helpful for the nature of your work
7 and the work of your members.

8 A. Which number?

9 Q. It's 63. Sorry, it's just there. I think you say:

10 "... guidance was written in such a way that it was
11 often ambiguous but aimed at acute hospital-based care.
12 This was not helpful for [the] nature of [our] work when
13 ... members were being asked to provide care, which
14 would ordinarily have been provided in a hospital, but
15 in a home or community setting and the guidance did not
16 ... translate to that."

17 A. No, it didn't. So if I was to give you one example, and
18 it was a document that the Royal College of Midwives
19 wrote but actually I led on writing it, it was about
20 visiting in a maternity setting. So what I had done
21 with that is had to take the guidance produced by
22 Scottish Government and essentially translate that into
23 a maternity setting. So a lot of the visiting rules and
24 restrictions, if you like, were done on the assumption
25 that, you know, we were working with well, functional

72

1 adults that were ill and in hospital, and what perhaps
 2 wasn't understood was that, when women are in—patients
 3 in hospital, it's not really just the woman that's the
 4 patient. You know, we very much see women and their
 5 partners and families. Yes, they primarily need the
 6 physical care, but the care is actually family care and
 7 it's really — a big part of what we aim to promote and
 8 encourage is the inclusion of partners and their wider
 9 family and supporting that transition to parenthood.
 10 And so to not — and that is essentially how our
 11 services work, that it's fully expected in a maternity
 12 ward that we have open visiting; you know, we have
 13 a policy where partners can stay overnight. So it's not
 14 the same as most acute healthcare settings in that
 15 context. So it did really feel like there is — you
 16 know, the way the guidance was written didn't really
 17 take into account that actually that meant something
 18 quite different for our maternity settings; how were we
 19 going to translate this over about, you know, the
 20 restrictions on who visited you, how long they visited
 21 you for, the process, you know, if they'd been exposed
 22 to COVID, the testing, you know.
 23 We were having to say to some women who have just
 24 had a baby that their partner, because of the
 25 guidelines, can't be with them during labour and may not

73

1 be with them for the first few days of their baby's
 2 life. That is very, very difficult to do. And so we
 3 had to be really, really clear that we were telling our
 4 members, you know, the right interpretation of the
 5 guidance because it was so stressful for them to
 6 implement something like that. So, yeah, a lot of —
 7 one of the guidance documents we wrote was very much
 8 about having to manage that generic guidance in
 9 a maternity setting but to make it as possible as it
 10 could be to still enable women and families to have
 11 contact.
 12 THE CHAIR: Ms Trainer, you're into your last ten minutes or
 13 roughly your last ten minutes.
 14 MS TRAINER: I'm grateful, my Lord. Thank you.
 15 I think that in itself, so the restrictions perhaps
 16 generally on visitors to hospitals, is an example of —
 17 where you say at paragraph 66:
 18 "I don't think the government fully recognised or
 19 understood the unique nature of maternity care ... My
 20 opinion is that the guidance did not acknowledge this
 21 and the associated [medical] wellbeing needs of women
 22 and families."
 23 A. Yes, "the ... mental wellbeing needs of women and
 24 families". So a huge component of maternity care is
 25 around the transition that — you know, it's

74

1 a significant life event and it's a family event as
 2 well, and a huge part of the role of the midwife is very
 3 much a Public Health role. In as much as delivering on
 4 physical clinical care needs, there's lots about the
 5 social transition to parenting, the future family and
 6 the support networks and needs around that. So that
 7 detachment and that change and shift in care, bearing in
 8 mind these women and families were also being isolated
 9 from their ordinary support networks in life, was
 10 significantly increased in terms of the isolation and
 11 detachment and our ability as professionals to still
 12 undertake those aspects of care when we were being very
 13 selective and restrictive on what care we provided and
 14 how and where we provided it.
 15 Q. Turning to the effect that that care and the quality of
 16 that care has had on staff and on members wanting to
 17 continue into the profession, you say, going back to the
 18 survey at paragraph 56, that quite starkly:
 19 "Seventy Five Percent of respondents [as of autumn
 20 2021] have considered leaving their current post due to
 21 staffing levels, dissatisfaction with the quality of
 22 care they were able to provide, and dissatisfaction with
 23 the level of support [that they were receiving]."
 24 A. Yes.
 25 Q. That would seem to me, 75%, to be quite a stark figure

75

1 and effectively three—quarters of the profession are not
 2 satisfied with where they're at.
 3 A. Yeah, so I think in the narrative, the thematic analysis
 4 element of what is in the report and in the survey, we
 5 state that we believe our profession is at breaking
 6 point based on the respondents in the survey. Half of
 7 those respondents also said that — they said there was
 8 rarely safe staffing; they reported being unable to
 9 support students adequately and newly qualified
 10 midwives; a significantly reduced skill mix; nine out of
 11 ten reported working without breaks; 50% of that figure
 12 said that was happening regularly, two to three times
 13 a week; and the figure that 75% were considering leaving
 14 was arguably heavily influenced by their experience
 15 during the pandemic.
 16 However, we undertook a snap poll of our members
 17 across the UK during the week of 4 March for seven days
 18 and we asked some short succinct questions in relation
 19 to, "Are your working hours beyond what you're paid or
 20 contracted to?"; "Do you believe you're working in
 21 a safe setting?", et cetera, and during that, in
 22 Scotland, the figure that said that they had considered
 23 leaving in the last 12 months was 68%.
 24 So what that tells us is that this is not
 25 a profession that has really recovered in the context of

76

1 the impact — the impact of the pandemic and the
 2 consequential of that is still very much being felt and
 3 is very much unaddressed.

4 Q. You're somebody who has been in your role for
 5 15 years —

6 A. Yeah.

7 Q. — and can I take it from that that the fact that you've
 8 put these statistics within your statement, that you
 9 attribute them at least in part, if not largely, to the
 10 pandemic?

11 A. Yeah. What I would say is I would never have imagined
 12 that in midwifery we would have had such a staffing
 13 crisis in Scotland. Historically we were always felt to
 14 fare better than the rest of the UK and maternity care
 15 in Scotland is world-renowned, you know, in many ways.
 16 What we are seeing now we did anticipate because we do
 17 do workforce projections. We did anticipate that there
 18 was going to be a dilution of experienced staff because
 19 we can look at the age profile of our membership and we
 20 can see that. So, in the absence of being able to
 21 predict a pandemic, we did predict that there would have
 22 been a shift in skill set and that there would have been
 23 a higher turnover at certain periods in time, hence
 24 I made reference earlier to the fact that we had higher
 25 numbers than ever of students because we were obviously

77

1 trying to mitigate that going forward. And that's part
 2 of the work that we would have done every year with the
 3 Government, you know, "What is the future need? What
 4 are the figures telling us?". We would have lobbied for
 5 a number and that arguably was all on track to deliver
 6 us, you know, that — to safely kind of transition
 7 through a wee bit of dilution of skill mix and having
 8 those increased numbers there coming out of their
 9 training to continue to safely staff our services.

10 We didn't obviously anticipate a pandemic. We also
 11 didn't anticipate how our profession felt about some
 12 maternity policy and strategy that was implemented
 13 pre-pandemic as well, and I think there was a combined
 14 effect there. But the pandemic did arguably accelerate
 15 the loss of experienced staff and we have not been able
 16 to put through the same numbers of qualified midwives
 17 for all of the reasons that we've previously discussed,
 18 and also the impact has meant that people are
 19 potentially going to be leaving a profession that we
 20 ordinarily wouldn't have had them leave, and we haven't
 21 planned for that because we didn't know that that would
 22 be their experience and how they felt.

23 Q. I think you say earlier on in your statement that
 24 anecdotally there are a number of members who have
 25 left — retired early when they weren't planning to just

78

1 because of the pressures that they felt during the
 2 pandemic.

3 A. Yeah, retired early and potentially moved into other
 4 areas of healthcare that potentially felt less
 5 immediately pressured or they might have felt were
 6 better for them from a kind of work/life balance
 7 perspective, yes.

8 Q. I'm conscious of the time and I wanted to take you to
 9 the end of your statement where you offer some
 10 reflections for us about what you hope for the lessons
 11 to be learned and the hope for this Inquiry. At the
 12 very last paragraph, paragraph 73, you say your hope for
 13 this Inquiry is not to apportion blame but to look at
 14 how we can learn. You pose a question there to say,
 15 "What have we learned about our health services ...?",
 16 and I wondered if perhaps I could quite cheekily ask
 17 that question to you but specifically in relation to
 18 maternity care. What have we learned about maternity
 19 care from the pandemic?

20 A. I think what we need to learn from it is that maternity
 21 care is a universal service but, by not getting it right
 22 and providing safe quality care, we're missing an
 23 opportunity to kind of really set the seeds and
 24 foundations for future positive health for women and
 25 families. So it's a really opportunistic time because

79

1 you're potentially engaging with people that haven't
 2 previously engaged in healthcare and there's also
 3 a massive Public Health element to it. They leave
 4 maternity services, they go into health-visiting
 5 services beyond that and other aspects of healthcare,
 6 and if we optimise maternity care — and there's lots of
 7 research evidence to support that — that we can
 8 transform the long-term healthcare of our population.
 9 So to deny women safe quality healthcare would be really
 10 remiss in terms of future population health.

11 In terms of the immediate impact of that, I think
 12 what we have learned is that there's a massive mental
 13 health aspect to maternity care as well and, if women
 14 lack that social support or that wider sense of support
 15 and contact, there is an adverse consequence in terms of
 16 their mental health and well-being.

17 From a maternity or midwifery perspective, it's that
 18 midwives are important and they have a vital role in all
 19 of this; that we invest appropriately there to ensure
 20 that we are not failing our women and future families at
 21 the first hurdle really and giving them a negative
 22 experience or an experience that presents risk or in
 23 some cases can cause trauma as opposed to prevent it.
 24 So I think it is definitely something to take away.

25 What we learned about the Health Service — and

80

1 particularly my concern is obviously around maternity
 2 care — is that it was already on the brink. It didn't
 3 take much to reach that tipping point, it really didn't,
 4 because we were running a service on the goodwill of
 5 midwives — we are still running a service on the
 6 goodwill of midwives. I think we need more recognition
 7 of the fact that, had it not been and continued to be
 8 for the dedication of health professionals to the role
 9 that they undertake, that we wouldn't still be providing
 10 largely safe care, you know. But that's not as
 11 a consequence of having a really well supported and
 12 invested maternity service, that's — we have that
 13 because we have dedicated professionals that go above
 14 and beyond every day to make sure that women are safe.
 15 Q. Thank you very much. I don't have any more questions
 16 for you, but is there anything, very briefly, that we
 17 haven't covered which you think is important to raise?
 18 A. I don't think so. Thank you.
 19 MS TRAINER: Thanks for your time.
 20 THE CHAIR: Yes, thank you very much indeed, Ms Curren.
 21 You're doing the next witness, I think, Ms Trainer.
 22 MS TRAINER: I am, yes, my Lord.
 23 THE CHAIR: Very good. 10 past 12. Thank you all.
 24 (11.57 am)
 25 (A short break)

81

1 (12.10 pm)
 2 THE CHAIR: Good afternoon, Ms Trainer.
 3 MS TRAINER: Good afternoon, my Lord.
 4 THE CHAIR: Ready to go?
 5 MS TRAINER: Yes. And the next witness we have is
 6 Jackson Cullinane.
 7 MR JOHN JACKSON CULLINANE (called)
 8 THE CHAIR: Good. Good afternoon, Mr Cullinane.
 9 A. Hello there.
 10 Questions by MS TRAINER
 11 MS TRAINER: Mr Cullinane, I wonder, could you tell us your
 12 full name?
 13 A. John Jackson Cullinane or "Cullinane", as some people
 14 pronounce it.
 15 Q. Cullinane — apologies, Cullinane. You indicate in your
 16 statement to us that you are a full-time official at
 17 Unite.
 18 A. That's correct.
 19 Q. You have provided a statement to the Inquiry and for our
 20 benefit that statement bears the reference
 21 SCI-WT0174-000001. All of that information that you
 22 have given us will form part of the evidence to the
 23 Inquiry. Now, you've got that statement I think in
 24 front of you, it will appear on the screen, but if
 25 you've got any problems in reading that or you want to

82

1 take time to read it, please just let me know.
 2 A. Okay.
 3 Q. You tell us firstly at paragraph number 3, I think, that
 4 you've been employed by Unite directly now for over
 5 23 years.
 6 A. That's correct.
 7 Q. In that role you go on to tell us about the position of
 8 Unite in Scotland, and some facts that you give us are
 9 that it represents 1.4 million people in the UK and
 10 around 150,000 in Scotland.
 11 A. That's an estimation. The membership figures will vary
 12 from month to month because people join, people leave,
 13 for various reasons.
 14 Q. You then go on to say that Unite represents workers from
 15 virtually every sector of the economy.
 16 A. Yes.
 17 Q. In terms of your current role, I wonder if you could
 18 tell us first of all the responsibilities that you have
 19 and how you go about fulfilling those.
 20 A. My current responsibilities is the head of — it's
 21 a big, long title, the head of Unite Scotland's
 22 campaigns, politics, research and communications unit.
 23 Effectively what that means is I have a direct team who
 24 deal with research, who deal with media, including
 25 internal communications and social media as well as

83

1 external, and we deal with surveys of memberships,
 2 ballots of members, including all of the non-statutory
 3 industrial action ballots. So it's quite common, for
 4 example, before moving to a statutory ballot, to have
 5 a consultative ballot of members, to see how they feel
 6 about a particular issue, and we deal with the politics
 7 and policy.
 8 So in terms of policy, we'll organise a union's
 9 policy-making conferences. We'll oversee the procedures
 10 of that. Of those, we'll deal with the input into some
 11 of the external conferences that we are affiliated to,
 12 so the likes of last week's STUC Congress. We would be
 13 involved in writing speeches, looking at the content and
 14 motions prior to the congress, et cetera, take in the
 15 delegation meeting at that congress. We have our own
 16 Scottish policy-making conference and we deal on
 17 a day-to-day basis with liaison with politicians,
 18 talking to officers and advising officers about if
 19 there's a political angle to some of the industrial
 20 issues which they may encounter.
 21 So that's a very brief overview, but it's — I mean,
 22 I've held this role now for a few years, but prior to
 23 that role I started off, you know, as an education
 24 officer, basically training union reps. I had been
 25 a full-time lay union rep myself for many years and also

84

1 then becoming a what we call "industrial officer". So
 2 I represented workers directly in a whole range of
 3 different sectors, negotiated wage claims, took, you
 4 know, appeals and grievances, including in local
 5 government, and was the deputy regional secretary at one
 6 point of the former Transport and General Workers'
 7 Union, which became part of Unite. So that's the
 8 current role and a bit of the background as well.

9 Q. We've heard I think from another witness about Unite
 10 having particular sectors. I wondered, from what you
 11 say there, can I presume that your role really
 12 transcends all of those sectors and is more high level?

13 A. Yes, it is multi-sector, and indeed, when I was an
 14 industrial officer, negotiating wages and representing
 15 workers in the workplace, that could also be
 16 a multi-sector role.

17 Having said that, in terms of the sheer workload, it
 18 didnae cover all of the sectors at any one time so you
 19 would have an allocation of work. So I might have had,
 20 for example, road transport, buses, local authorities,
 21 chemicals, and then a few months later, you know,
 22 I might have some other sectors to deal with. But the
 23 current role is multi-sector. It covers the entire
 24 sectorial spread of the union's membership.

25 Q. I take it from all of the activities that you've

1 described that that perhaps leads you to have quite
 2 a good overview as to some of the issues that were
 3 affecting members during the pandemic?

4 A. Absolutely, and where I had a particularly good overview
 5 was at the point of the pandemic I was also the
 6 president of the STUC, which was an elected position
 7 which you generally hold for one year, but because of
 8 the pandemic my tenure was a bit longer because, to get
 9 the re-election of the president or the new president,
 10 it takes --- under the rules it requires a congress and
 11 they didnae physically have a physical congress.

12 But by virtue of that role I served on the STUC's
 13 COVID-19 Response Group, which was really the body which
 14 discussed, throughout the pandemic regularly, certainly
 15 on a weekly basis, sometimes, you know, a couple of
 16 occasions during the week --- discussed the situation
 17 with representatives of Scottish Government. Generally,
 18 these COVID Response Group meetings were led by the
 19 appropriate Government minister, so I had a really good
 20 insight into what was happening at that point.

21 Q. You were asked, as part of your statement, I think,
 22 questions particularly relating to the health and social
 23 care sector and you tell us at paragraph 5 that health
 24 and social care workers are quite difficult to provide
 25 a figure for because they're effectively across

1 different sectors, the NHS, local authorities, private
 2 sector and voluntary and third sectors, and so you're
 3 requiring all of those people to accurately reflect what
 4 the jobs of the people that they employ are.

5 A. That's correct, and I think you'll see from other
 6 sections of the statement and some of the things that
 7 may come out of our discussion this morning that some of
 8 the experiences can also vary between the different
 9 sectors. So just to give you an example, I mean,
 10 I think I make some reference to the situation of pay
 11 and how that impacted, you know, on people throughout
 12 the pandemic and indeed beyond. And the reality is that
 13 social care workers in the health sector and in the
 14 local government sector are governed by centrally
 15 bargained terms and conditions and pay rates, whereas
 16 those in the voluntary sector, the third sector and
 17 those in the private sector are currently not, so their
 18 experiences differ depending on which sector of social
 19 care they are employed in.

20 Q. Just briefly, you touch on the figures of all of those
 21 people and, as you said, it's difficult to provide
 22 a figure, but you would estimate around 16,000 to 17,000
 23 in Scotland of health and social care work ---

24 A. That's probably an underestimation actually.

25 Q. Turning to those pay issues and some of the condition

1 issues that you raise --- you go on to discuss a number
 2 of them within your statement --- the first issue
 3 I wanted to ask you about was furlough pay, and that's
 4 at paragraph 17. You say that, to you, furlough pay was
 5 raised as you found that many members were having to
 6 argue to get put on furlough because there were many
 7 employers who weren't willing to do that, to put their
 8 staff on furlough. I wondered if you could explain to
 9 us a little bit more about that issue and how it came
 10 about and whether it was resolved.

11 A. I think this is an example of what I kind of alluded to
 12 earlier, where the experience of social care workers may
 13 differ depending on which sector of social care they are
 14 in. Those who were employed in the NHS and those who
 15 were employed in the local government sector tended to
 16 have less of an issue in terms of accessing furlough.
 17 We were talking here, of course, about health and social
 18 care workers. Bear in mind that those who would be
 19 looking for furlough would be those who were in roles
 20 that it wasnae absolutely crucial for them to be at the
 21 workplace. So the majority of them would be at the
 22 workplace but there were other people who were doing
 23 administrative roles or whose direct patient or person
 24 contact may have been on a temporary or a periodic basis
 25 who could --- who it wasnae necessary for them to be at

1 the workplace and those people would be looking to get
 2 pay protection and furlough. What I mean by "paid
 3 protection", by the way, is that our position as a union
 4 was always to go for paid protection and have people on
 5 full pay if possible rather than them having to go on
 6 furlough where it's, you know, 80% and stuff.
 7 But those who were working in local government,
 8 those who were working in the NHS, generally, you know,
 9 were able to get access to full pay or to furlough.
 10 People who worked in the third sector or in the private
 11 sector, a lot of them found it more difficult to get
 12 that. This I think links in to a degree to some of the
 13 other comments I make about -- just above it -- about,
 14 at the start of the pandemic, the confusion about what
 15 essential work was.
 16 There was a lot of employers, not just in the health
 17 and social care sector, I have to say, who interpreted
 18 this as being, if you're in a sector, then you are --
 19 that is deemed to be essential, then you are in
 20 essential work, whereas what they should have done and
 21 what the Scottish Government eventually reinforced was
 22 that you were talking about the task being performed
 23 rather than the sector.
 24 So there was a lot of people in the third sector and
 25 employers in the third sector and in the private sector

1 of social care who just interpreted it as meaning,
 2 "Well, you're a social care worker, therefore you are an
 3 essential worker, therefore you need to attend the
 4 workplace, therefore you don't qualify for furlough",
 5 when in reality there were some people who might have
 6 been doing administrative roles or whose person contact
 7 may have been on a mere periodic basis who were
 8 properly, in our view, entitled to either full pay
 9 protection or furlough, and when they made that approach
 10 to their employers, they were being denied that access.
 11 It did quieten down and smooth over quite
 12 significantly once there was more clarification as to
 13 what was meant by "essential work" and also one of the
 14 kind of break-through for us periods where the
 15 Scottish Government issued a guidance, which basically
 16 said that people shouldn't suffer any detriment by
 17 virtue of COVID situation, either in terms of pay or in
 18 terms of discipline, if they had COVID and couldn't turn
 19 up to their work. So all of that helped in terms of
 20 resolving that, but initially there were some employers,
 21 particularly in the private and third sectors, who were
 22 resistant to giving people furlough who could have been
 23 furloughed at that point.
 24 Q. You mention that distinction in relation to the third
 25 and private sector also in relation to sick pay.

1 A. Yes. By virtue probably because of the lack of, you
 2 know, collective bargaining coverage, in terms of it
 3 being at the same level as what it is in local
 4 government and in NHS, there are some employees in the
 5 private and third sectors who had no contractual access
 6 to sick pay over and above the statutory sick pay
 7 minimum level. So that comment is really just
 8 highlighting that, that people weren't able to access
 9 sick pay.
 10 That was a major issue in terms of adhering to what
 11 was required in order to combat the spread of COVID,
 12 principally and particularly in the initial periods.
 13 The emphasis before we had, you know, vaccines and all
 14 the rest of it -- the emphasis was very much on
 15 lockdown, minimise people, you know, having contacts in
 16 society and the workplace and with other people, but
 17 workers in social care who didn't have access to sick
 18 pay, if they contracted COVID, were then left in an
 19 invidious situation whereby they couldn't physically go
 20 to the workplace but it meant that they were in poverty
 21 by virtue of that.
 22 I think I come back on to -- I will come back on to
 23 it, if I can at some point, about this being part and
 24 parcel of the lessons to be learned and indeed the
 25 preparedness, you know, in terms of -- touch wood it

1 never happens -- but in case we have another similar
 2 pandemic, we see -- we said throughout the COVID
 3 pandemic that pay is a Public Health issue and that's
 4 what we meant by that. You know, if you want to ensure
 5 that there's no spread of COVID and you want to
 6 minimise the spread of COVID, you need to remove that
 7 barrier whereby people feel that, you know, unless they
 8 go out, then they're no going to have any kind of
 9 income.
 10 That's why we've been pushing quite hard on bringing
 11 in what we call "sectorial bargaining". So we have
 12 centralised collective bargaining in local government;
 13 we have centralised collective bargaining in the NHS.
 14 We don't have it in the third sector, so we have --
 15 where unions are recognised in the third sector is
 16 individual bargaining with the individual employees --
 17 employers, and similarly in the private sector.
 18 So what we think needs to happen is that the third
 19 sector and voluntary sector and the private sector need
 20 to have some form of collective bargaining and, when
 21 that's established, ideally we would then look for
 22 sectorial bargaining across the entire social care
 23 sector. That has other benefits in terms of preventing
 24 undercutting -- people being on the same minimum wage
 25 rates and whatever. But from the point of view of

1 Public Health and pandemic preparedness, then it's about
 2 tackling that pay issue which does impact, in our view,
 3 on Public Health.
 4 Q. And talking about that pay as a Public Health issue, you
 5 go on at paragraph 20 to say — I think something you've
 6 already touched on, in that really what effectively
 7 helped that situation was the no detriment guidance
 8 which was given by the Scottish Government, and it was
 9 when that was issued that people finally listened and
 10 actually said, "Yes, okay, we'll pay sick pay to the
 11 workers who are not able to come".
 12 A. Yes, they didnae all listen, it has to be said. This is
 13 a wee bit about, you know, guidance rather than legally
 14 enforceable stuff, but it was a major positive leverage,
 15 you know, particularly in the health and social care
 16 sector, you know, for employers to do what we were
 17 asking them to do.
 18 One comment I would make about it is that —
 19 obviously it's a big plus and we welcome the fact that
 20 Scottish Government did this. Where there's a bit of
 21 a negative I think is towards the end of the pandemic,
 22 where I think they actually removed us too soon in terms
 23 of the Scottish Government saying, "Well, that guidance
 24 has now gone", because we continued to have cases of
 25 COVID — maybe not on — certainly not on the same scale

1 as we had at the height of the pandemic, and indeed we
 2 still to this day, you know, have people who require to
 3 be absent from work because they're ill by virtue of
 4 having COVID, and in our view that guidance and general
 5 principle should have remained in place in order that
 6 people who have to stay away from their workplace
 7 through no fault of their own don't suffer a detriment
 8 either in pay or in terms of the applications of absence
 9 control and discipline procedures.
 10 It's particularly relevant today in terms of
 11 long COVID cases, where we are experiencing and continue
 12 to experience a lot of employers who are "dealing", in
 13 inverted commas, with this issue by seeking to go down
 14 the capability route and to say, "Well, if you're going
 15 to have this long-term situation which is always, you
 16 know, for the foreseeable future going to present
 17 a difficulty for us, then, you know, we question whether
 18 you're capable to continue to be in employment and let's
 19 look for an exit". That goes — that's sometimes a kind
 20 of first port of call for some employers. I'm not just
 21 talking about health and social care here. I'm talking
 22 about other employers in other sectors. So for us
 23 I think that basic principle should have remained in
 24 place and the Scottish Government shouldnae have
 25 basically indicated that it was now over.

1 Q. I think you mention that much later on in your statement
 2 at paragraph 68. As you've said, your view is:
 3 "The Scottish Government removed the 'no detriment'
 4 guidance too quickly as we were coming out of the
 5 pandemic."
 6 You then go on to say in that same paragraph:
 7 "In fact, our position as a union is that Covid
 8 should be regarded as an industrial disease."
 9 A. Yes. I mean, I may come on to some of the stuff that we
 10 mentioned about — I mean, I've quoted from the TUC
 11 report about RIDDOR and reporting with
 12 workplace-transmitted —
 13 Q. Don't worry, we will go on to mention that. Yes.
 14 A. Right. But there was a — there's a real tendency
 15 for employers to suggest that COVID is
 16 a community-transmitted disease, that it is
 17 a community-transmitted disease but it's a community
 18 disease which isnae transmitted at the workplace, it's
 19 not a workplace disease.
 20 The reality is that there are literally thousands of
 21 workers who contracted COVID at the workplace — we know
 22 that; right? We can see it. You know, we see it in
 23 food processing, you know, factories being closed down,
 24 construction sites being cleared because you have an
 25 outbreak of COVID, and in terms of the health and social

1 care sector, we see it in terms of full wards being
 2 closed. You know, at one point we were looking at —
 3 media reports were suggesting a 70% absence rate among
 4 NHS workers. So people who were having to deal with
 5 people who have COVID or who are in workplace settings
 6 where it's coming into the workplace were contracting it
 7 at the workplace, and like any other kind of disease
 8 that's contracted at the workplace, you know, we think
 9 that that should be considered as being an industrial
 10 disease.
 11 I have to say, back to the bit about, you know, the
 12 lessons to be learned and preparedness, it's quite
 13 pertinent, this issue, because only last week, you know,
 14 the Scottish Parliament, the Scottish Government,
 15 et cetera, in our view, failed to take the opportunity
 16 to address this, where there was a bill presented, you
 17 know, in the Scottish Parliament which — given the
 18 devolution of Industrial Injuries Disablement Benefit,
 19 there was a bill to set up a Scottish Industrial
 20 Injuries Disablement Advisory Council and the Scottish
 21 Parliament rejected that.
 22 Now, I know that the Scottish Government are going
 23 to be consulting on this and as part of that
 24 consultation about the possibility of bringing something
 25 forward again in the future, but we think that those

1 kind of bodies would provide an opportunity to recognise
 2 long COVID as being an industrial disease. The issue of
 3 course has got to come down to causation, but there's no
 4 doubt in our mind that there are people who have
 5 contracted COVID by virtue of their work or of being in
 6 the workplace.

7 Q. You mentioned what you call "RIDDOR", which at
 8 paragraph 40 of your statement is expanded to the
 9 "Reporting of Injuries, Diseases and Dangerous
 10 Occurrences Regulations". I think that's pertinent in
 11 this context because what you say, as I understand it,
 12 is that essentially those regulations were not
 13 necessarily all applied in the same way by the same
 14 employers and that leaves us with statistics that are
 15 perhaps skewed and don't reflect transmission within the
 16 workplace.

17 A. I think this actually relates as well to the HSE's
 18 guidance to employers during the pandemic because the
 19 guidance that the HSE — according to the TUC report,
 20 the guidance that the HSE gave to employers was
 21 basically that they don't require to report cases of
 22 COVID unless they believe that this was
 23 a workplace-transmitted case. Now, there's a temptation
 24 there for a lot of employers to say, "Well, it was never
 25 a workplace-transmitted disease. It's always from

97

1 community transmission".

2 Now, you could be cynical and say that a lot of the
 3 employers did that because they don't want to be sued at
 4 a later date, but, nonetheless, the stats which are
 5 provided for the TUC report bear out that there's
 6 a really large discrepancy between the figures that the
 7 Office for National Statistics have, particularly with
 8 regards to COVID deaths, and what has been reported
 9 under RIDDOR.

10 I don't know where I've got this, but I've scribbled
 11 down on this bit of paper here another just overall
 12 statistic. I don't know whether it's quoted in here,
 13 but just to give you an example, in terms of COVID
 14 deaths on the death certificates for people of working
 15 age between 16 and 64 — granted they'll not all be
 16 working — but for the period April 2020 to April 2021,
 17 it's recorded as 126,723 deaths total for COVID and
 18 15,263 of those being in that age group of 16 to 24.
 19 The RIDDOR reporting for people in that age group for
 20 the same period is 387; a massive discrepancy between
 21 what the death certificates say are people of working
 22 age who are contracting COVID and what RIDDOR says are
 23 people who have contracted COVID at the workplace.

24 The health and social care sector was a bit better,
 25 it has to be said, than other sectors, no doubt the —

98

1 in terms of the levels that were reported under RIDDOR.
 2 That may be due to a couple of factors. One is that the
 3 HSE did say at one point that they should report cases
 4 where people had been in contact with someone who was
 5 infected with COVID and also there's a kind of general
 6 culture, I think, in the NHS in particular of reporting
 7 incidents anyway, in terms of outbreaks, you know, and
 8 people having various situations.

9 Having said that, the guidance changed throughout
 10 the pandemic. At one point the guidance from the HSE
 11 was to only report cases where people had become
 12 infected by virtue of the face mask being broken or
 13 pulled off, so there's nae real consistency in terms of
 14 how RIDDOR is being applied. But the big issue is that
 15 employers are being advised to make a judgment call and
 16 they're making a judgment call that it's community
 17 transmitted rather than workplace transmitted and
 18 therefore not reported.

19 But, as I kind of alluded to earlier, we could see
 20 in real-time that the existence of COVID in the
 21 workplace was much greater than what RIDDOR was telling
 22 us. So we had in September — even towards the end of
 23 the pandemic, we had — you know, the Royal Alexandra
 24 Hospital in Paisley had virtually shut down most of
 25 their wards because of outbreaks of COVID. We had

99

1 Ayrshire and Arran testing — 200-odd workers got tested
 2 positive for COVID. Outwith the health and social care
 3 sector, as I mentioned, we had food factories being
 4 closed. We had construction sites being cleared.

5 And where I think this was an additional problem was
 6 that the Scottish Government in a lot of cases were
 7 basing their guidance on figures provided to them
 8 through RIDDOR and the HSE and therefore they get
 9 a false picture of what the situation is. And in our
 10 view that's what led them to make the error during what
 11 is colloquially called the "second lockdown", where they
 12 virtually exempted the entire construction and
 13 manufacturing sector from the lockdown rules. So they
 14 were suggesting to us, "Well, the figures tell us that
 15 it's not a major problem on construction sites", at the
 16 same time as we know that there's construction sites
 17 that are being cleared because of outbreaks of COVID.
 18 So what was happening on the ground was evidentially,
 19 you know, a much different situation from what the stats
 20 being reported through RIDDOR is.

21 Q. I think at paragraph 44 of your statement you sum it up
 22 at the end there by saying:
 23 "It would be safe to assume that the instance of
 24 covid workplace transmission was much higher than the
 25 figures upon which the Scottish Government was basing

100

1 its guidance and restrictions on.”
 2 A. Yes. Yes.
 3 Q. Taking you back a bit in your statement to talk about
 4 PPE and that issue pertaining to health and social care
 5 workers, you start talking about that at paragraph 28.
 6 You make a general comment that there was a lack of PPE
 7 and what was available was inadequate. You then go into
 8 some specifics of what you understood to be the position
 9 in relation to particular sectors and at paragraph 29
 10 you say:
 11 “We had situations at the start of the pandemic
 12 where only one third of the ambulance staff were issued
 13 with PPE.”
 14 I wondered, that particular statistic, are you aware
 15 of how you obtained that and where it came from?
 16 A. Well, the statistics are anecdotal statistics, first of
 17 all. In terms of thinking about where I may have
 18 obtained it, throughout the pandemic I was getting
 19 officials of the union, reps of the union, who are
 20 feeding things into me and making comments to me. I was
 21 also clearly involved in the COVID-19 Response Group
 22 meetings so I’m no quite certain, you know, whether that
 23 came through the reps or the officers or came up during
 24 the COVID Response Group meetings.
 25 I’m also no certain whether it might — that people

101

1 who have reported that to me might actually have been
 2 doing so on the back of media reports, because that
 3 statistic of a third — what the media was reporting was
 4 a third of ambulance workers had contracted COVID and
 5 that was being linked to the lack of provision of proper
 6 PPE. So maybe my statement in hindsight would have been
 7 better to have said they had no access to proper PPE
 8 because we know that to be an absolute fact, that there
 9 was ambulance workers who were reporting that they were
 10 involved in what’s known as “AGP”, aerosol-generating
 11 procedures, where they were expected to perform that
 12 with ordinary medical masks rather than the FFP3 masks,
 13 which would have been more appropriate and necessary
 14 when carrying out those procedures.
 15 We know that there was ambulance workers who were
 16 reporting that the gown — the coverings that they were
 17 supposed to put on didnae cover their whole uniform and
 18 were worried their uniform was being contaminated. We
 19 know that some of them had to put on aprons which were
 20 blowing up in the wind and we know from other health and
 21 social care workers that they had similar concerns.
 22 You know, this actually expands beyond the NHS into
 23 the care sector as well. There were certainly cases in
 24 the third — particularly in the third and private
 25 sector of workers who were running out of masks and

102

1 didnae have PPE or weren’t able to access it. There
 2 were cases where workers were being advised — I think
 3 this did happen in some areas of the NHS actually —
 4 where workers were being advised to, you know, reuse
 5 PPE; in some cases take it home and wash it and come
 6 back. Eventually there was guidance that that had to
 7 cease.

8 At the start of the pandemic generally — and I say
 9 “generally” to mean inclusive of but beyond the health
 10 and social care sector. Across the economy generally —
 11 at the start of the PPE [sic], the provision of PPE, as
 12 in the availability of it rather than the quality of it,
 13 was a major issue. I mean, we had this worldwide
 14 pandemic which put real strains on the supply chain and
 15 being able to get the levels of PPE that, you know,
 16 employers across all sectors were saying was required
 17 was really difficult.

18 But in terms of that particular remark about the
 19 ambulance workers, you know, it’s maybe better to
 20 qualify that, you know, that there were media reports
 21 that a third of them were testing positive for COVID.
 22 That was linked to the non-provision of proper PPE and
 23 those ambulance workers were consistently reporting
 24 those issues, particularly around about the
 25 non-provision of FFP3 masks, et cetera.

103

1 Q. As opposed to ambulance workers, you go on to talk
 2 generally about the health and social care sector and at
 3 paragraph 30 you make an interesting comment that you
 4 found it quite odd for there to be a situation in which
 5 the sector is predominantly made up of female workers
 6 but the equipment is designed for males.
 7 A. Yes.
 8 Q. Is that something which was reported to you by the
 9 membership?
 10 A. Yes, and in some cases through that, I mean, some of the
 11 face masks were designed for, you know, males as well.
 12 But, yes, it was coming up. And we subsequently
 13 reported it into the COVID-19 Response Group, that here
 14 was a sector, particularly the social care sector,
 15 80%—odd of them women and the PPE that was being issued,
 16 you know, appeared to be designed, in terms of its size,
 17 et cetera, you know, for males.
 18 Under, you know, the regs that govern personal
 19 protective equipment, PPE is meant to be suited to the
 20 individual who is wearing it and no just a general —
 21 well, there’s PPE. It needs to take account of, you
 22 know — you cannae have, for example, somebody of
 23 a particular height walking about, tripping over, you
 24 know, a suit that’s too long for them and then they’re
 25 tempted to have turn-ups and then, if there’s chemicals

104

1 or contaminants, it catches in the turn—ups. There's
 2 a whole load of different additional safety issues that
 3 can arise if you don't have proper—fitting PPE and, yes,
 4 it was being flagged up to us by members.
 5 Q. You also make a comment there:
 6 "Additionally, some of the PPE was out of date
 7 and we had cases where [presumably it was reported to
 8 you] the date had been taped over to cover up [that]
 9 fact ..."
 10 A. Yes, yes. If you look at some of the reports
 11 I mentioned earlier in terms of ambulance workers, some
 12 of the media reports on ambulance workers said that was
 13 the case for them as well as for social care workers.
 14 But certainly social care workers were reporting that
 15 some of the PPE they were being issued was — the date
 16 was covered over.
 17 I mentioned about the problem with PPE at the start
 18 of the pandemic being about the general supply and the
 19 impact on the supply chain. I think it would be remiss
 20 of me not to also say that a lot of employers,
 21 particularly where in social care provision it was
 22 profit—driven — in the private sector or the two —
 23 cognisance of profit margins — weren't really prepared
 24 for this at all because they'd seen expenditure on these
 25 kind of things for something that might never happen,

105

1 you know, as being a waste of money. Subsequently, as
 2 the pandemic rolled on, there would have been pressures
 3 on their budgets as well, which again would make it, you
 4 know, a kind of incentive for them to look for
 5 alternative means rather than the buying in of new PPE.
 6 So, in my view, that's a contributory factor to this.
 7 Q. And perhaps we could turn to the section of your
 8 statement which says that — I think it's paragraphs 34
 9 to 36 — where essentially you're pointing out
 10 a difference between the experience of care workers in
 11 the private sector as opposed to the public sector
 12 because, first of all, there's a reluctance to source
 13 PPE if there was another way around it.
 14 A. Aye.
 15 Q. They were asked to reuse PPE but also it was used as
 16 a substitute for other measures, such as social
 17 distancing.
 18 A. Yes, that was often the case as well. Look, don't get
 19 me wrong, in terms of some of the nature of social care
 20 work, it's difficult to strictly apply social distancing
 21 rules or to determine what is appropriate social
 22 distancing rules because of the nature of the care that
 23 is being provided. But maybe, because of that
 24 difficulty and people having to think things through and
 25 plan things out and the time and effort that that takes

106

1 and what resources you've got in terms of people
 2 resource being able to do that — perhaps as
 3 a consequence of that people would look for the kind of
 4 soft option where PPE was issued rather than going
 5 through these measures.
 6 I have to say, by the way, this was again just
 7 something that occurred in the health and social care
 8 sectors. There are other sectors of the economy, you
 9 know, where people jumped and employers tried to jump to
 10 the PPE social distancing, you know, control element
 11 rather than the elimination element, particularly
 12 towards the end of the pandemic, where there seemed to
 13 be a push by some employers to get people back in the
 14 workplace. So to get them back in the workplace
 15 required quite a bit of planning, required quite a bit
 16 of expenditure, and when you look at what's known as
 17 a "hierarchy of controls", they were jumping in a lot of
 18 cases, in our view, to issuing PPE rather than some of
 19 the other control measures, including social distancing,
 20 which could have been put in place.
 21 Q. Turning to your role in communication with the
 22 Scottish Government, you speak about that at
 23 paragraph 50 and you tell us that you met with the
 24 Scottish Government twice per week via the STUC COVID
 25 Response Group, which you've already mentioned.

107

1 Essentially you say that the personnel at those meetings
 2 varied depending on the subject matter of what was being
 3 discussed. But at paragraph 54 you're quite positive
 4 about that communication and you say that the process
 5 generally worked quite well.
 6 A. Well, in terms of paragraph 50, I mean, we did meet with
 7 the Scottish Government at least once a week, so it
 8 wasn't regularly twice a week but at least once a week.
 9 We could have additional meetings in the week if there
 10 was particular guidance that the Scottish Government was
 11 going to be bringing out or there was a particular issue
 12 which we felt there was a need for, you know, real
 13 in—depth discussion. So, for example — we've mentioned
 14 PPE there — I recall that one of the meetings with the
 15 COVID Response Group that was taken with the Fair Work
 16 Minister at the time, that we thought it would be useful
 17 to have an additional meeting during the course of that
 18 week with the Government minister who was responsible
 19 for procurement in terms of how they were managing to
 20 procure PPE. So that's just one example of how there
 21 could be, you know, additional meetings called.
 22 I'm generally positive about the fact that the
 23 Scottish Government were regularly meeting with us. I'm
 24 positive about the fact that on some occasions — no on
 25 every occasion — they took on board some of the things

108

1 that we were saying and that informed some of the
 2 guidance which they subsequently issued. But that's no
 3 to say -- I think I describe it at one point as a bit of
 4 mixed bag -- that's no to say that everything that we
 5 said was taken on board. That's no to say that we were
 6 happy about everything the Scottish Government did or
 7 didn't do. But we do recognise that they were taking
 8 the time to recognise the crucial role that trade unions
 9 could play in terms of no just informing their guidance
 10 but also in terms of, you know, challenging where
 11 employers were breaching some of that guidance.
 12 So, as I say, it was a bit of a mixed bag, but we do
 13 recognise -- as I do in the written statement --
 14 recognise the benefits of having those COVID-19 Response
 15 Group meetings. In fact -- I think I also say this in
 16 the statement -- I would go as far as to say that
 17 I think they ended too soon as well. I mean, there was
 18 this kind of -- there seemed to be this -- people talk
 19 about, you know, "When there was COVID ..." -- you hear
 20 people making that -- "during the COVID". COVID never
 21 went away. It might not be on the same scale as the
 22 pandemic, it certainly isn't having the same effect by
 23 virtue largely of the vaccine, minimising -- helping to
 24 minimise the effect on people, but it's still there and
 25 it was still there in fairly large numbers for a period

109

1 of time.
 2 As far as learning the lessons goes and being
 3 prepared, personally I think it would still be quite
 4 useful to have had, you know, periodic meetings just to
 5 see where we are. I think there's a difficulty, having
 6 said that, in the sense that I'm a wee bit worried that,
 7 as part of the preparedness, do we know where we are,
 8 because one of the things that happened was the closure
 9 of the Lighthouse Lab in Glasgow, for example, which was
 10 monitoring, you know, the existence of COVID, picking up
 11 on new variants, et cetera.
 12 I find it -- I don't know if you've ever tried it,
 13 but I find it very difficult to access statistics now
 14 about COVID at all and I just worry that that kind of
 15 speed to sort of close the Lighthouse Lab and wind down
 16 all the kind of testing facilities has put us in
 17 a position that, again, we're playing catch-up -- again
 18 touch wood it doesn't happen -- if there's a new variant
 19 or if some other, you know, infection comes around.
 20 So I just think that these kind of meetings of the
 21 COVID Response Group, having regular testing, having
 22 these kind of facilities, were all positives and keeping
 23 some semblance of them I think would have been useful.
 24 Q. I wonder if that sense that perhaps things are winding
 25 down and are not as important as they once were -- you

110

1 say within your statement, I think -- apologies, I'm
 2 trying to find it. I think it's at paragraph 60 --
 3 that:
 4 "... towards the end of the pandemic ... a feeling
 5 [developed] that the impact on the economy and [also
 6 a political impact] was becoming more of a consideration
 7 [than] ... public health."
 8 I wonder, does that tie into the feeling that you're
 9 expressing there about things kind of taking a back
 10 seat, as it were?
 11 A. Yes. I think, to be honest, this is a very toned-down
 12 version of things that we were saying to the
 13 Scottish Government at that point in the COVID-19
 14 Response Group meetings. The Scottish Government were
 15 basing their plan and had been basing their plan on
 16 combatting COVID and what they called the "Four Harms",
 17 you know, the effect on public health, the effect on the
 18 economy, the effect on the Health Service and the effect
 19 on society, including the effect on mental health.
 20 I think -- I don't think -- I'll tell you exactly
 21 what we were saying to them. We were saying to them
 22 that we were getting a bit worried towards the end of
 23 the pandemic that, whereas throughout the pandemic
 24 public health was the number one priority in all of
 25 that, that some other considerations, principally the

111

1 economy -- which as trade unionists we're obviously
 2 concerned about the economy -- but the economic effect
 3 and perhaps what was politically positive in terms of
 4 how people viewed them were becoming, you know, bigger
 5 issues to the point that we were worried that they were
 6 overtaking the public health issue, to be honest.
 7 So people didn't like lockdown, people wanted to get
 8 back into hospitality and socialising and we wanted
 9 workers to be back at work, you know, whether that was
 10 in a hybrid forum or whether they wanted to be back in
 11 the workplace, whatever. So people -- I can understand
 12 where they were coming from, but I just feel or we felt
 13 that, towards the end of the pandemic, these other
 14 considerations were -- I think the Scottish Government
 15 could have continued to be a bit more cautious for a wee
 16 bit longer than they did and, in terms of the return,
 17 our position in terms of the return to work or to the
 18 workplace was that we kind of -- there should have been
 19 stronger guidance, I think, on basically allowing more
 20 of a kind of voluntary approach from people and more of
 21 an onus on the employers to deal with the circumstances
 22 and -- you know, where workers were mentally and
 23 physically.
 24 So if somebody was working well from home and was
 25 reluctant to come back into a workplace for legitimate

112

1 reasons, so perhaps they had family members who they
 2 thought were vulnerable in terms of their own personal
 3 conditions or perhaps even there was a mental health
 4 fear of going back into the workplace, that, rather than
 5 force the people back into the workplace, then take this
 6 by individual almost voluntary type of approach to begin
 7 with.
 8 So you might have somebody else who was desperate to
 9 get back into the workplace, who felt the isolation, you
 10 know, it was something that they couldnae really quite
 11 stand any longer and they wanted to be back there.
 12 People like that, "How do you get them back into the
 13 workplace safely?", should have been the question, "And
 14 how do we accommodate getting them in?". People who
 15 felt vulnerable and who felt frightened, some more time
 16 might have been necessary in order to smooth their
 17 passage back into the workplace.
 18 On the plus side, I think a lot of employers who did
 19 take that approach have ended up with a kind of hybrid
 20 forum of work, which recognises that people are
 21 performing well when they're not actually physically in
 22 the workplace but there are still some benefits based to
 23 the organisation and to the individual of being in the
 24 workplace and they'll accommodate that kind of flexible
 25 approach.

113

1 THE CHAIR: Ms Trainer, you only have ten minutes.
 2 MS TRAINER: Thank you, my Lord. I'm mindful of the time.
 3 There are a number of issues which I think are
 4 important to raise with you, one of which you touch on
 5 at paragraph 64. You say that effectively there was
 6 a difference of course between the UK Government and the
 7 Scottish Government guidance and you say that that posed
 8 you issues in relation to some companies who sought to
 9 follow the UK position rather than the Scottish
 10 position, but also you speak about enforcement of that
 11 being an issue and the feeling that you were being asked
 12 to police the situation on behalf of workers.
 13 A. Yes. Well, in terms of the kind of -- in terms of the
 14 points that you make -- sorry, what was the number of
 15 the paragraph again?
 16 Q. It's 64 and 65.
 17 A. So we had guidance coming out from the UK Government, we
 18 had guidance coming out from the Scottish Government and
 19 sometimes they differed, particularly in terms of
 20 whether people should or should not be working from home
 21 at those various points. We had some employers who
 22 would choose to follow the UK guidance either because
 23 they believed that the UK guidance was just the guidance
 24 and werenae aware of any Scottish Government guidance or
 25 they believed that the UK Government guidance took

114

1 precedence over the Scottish Government guidance, and
 2 that was particularly the case for companies who might
 3 have been, you know, UK-based rather than Scottish-based
 4 and they didnae want to apply different rules and
 5 guidance in different locales where they operated.
 6 In terms of enforcing guidance generally, I think
 7 this relates to the lack of the devolution of employment
 8 law actually. I've used the word "guidance"
 9 consistently this morning and through the statement
 10 because that's what it was. It was Scottish Government
 11 guidance. There was legal, you know, powers that they
 12 had in terms of overall tackling COVID, but when it came
 13 to employment law matters, the Scottish Government took
 14 the position often that they couldn't enforce certain
 15 things and it was -- we would take the position that
 16 they could have enforced some of it and they could have
 17 been stronger with some employers.
 18 Sometimes it felt as if it was for us as a trade
 19 union -- to use the word -- to police it and to
 20 intervene. That's what trade unions do, I'm no
 21 complaining that we had to do that, but it would be
 22 better if we were able -- and we would have been
 23 effective at intervening if we had something stronger
 24 than guidance at our back, you know, for when we were
 25 going in debating these kind of issues with employers.

115

1 There was also -- I know I'm departing from health
 2 and social care here, but, to give you one example, when
 3 the schools went back, you know, and school buses --
 4 social distancing disappeared from school buses, which
 5 was a problem because people didnae seem to realise --
 6 and include Scottish Government officials until we
 7 flagged it up to them -- that a lot of school
 8 transportation isnae dedicated school transport, so it
 9 will take the kids to the school and then it will go on
 10 the general run.
 11 So you had buses that were taking children to
 12 school, sometimes three to a seat, with no social
 13 distancing on it, and then having to go on the general
 14 run, where the general run said there was to be social
 15 distancing and limited numbers of passengers. It was
 16 being left to the drivers of the vehicles often to
 17 police that and both those instances. So when there's
 18 kids on the bus who are being unruly -- right? -- and
 19 maybe breaking any kind of minimal rules that existed,
 20 it was for the driver to enforce it. And similarly, you
 21 know, when the general public and people were ignoring
 22 social distancing rules, it was for the driver to pull
 23 them up -- was how we felt because there was very little
 24 instance of the legal authorities becoming involved in
 25 trying to enforce some of these things.

116

1 I'll finish on this point, this bit about employment
2 law. Moving forward, I mean, obviously, we've — the
3 STUC and trade unions are in favour of the devolution of
4 employment law, but there are things that the
5 Scottish Government could do in the absence of the
6 devolution of employment law, and one of the things that
7 it could do is to facilitate the formation of the
8 sectorial bargaining that I mentioned earlier.

9 I know that through the Fair Work stream they've
10 looked at this, but, in our view, it needs to be speeded
11 up where the third sector and the private sector in
12 particular of social care do get covered by collective
13 bargaining and we move to sectorial collective
14 bargaining. We've now got a real immediate situation
15 because tomorrow there will be trade unionists at the
16 Scottish Parliament highlighting the fact that, although
17 the Scottish Government said that they would put money
18 aside to address sick pay, which has come up here,
19 things like maternity pay and paternity leave,
20 38 million of the money that they were allocating to
21 that was cut last year, 2023, and in terms of the 2024
22 budget, there's nothing.

23 So in our view we're dangerously moving in the
24 opposite direction. The lessons — one of the principal
25 lessons from the pandemic was how crucial the role is

117

1 that social care workers perform. They were being
2 applauded at the doorstep, rightly, alongside health
3 sector workers, and there was a recognition that
4 something had to be done about the pay and the terms and
5 conditions that they experience. The
6 Scottish Government moved and agreed to do that and now
7 appear to be backtracking on it. And this is happening
8 at a time actually where we are seeing increasing
9 numbers of social care workers leaving that type of
10 employment. We have care homes closing down because of
11 lack of staff. We have, you know, job fairs being held
12 in order to try to attract people into that area of
13 work. And it is linked to the poor pay, the poor
14 conditions, the long hours, the feeling that they're no
15 recognised for the type of very stressful work that they
16 have to do and I have to say the frustration that, you
17 know, they want to care for the people that they care
18 for but sometimes they're not given the resources or the
19 time to do it. You know, you've got 15 minutes to be
20 in, to care for that person, before you move on to the
21 next one.

22 All of these issues need to be addressed and that
23 means addressing that question of the missing millions,
24 given them the £15 an hour minimum that they've been
25 asking for, establishing sectorial bargaining. It means

118

1 all of those things.

2 THE CHAIR: Ms Trainer, you only have three minutes.

3 MS TRAINER: I know.

4 THE CHAIR: If you have more substantive questions that you
5 wish to put to Mr Cullinane — he has more or less had
6 his allotted hour — I'm afraid he will have to come
7 back at another date to be continued at that stage.

8 MS TRAINER: No, my Lord, I was going to conclude.

9 Thank you very much, Mr Cullinane. I wondered if
10 there was, really very briefly, any matters which you
11 thought were important to raise which we haven't covered
12 which can be covered in a short period of time.

13 A. Well, I have raised — the stuff about the lessons to be
14 learned in terms of preparedness — I mean, I've covered
15 about pay. We've briefly covered about long COVID.

16 Q. Yes.

17 A. The only thing I would add in terms of long COVID — and
18 you've heard us saying about we would want it to be
19 recognised as being an industrial disease — this links
20 into the preparedness aspect as well that I mentioned
21 about monitoring where we are and the kind of general
22 mindset, you know, that COVID has been defeated, because
23 if COVID cases still arise, which they do, there's
24 always a potential for somebody who contracts COVID to
25 develop long COVID and if it's not recognised with the

119

1 importance that it deserves that they've contracted
2 COVID in the first place, then perhaps we'll continue no
3 to get the recognition that long COVID deserves, because
4 people, by virtue of contracting this horrible disease,
5 in a lot of cases have been left, you know, with
6 debilitating illnesses and conditions, and that should
7 be recognised and should be addressed.

8 MS TRAINER: I think, Mr Cullinane, we probably have run out
9 of time there. That's a matter which hopefully is
10 covered in some detail in your statement, so thank you
11 very much for that and thank you for your time.

12 A. Thank you. I'm sorry if I've rambled on too long.

13 MS TRAINER: Not at all. Not at all.

14 THE CHAIR: Thank you, Mr Cullinane. Thank you, Ms Trainer.
15 2 o'clock for the next session.

16 A. Okay, thank you very much.

17 (1.10 pm)

(The short adjournment)

19 (2.00 pm)

20 THE CHAIR: Good afternoon, Mr Gale.

21 MR GALE: Good afternoon, my Lord. The next witness is
22 Mrs Eileen Cawley.

MRS EILEEN CAWLEY (called)

24 THE CHAIR: Good afternoon, Mrs Cawley.

25 A. Good afternoon.

120

1 Questions by MR GALE

- 2 MR GALE: Mrs Cawley, can you give the Inquiry your full
3 name, please?
4 A. It's Eileen Rose Cawley.
5 Q. You have provided the Inquiry with a statement and you
6 are agreeable that that statement should be published
7 and that the evidence you give today in amplification of
8 that statement is broadcast and recorded?
9 A. That's absolutely fine, Mr Gale.
10 Q. You are the administrator/development officer of an
11 organisation called the Scottish Pensioners' Forum?
12 A. That's correct.
13 Q. You've been in that role for 14 years, I think?
14 A. Yes.
15 Q. And you're employed in that role through the STUC?
16 A. That's correct.
17 Q. You tell us about the forum — I'll just call it "the
18 forum" for the sake of brevity — in paragraph 8 and
19 following of your statement. Just taking things
20 shortly, it's an organisation that's been in existence
21 since 1992 —
22 A. That's correct.
23 Q. — and, as you say, it's an umbrella campaigning body
24 for groups and individuals working for a better deal for
25 older people.

121

- 1 A. That's correct.
2 Q. It has close links with the STUC?
3 A. That's correct.
4 Q. I think we can see from paragraph 11 that it has 350
5 individual members but through I think 160 affiliated
6 organisations it represents hundreds of thousands of
7 older people in Scotland.
8 A. I think it's recognised about 113,000, taking into
9 consideration retired trade union branches across
10 Scotland.
11 Q. I think it also represents the rights and needs of
12 retired trade union members.
13 A. That's correct.
14 Q. I think also the cohort of older workers as well.
15 A. We started doing work on the older workers — when the
16 state pension age started to rise, we had to take into
17 consideration that older people, would they ever retire,
18 so we started doing work on older workers which fed into
19 the framework for older people, the programme for
20 Government — the Scottish Government in 2019.
21 Q. Thank you. Your personal background is that you worked
22 in the third sector as a volunteer for a while.
23 A. Yes.
24 Q. I think you had some background in accountancy.
25 A. That's correct, yes.

122

- 1 Q. But through that work in the third sector, you became
2 interested in equality and human rights?
3 A. Yeah, I went back to university when my son was young.
4 I studied social sciences and worked voluntarily in the
5 third sector and that peaked my interest most
6 definitely.
7 Q. Now, the forum has experience of surveying older workers
8 and this allowed the organisation to carry out some
9 surveys during the pandemic and also to carry out what
10 you describe as "deep dive exercises"?
11 A. That's correct.
12 Q. Can you tell us what a "deep dive exercise" is?
13 A. A deep dive exercise was actually reaching out to people
14 that had been affected by a number of issues. To tell
15 the Inquiry, I was actually elected on to the board of
16 the Social Renewal Advisory Board, which was set up by
17 the Scottish Government, so I served on that board and,
18 as part of the policy circles, we had to conduct deep
19 dive exercises looking at the effects of COVID on older
20 people.
21 Q. Obviously, with the commencement of the pandemic, your
22 way of working, as it was for everybody, changed, as did
23 your interaction with your members at the time?
24 A. Yes.
25 Q. We'll come on to discuss issues of digital exclusion,

123

- 1 which is one of the principal areas that you're going to
2 talk about, but you do say at paragraph 24 of your
3 statement that some members dropped off the radar in
4 communicating with you because they were digitally
5 excluded but there was at the time an increase in phone
6 calls.
7 A. Absolutely. More people were calling. I had my phone
8 diverted on to my mobile device in order for people to
9 be able to contact me. In terms of digital exclusion,
10 all of our meetings were in person on our committee and
11 we engaged in a lot of outreach work. Unfortunately
12 that had to stop. Even the meetings of our members and
13 our committees, sometimes they weren't even quorate, and
14 in order for these to be quorate I would actually get
15 three mobile devices in order for them to phone in and
16 put it on loud speaker so as that they could hear the
17 proceedings that I had in the laptop, and that gave them
18 a sense of inclusion in what was going on because many
19 of them were deeply affected.
20 Q. We'll come to a little more about digital exclusion in
21 a moment.
22 You did engage as a forum with the
23 Scottish Government and one of the things you refer to
24 in your statement is cross-party groups on older people
25 and age and aging. What were you doing or what was the

124

1 forum doing in connection with that engagement with the
 2 Government?
 3 A. The last in-person meeting that we had was on
 4 11 March 2020, when it was the belief that everything
 5 was okay and things wouldn't be going as bad as they
 6 were, that older people were seeing on the television .
 7 Unfortunately that didn't pan out quite that way. We
 8 held online sessions, which meant a lot of older people
 9 who could engage in these conversations dropped off.
 10 But just prior to lockdown, I'd say round about the tail
 11 end of 2018/2019, the Scottish Pensioners' Forum
 12 contacted Jeane Freeman, who was then Minister for Older
 13 People, and along with another organisation, who are now
 14 no longer operational, the Scottish Seniors Alliance, we
 15 set up the Older People's Strategic Action Forum, which
 16 was a specific mechanism to engage and liaise with
 17 policymakers at Scottish Government level, which would
 18 be chaired by the Minister of --- for Older People.
 19 And within that time, I must say --- immediately when
 20 the first lockdown kicked in, there was emergency
 21 funding put through that in order for older people's
 22 organisations to remain operational to a degree. It was
 23 only set up to be approximately three meetings a year
 24 but that actually stepped up to about seven meetings per
 25 year and people within that committee were actually

125

1 appointed to speak on the rights of older and welfare of
 2 older people on specific boards that were set up for ---
 3 by the Scottish Government.
 4 Q. Maybe it's sort of fairly obvious, perhaps fairly
 5 obvious now looking back, but what areas in particular
 6 were you campaigning for or discussing with the
 7 Scottish Government at that time?
 8 A. Probably the first meeting of the Older People's
 9 Strategic Action Forum, where we had to go online,
 10 I remember actually saying to the then Minister for
 11 Equalities and Older People, "This pandemic is --- you
 12 know, we're going through this now, but coming through
 13 this there's going to be an even greater pandemic in
 14 terms of loneliness and isolation", and I think I've
 15 been proved right on that. So that is something that we
 16 had to work really quickly on.
 17 I think there were community groups that were given
 18 specific funding to perhaps have about ten or 12 tablets
 19 to people who were most in need and try and help older
 20 people to work with these. But in terms of the --- the
 21 libraries were closed down, there was no local authority
 22 hubs for older people, so in terms of --- they were cut
 23 off. They were cut off and that was glaringly apparent.
 24 Q. Interestingly what you just said, that you made that
 25 representation to Jeane Freeman at that time.

126

1 A. It was actually ---
 2 Q. That was something you envisaged would occur?
 3 A. Yeah. Well, going back, there had been surveys up to
 4 2014/2015 in Age UK on older people in Scotland over
 5 age 65. I have stats but obviously I won't be using
 6 those. However, we actually done a three-year programme
 7 of work along with retired trade union member branches
 8 on loneliness and isolation, on the transition into
 9 retirement, so it was something we were really ahead of.
 10 In January 2018 a Connected Scotland draft strategy
 11 first came out, which was adopted in December 2018, so
 12 there had been moves to appreciate that there was an
 13 issue on this in Scotland. However, 14 months in and
 14 then we were in the midst of a pandemic, so there was
 15 action towards that but it was --- not too little too
 16 late but there didn't seem to be an emergency plan in
 17 place.
 18 Q. So far as --- and we will be looking particularly at
 19 pre-pandemic planning later in the Inquiry --- but in
 20 those early days, in March 2020 and just thereafter,
 21 did you get the impression that the position of older
 22 people in Scotland was something that had been thought
 23 about in the context of what might be a pandemic?
 24 A. I don't think anyone could envisage what was going to
 25 happen. I think there was plans put in place but it was

127

1 a bit too little too late, as far as I'm concerned,
 2 because there were surveys in place, 2013/2014, looking
 3 at this and the strategy came into place about four
 4 years later --- five years later.
 5 Q. Okay. Your communication with your members, you tell us
 6 in paragraph 27 and perhaps alluded to this already that
 7 the increase in telephone calls you received was an
 8 increase of about 400%.
 9 A. That's correct.
 10 Q. What were people contacting you about?
 11 A. There was people contacting me at 11 o'clock at night
 12 saying they were in hospital and they had no one to talk
 13 to and they were wanting me to help them write their
 14 eulogies, and that's a true story. Because the number
 15 was made available, it was transferred on to my mobile
 16 device, I wasn't not going to answer a telephone call.
 17 Q. I was going to ask, how was your number out in the
 18 public domain?
 19 A. It was the office phone transferred on to the office
 20 telephone number transferred on to my mobile device, so
 21 it wasn't my personal number per se.
 22 Q. No. Was it you alone who was answering the phone or
 23 did you have any help?
 24 A. Yes, alone. No, not with the telephone, but I did have
 25 executive committee members who were digitally savvy,

128

1 shall we say, and they were --- you know, I was always in
 2 touch with them or phoning them and trying to do as much
 3 as possible. But in order for older people not to be
 4 cut off entirely, we actually --- we do four quarterly
 5 newsletters per year and that --- we'd done another seven
 6 in that first year in order for older people to feel
 7 engaged because there were a lot of older people who
 8 were hearing things through the news but there were also
 9 at that time an awful lot of older people who were
 10 scared to turn on the television because there had been
 11 a drive for the removal of the TV licence, they hadn't
 12 paid it and they were scared to watch the television.
 13 So we had to keep them --- keep contact with them,
 14 maintain contact with them, to let them know someone
 15 cared. Myself and two of the other members of our
 16 committee looked at our database --- obviously we had to
 17 be compliant with GDPR --- and the people that were on
 18 that were phoning older people and our members to check
 19 in that they were okay.

20 Q. At paragraph 28 of your statement you give an indication
 21 of some of the issues that were being discussed with
 22 you. One was a concern that care packages were being
 23 removed.

24 A. Yes.

25 Q. Was this actually happening or was it speculation ---

129

1 A. No, it's not speculation. They told us it was actually
 2 happening and they had notification of that. You've got
 3 to bear in mind, you know, that a lot of older people
 4 are not those of 68 or people of pensionable age or
 5 over 70 or 75. The category even within the
 6 Scottish Government is people of 55 and over. So there
 7 were people who were perhaps disabled. They were
 8 saying, you know, "Are there other people who can help
 9 look after you within the household?", so, you know, we
 10 have to actually prioritise care packages. And even in
 11 terms of that as well, there were people --- there were
 12 staff going in who were having added responsibilities,
 13 and that is something that I have heard from several
 14 social care workers, that people were being added on to
 15 their worksheet and they were the only people that older
 16 people were seeing. So in order to prioritise who would
 17 be seen, these would be cut back to safeguard workers,
 18 which is absolutely the right thing to do, however, it's
 19 the people who were being left behind that was the
 20 issue.

21 Q. Obviously we can envisage the problems of loneliness and
 22 you've mentioned that as one of the issues that you were
 23 being phoned about ---

24 A. Yeah.

25 Q. --- but you also say that older people were frightened.

130

1 A. [Nods]

2 Q. Again, we can all remember what it was like in those
 3 early days, not just for older people but for all of
 4 us ---

5 A. Absolutely.

6 Q. --- and I'd like to think I'm not old, but that level of
 7 fear, was that something that surprised you?

8 A. Within my committee, yes, because most of my committee
 9 members, the committee members that we work with, are
 10 retired trade union members who are there to fight for
 11 the rights of older people. Now, obviously I've become
 12 very, very close to these people, having worked with
 13 them, and to see some of them facing their mortality for
 14 the first time, it actually was really, really --- it was
 15 awful to witness. It really was awful to witness. And
 16 we engaged very widely with people in Dundee,
 17 North Ayrshire, Edinburgh, we have several local
 18 organisations or, shall we say, you know, local forums
 19 on our committee and they were finding the same thing.
 20 We were in constant contact.

21 You know, older people weren't allowed to go out.
 22 They were told that, basically, "If you go out, you
 23 die". During this time, the increase of scams online ---
 24 sorry --- phone scams escalated, so they were worried
 25 about that, they were calling about that. They were

131

1 calling about their GP saying, you know, they were going
 2 to put DNRs on them. And I know the Scottish Government
 3 had nothing to do with that and didn't endorse that in
 4 any way, but that was happening, so they were scared and
 5 they were alone. You know, there was work that we had
 6 done around about 2015/2016 where we found that across
 7 Scotland over 35s --- children over 35 lived 113 miles
 8 away from their older parents. Now, that is something
 9 that is logged. So even within the local authority
 10 boundaries, even when restrictions were being lifted,
 11 a lot of older people couldn't see their family because
 12 they couldn't travel. They couldn't travel or use
 13 transport to get to their banks because that was outwith
 14 an area, so they were generally cut off from their money
 15 and lots of other things.

16 Q. Now, you mentioned the message, whether either directly
 17 or indirectly through inference, to older people that
 18 essentially, if they went out, they were at the risk of
 19 dying. Do you feel from your perspective that the tone
 20 of the information that was being conveyed, particularly
 21 to the older population, was appropriate?

22 A. It could have come across as being patronising to
 23 a degree. However, I do feel that initially it came
 24 from a good place, of a caring place. Although we're
 25 not speaking on that, but on the television you've seen,

132

1 you know, who was dying and by May 2020 90% of the
2 people who had died from COVID were older people. And
3 that's public knowledge. That's out there. The
4 Communities Division of the Scottish Government has
5 actually put that out, so that is out there.

6 So, yes, initially, it was the right thing to
7 safeguard older people. I was a shielder — I wasn't
8 initially on the shielding register but my cardiologist
9 called up and gave my GP short shrift, so after that
10 I had to get injections and things at home and things as
11 well, so it was quite worrying for me too.

12 Q. Can we move on to digital exclusion —

13 A. Absolutely.

14 Q. — because I think this is one of the main areas that
15 you are referring to. You talk about a survey that was
16 carried out in November 2020. It's at paragraph 32 of
17 your statement. In general terms, what did that survey
18 disclose to you?

19 A. It disclosed that people were generally being cut off.
20 Over a third, 36% of households, with adults over 65 did
21 not have home internet access and this rose to
22 three-fifths, 60% of households, where all adults
23 over 80. Two-thirds of adults aged 60-plus used the
24 internet in 2018 compared to one-third, so it was moving
25 in the right direction. However, because of the speed

133

1 of things that were taking place, no one could get
2 access to the shops even if they wanted to — if they
3 were digital savvy, to get that. There was a drive
4 towards smartphones. People couldn't access food — if
5 they weren't on an online bank, if they went into
6 a bank, they couldn't access their money.

7 So what happens there? GPs — everything was going
8 towards online. How can you diagnose someone who
9 doesn't have a smartphone, who can't send you
10 a photograph of their ailment, and how degrading is that
11 actually for someone of an older age as well to actually
12 feel like that?

13 Q. It's also a problem of access to medication, I think.

14 A. Yeah. Absolutely, yes. Although the Scottish
15 Government had never endorsed this, there were some
16 pharmacies, larger pharmacies, who were charging a £5
17 delivery charge and you could only access prescriptions
18 online. And if you wanted a delivery of a prescription,
19 you wanted access to your medication, you would have to
20 pay this £5 and —

21 Q. I think you make the point that there would be some
22 people who would be requiring access to medication more
23 than once a week.

24 A. Yeah, absolutely. As well, you know, it's all right
25 saying there are repeat prescriptions but not every

134

1 medication is on a repeat prescription and it has to be
2 called up or put in online, and that couldn't happen.

3 Q. I think you tell us that, after some negotiation, this
4 was set aside. Were you involved in that negotiation —

5 A. It was me that done it.

6 Q. Right. How did you feel about having to do it?

7 A. I felt it was shameful. You know, it was people
8 profiting from older people and, not just older people,
9 other, you know, younger people, disabled people, people
10 with long-term health conditions. It was a way to make
11 a quick buck and it actually made me feel quite ill.

12 Q. I suppose one of the aspects of digital exclusion is the
13 fact that individuals don't have or some individuals
14 don't have or didn't have the equipment to facilitate
15 that communication, so either an internet line or
16 a tablet or a smartphone or a laptop, they didn't have
17 that equipment. Was any thought given to perhaps making
18 some efforts to provide that sort of equipment to
19 people?

20 A. Well, we're a campaigning organisation rather than
21 a service user, Mr Gale. In terms of that, we have
22 organisations that actually had carried that out within
23 the community that we worked with on the Older People's
24 Strategic Action Forum and, you know, when we were at
25 these meetings, I would say to them, you know, "This

135

1 isn't just about the Scottish Pensioners' Forum. Tell
2 us what you need. I will feed this into policy circles,
3 et cetera". So their views were taken into
4 consideration.

5 Q. The other, I suppose, difficulty is, even if you have
6 that equipment, you have to know how to use it.

7 A. Absolutely. There were some, as I said, community
8 groups that — you know, that could go out because they
9 were health and social care workers, et cetera, but
10 you've got to take into consideration as well, if you
11 don't have internet access, you're looking at people in
12 rural areas as well who were just basically cut off.
13 You know, 15% of older people are, you know, suffering
14 pensioner poverty and, if you don't have the money to
15 actually pay for an internet provider, then you're just
16 cut off.

17 Q. Can I also ask you, again in relation perhaps to digital
18 exclusion — but to ask you a little bit about access to
19 food. You mention this at paragraph 38.

20 A. Yeah.

21 Q. One of the things you say is that older people did have
22 obviously a concern about attending shops at that
23 time —

24 A. Yeah.

25 Q. — so to physically go to a shop was off-putting to many

136

1 older people?
 2 A. You know, it was a very daunting prospect to be told
 3 that you need to look after yourself and actually to go
 4 out — if there's not a shop that's local, you had to go
 5 on transport, if it was made available — you know, if
 6 there were buses or whatever, to go to a shop and then
 7 find that it's packed or there's nothing left for you to
 8 eat or there was the process of you can bulk-buy and
 9 then it's perishable and they don't really have the
 10 money to do that.
 11 When the supermarket lines were first introduced and
 12 there was specified times for older people to go along,
 13 even then the prices had escalated. I spoke to one man
 14 who had actually went to the shop just prior to the
 15 pandemic and he thought, "I'll have money for this to
 16 pay my bills", and he wanted a packet of ham and a loaf
 17 of bread and, do you know, it went up by — I think the
 18 ham had gone up from £1.39 to £2.79 for the same ham, so
 19 he couldn't make himself a sandwich so that was him not
 20 eating.
 21 Q. Obviously some suppliers, some supermarkets, did provide
 22 a facility that you could order online but a lot of
 23 them, as my recollection was, was that you had to have
 24 a minimum spend.
 25 A. £50. £50.

137

1 Q. What good was that to an elderly person living alone?
 2 A. It wasn't because again — older people are very
 3 specific in the food that they need. It's smaller
 4 portions. There would have been waste. But the crux is
 5 that they couldn't access it anyway because they were
 6 digitally excluded. So even if they did have the money
 7 to buy this and they could afford it, most of it would
 8 have gone in the bin, you know, in terms of perishables.
 9 Q. We have heard evidence from particularly an organisation
 10 in Glasgow that was making available small packages of
 11 food to people — principally those who were disabled
 12 but living on their own. Is that the sort of situation
 13 that you have heard about?
 14 A. I have heard about that with other organisations, yes.
 15 THE CHAIR: Can I ask, was the £50 minimum charge — did all
 16 supermarkets charge that?
 17 A. The majority of — they offered free delivery if you
 18 spent over £50. I think the minimum spend in some were
 19 £35. However, if you didn't spend the £50, you would
 20 have to pay delivery and I think sometimes that was as
 21 much as between £8 and £10. So I think you would
 22 probably attempt to try and get the free delivery and
 23 buy food, but — rather than not naming names and
 24 certain supermarkets, I know there was one at £35 but
 25 the majority were £50. And you had to have a shielding

138

1 letter or evidence that you had to download, so if you
 2 didn't have the facility to do that, you wouldn't be —
 3 because there was conditions set that you had to be
 4 a shielder or over a certain age and you had to provide
 5 evidence of that.
 6 So this is all things like, if you don't have
 7 a smartphone to take a photograph — not everyone has
 8 a camera to hand, especially if you're staying on your
 9 own and you have no one who can come to see you and tell
 10 you that you can do that. So it was frustrating,
 11 demoralising and people were feeling just cut off, let
 12 down and facing death basically.
 13 Q. I have mentioned already the removal or fear of the
 14 removal of health and social care packages for certain
 15 people. There would obviously be a concern for — on
 16 the part of those who were providing those packages —
 17 A. Yes.
 18 Q. — going into older people's homes. Is that something
 19 that you came across?
 20 A. Yes, that was part of a survey that we done on COVID—19
 21 and the safety of older workers in terms of health and
 22 social care workers. They were afraid because they were
 23 going in and families were not taking into
 24 consideration — we found it a lot in areas of social
 25 deprivation — and families were not taking heed of the

139

1 need to safeguard not only the loved one but the people
 2 that were actually carrying out the service.
 3 Q. I think also, so far as the recipients of care packages,
 4 one of the other concerns would be the information that
 5 was being put out into the public domain of the number
 6 of deaths of people of comparative age —
 7 A. Yeah.
 8 Q. — in care homes.
 9 A. Absolutely. That was a huge issue. That was a huge
 10 issue. People were scared. They were angry of the fact
 11 that older people were just basically being left behind,
 12 and that was the attitude of a lot of people in the
 13 beginning. Seeing that older people were basically just
 14 being transferred from hospital into care homes without
 15 any real packages being put in place, that was an issue.
 16 That was an issue.
 17 Q. You mention at paragraph 43 of your statement the impact
 18 that — you identify particularly the closure of weekly
 19 clubs and similar hubs where older people could meet and
 20 the impact that that had on mental well-being. Tell us
 21 a little about that.
 22 A. Yes, absolutely. People's mental well-being was
 23 declining rapidly. A lot of the stuff that we had
 24 actually done on loneliness and isolation prior to this,
 25 seeing that people's engagement with other people in

140

1 these community hubs was a lifeline because, when they
 2 had given up work, most of their social interactions
 3 were with people in the workplace, so when they retired
 4 they would find ways, you know, to meet other people, to
 5 go out. A lot of this was in community hubs but, as
 6 these were run by local authorities, these were all
 7 closed down. They were closed down. They had nowhere
 8 to go. If they lived alone, that was it. They were
 9 alone. If their family couldn't, you know, form
 10 a bubble or contact them or visit them, then that was
 11 a huge issue.

12 So sitting staring at the walls facing the
 13 inevitable, it would drive anyone to think that this was
 14 it, "I'm going to die alone here. I'm not going to get
 15 any access to food. I have my television, if I'm
 16 allowed to switch it on. I have books that I've read
 17 over and over again. I'm going to bed and I'm waking up
 18 in the morning", and it's over and over again the same
 19 cycle; tuning in to see what's happening next, if they
 20 can actually get out and about. But even now, even now,
 21 people haven't -- they're not the same anymore.

22 Q. That's what I was going to ask. Is there a longstanding
 23 consequence of that?

24 A. Yeah. Local groups and forums in particular -- we have
 25 one in the Renfrewshire area that -- the person that

141

1 organises that is on our committee and that was
 2 operational very quickly, but the majority are not.
 3 North Ayrshire in particular is really finding that
 4 a struggle. Dundee is finding it a struggle.

5 So these facilities aren't there anymore.
 6 Libraries, when they're open, you can't access, and
 7 because they're scared if it's too crowded because
 8 people will use -- if it's limited hours, people will
 9 use it and they're even scared to go out. It's actually
 10 horrible to see -- when I've worked with so many older
 11 people who have been active and have been the driving
 12 force of making sure that older people's welfare and
 13 rights are at the forefront of everything they do, to
 14 see the demise in them, it's actually really quite
 15 difficult to watch.

16 Q. As one gets older, one becomes aware of one's potential
 17 mortality but also you become aware of it through the
 18 deaths of your contemporaries. Is that again a problem
 19 because --

20 A. A huge problem.

21 Q. -- a lot of people would be seeing -- not even
 22 necessarily from COVID but just simply the progression
 23 of the ageing process -- people would be seeing the
 24 deaths of their contemporaries and the restrictions on
 25 funerals --

142

1 A. Absolutely.

2 Q. -- were considerable.

3 A. A huge issue because a lot of the funerals were limited
 4 to -- maybe some six, some as many as 20 in some areas.
 5 I actually sit on a cross-party group on funerals and
 6 bereavement so that was something that I continued to
 7 bring during the meetings that we had there. And the
 8 fact that you couldn't -- funerals were going online and
 9 they couldn't access online funerals even to say their
 10 goodbyes through that way because they didn't have
 11 a tablet or a smartphone or a laptop, so that was it.
 12 The only thing that they knew was someone phoning them
 13 up and saying that someone's dead and they didn't have
 14 time to grieve. You know, they were sitting with those
 15 thoughts. So we can only imagine what that would do to
 16 someone's morale and their mental well-being. They
 17 can't grieve. I had one in particular, in Islay,
 18 a sibling and an in-law died. They couldn't travel,
 19 they couldn't watch their funeral online and they didn't
 20 really have any social interaction for another nine
 21 months.

22 Q. Right. Mrs Cawley, those are really all the questions

23 I want to ask you. We've got, at the end of your
 24 statement, helpfully your lessons to be learned and
 25 you've focused those very clearly for us and I hope I've

143

1 concentrated a little on the difficulties of digital
 2 exclusion --

3 A. Absolutely.

4 Q. -- as you've given your evidence.

5 You've also told us your hopes for the Inquiry and
 6 I should say we are conscious of the DNR issue and we
 7 are looking at that specifically. But at this stage is
 8 there anything further that we haven't perhaps dealt
 9 with that you would like to say?

10 A. I would like to say that during the pandemic at its
 11 worst we have to look at the youth who really stepped
 12 up. They were not at school, they helped out as
 13 volunteers in communities and whatever as much as
 14 possible to reach out to the most vulnerable people.
 15 And the driving force behind the demonisation against
 16 old and young people has to go. There are so many
 17 groups out there, intergenerational practices -- and
 18 I think we're sitting in Global Intergenerational
 19 Week -- and we need to look at that. The money -- there
 20 has to be something -- more money goes into that to
 21 ensure that -- you know, the understanding is that older
 22 people and younger people get one another. You know,
 23 they really do.

24 I had one young boy in Aberdeen just in 2022 and it
 25 was one of the first events that I could go to. Now, he

144

1 came to our stall — we have our newsletters and
 2 everything — and he came up and he took everything and
 3 he wanted to give me a donation, and I said, "No,
 4 please, what you're taking and taking away to read is
 5 the most important thing for me", and he said, "I want
 6 to help, I want to know more about this, and it has to
 7 be out there about the wealth that older people bring to
 8 society because I thought I was going to lose my gran
 9 and that really opened my eyes", and he was 17 years of
 10 age. So people do care about one another and we need
 11 more funding or work put into this — to the
 12 understanding of all ages across society. We need to
 13 respect one another. It's hugely important.
 14 MR GALE: On that very profound point, Mrs Cawley, that's
 15 all I have to ask you. Thank you very much for engaging
 16 with the Inquiry. We're very grateful to you.
 17 A. Thank you, Mr Gale.
 18 THE CHAIR: Yes, thank you indeed, Mrs Cawley. That's all.
 19 Now, Mr Gale, I have received through the miracles
 20 of digital connectivity, which we have access to
 21 fortunately, the information that the next witness is
 22 here. So we have finished this witness early. We can,
 23 unless you have any objection, start the next witness
 24 at, I would have thought, 5 to 3.
 25 MR GALE: Yes, certainly, my Lord.

145

1 THE CHAIR: Good. Thank you very much indeed. That's what
 2 we'll do then.
 3 (2.41 pm)
 4 (A short break)
 5 (2.55 pm)
 6 THE CHAIR: Good afternoon again, Mr Gale.
 7 MR GALE: Good afternoon, my Lord, again.
 8 The next witness is Mrs Annie Hair.
 9 MRS ANNIE HAIR (called)
 10 THE CHAIR: Good afternoon, Mrs Hair.
 11 A. Hello.
 12 THE CHAIR: When you're ready, Mr Gale.
 13 Questions by MR GALE
 14 MR GALE: Mrs Hair, can you give the Inquiry your full name,
 15 please?
 16 A. My formal name is Anne Merrilees Hair.
 17 Q. I think you're known as "Annie".
 18 A. Yes, I'm known as "Annie".
 19 Q. You've provided us with a statement. The reference is
 20 SCI-WT0271-000001. You're agreeable that that statement
 21 be published and also the evidence you give today in
 22 amplification of it is recorded and broadcast?
 23 A. I am, yes.
 24 Q. Your background is in nursing, I think; is that right?
 25 A. That's correct.

146

1 Q. And you have, as you tell us in your statement, a wide
 2 and extensive experience in nursing.
 3 A. I do, particularly in community nursing, and I've been
 4 a nurse for 50 years.
 5 Q. Yes. You tell us also that you continue to work
 6 full-time as a senior nurse for practice development —
 7 A. That's correct.
 8 Q. — for children and families.
 9 A. That's correct.
 10 Q. And you're employed by the Greater Glasgow and Clyde
 11 Health Board?
 12 A. That's correct.
 13 Q. That's within the Health and Social Care Partnership?
 14 A. That's correct.
 15 Q. You're also a senior shop steward for the Unite union?
 16 A. Unite the Union and Community Practitioners' and Health
 17 Visitors' Association.
 18 Q. I think at paragraph 2 of your statement we see that for
 19 the last 15 years your specific role in Unite is for the
 20 Community Practitioners' and Health Visitors'
 21 Association.
 22 A. That's right. I work at both in industrial trade union
 23 but in that aspect I'm a professional trade union
 24 representative.
 25 Q. So can we unpick those various roles a little? Can you

147

1 indicate if you have a principal role or what the
 2 various roles involve?
 3 A. It's very hard to separate industrial matters from
 4 professional matters, but professional is very
 5 prospective around the impact on health visiting and
 6 nursing. The industrial is on policy and processes.
 7 And I am 50% employed in NHS GGC in my professional role
 8 as a health — senior nurse and 50% I'm on the
 9 Partnership Forum with facilities time for the trade
 10 union across both these roles.
 11 Q. You're here, as you say in paragraph 3 of your
 12 statement, to tell us about the impact of the pandemic
 13 on your professional nursing role as well as the impact
 14 on your union members.
 15 A. Yes.
 16 Q. Now, just as a point that I want to make at the outset,
 17 Mrs Hair, with your background, you've indicated at
 18 various sections of your statement the impact that the
 19 pandemic has had on the training of nurses.
 20 A. Yes.
 21 Q. The closure of universities —
 22 A. Yes.
 23 Q. — the detrimental effect of distanced learning —
 24 A. Yes.
 25 Q. — and then, towards the end of your statement, at

148

1 paragraphs 46 and following, you conclude by offering
 2 your expertise so that the Inquiry is made aware of the
 3 impact of the pandemic on children ---
 4 A. Yes.
 5 Q. --- including the identification of certain developmental
 6 issues for children post pandemic.
 7 A. Yes, professionally receiving more and more contacts
 8 from our members who are concerned in their professional
 9 roles on the delivery of their services to children.
 10 Q. Now, you'll appreciate that within the Inquiry we have
 11 another team that's looking specifically at education
 12 and the impact on children and we have passed your
 13 statement to them and they will be very likely asking
 14 you further questions about that and getting further
 15 details ---
 16 A. Thank you.
 17 Q. --- so at this stage I'd like to concentrate on just some
 18 of the points around those points that you make in your
 19 statement. Can I begin therefore with some questions
 20 about redeployment ---
 21 A. Yes.
 22 Q. --- which you refer to at paragraph 17 in particular.
 23 What you tell us there is that in your professional role
 24 you were initially asked to provide a list of names to
 25 management to deploy into acute COVID care. I think

149

1 this is from the student nurses that you were ---
 2 A. It was post-graduate nurses studying the health visiting
 3 and school nursing specialist practice qualification
 4 that had commenced training in the previous September
 5 and indeed just commenced in the January. There was
 6 a significant number of them --- gosh, probably
 7 about 50/54 --- and they were not deemed necessary --- the
 8 courses hadn't yet stopped and I was asked to provide
 9 the list of them so that they could be redeployed to
 10 acute care.
 11 Q. I don't think --- as I read what you say in paragraph 17,
 12 I'm not entirely clear that that was an approach you
 13 were happy with.
 14 A. I was not happy with the approach in its ---
 15 Q. Could you explain why?
 16 A. I felt to just give a list of names was inappropriate;
 17 that I had both a management and an ethical
 18 responsibility to these staff as a professional nurse
 19 and in my union capacity I sought advice and we
 20 concocted a risk assessment form and detailed
 21 information form within 24 hours that would gather
 22 information, looking at the skills and competencies of
 23 these nurses, where they had previously worked, what
 24 risks individually they may have as to their current
 25 health and status and what their living arrangements

150

1 were, to have a much more detailed understanding of how
 2 they would be best deployed. I had support from my
 3 professional lead nurse in that as well.
 4 Q. So what you were aiming for, as I understand it, was to
 5 attempt, if possible, to allocate a particular nurse to
 6 an area in which he or she would be more comfortable?
 7 A. Yes. I didn't have responsibility for the allocation
 8 but I could give the information that would assist those
 9 allocating.
 10 Q. Yes. You could --- if I can put it this way, you could
 11 probably make a pointed recommendation?
 12 A. Indeed.
 13 Q. Thank you. There is --- in paragraph 19 of your
 14 statement, you give an example of a particular nurse
 15 who, as I understand it, because of certain --- I'll not
 16 go into details because we don't want that person to be
 17 easily or readily identifiable --- but a particular nurse
 18 I think had a child with certain health issues.
 19 A. Indeed, yes, who had recognised would be in the
 20 shielding category and had indeed by that point received
 21 notification from a consultant to protect her child.
 22 Q. And what happened was that her husband and child went to
 23 a distant part of the country ---
 24 A. Yes.
 25 Q. --- and that nurse continued to work in high dependency?

151

1 A. She did. She had high dependency experience and
 2 actually was one of the nurses that went above and
 3 beyond and had already contacted her previous place of
 4 work to say she was being redeployed and could she be of
 5 help to her previous area.
 6 Q. The type of redeployment that you were involved in, was
 7 that something that, in your experience, was occurring
 8 in other areas, either geographic or within the
 9 Health Service?
 10 A. Yes, we were well aware within Unite the Union of
 11 discussions with other union reps in other areas and, in
 12 my professional role within Unite, I cover the whole of
 13 the UK and was aware of this happening, particularly in
 14 London and other parts of the country.
 15 Q. Was it happening with the same degree of, if I can put
 16 it this way, investigation that you were carrying out to
 17 enable recommendations to be made for particular nurses?
 18 A. I can only talk for myself, but I don't particularly
 19 think so because I retrospectively have heard of people
 20 being completely out of their depth.
 21 Q. You do say at the end of --- sorry, it's the beginning of
 22 paragraph 22, you say:
 23 "I would summarise the redeployment process as
 24 complex and challenging ..."
 25 A. Yes.

152

1 Q. I think you may have already indicated that, but perhaps
2 you can just give a little more detail.

3 A. I mean nursing comes in lots of different fields and
4 your practice and skills tend to be honed in
5 a particular area. I don't think anybody who had dealt
6 with a pandemic in its form before — but very few
7 nurses would be able to walk into high dependency
8 intensive care units. Many nurses will not have dealt
9 with a lot of dying patients, care of elderly patients.
10 They may be children's nurses, they may be neonatal
11 nurses or midwives. Basically every registrant was
12 placed in an equivalent area, which could be a high
13 dependency medical ward, dealing with very sick COVID
14 patients because you were very sick if you were admitted
15 to hospital.

16 Q. Yes. Were you aware of instances where nurses were
17 redeployed into areas for which they perhaps did not
18 have the background?

19 A. Yes.

20 Q. And what was the — if you can give an indication,
21 whether specifically or generally, of the effect that
22 that had on them?

23 A. There was increased stress in nurses and I was — I set
24 up a WhatsApp group for the colleagues that I was
25 supporting and also within the union. There were nurses

153

1 who would contact at 1.00 or 2.00 in the morning in
2 distress and crying. They were working for long hours
3 in PPE, high-level PPE, hazmat-type suits, and not
4 necessarily getting breaks because it was so busy and
5 were dealing with holding patients' hands as they died,
6 talking to their — having their loved ones on a screen
7 with a phone, holding a phone so that their loved ones
8 at home could spend their last minutes remotely with
9 their dying relative, and this was recounted to me.
10 Some of our members also contacted us about their
11 colleagues or family members who were working in other
12 areas and were totally ill-equipped for — particularly
13 in care homes, some student nurses — student
14 undergraduate nurses were working part-time in care
15 homes and were not prepared for this level of care.

16 Q. Yes, I was going to ask you about the WhatsApp group.
17 This was something you set up yourself?

18 A. I did.

19 Q. Again, we may have probably covered this. What led you
20 to do that?

21 A. It was a request from the staff I was supporting, "Can
22 we keep in contact with you?", and I thought at that
23 point — we were using within the union several WhatsApp
24 groups and I thought this would be a useful way to make
25 myself available but not be answering a phone or on

154

1 a computer screen.

2 Q. And the purpose as I understand it was, I think, as you
3 put it, to provide a listening ear?

4 A. Yes, that was one of the purposes. It was also to
5 provide up-to-date information or links to it as soon as
6 I could — official information as it became available
7 to me, but I made a listening ear available.

8 Q. Just a couple of — I won't say incidental points but
9 taking your statement in the order, you, together with
10 some of the students you knew, volunteered to do some
11 extra shifts in connection with the vaccination
12 programme?

13 A. That's — as soon as the vaccination became available,
14 I volunteered because I had largely been working
15 strategically in the background. I was of a certain age
16 that was not particularly going forward. My husband was
17 shielding. However, the vaccination enabled me to
18 offer, and I did most weekends and evenings, two or
19 three a week for a period of about four months, offering
20 vaccinations.

21 Q. Going back or on to the WhatsApp group, one of the areas
22 that you say people who were calling you or contacting
23 you through the WhatsApp group were raising concerns
24 about was about the availability and adequacy of PPE.

25 A. Yes. There was concern particularly on ward areas of

155

1 not having what was called "face-fit masks" —

2 Q. Yes.

3 A. — and just normal waterproof blue masks which we all
4 used.

5 Q. We've heard quite a bit about face-fit masks and I think
6 we probably have an image of what that involves, but
7 from your experience, perspective, can you just tell us
8 what is involved in face-fitting a mask?

9 A. Somebody had to be trained to recognise — to understand
10 how the mask fitted on the face and they had several —
11 three or four sizes that they would try to create a seal
12 on the face and then they would blow air or something on
13 it to make sure there was no gaps. Obviously, facial
14 hair could not be in the way so people were having to
15 remove their facial hair to do that. Certain types of
16 faces did not fit. Very small faces there was
17 a struggle with. And I think I cited further on in my
18 statement —

19 Q. You do indeed. I was going to ask you about that.

20 A. Yeah.

21 Q. It's at paragraph 52.

22 A. Yeah, one of my union members contacted me. She was
23 working — she was previously a theatre nurse in
24 anaesthetics so was well equipped to be working in
25 intensive care areas. Theatres were turned into

156

1 intensive care. And she is of South Asian origin and
 2 could not get a face mask to fit --- a face-fit mask to
 3 fit. She felt slightly vulnerable throughout that
 4 period but continued to work with an ill-fitting
 5 face-fit mask until the army were drafted in to support
 6 NHS GGC and they made army-issue rebreathers available
 7 to this particular member of staff, which is a type of
 8 mask you would wear in a gas attack.

9 Q. Do you have any comment to make about the lack of
 10 provision for persons such as the nurse you're talking
 11 about?

12 A. I don't think anybody had thought of the impacts of that
 13 on individuals. Everything was geared towards white
 14 Caucasian hair-free faces.

15 Q. And also probably male?

16 A. Male --- I think the small masks fitted females, yes, but
 17 they had not --- they weren't moulded to individuals.
 18 That was the area that did get face-fit masks. Many
 19 areas in healthcare --- medical wards and areas where
 20 COVID patients were nursed did not get these masks.
 21 They were using the waterproof blue masks of various
 22 qualities.

23 Q. We've also heard some evidence this morning and on other
 24 occasions in the Inquiry about the use of particularly
 25 masks where the best before date or the sell-by date has

157

1 been changed. Is that something you'd come across?
 2 A. Certainly we came across that in the union. There were
 3 several photographs circulated of masks where the dates
 4 had been printed over and stickies put on them. The
 5 union, actually Unite the Union and the joint trade
 6 unions in GGC raised this at various points. These
 7 masks appeared to be removed and then appeared in other
 8 areas. There was also a set of masks that gave off
 9 fibres when you breathed them in and they were again
 10 removed at some point but turned up again later on.
 11 There were circulars --- in fact there were official
 12 or semi-official circulars put out with the codings of
 13 masks that had been tested to be able to have their
 14 dates changed and the dates on these boxes were indeed
 15 changed. That was the rationale given to us at the
 16 trade union.

17 Q. What did you feel about that?

18 A. I think it was extremely concerning and did not
 19 necessarily fill staff or us, as trade union officials,
 20 with confidence.

21 Q. Now, your work, as you tell us at paragraph 30,
 22 increased massively ---

23 A. Yes.

24 Q. --- and you kept what you termed "a dossier" ---

25 A. Yes.

158

1 Q. --- of issues and you provide us with some information
 2 about some of those.

3 A. Yeah.

4 Q. One I'd like to ask you about is shielding ---

5 A. Yes.

6 Q. --- which you refer to at paragraph 31 of your statement.

7 A. Yes.

8 Q. Was there, in your view, dubiety about the shielding
 9 definitions and the categories into which people might
 10 fall?

11 A. Yes. I can use several examples ---

12 Q. Please do.

13 A. The conditions for shielding --- asthma was an obvious
 14 one, but what level of asthma did one require to have to
 15 fit a shielding category nobody really was clearly sure
 16 of. Asthma on --- using an inhaler or was it exacerbated
 17 asthma? And it left people with asthma feeling very,
 18 very vulnerable and not knowing if they should be
 19 shielding or not.

20 The other group significantly --- we had significant
 21 contact with professionally and in the union was
 22 pregnancy. There was significant dubiety; were you
 23 allowed to shield --- were you enabled to shield if you
 24 were pregnant? Were you vulnerable? No, you weren't.
 25 Was it after three months? Was it after six months?

159

1 Nobody knew. The evidence base was beginning to become
 2 available of increased --- during pregnancy there is
 3 an anatomical or physiological reason why you are more
 4 vulnerable to viruses and the evidence was beginning to
 5 become available and it took some time to get some
 6 clarity about who and at what stage of pregnancy you
 7 should be shielding or protected and moved into a less
 8 risk area of working.

9 Many pregnant nursing staff or health staff wanted
 10 to be working in some capacity but it seemed that you
 11 were either off altogether and shielding or you were
 12 front line. It was very, very difficult to decipher
 13 what a shielding pregnancy category would be till
 14 further down in the pandemic, probably about June.

15 Q. Were you being asked for advice on these things?

16 A. Yes.

17 Q. Were you able to give that advice or were you able to
 18 point people in the right direction where they might
 19 find things?

20 A. We would engage people to ensure they were referred to
 21 occupational health and complete --- by that time,
 22 certainly in my board, there was a health risk
 23 assessment which would be completed and then discussed
 24 with occupational health. But some of our members
 25 received calls, screening calls, from --- pertaining to

160

1 be occupational health who in fact were perhaps other
 2 members of staff that were asked to check the screening
 3 form rather than actually be occupational health
 4 employed staff.
 5 Q. What was your view of that?
 6 A. I would have rather it was with the occupational health
 7 team, who were trained to ensure that these forms were
 8 completed and the risk assessment properly carried out.
 9 Q. Right. You tell us a little about policies and
 10 processes and it was very —
 11 A. They changed — they were always changing on a daily
 12 basis.
 13 Q. I think we've heard that. If I can put it that way,
 14 Mrs Hair, the changes in guidance seemed to have been
 15 across the board and constant?
 16 A. It was chaotic, chaotic. As a union we would meet and
 17 joint trade unions we would meet to sort of decipher,
 18 after a few days, what did this latest change mean.
 19 I think our view as trade unionists was to ensure we
 20 went for the safest measure within the guidance that was
 21 happening, not the softest measure, and at times we got
 22 the impression that our management or our Health Service
 23 wanted to go down the softest measure rather than the
 24 most secure. And it just was chaotic; who wore PPE,
 25 when you wore PPE, particularly in community staff, what

161

1 services were stopped, what services were starting, what
 2 continued, who could visit who, where and when. It
 3 really was extremely hard to keep up with.
 4 Q. You presumably had a role — it's an expression I've
 5 used on a number of occasions — as a pivot between
 6 those who were providing that guidance, whether it be
 7 the Government or other public bodies, and your
 8 membership?
 9 A. Yes.
 10 Q. How difficult was it to do that?
 11 A. We obviously met as an area partnership forum with
 12 management within an NHS GGC and would voice our
 13 concerns. We were also enabled to voice our
 14 recommendations after speaking to our members and such
 15 a recommendation was regarding health-visiting services
 16 for children and families in the home which had been
 17 stopped and the vulnerability of families and children,
 18 particularly around being supported, promoted and
 19 safeguarded in their own homes, which is the GIRFEC
 20 principles that we work to within NHS Scotland. We were
 21 able to influence that in fact these services were
 22 important and should be continued. Another example was
 23 childhood normal immunisations, not COVID immunisations,
 24 and the importance that children still had access to
 25 healthcare to enable them to be vaccinated.

162

1 Q. One of the things you mention in paragraph 34 is that
 2 certain COVID pages were introduced into the
 3 health board's core brief. Can you just tell us what
 4 the core brief was and what status it had?
 5 A. NHS GGC publishes a core brief daily and that was
 6 updated with any guidance. It's available online, so
 7 you have to be able to log into a computer and have time
 8 to read the core brief and see that. Many of our staff
 9 did not have that time.
 10 Q. And if the guidance was changing on a regular and rapid
 11 basis —
 12 A. It caused confusion.
 13 Q. I'd like to ask you a little about a personal impact
 14 that you tell us about. This is at paragraph 44 of your
 15 statement. Again, can you avoid actually naming anybody
 16 or naming —
 17 A. Yeah, I realise I've named in my statement and I won't.
 18 Q. Right.
 19 A. However, it was at the very start of the pandemic when
 20 specific groups had been set up and I was part of the
 21 Glasgow City Staff Partnership Forum. I attended
 22 a meeting in person — so this was before many of us
 23 were working purely from home — and a senior member of
 24 staff chairing that meeting shared that we'd be setting
 25 up a specialist assessment and treatment area in

163

1 a fairly central health centre within Glasgow City.
 2 However, it did look like patients over 65 would not be
 3 directed to attend there. They would be remaining at
 4 home.
 5 I was in fact 64 at that point in time and it really
 6 left me running blood cold. I actually can still —
 7 I can still feel quite emotional about it because I just
 8 felt the room turn chill at that point and for the first
 9 time felt vulnerable and thought, "Hmm, right, I'm too
 10 old to matter". That is a fairly personal statement to
 11 say but I certainly — I'm older now and I still don't
 12 feel old and too old to matter, so it left me really
 13 feeling quite vulnerable and worried.
 14 The meeting further went on to discuss the patient
 15 frailty score, which you may have heard about, which
 16 again left me feeling very concerned because, as I've
 17 stated in my statement, my code of ethics as a nurse —
 18 and I do stress now I've been working in the profession
 19 for 50 years — is to always provide life-saving care.
 20 Q. Do you feel that that was being complied with?
 21 A. Yes, but I think there was an awful lot of ethical —
 22 people at an individual level were asking ethical
 23 questions of themselves, but I think some groups of
 24 patients did not easily access specific care.
 25 Q. You've provided us very helpfully, Mrs Hair, with some

164

1 lessons to be learned and some hopes for the Inquiry and
 2 particularly we have regard to what you say at
 3 paragraph 57 of your statement, where you say:
 4 "There was an impact on children and families we
 5 support. There was a big difference when health
 6 visitors were able to go back and see families and [it's
 7 your belief] that this should never have been stopped."
 8 A. Absolutely.
 9 Q. Do you know if your union or you personally made
 10 representations in relation to that?
 11 A. We, certainly personally and as a union and as
 12 a profession, really advocated on behalf of children and
 13 families. Our primary focus and role, particularly
 14 within Scotland, is support and safeguard children
 15 within the "getting it right for every child"
 16 principles. And we felt there was absolutely — there
 17 is now — we now know there's evidence base of the
 18 difference that has made to children in Scotland over
 19 the years that the "getting it right" has run and at
 20 that time we felt we were leaving vulnerable families
 21 high and dry, particularly families who may not have had
 22 access to high nutrition, may not have had access to
 23 outdoor space. We were working within Greater Glasgow
 24 and Clyde and we also know that the vulnerability of
 25 children from a child protection perspective of families

1 suddenly always being at home and being isolated, not
 2 being able to see grandparents or other peers, was
 3 leaving children extremely vulnerable.
 4 Q. As I said, my colleagues from the other portfolio in the
 5 Inquiry will be in touch with you about various matters,
 6 including issues in relation to children and young
 7 people.
 8 A. Thank you.
 9 Q. At this stage, Mrs Hair, that's all I have to ask you.
 10 As with all witnesses, we offer you an opportunity — if
 11 there's something that you would like to say that you
 12 feel hasn't thus far been said or said with sufficient
 13 force, this is your opportunity if you would like to do
 14 that.
 15 A. I very recently, in the last month, have gone back into
 16 a senior nurse role in an HSCP and actually I'm working
 17 with a number of the students that were redeployed
 18 during that period of time. I think all of that group
 19 would say they are suffering from some form of
 20 post traumatic stress from their experiences during that
 21 time. I've had that opportunity to meet with them. I'm
 22 working with them just now. We're seeing an increasing
 23 number of competency issues in staff that trained during
 24 that time — I've put that in my statement — and they
 25 had a remote learning experience, they didn't have

1 experience of that 50% in practice with peer support and
 2 they are certainly feeling that. But against that
 3 backdrop of what we've said of the impact on children
 4 and families, an increasing need in the families that
 5 they are visiting post pandemic.
 6 MR GALE: Mrs Hair, thank you very much for engaging with
 7 the Inquiry and for your evidence today.
 8 A. Thank you very much for having me.
 9 THE CHAIR: Thank you, Mrs Hair.
 10 A. Thank you. I forgot you were on the screen there!
 11 THE CHAIR: Yes, thank you, Mr Gale. Tomorrow morning at
 12 I think 9.30, is it?
 13 MR GALE: 9.30 again tomorrow morning, my Lord, yes.
 14 THE CHAIR: Till then.
 15 (3.30 pm)
 16 (The hearing adjourned until
 17 Thursday, 25 April 2024 at 9.30 am)
 18
 19
 20
 21
 22
 23
 24
 25

1 INDEX

2

3 MRS ESTHER O'HARA1
 4 (called)

5 Questions by MR GALE1

6 43MS EMMA CURRER (called)

7 Questions by MS TRAINER43

8 MR JOHN JACKSON82
 9 CULLINANE (called)

10 Questions by MS TRAINER82

11 MRS EILEEN CAWLEY120
 12 (called)

13 Questions by MR GALE120

14 MRS ANNIE HAIR (called)146

15 Questions by MR GALE146

16

17

18

19

20

21

22

23

24

25

| | | | | | | |
|--|--|--|---|--|--|--|
| <p>A</p> <p>aberdeen (1) 144:24</p> <p>ability (7) 37:15 50:7 51:3 59:16 67:10 71:2 75:11</p> <p>able (37) 11:21 15:6 16:21 21:5 24:5 28:11 37:18 40:20 43:25 48:10 56:23 60:10,13 64:21,22 68:1,10 70:11 75:22 77:20 78:15 89:9 91:8 93:11 103:1,15 107:2 115:22 124:9 153:7 158:13 160:17,17 162:21 163:7 165:6 166:2</p> <p>above (5) 5:15 81:13 89:13 91:6 152:2</p> <p>absence (4) 77:20 94:8 96:3 117:5</p> <p>absent (1) 94:3</p> <p>absolute (3) 38:21 40:6 102:8</p> <p>absolutely (28) 5:3 16:1 26:6 27:21 37:19 38:6 39:18 46:3 47:12 50:20 54:6 60:17 86:4 88:20 121:9 124:7 130:18 131:5 133:13 134:14,24 136:7 140:9,22 143:1 144:3 165:8,16</p> <p>accelerate (1) 78:14</p> <p>access (32) 59:16 61:4,5 64:22 65:23 89:9 90:10 91:5,8,17 102:7 103:1 110:13 133:21 134:2,4,6,13,17,19,22 136:11,18 138:5 141:15 142:6 143:9 145:20 162:24 164:24 165:22,22</p> <p>accessing (4) 61:2 64:17,24 88:16</p> <p>accident (2) 21:8 33:1</p> <p>accommodate (2) 113:14,24</p> <p>according (1) 97:19</p> <p>account (3) 41:3 73:17 104:21</p> <p>accountancy (1) 122:24</p> <p>accumulating (1) 25:14</p> <p>accurately (1) 87:3</p> <p>acknowledge (2) 51:14 74:20</p> <p>acquire (1) 67:10</p> <p>across (23) 15:21 21:2 24:10 30:20 41:13 52:17 55:4 57:7 69:1 76:17 86:25 92:22 103:10,16 122:9 132:6,22 139:19 145:12 148:10 158:1,2 161:15</p> <p>acted (1) 13:20</p> <p>action (5) 84:3 125:15 126:9 127:15 135:24</p> <p>active (1) 142:11</p> <p>actively (1) 63:11</p> <p>activities (2) 3:12 85:25</p> <p>activity (1) 5:2</p> <p>actual (2) 30:24 52:21</p> <p>actually (57) 27:3 28:13 46:7 49:12,19 50:4,6 51:11,16 52:14 54:23 72:19 73:6,17 87:24 93:10,22 97:17 102:1,22 103:3 113:21 115:8 118:8 123:13,15 124:14 125:24,25 126:10 127:1,6 129:4,25 130:1,10 131:14 133:5 134:11,11 135:11,22 136:15 137:3,14 140:2,24 141:20 142:9,14 143:5 152:2 158:5 161:3 163:15 164:6 166:16</p> <p>acute (12) 53:9,18 55:8,10,16 70:12 71:13 72:4,11 73:14 149:25 150:10</p> <p>acutely (2) 66:5 70:23</p> <p>adam (1) 22:8</p> <p>add (2) 53:6 119:17</p> <p>added (2) 130:12,14</p> <p>addition (2) 41:5,6</p> <p>additional (1) 5:13 50:4</p> | <p>52:11 60:11,21 100:5 105:2 108:9,17,21</p> <p>additionally (1) 105:6</p> <p>ability (7) 37:15 50:7 51:3 117:18</p> <p>addressed (2) 118:22 120:7</p> <p>addressing (2) 9:14 118:23</p> <p>adequacy (1) 155:24</p> <p>adequate (3) 53:1,2 57:9</p> <p>adequately (1) 76:9</p> <p>adhering (1) 91:10</p> <p>adjoined (1) 167:16</p> <p>adjournment (1) 120:18</p> <p>administrative (2) 88:23 90:6</p> <p>administratordevelopment (1) 121:10</p> <p>admission (1) 21:9</p> <p>admitted (1) 153:14</p> <p>adopted (1) 127:11</p> <p>adults (4) 73:1 133:20,22,23</p> <p>advance (2) 12:21 14:11</p> <p>adverse (1) 80:15</p> <p>advice (13) 3:1 4:9 5:10 10:18,19,21,22 33:11 46:12 150:19 160:15,17</p> <p>advised (3) 99:15 103:2,4</p> <p>advising (1) 84:18</p> <p>advisory (4) 44:16 45:8 96:20 123:16</p> <p>advised (1) 15:6</p> <p>advocated (1) 165:12</p> <p>advocating (1) 44:17</p> <p>aerogenerating (7) 17:15,20 18:12,17 19:16,21 102:10</p> <p>affect (1) 32:7</p> <p>affected (2) 123:14 124:19</p> <p>affecting (1) 86:3</p> <p>affiliated (2) 84:11 122:5</p> <p>afford (1) 138:7</p> <p>afraid (2) 119:6 139:22</p> <p>after (11) 24:21 29:4 32:25 130:9 133:9 135:3 137:3 159:25,25 161:18 162:14</p> <p>afternoon (12) 8:20 11:1 82:2,3,8 120:20,21,24,25 146:6,7,10</p> <p>again (32) 24:3 33:15,20,22 34:3 36:14 39:7 40:17 42:2,8 48:10 59:9 96:25 106:3 107:6 110:17,17 114:15 131:2 136:17 138:2 141:17,18 142:18 146:6,7 154:19 158:9,10 163:15 164:16 167:13</p> <p>against (2) 144:15 167:2</p> <p>age (17) 38:13 42:1 77:19 98:15,18,19,22 122:16 124:25 127:4,5 130:4 134:11 139:4 140:6 145:10 155:15</p> <p>aged (1) 133:23</p> <p>ageing (1) 142:23</p> <p>ages (1) 145:12</p> <p>aging (1) 124:25</p> <p>ago (1) 68:19</p> <p>ago (1) 102:10</p> <p>agree (4) 12:25 13:1 14:11 15:4</p> <p>agreeable (3) 1:21 121:6 146:20</p> <p>agreed (1) 118:6</p> <p>ahead (1) 127:9</p> <p>ahp (1) 27:6</p> <p>ailment (1) 134:10</p> <p>aim (1) 73:7</p> <p>aimed (2) 72:4,11</p> <p>aiming (1) 151:4</p> <p>air (3) 21:22 26:19 156:12</p> <p>albeit (1) 56:14</p> <p>alexandra (1) 99:23</p> <p>alleviate (1) 48:7</p> <p>alliance (1) 125:14</p> <p>allocate (3) 4:12 47:7 151:5</p> <p>allocated (1) 4:7</p> | <p>allocating (2) 117:20 151:9</p> <p>allocation (2) 85:19 151:7</p> <p>allotted (1) 119:6</p> <p>allowed (5) 63:23 123:8 131:21 141:16 159:23</p> <p>allowing (2) 25:3 112:19</p> <p>alluded (3) 88:11 99:19 128:6</p> <p>almost (2) 14:16 113:6</p> <p>alone (7) 128:22,24 132:5 138:1 141:8,9,14</p> <p>along (4) 22:18 125:13 127:7 137:12</p> <p>alongside (1) 118:2</p> <p>already (15) 13:23 31:13 42:16 62:16 64:18 67:14,19 72:2 81:2 93:6 107:25 128:6 139:13 152:3 153:1</p> <p>also (73) 2:23 3:4 4:3 7:11 12:3 25:3 30:7 32:13 35:22 38:9,17 40:25 44:7,19 45:15 46:1,2,13 49:7,8 51:1 54:17,22 55:1 60:6 61:18,20 66:25 67:1,5 75:8 76:7 78:10,18 80:2 84:25 85:15 86:5 87:8 90:13,25 99:5 101:21,25 105:2,20 106:15 109:10,15 111:5 114:10 116:1 122:11,14 123:9 129:8 130:25 134:13 136:17 140:3 142:17 144:5 146:21 147:5,15 153:25 154:10 155:4 157:15,23 158:8 162:13 165:24</p> <p>alternative (3) 29:12,22 106:5</p> <p>although (6) 11:16 36:24 51:18 117:16 132:24 134:14</p> <p>altogether (1) 160:11</p> <p>always (14) 47:12 54:12 61:6 70:3 71:22 77:13 89:4 94:15 97:25 119:24 129:1 161:11 164:19 166:1</p> <p>ambiguous (2) 72:4,11</p> <p>ambulance (9) 101:12 102:4,9,15 103:19,23 104:1 105:11,12</p> <p>amended (1) 56:13</p> <p>among (1) 96:3</p> <p>amongst (1) 56:19</p> <p>amount (1) 40:11</p> <p>amplification (3) 1:24 121:7 146:22</p> <p>anaesthetics (1) 156:24</p> <p>analysis (3) 51:8,11 76:3</p> <p>anatomical (1) 160:3</p> <p>anatomy (1) 16:23</p> <p>anecdotal (1) 101:16</p> <p>anecdotaly (1) 78:24</p> <p>angle (1) 84:19</p> <p>angry (1) 140:10</p> <p>anne (1) 146:16</p> <p>annie (5) 146:8,9,17,18 168:14</p> <p>another (19) 5:5 21:12 31:3 32:18 50:1 62:10 85:9 92:1 98:11 106:13 119:7 125:13 129:5 143:20 144:22 145:10,13 149:11 162:22</p> <p>answer (4) 48:9 51:6 55:8 128:16</p> <p>answering (2) 128:22 154:25</p> <p>answers (2) 51:22 55:7</p> <p>antenatal (1) 58:25</p> <p>anticipate (6) 11:18 12:7 77:16,17 78:10,11</p> <p>anticipating (1) 13:24</p> <p>anxieties (1) 54:17</p> <p>anxiety (14) 48:6 49:6 50:2 52:16 53:5 55:4 58:8 59:24 61:13 62:14 63:24 64:19 65:7,13</p> <p>anxious (1) 59:13</p> <p>anybody (6) 31:21 49:19</p> | <p>59:10 153:5 157:12 163:15</p> <p>anymore (4) 16:21 42:1 141:21 142:5</p> <p>anyone (4) 47:23 55:22 127:24 141:13</p> <p>anything (5) 41:4 47:15 70:10 81:16 144:8</p> <p>anyway (4) 3:13 40:22 99:7 138:5</p> <p>anywhere (1) 37:7</p> <p>apart (1) 28:15</p> <p>apologies (2) 82:15 111:1</p> <p>apologise (1) 12:21</p> <p>apology (1) 12:24</p> <p>apparent (3) 19:5 51:16 126:23</p> <p>apparently (1) 20:14</p> <p>appeals (1) 85:4</p> <p>appear (2) 82:24 118:7</p> <p>appeared (5) 9:20 32:25 104:16 158:7,7</p> <p>applauded (1) 118:2</p> <p>applications (1) 94:8</p> <p>applied (3) 9:17 97:13 99:14</p> <p>apply (7) 8:18 15:25 38:4 52:24 58:15 106:20 115:4</p> <p>appointed (1) 126:1</p> <p>appointments (2) 39:24 40:6</p> <p>apportion (1) 79:13</p> <p>appreciate (4) 10:6 13:23 127:12 149:10</p> <p>appreciated (1) 20:15</p> <p>approach (10) 63:17 64:11 72:1 90:9 112:20 113:6,19,25 150:12,14</p> <p>approaches (1) 30:21</p> <p>appropriate (13) 4:12 12:24 18:7 22:2 30:1 46:9 54:10 61:3,16 86:19 102:13 106:21 132:21</p> <p>appropriately (1) 80:19</p> <p>approximately (3) 4:1 6:20 125:23</p> <p>april (4) 1:1 98:16,16 167:17 161:11 18:8</p> <p>aprons (1) 102:19</p> <p>area (20) 12:13 15:17 18:23 27:19 35:21 36:5 39:13 57:7,17 118:12 132:14 141:25 151:6 152:5 153:5,12 157:18 160:8 162:11 163:25</p> <p>areas (28) 31:8 33:16 52:8,13,15 56:20 57:3 71:5,7,9 79:4 103:3 124:1 126:5 133:14 136:12 139:24 143:4 152:8,11 153:17 154:12 155:21,25 156:25 157:19,19 158:8</p> <p>arent (1) 142:5</p> <p>arguably (17) 49:6,25 50:2 54:18,19 55:4 56:10,13 57:4 59:15 64:9 65:15,18 69:10 76:14 78:5,14</p> <p>argue (2) 59:24 88:6</p> <p>argument (1) 30:12</p> <p>arise (6) 25:5,8 50:5 60:22 105:3 119:23</p> <p>arisen (1) 4:10</p> <p>arising (1) 60:21</p> <p>armchairs (1) 35:23</p> <p>army (1) 157:5</p> <p>armyissue (1) 157:6</p> <p>arose (3) 8:9 32:20 50:6</p> <p>around (34) 9:4 16:3 18:14 19:17 25:22 31:13,21 32:12 33:10 36:25 44:5 45:14 49:6 50:3 52:21 54:20 63:4,16,20,24 64:6 66:25 74:25 75:6 81:1 83:10 87:22 103:24 106:13 110:19 132:6 148:5 149:18 162:18</p> <p>arran (1) 100:1</p> <p>arrangements (1) 150:25</p> <p>asian (1) 157:1</p> | <p>117:18 135:4</p> <p>ask (21) 12:23,24 14:1 36:13 41:4 55:6 62:7 79:16 88:3 128:17 136:17,18 138:15 141:22 143:23 145:15 154:16 156:19 159:4 163:13 166:9</p> <p>asked (20) 31:17 32:4 33:7 51:7,19,21 53:7 57:16 58:23 59:15 71:7 72:13 76:18 86:21 106:15 114:11 149:24 150:8 160:15 161:2</p> <p>asking (5) 8:23 93:17 118:25 149:13 164:22</p> <p>aspect (5) 26:4 57:21 80:13 119:20 147:23</p> <p>aspects (10) 34:6,23 47:17 53:11 56:12 58:16 68:1 75:12 80:5 135:12</p> <p>assess (2) 33:2,4</p> <p>assessed (1) 66:22</p> <p>assessing (2) 16:6,9</p> <p>assessment (14) 28:13 31:14 33:3 56:5 57:2,6 61:21,24 63:11 66:18 150:20 160:23 161:8 163:25</p> <p>assessments (2) 17:13,22</p> <p>assist (3) 31:18 47:7 151:8</p> <p>associated (2) 60:20 74:21</p> <p>association (2) 147:17,21 140:11 (2) 20:8 100:23</p> <p>assume (1) 14:2</p> <p>assuming (1) 14:2</p> <p>assumption (2) 14:3 72:24 140:11 (2) 13:23 33:14</p> <p>asthma (5) 159:13,14,16,17,17</p> <p>attack (1) 157:8</p> <p>attempt (2) 138:22 151:5</p> <p>attend (4) 37:16 47:15 90:3 164:3</p> <p>attended (1) 163:21</p> <p>attending (1) 136:22</p> <p>attitude (1) 140:12</p> <p>attract (1) 118:12</p> <p>attribute (1) 77:9</p> <p>authorities (4) 85:20 87:1 116:24 141:6</p> <p>authority (2) 126:21 132:9</p> <p>automatically (1) 58:4</p> <p>autumn (2) 50:14 75:19</p> <p>availability (5) 24:7 26:12 64:10 103:12 155:24</p> <p>available (17) 20:6 22:4 27:8 35:15 45:25 101:7 128:15 137:5 138:10 154:25 155:6,7,13 157:6 160:2,5 163:6</p> <p>avoid (1) 163:15</p> <p>avoiding (1) 53:14</p> <p>aware (17) 12:2 13:21 27:4 29:23 30:2 32:17 33:23 66:1 68:25 101:14 114:24 142:16,17 149:2 152:10,13 153:16</p> <p>awareness (2) 54:15 59:2 away (10) 17:2 18:22 21:17 22:11 34:25 80:24 94:6 109:21 132:8 145:4</p> <p>awful (4) 129:9 131:15,15 164:21</p> <p>aye (1) 106:14</p> <p>ayrshire (3) 100:1 131:17 142:3</p> | <p>127:3 130:17 155:21 165:6 166:15</p> <p>backdrop (1) 167:3</p> <p>background (9) 3:7 28:12 85:8 122:21,24 146:24 148:17 153:18 155:15</p> <p>backgrounds (1) 45:16</p> <p>backingup (1) 67:24</p> <p>backlog (1) 39:8</p> <p>backtrack (1) 14:17</p> <p>backtracking (1) 118:7</p> <p>bad (3) 41:14,16 125:5</p> <p>bag (5) 24:20,20 25:9 109:4,12</p> <p>bags (1) 25:14</p> <p>balance (2) 6:13 79:6</p> <p>ballot (2) 84:4,5</p> <p>ballots (2) 84:2,3</p> <p>bank (3) 69:11 134:5,6</p> <p>banks (1) 132:13</p> <p>bargained (1) 87:15</p> <p>bargaining (1) 91:2</p> <p>basically (12) 30:20 84:24 90:15 94:25 97:21 112:19 131:22 136:12 139:12 140:11,13 153:11</p> <p>basing (4) 100:7,25 111:15,15</p> <p>basis (10) 45:7 57:13 65:6 71:7 84:17 86:15 88:24 90:7 161:12 163:11</p> <p>batteries (1) 38:23</p> <p>battleroady (1) 42:8</p> <p>bay (1) 71:11</p> <p>bear (3) 88:18 98:5 130:3</p> <p>bearing (1) 75:7</p> <p>beards (2) 43:22 82:20</p> <p>became (7) 13:12 49:1 63:19 85:7 123:1 155:6,13</p> <p>become (8) 42:3 68:4 70:8 90:11 131:11 142:17 160:1,5</p> <p>becomes (2) 58:4 142:16</p> <p>becoming (6) 7:23 57:2 85:1 111:6 112:4 116:24</p> <p>bed (1) 141:17</p> <p>beds (2) 71:13,14</p> <p>before (14) 6:13,18,18,21 11:4 50:11,25 68:25 84:4 91:13 118:20 153:6 157:25 163:22</p> <p>beg (2) 10:8,12</p> <p>begin (4) 48:12 69:18 113:6 149:19</p> <p>beginning (4) 140:13 152:21 160:1,4</p> <p>begins (1) 18:25</p> <p>begs (1) 5:1</p> <p>behalf (3) 44:18 114:12 165:12</p> <p>behind (4) 21:20 130:19 140:11 144:15</p> <p>being (12) 6:1 10:19 11:11 13:19 19:6 21:3,9,25 22:1,3,14,15,17 23:5,8 25:2 30:17,19 31:8 32:4 40:20 46:17,18 47:21 48:17 49:14 53:7 54:4 55:19,25 56:12,24 57:13,16 59:14 60:6 62:13 64:9 65:11,18,19 66:1,2,7 67:20,25 68:10 69:2,4,6,21 70:24 72:13 75:8,12 76:8 77:2,20 89:18,22 90:10 91:3,23 92:24 95:23,24 96:19 97:2,5 98:18 99:12,14,15 100:3,4,17,20 102:5,18 103:2,4,15</p> | <p>104:15 105:4,15,18 106:1,23 107:2 108:2 110:2 113:23 114:11,11 116:16,18 118:1,11 119:19 129:21,22 130:14,19,23 132:10,20,22 133:19 140:5,11,14,15 152:4,20 160:15 162:18 164:20 166:1,1,2</p> <p>belief (2) 125:4 165:7</p> <p>believe (7) 5:14 21:25 29:20 30:22 76:5,20 97:22</p> <p>believed (2) 114:23,25</p> <p>benefit (4) 43:22,23 82:20 96:18</p> <p>benefits (4) 54:25 92:23 109:14 113:22</p> <p>bereavement (1) 143:6</p> <p>best (9) 10:18 30:9 31:2 55:13,19 63:17 64:11 151:2 157:25</p> <p>better (9) 14:7,11 77:14 79:6 98:24 102:7 103:19 115:22 121:24</p> <p>between (15) 3:19 7:25 19:4 43:2 64:12 65:19,25 87:8 98:6,15,20 100:6 114:6 138:21 162:5</p> <p>beyond (10) 22:25 26:19 58:13 76:19 80:5 81:14 87:12 102:22 103:9 152:3</p> <p>big (7) 4:7 41:22 73:7 83:21 93:19 99:14 165:5</p> <p>biggest (2) 40:13 112:4</p> <p>bill (2) 96:16,19</p> <p>hills (1) 137:16</p> <p>bin (2) 24:23 138:8</p> <p>bins (1) 25:2</p> <p>birth (4) 54:2,8,13,20</p> <p>bit (33) 3:22 5:8,21 23:16 28:1 30:19 31:6 33:18 39:4 59:17 62:3 78:7 85:8 86:8 88:9 93:13,20 96:11 98:11,24 101:3 107:15,15 109:3,12 110:6 111:22 112:15,16 117:1 128:1 136:18 156:5</p> <p>blame (1) 79:13</p> <p>blood (2) 17:9 164:6</p> <p>blow (1) 156:12</p> <p>blowing (1) 102:20</p> <p>blue (2) 156:3 157:21</p> <p>bluntly (1) 30:18</p> <p>board (22) 2:5,14 3:16,17 7:1 8:2 12:11,14,17 28:5 29:2,12,23 35:14 108:25 109:5 123:15,16,17 147:11 160:22 161:15</p> <p>boards (4) 18:12 29:6 126:23 163:3</p> <p>bodies (4) 32:9 49:23 97:1 162:7</p> <p>body (5) 12:5 17:12 32:11 86:13 121:23</p> <p>bolshy (1) 30:19</p> <p>books (1) 141:16</p> <p>boot (3) 24:21 25:9,15</p> <p>both (6) 40:11 60:15 116:17 147:22 148:10 150:17</p> <p>boundaries (1) 132:10</p> <p>box (2) 27:13 28:19</p> <p>boxes (3) 27:10 31:25 158:14 boy (1) 144:24</p> <p>branch (2) 2:15,20</p> <p>branches (3) 69:3 122:9 127:7</p> <p>breaching (1) 109:11</p> <p>bread (1) 137:17</p> <p>break (4) 36:1 43:4 81:25 146:4</p> <p>breaking (3) 16:11 76:5 116:19</p> <p>breaks (2) 76:11 154:4</p> <p>breakthrough (1) 90:14</p> <p>breathre (2) 16:19,20</p> |
|--|--|--|---|--|--|--|

breathed (1) 158:9
 brevity (1) 121:18
 brief (7) 10:25 45:1 84:21
 163:3,4,5,8
 briefly (5) 2:17 81:16 87:20
 119:10,15
 bring (4) 54:16 64:22 143:7
 145:7
 bringing (3) 92:10 96:24
 108:11
 brink (1) 81:2
 broadcast (3) 1:24 121:8
 146:22
 broken (1) 99:12
 brought (1) 4:6
 bubble (1) 141:10
 buck (1) 135:11
 budget (1) 117:22
 budgets (1) 106:3
 building (3) 21:8,12 36:6
 buildings (1) 21:6
 bulkbuy (1) 137:8
 burden (2) 62:6,10
 burnout (2) 37:24 69:1
 bus (1) 116:18
 buses (5) 85:20 116:3,4,11
 137:6
 business (1) 47:18
 busy (3) 4:23 10:24 154:4
 buy (2) 138:7,23
 buying (1) 106:5

C

call (10) 3:16 26:20 85:1
 92:11 94:20 97:7 99:15,16
 121:17 128:16
 called (20) 1:9 5:3 12:12
 43:11 45:7 82:7 100:11
 108:21 111:16 120:23
 121:11 133:9 135:2 146:9
 156:1 168:4,6,9,12,14
 calling (4) 124:7 131:25
 132:1 155:22
 calls (6) 4:8 35:23 124:6
 128:7 160:25,25
 came (20) 4:10 9:19 30:20
 44:24 46:4,13 52:16 88:9
 101:15,23,23 115:12
 127:11 128:3 132:22,23
 139:19 145:1,2 158:2
 camera (1) 139:8
 campaigning (3) 121:23
 126:6 135:20
 campaigns (1) 83:22
 cancer (2) 16:19 39:25
 cancers (2) 2:8 39:10
 cannae (1) 104:22
 cant (11) 63:23
 70:7,19,21,22,23 73:25
 134:9 142:6 143:17
 capability (1) 94:14
 capable (1) 94:18
 capacity (3) 49:3 150:19
 160:10
 car (5) 24:21 25:2,12,13,13
 cardiologist (1) 133:8
 care (139) 13:13 31:19,20
 34:2 35:5 36:7 45:11,14,22
 46:1 49:10 51:25 52:3,3
 53:11,17,25 54:21
 55:7,18,20 56:6,12,14
 57:5 58:2,15,19,21,25
 59:11 61:19,20,25 62:18
 63:18 64:17,25 67:7 68:2,5
 70:1,5,13,15,17,18,21,22
 71:9,12,17,21 72:1,5,11,13
 73:6,6 74:19,24
 75:4,7,12,13,15,16,22
 77:14 79:18,19,21,22
 80:6,13 81:2,10 86:23,24
 87:13,19,23 88:12,13,18
 89:17 90:1,2 91:17 92:22
 93:15 94:21 96:1 98:24
 100:2 101:4 102:21,23
 103:10 104:2,14
 105:13,14,21 106:10,19,22

107:7 116:2 117:12
 118:1,9,10,17,17,20
 129:22 130:10,14 136:9
 139:14,22 140:3,8,14
 145:10 147:13 149:25
 150:10 153:8,9
 154:13,14,15 156:25 157:1
 164:19,24
 cared (1) 129:15
 caring (6) 34:15,23 35:3,4
 67:1 132:24
 carried (6) 18:6 24:14 50:14
 133:16 135:22 161:8
 carry (4) 5:5 17:21 123:8,9
 carrying (4) 19:16 102:14
 140:2 152:16
 caseloads (1) 31:16
 cases (20) 3:1,5 4:5 15:12
 65:15 80:23 93:24 94:11
 97:21 99:3,11 100:6
 102:23 103:2,5 104:10
 105:7 107:18 119:23 120:5
 casualty (1) 33:4
 catches (1) 105:1
 catchup (2) 6:22 110:17
 categories (2) 64:7 159:9
 category (4) 130:5 151:20
 159:15 160:13
 caucasian (1) 157:14
 caught (1) 7:20
 causation (1) 97:3
 cause (4) 17:4 24:24 49:23
 80:23
 caused (1) 163:12
 causing (1) 40:21
 cautious (1) 112:15
 caveat (2) 18:14 29:23
 cawley (9) 120:22,23,24
 121:2,4 143:22 145:14,18
 168:11
 cease (1) 103:7
 central (1) 164:1
 centralised (2) 92:12,13
 centrally (1) 87:14
 centre (1) 164:1
 certain (16) 22:14 56:12
 66:23 77:23 101:22,25
 115:14 138:24 139:4,14
 149:5 151:15,18 155:15
 156:15 163:2
 certificates (2) 98:14,21
 cetera (16) 3:2 5:10 17:4,10
 27:9 31:19 40:12 53:15
 76:21 84:14 96:15 103:25
 104:17 110:11 136:3,9
 chain (2) 103:14 105:19
 chair (43) 1:5,10,12 5:21
 6:3,5,8 12:20 13:23 14:23
 42:14,20 43:1,6,8,12
 55:6,10,22 56:15 71:15,22
 74:12 81:20,23 82:2,4,8
 114:1 119:2,4
 120:14,20,24 138:15
 145:18 146:1,6,10,12
 167:9,11,14
 chaired (1) 125:18
 chairing (1) 163:24
 challenge (9) 8:11,12 9:11
 11:1 36:4 41:18,20 53:15
 59:8
 challenges (10) 8:12 20:4
 21:3 24:1,7 34:10,14 36:11
 40:21 54:13
 challenging (10) 3:5 8:25
 13:7,12 39:14 40:13 42:3
 48:14 109:10 152:24
 change (10) 10:6 13:4,4
 16:25 17:8 18:21 19:18
 63:6 75:7 61:18
 changed (7) 45:9 99:9
 123:22 158:1,14,15 161:11
 changes (4) 14:9 15:18 67:7
 161:14
 changing (5) 8:15 13:8 18:16
 161:11 163:10
 chaotic (3) 161:16,16,24

characterise (1) 14:5
 charge (6) 68:21 69:6,14
 134:17 138:15,16
 charging (1) 134:16
 check (3) 10:25 129:18 161:2
 checked (1) 3:21
 cheekily (1) 79:16
 chemicals (2) 85:21 104:25
 chest (1) 16:13
 chief (1) 19:8
 child (7) 61:21 62:8
 151:18,21,22 165:15,25
 childhood (1) 162:23
 children (24) 25:11 36:25
 37:4,13,14,18 116:11
 132:7 147:8 149:3,6,9,12
 162:16,17,24
 165:4,12,14,18,25 166:3,6
 167:3
 childrens (1) 153:10
 chill (3) 35:16 36:3 164:8
 choice (3) 54:8,11 55:2
 choose (1) 114:22
 circles (2) 123:18 136:2
 circulars (2) 158:11,12
 circulated (2) 29:19 158:3
 circulation (1) 29:7
 circumstance (1) 31:10
 circumstances (3) 15:24
 31:11 112:21
 cited (1) 156:17
 city (3) 24:10 163:21 164:1
 claims (1) 85:3
 clarification (1) 90:12
 clarity (2) 62:22 160:6
 clear (5) 10:10 17:12 63:3
 74:3 150:12
 cleared (3) 95:24 100:4,17
 clearly (4) 15:22 101:21
 143:25 159:15
 clinic (1) 52:18
 clinical (33) 2:2 5:6,17 9:6,9
 10:23 16:2,5,18 23:21
 31:21 32:4 36:7 39:16
 40:15 45:8 56:20 57:3,17
 60:4,5 63:8 66:17,17,19,21
 67:3,4,8,20 68:2,5 75:4
 clinically (1) 64:11
 clinician (3) 17:25 27:6 41:11
 close (7) 16:6,17 17:6 19:18
 110:15 122:2 131:12
 closed (6) 95:23 96:2 100:4
 126:21 141:7,7
 closing (1) 118:10
 closure (3) 110:8 140:18
 148:21
 clubs (1) 140:19
 clue (1) 71:15
 clyde (8) 2:5,14 3:16 4:1
 12:16 42:22 147:10 165:24
 coalface (3) 9:8,22 49:2
 code (1) 164:17
 codings (1) 158:12
 coffee (1) 35:12
 cognisance (1) 105:23
 cohort (1) 122:14
 coincide (1) 60:24
 cold (2) 37:11 164:6
 collaboration (2) 45:12 61:23
 collate (1) 51:9
 colleague (3) 28:21,21 32:18
 colleagues (9) 29:16 36:17
 38:12,17 39:21 61:24
 153:24 154:11 166:4
 collective (6) 91:2
 92:12,13,20 117:12,13,
 17:24,25 23:25 29:3 30:25
 colloquially (1) 100:11
 combat (1) 91:11
 combatting (1) 111:16
 combined (2) 62:11 78:13
 come (23) 3:10 4:11 12:17
 15:21 39:22 41:13 51:22
 53:9 64:3 87:7 91:22,22
 93:11 95:9 97:3 103:5
 112:25 117:18 119:6

123:25 124:20 139:9 158:1
 comes (3) 11:15 110:19
 153:3
 comfortable (2) 33:9 151:6
 comforted (1) 23:13
 coming (31) 7:25 8:14,23
 9:4,13 11:22 12:9
 13:9,10,11 14:15 17:17
 18:11 21:8 33:24 37:20
 39:3,5 45:16 50:9 53:13
 54:18 67:23 78:8 95:4 96:6
 104:12 112:12 114:17,18
 126:12
 commas (1) 94:13
 commenced (2) 150:4,5
 commencement (1) 123:21
 comment (7) 28:4 91:7
 93:18 101:6 104:3 105:5
 157:9
 comments (2) 89:13 101:20
 commercial (1) 30:4
 committee (11) 12:4,8
 124:10 125:25 128:25
 129:16 131:8,8,9,19 142:1
 committees (1) 124:13
 common (2) 24:11 84:3
 communicate (2) 29:13,14
 communicating (2) 11:25
 124:4
 communication (10) 9:25
 10:6 41:2 49:11,13 64:16
 107:21 108:4 128:5 135:15
 communications (2)
 83:22,25
 communicative (1) 11:24
 communities (2) 133:4
 144:13
 community (29) 23:16,19,24
 24:1,2 25:7,23
 52:4,8,13,17 53:17 55:21
 56:10 58:17,24 72:15
 95:17 98:1 99:16 126:17
 135:23 136:7 141:1,5
 147:3,16,20 161:25
 communitybased (2) 53:25
 58:18
 communitytransmitted (2)
 95:16,17
 companies (2) 114:8 115:2
 company (1) 28:24
 companys (1) 30:9
 comparative (1) 140:6
 compared (1) 133:24
 comparison (1) 19:13
 competencies (1) 150:22
 competency (1) 166:23
 competing (2) 53:22 55:3
 complaining (1) 115:21
 complete (2) 23:4 160:21
 completed (2) 160:23 161:8
 completely (2) 56:15 152:20
 complex (1) 152:24
 compliant (1) 129:17
 complied (1) 164:20
 comply (1) 65:10
 component (2) 66:17 74:24
 comprehensive (3) 14:5,6,10
 computer (3) 18:18 155:1
 163:7
 computers (1) 48:23
 concentrate (1) 149:17
 concentrated (1) 144:1
 concern (10) 24:24 28:15
 31:7,21 32:3 81:1 129:22
 136:22 139:15 155:25
 concerned (14) 8:10 13:15
 17:24,25 23:25 29:3 30:25
 31:1 33:7 63:18 112:2
 128:1 149:8 164:16
 concerning (2) 27:17 158:18
 concerns (15) 10:1 15:14
 22:17 25:18,22 31:1
 32:2,11,13 46:18 66:11
 102:21 140:4 155:23
 162:13
 conclude (3) 48:8 119:8

149:1
 concluded (1) 7:11
 concludes (1) 48:2
 conclusion (1) 42:10
 concocted (1) 150:20
 condition (1) 87:25
 conditions (10) 60:22,22
 87:15 113:3 118:5,14
 120:6 135:10 139:3 159:13
 conduct (2) 47:25 123:18
 conducted (2) 48:13 50:13
 conference (1) 84:16
 conferences (2) 84:9,11
 confidence (2) 59:13 158:20
 conflict (8) 18:10 41:15
 63:16,20 64:12 65:3,19,25
 confusion (3) 10:9 89:14
 163:12
 congress (5) 84:12,14,15
 86:10,11
 connected (2) 21:7 127:10
 connecting (1) 21:12
 coordination (2) 125:1 155:11
 connections (2) 11:19 42:2
 connectivity (1) 145:20
 conscious (3) 40:23 79:8
 144:6
 consequence (9) 15:10 39:12
 54:14 60:22 65:21 80:15
 81:11 107:3 141:23
 consequences (3) 26:22 37:4
 66:1
 consequentials (1) 77:2
 consider (3) 39:3 44:1
 considerable (2) 5:2 143:2
 considerably (1) 5:11
 consideration (6) 111:6
 122:9,17 136:4,10 139:24
 19:19,23
 112:14
 considered (5) 38:15,15
 75:20 76:22 96:9
 considering (1) 76:13
 consignment (1) 28:18
 consistency (1) 99:13
 consistently (2) 103:23
 115:9
 consisting (1) 12:14
 constant (2) 131:20 161:15
 constantly (1) 10:20
 constituency (1) 4:15
 construction (5) 95:24
 100:4,12,15,16
 consultant (1) 151:21
 consultation (1) 96:24
 consultative (1) 84:5
 consulted (2) 11:4,12
 consulting (1) 96:23
 contact (20) 1:17 22:16
 52:23 53:14 60:18 62:1
 65:11 74:11 80:15 88:24
 90:6 99:4 124:9 129:13,14
 131:20 141:10 154:1,22
 159:21
 contacted (5) 28:22 125:12
 152:3 154:10 156:22
 contacting (4) 63:9
 128:10,11 155:22
 contacts (4) 4:8 27:19 91:15
 149:7
 contaminants (1) 105:1
 contaminated (4) 25:1,11,14
 102:18
 contemporaries (2)
 142:18,24
 content (1) 84:13
 contentious (1) 5:23
 context (16) 5:12 6:16 18:17
 20:23 25:4 35:11 44:14
 55:21 58:10,19 60:13
 66:13 73:15 76:25 97:11
 127:23
 contexts (1) 19:17
 continue (7) 55:2 75:17 78:9
 94:11,18 120:2 147:5
 continued (10) 48:5 81:7

93:24 112:15 119:7 143:6
 151:25 157:4 162:2,22
 contracted (11) 5:16 22:8,12
 76:20 91:18 95:21 96:8
 97:5 98:23 102:4 120:1
 contracting (3) 96:6 98:22
 120:4
 contracts (1) 119:24
 contractual (1) 91:5
 contributing (1) 45:20
 contributory (1) 106:6
 control (6) 53:3 54:6 70:25
 94:9 107:10,19
 controls (1) 107:17
 controversial (1) 5:22
 convenor (12) 2:13,18,21,21
 3:2,4,24 4:5 5:3 11:25
 12:12 22:16
 convenors (3) 2:22 3:23 4:23
 conversations (1) 125:9
 conveyed (1) 132:20
 cooler (1) 35:24
 coordinating (1) 3:25
 cope (1) 38:22
 core (7) 10:25 59:6 69:12
 163:3,4,5,8
 correct (25) 2:6,12 3:18 18:4
 26:24 31:9 44:9 55:15
 82:18 83:6 87:5
 121:12,16,22
 122:1,3,13,25 123:11
 128:9 146:25
 147:7,9,12,14
 corridor (3) 21:7,13,13
 cough (6) 16:8,16,17
 17:4,5,14
 coughed (3) 18:19 21:17,24
 coughing (4) 17:7 18:20
 19:19,23
 coughs (1) 21:22
 couldnae (1) 113:10
 couldnt (3) 21:7,13,13
 47:15 48:7,7 90:18 91:19
 115:14 132:11,12,12
 134:4,6 135:2 137:19
 138:5 141:9 143:8,9,18,19
 council (1) 96:20
 country (2) 151:23 152:14
 couple (5) 14:16 31:11 86:15
 99:2 155:8
 course (15) 5:18,22 6:17 9:1
 20:24 50:9 52:9 54:7 57:15
 68:3 69:16 88:17 97:3
 108:17 114:6
 courses (1) 150:8
 cover (4) 85:18 102:17 105:8
 152:12
 coverage (1) 91:2
 covered (11) 14:10 41:21
 81:17 105:16 117:12
 119:11,12,14,15 120:10
 154:19
 coverings (1) 102:16
 covers (1) 84:17
 covid (7) 5:1 21:10,16
 22:8,12 33:22 34:19,19
 47:3 66:9 73:22 86:18
 90:17,18 91:11,18 92:2,5,6
 93:25 94:4,11
 95:7,15,21,25 96:5
 97:2,22 98:8,13,17,22,23
 99:5,20,25 100:2,17,24
 101:24 102:4 103:21
 107:24 108:15
 109:19,20,20 110:10,14,21
 111:16 115:12
 119:15,17,22,23,24,25
 120:2,3 123:19 133:2
 142:22 149:25 153:13
 157:20 162:23 163:2
 covid19 (6) 86:13 101:21
 104:13 109:14 111:13
 139:20
 covidpositive (3) 21:16,23,23
 created (1) 156:11
 create (6) 45:15 53:4 55:3

62:14 67:24 68:8
 credentials (2) 29:3,4
 crisis (4) 38:21,23 39:2 77:13
 critical (3) 13:2 34:2 65:24
 criticising (2) 55:22 59:10
 criticism (1) 20:21
 crossparty (2) 124:24 143:5
 crowded (1) 142:7
 crucial (3) 88:20 109:8
 117:25
 crux (1) 138:4
 crying (2) 36:9 154:2
 cullinane (13)
 62:6,7,8,11,13,13,15,15
 119:5,9 120:8,14 168:9
 culture (1) 99:6
 cup (1) 35:16
 curable (2) 40:8,10
 current (9) 8:24 44:4,10
 75:20 88:17,20 85:8,23
 150:24
 currently (1) 87:17
 currer (8) 43:10,11,12,17
 55:7 71:15 81:20 168:6
 cut (10) 117:21 126:22,23
 129:4 130:17 132:14
 133:19 136:12,16 139:11
 cycle (1) 141:19
 cynical (1) 98:2

D

daily (3) 8:15 161:11 163:5
 dangerous (1) 97:9
 dangerously (1) 117:23
 data (1) 51:10
 database (1) 129:16
 date (12) 26:19 27:13,15,15
 28:25 98:4 105:6,8,15
 119:17 157:25,25
 dates (6) 26:13 28:23 30:6
 158:3,14,14
 daunting (1) 137:2
 day (13) 5:5 8:16 10:9 24:11
 29:4 32:18 33:14 35:12
 48:22 58:17,24 81:14 94:2
 days (7) 5:4 13:20 74:1
 76:17 127:20 131:3 161:18
 daytoday (1) 84:17
 dead (1) 143:13
 dead (17) 4:13 7:22 16:18
 32:6 35:2 37:22 53:24
 83:24,24 84:1,6,10,16
 85:22 96:4 112:21 121:24
 dealing (7) 34:10,17,18 47:7
 94:12 153:13 154:5
 dealt (5) 5:10 36:10 144:8
 153:5,8
 death (3) 98:14,21 139:12
 deaths (6) 98:8,14,17 140:6
 142:18,24
 debating (1) 115:25
 debilitating (1) 120:6
 december (2) 3:10 127:11
 decided (1) 27:14
 decipher (2) 160:12 161:17
 decision (8) 18:9 19:20 22:6
 38:25 41:14,14 54:20
 56:24
 decisionmakers (2) 42:5 65:9
 decisionmaking (2) 12:5
 62:12
 decisions (11) 12:17 20:9
 21:25 22:3,13,17
 41:12,14,15,16 55:23
 declining (1) 140:23
 dedicated (3) 45:24 81:13
 116:8
 dedication (1) 81:8
 deemed (12) 18:16 21:9 23:5
 24:22 28:16 20:6 17
 61:11 69:13 70:10 89:19
 150:7
 deep (4) 123:10,12,13,18
 deeply (1) 124:19
 defeated (1) 119:22
 defects (1) 14:2

defer (5) 67:23 70:7,19,22 71:3
 deferred (3) 67:10,22 70:11
 deferring (2) 70:19,21
 definitely (3) 66:2 80:24 123:6
 definition (1) 34:15
 definitions (1) 159:9
 degrading (1) 134:10
 degree (7) 56:5 66:15,16 89:12 125:22 132:23 152:15
 degrees (1) 66:16
 delay (1) 39:8
 delayed (2) 1:3 67:9
 delays (1) 68:8
 delegate (1) 4:18
 delegation (1) 84:15
 deliver (4) 13:13 36:7 68:1 78:5
 delivered (1) 58:2
 delivering (2) 35:5 75:3
 delivery (6) 134:17,18 138:17,20,22 149:9
 demand (4) 30:11 57:5 58:10 70:12
 demands (1) 71:2
 demise (1) 142:14
 demonisation (1) 144:15
 demoralising (1) 139:11
 denied (1) 90:10
 dental (1) 40:6
 dentist (1) 39:24
 dentistry (1) 19:14
 dentists (1) 39:22
 deny (1) 80:9
 denying (1) 65:22
 departing (1) 116:1
 department (2) 18:2 33:4
 departments (1) 21:2
 depended (1) 11:14
 dependency (4) 151:25 152:1 153:7,13
 depending (3) 87:18 88:13 108:2
 depleted (1) 52:10
 deploy (1) 149:25
 deployed (1) 151:2
 deprioritised (1) 7:4
 deprivations (1) 139:25
 depth (2) 59:18 152:20
 deputy (1) 85:5
 describe (3) 19:23 109:3 123:10
 described (2) 7:7 86:1
 describing (1) 55:18
 deserves (2) 120:1,3
 designed (3) 104:6,11,16
 desperate (1) 113:8
 despite (1) 17:10
 detached (1) 62:5
 detachment (2) 75:7,11
 detail (4) 22:24 36:12 120:10 153:2
 detailed (4) 1:19 20:1 150:20 151:1
 details (3) 1:17 149:15 151:16
 determine (1) 106:21
 detriment (4) 90:16 93:7 94:7 95:3
 detrimental (2) 65:18 148:23
 develop (2) 45:17 119:25
 developed (1) 111:5
 developing (1) 37:4
 development (2) 7:2 147:6
 developmental (1) 149:5
 device (3) 124:8 128:16,20
 devices (1) 124:15
 devolution (4) 96:18 115:7 117:3,6
 diagnose (1) 134:8
 diagnose (9) 85:18 86:11 91:17 93:12 102:17 103:1 112:7 115:4 116:5
 didnt (37) 10:24 24:25 27:11

29:21 30:13 32:17 35:13 37:7 48:11 49:17 50:8 56:22 59:1,6 62:2 65:8 67:18 72:17 73:16 78:10,11,21 81:2,3 109:7 125:7 127:16 132:3 135:14,16 138:19 139:2 143:10,13,19 151:7 166:25
 die (2) 131:23 141:14
 died (7) 22:12,23 24:22 33:22 133:2 143:18 154:5
 diet (1) 40:17
 differ (2) 87:18 88:13
 differed (1) 114:19
 difference (4) 106:10 114:6 165:5,18
 different (24) 6:14 11:10 14:18 45:16 52:8 56:7,14 57:16,17,17,22 60:3,5 63:8 66:21 73:18 85:3 87:1,8 100:19 105:2 115:4,5 153:3
 difficult (17) 3:1,4 8:17,22 41:19 52:24 55:23 74:2 86:24 87:21 89:11 103:17 106:20 110:13 142:15 160:12 162:10
 difficulties (3) 23:18,24 144:1
 difficulty (5) 39:21 94:17 106:24 110:5 136:5
 digital (9) 123:25 124:9,20 133:12 134:3 135:12 136:17 144:1 145:20
 digitally (3) 124:4 128:25 138:6
 dilution (2) 77:18 78:7
 direct (5) 18:10 41:15 62:1 83:23 88:23
 directed (2) 46:8 164:3
 direction (4) 15:18 117:24 133:25 160:18
 directly (8) 4:10 33:13 50:16 65:15 69:2 83:4 85:2 132:16
 disabled (3) 130:7 135:9 138:11
 disablement (2) 96:18,20
 disappeared (1) 116:4
 disciplinaries (1) 7:13
 disciplinary (2) 47:17,21
 discipline (5) 2:7 23:20 32:18 90:18 94:9
 disciplines (1) 40:15
 disclose (1) 133:18
 disclosed (1) 133:19
 disconnect (1) 19:4
 discover (1) 27:14
 discrepancy (2) 98:6,20
 discuss (5) 50:12 64:1 88:1 123:25 164:14
 discussed (6) 78:17 86:14,16 108:3 129:21 160:23
 disclosing (1) 126:6
 discussion (2) 87:7 108:13
 discussions (2) 12:9 152:11
 disease (11) 95:8,16,17,18,19 96:7,10 97:2,25 119:19 120:4
 diseases (1) 97:9
 disposal (1) 26:1
 dispose (1) 24:18
 dissatisfaction (2) 75:21,22
 dissemination (1) 29:17
 dissimilar (1) 19:20
 distanced (1) 148:23
 distancing (12) 37:9 53:15 67:6 106:17,20,22 107:10,19 116:4,13,15,22
 distant (1) 151:23
 distinction (1) 90:24
 distrust (1) 154:2
 distressing (2) 36:2 65:16
 distributed (2) 4:6 5:10
 dive (4) 123:10,12,13,19
 diverted (1) 124:8

division (1) 133:4
 dnr (1) 144:6
 dnrs (1) 132:2
 doctor (3) 40:1,2 41:11
 document (2) 45:13 72:18
 documents (3) 45:18,21 74:7
 does (6) 12:21 32:7 48:18 59:22 93:2 111:8
 doesn't (7) 23:20 26:2 27:24 63:15 67:22 110:18 134:9
 doing (21) 10:23 17:19 25:21 32:24 33:9 34:7 35:6 45:19 46:15 58:5 63:21 64:13 65:25 81:21 88:22 90:6 102:2 122:15,18 124:25 125:1
 domain (2) 128:18 140:5
 domestic (3) 20:17 24:23 25:2
 donation (1) 145:3
 done (22) 10:16 34:23 39:4 46:19 50:1 53:17 65:19,19 67:5 68:24 69:21 72:20,24 78:2 89:20 118:4 127:6 129:5 132:6 135:5 139:20 140:24
 dont (40) 16:20 22:19,25 23:9,9 32:6 41:13,25 49:21 57:25 70:8 74:18 81:15,18 90:4 92:14 94:7 95:13 97:15,21 98:3,10,12 105:3 106:18 110:12 111:20 127:24 135:13,14 136:11,14 137:9 139:6 150:11 151:16 152:18 153:5 157:12 164:11
 doorstep (1) 118:2
 dossier (1) 158:24
 doublegloved (1) 18:8
 doubt (3) 42:15 97:4 98:25
 down (24) 8:1 11:15 14:19 16:11 17:17 35:16 41:18 67:22 68:4 90:11 94:13 95:23 97:3 98:11 99:24 110:15,25 118:10 126:21 139:12 141:7,7 160:14 161:23
 download (1) 139:1
 draft (1) 127:10
 drafted (1) 157:5
 draw (1) 19:13
 drew (1) 6:1
 drink (1) 16:9
 drive (7) 7:9 24:9,17 25:13 129:11 134:3 141:13
 driver (2) 116:20,22
 drivers (1) 116:16
 driving (2) 142:11 144:15
 dropped (2) 124:3 125:9
 dry (1) 165:21
 dual (1) 44:14
 dubiety (2) 159:8,22
 due (2) 75:20 99:2
 dumping (1) 56:9
 dundee (2) 131:16 142:4
 during (44) 2:13 3:23 4:7 5:1,8 6:22 8:8 22:10 37:6 39:9,23 44:24 45:14,22 51:18 54:19 56:25 57:4,15 61:9 64:5 67:12 68:22 70:2 73:25 76:15,17,21 79:1 86:3,16 97:18 100:10 101:23 108:17 109:20 123:9 131:23 143:7 144:10 160:2 166:18,20,23
 duty (2) 2:22 62:10
 dying (6) 34:19 35:7 132:19 133:1 153:9 154:9

E

ear (2) 155:3,7
 earlier (9) 14:20 38:17 40:9 77:24 78:23 88:12 99:19 105:11 117:8
 earliest (2) 14:19,20
 early (9) 7:6 14:14 39:25 40:21 78:25 79:3 127:20 131:3 145:22
 earlymidstage (1) 21:4
 easily (2) 151:17 164:24
 eat (2) 16:8 137:8
 eating (1) 137:20
 economic (1) 112:2
 economy (7) 83:15 103:10 107:8 111:5,18 112:1,2
 edinburgh (1) 131:17
 education (2) 84:23 149:11
 effect (15) 15:18 10:19 68:6 75:15 78:14 109:22,24 111:17,17,18,18,19 112:2 148:23 153:21
 effective (2) 10:5 115:23
 effectively (5) 76:1 83:23 86:25 93:6 114:5
 effects (1) 123:19
 efficient (1) 14:6
 effort (1) 106:25
 efforts (1) 135:18
 eileen (4) 120:22,23 121:4 168:11
 either (15) 15:15 36:16 38:14 39:22 40:9 57:14 69:2 90:8,17 94:8 114:22 132:16 135:15 152:8 160:11
 elderly (3) 25:12 138:1 153:9
 elect (3) 2:20 54:10,12
 elected (4) 2:18 51:5 86:6 123:15
 elective (1) 70:10
 element (6) 46:10 49:10 76:4 80:3 107:10,11
 elements (3) 48:23 61:19 69:18
 elimination (1) 107:11
 else (2) 47:15 113:8
 elsewhere (1) 57:19
 emailed (1) 29:5
 emanating (1) 19:7
 embedded (1) 57:2
 emergencies (1) 40:6
 emergency (5) 13:2 21:8 33:2 125:20 127:16
 emerging (1) 7:5
 emma (4) 43:10,11,17 168:6
 emotional (2) 34:6 164:7
 emotive (1) 34:6
 emphasis (2) 91:13,14
 employ (2) 50:7 87:4
 employed (8) 83:4 87:19 88:14,15 121:15 147:10 148:7 161:4
 employees (2) 91:4 92:16
 employers (28) 47:4 88:7 89:16,25 90:10,20 92:17 93:16 94:12,20,22 95:15 97:14,18,20,24 98:3 99:15 103:16 105:20 107:9,13 109:11 112:21 113:18 114:21 115:17,25
 employment (8) 44:20 94:18 115:7,13 117:1,4,6 118:10
 enable (3) 74:10 152:17 162:25
 enabled (3) 155:17 159:23 162:13
 encounter (1) 84:20
 encourage (2) 10:5 73:8
 end (15) 5:17 6:7 68:9 79:9 93:21 99:22 100:22 107:12 111:4,22 112:13 125:11 143:23 148:25 152:21
 ended (2) 109:17 113:19
 endorse (1) 132:3
 endorsed (1) 134:15
 enforce (3) 115:14 116:20,25
 enforceable (1) 93:14
 enforced (1) 115:16
 enforcement (1) 114:10
 enforcers (1) 65:12
 enforcing (2) 65:17 115:6

engage (5) 28:11 124:22 125:9,16 160:20
 engaged (4) 80:2 124:11 139:7 131:16
 engagement (3) 62:4 125:1 140:25
 engaging (5) 49:3,8 80:1 145:15 167:6
 engineer (2) 28:11 29:3
 engineering (3) 28:7,8,8
 england (1) 17:17
 englands (1) 28:3
 enhanced (2) 49:15 70:17
 enormous (1) 35:9
 enormously (1) 18:3
 enough (4) 22:19 28:14 34:13 50:6
 enquiries (6) 45:9 46:3,7,11,14 47:10
 enquiry (1) 47:13
 ensure (8) 46:7 70:15 80:19 92:4 144:21 160:20 161:7,19
 ensuring (1) 2:24
 enter (1) 68:10
 entering (1) 23:19
 entire (4) 28:19 85:23 92:22 100:12
 entirely (2) 129:4 150:12
 entitled (1) 90:8
 entitlement (1) 2:20
 environment (5) 34:9 37:14 54:5,19 59:20
 environments (3) 52:20,25 53:11
 envisage (2) 127:24 130:21
 envisaged (1) 127:2
 episode (2) 47:25 70:21
 equalities (1) 126:11
 equality (2) 4:4 123:2
 equipment (6) 104:6,19 135:14,17,18 136:6
 equipped (1) 156:24
 equivalent (1) 153:12
 error (1) 100:10
 escalated (5) 46:3,12 58:9 131:24 137:13
 escalating (1) 46:18
 especially (1) 139:8
 essential (8) 60:18 70:2 71:18 89:15,19,20 90:3,13
 essentially (15) 22:3 45:23 47:2 49:23 51:10 53:8,20 62:7 71:2 72:22 73:10 97:12 106:9 108:1 132:18
 established (1) 92:21
 establishing (1) 118:25
 esther (4) 1:8,9,16 168:3
 estimate (1) 87:22
 estimation (1) 83:11
 et (16) 3:2 5:10 17:4,10 27:9 31:19 40:12 53:15 76:21 84:14 96:15 103:25 104:17 110:11 136:3,9
 ethical (3) 150:17 164:21,22
 ethics (1) 164:17
 eulogies (1) 128:14
 even (34) 5:7 8:16 17:22 19:10 23:4 25:3 35:13,20 36:4 48:12,24,25 57:22 58:8 67:6,8 99:22 113:3 124:12,13 126:13 130:5,10 132:9,10 134:2 136:5 137:13 138:6 141:20,20 142:9,21 143:9
 evenings (1) 155:18
 event (2) 75:1,1
 events (1) 144:25
 eventually (3) 28:6 89:21 28:25
 ever (6) 50:25 69:15 71:17 77:25 110:12 122:17
 every (13) 28:18 41:13,25 58:17 70:14 71:20 78:2 81:14 83:15 108:25 134:25 153:11 165:15

everybody (4) 29:19 47:14 64:21 123:22
 everyone (3) 29:17 63:18 139:7
 everything (9) 56:9 109:4,6 125:4 134:7 142:13 145:2,2 157:13
 evidence (20) 1:19,23 13:24 27:25 28:5,6 43:25 80:7 82:22 121:7 138:9 139:1,5 144:4 146:21 157:23 160:1,4 165:17 167:7
 evidentially (1) 100:18
 evolve (1) 42:3
 evolved (1) 56:25
 exacerbated (2) 59:24 159:16
 exactly (2) 14:5 111:20
 examination (1) 12:23
 examined (1) 21:9
 example (33) 6:25 7:13 11:18 15:21 19:14 20:16 21:5 22:22 26:25 31:5,23 32:16 36:20 53:4 54:1 58:17 62:23 63:2 71:11 72:17 74:16 84:4 85:20 87:9 88:11 98:13 104:22 108:13,20 110:9 116:2 151:14 162:22
 examples (2) 9:9 159:11
 exceeded (1) 7:18
 exceptionally (1) 60:18
 excluded (2) 124:5 138:6
 exclusion (7) 123:25 124:9,20 133:12 135:12 136:18 144:2
 executive (1) 128:25
 exempted (1) 100:12
 exercise (2) 123:12,19
 exercises (2) 123:10,19
 exist (2) 50:8 59:6
 existed (4) 11:10 61:19 68:11 116:19
 existence (3) 99:20 110:10 121:20
 existing (1) 47:7
 exit (1) 94:19
 expand (2) 49:25 51:6
 expanded (1) 97:8
 expands (1) 102:22
 expectation (3) 49:24 58:8,14
 expectations (1) 38:19
 expected (3) 69:22 73:11 102:11
 expecting (1) 63:10
 expediate (1) 48:1
 expelled (1) 23:7
 expenditure (2) 105:24 107:16
 experience (21) 9:21 38:14 39:11 49:1 50:19 51:18 76:14 78:22 80:22,22 88:12 94:12 106:10 118:5 123:7 147:2 152:1,7 156:7 166:25 167:1
 experienced (13) 3:3 32:15 33:10 38:1 64:19 66:3,12 67:2 69:6,9,14 77:18 78:15
 experiences (9) 35:12 51:4 64:6 66:11 67:8 68:3 87:8,18 166:20
 experiencing (2) 61:10 94:11
 expert (1) 45:8
 expertise (4) 28:8 38:14 39:13 149:2
 expires (1) 19:5
 expired (2) 26:23 29:9
 expiry (4) 26:19 27:12,15 28:25
 explain (6) 2:17 31:9 50:14 63:1 88:8 150:15
 explained (1) 31:12
 explanation (2) 16:23 20:2
 explore (2) 51:14 56:18
 explosive (1) 19:24

expose (1) 69:18
 exposed (2) 66:20 73:21
 exposure (2) 67:8,10
 expressed (1) 39:20
 expressing (1) 111:9
 expression (1) 162:4
 extend (2) 49:25 67:12
 extended (1) 65:14
 extensive (2) 39:13 147:2
 extent (2) 56:13 62:13
 external (2) 84:1,11
 extra (3) 5:23 22:10 155:11
 extraordinarily (1) 49:15
 extreme (1) 69:1
 extremely (3) 158:18 162:3 166:3
 eyes (1) 145:9

F

fabric (1) 27:13
 face (9) 18:10,22 60:9,9 99:12 104:11 156:10,12 157:2
 faced (1) 9:1
 facefit (5) 156:1,5 157:2,5,18
 facefitting (1) 156:8
 faceless (1) 35:4
 faces (3) 156:16,16 157:14
 facial (2) 156:13,15
 facilitate (3) 65:8 117:7 135:14
 facilities (9) 5:4,4 35:14,24 53:2 110:16,22 142:5 148:9
 facility (3) 24:18 137:22 139:2
 facing (6) 21:17,20 61:17 131:13 139:12 141:12
 factor (1) 106:6
 factories (2) 95:23 100:3
 factors (2) 51:17 99:2
 fail (1) 51:13
 failed (1) 96:15
 failing (1) 80:20
 fair (10) 5:6 13:6,14 29:17 37:1 39:18 40:19 41:12 108:15 117:9
 fairly (6) 15:7 109:25 126:4,4 164:1,10
 fails (1) 118:11
 fall (1) 159:10
 falls (2) 31:24 32:1
 false (1) 100:9
 familiar (11) 3:13 7:23 27:10 28:12 58:1,1,6,18,20 59:14 71:10
 familiarity (2) 59:3,7
 families (27) 44:19 53:13 54:17 64:18 65:14,14 66:4 73:5 74:10,22,24 75:8 79:25 80:20 139:23,25 147:8 162:16,17 165:4,6,13,20,21,25 167:4,4
 family (9) 25:21 73:6,9 75:1,5 113:1 132:11 141:9 154:11
 far (11) 8:9 23:24 24:5 34:4 54:16 109:16 110:2 127:18 128:1 140:3 166:12
 fare (1) 77:14
 fast (1) 9:1
 fault (1) 94:7
 favour (1) 117:3
 favour (4) 41:23 113:4 131:7 139:13
 fed (2) 29:2 122:18
 feed (1) 136:2
 feeding (1) 101:20
 feel (20) 19:10 34:8 41:5,21 48:2 73:15 84:5 92:7 112:12 129:6 132:19,23 134:12 135:6,11 158:17 164:7,12,20 166:12
 feeling (14) 10:15 38:2 59:17 62:7 64:2 111:4,8 114:11

118:14 139:11 159:17
164:13,16 167:2
feels (1) 59:13
felt (37) 9:13 12:2 38:2
60:1,10 62:3,6 64:8
65:6,14 66:3,6 69:4,20,22
70:20 77:2,13 78:11,22
79:1,4,5 108:12 112:12
113:9,15,15 115:18 116:23
135:7 150:16 157:3
164:8,9 165:16,20
female (1) 104:5
females (1) 157:16
few (6) 63:21 74:1 84:22
85:21 153:6 161:18
ffp3 (8) 18:6 27:7
63:11,15,22 64:1 102:12
103:25
fibres (1) 158:9
field (3) 2:7 16:5 19:5
fields (1) 153:3
fight (1) 131:10
figure (6) 75:25 76:11,13,22
86:25 87:22
figures (8) 46:22 78:4 83:11
87:20 98:6 100:7,14,25
fill (1) 158:19
final (1) 39:7
finally (2) 37:22 93:9
find (8) 23:2 63:7 110:12,13
111:2 137:7 141:4 160:19
finding (8) 8:17,22 10:20
23:23,24 131:19 142:3,4
fine (4) 6:8 27:20,21 121:9
finish (1) 117:1
finished (1) 145:22
finishing (1) 32:25
first (23) 1:7 16:7 22:22 44:3
66:10 70:4 71:15 74:1
80:21 83:18 88:2 94:20
101:16 106:12 120:2
125:20 126:8 127:11 129:6
131:14 137:11 144:25
164:8
firstly (1) 83:3
fit (5) 33:5 156:16 157:2,3
159:15
fits (1) 23:9
fitted (5) 27:9 63:10,22
156:10 157:16
five (2) 75:19 128:4
flagged (3) 42:17 105:4
flawed (1) 30:12
flex (1) 18:10
flexible (1) 113:24
floodthrough (2) 8:13 9:1
fluids (1) 16:15
focus (2) 51:25 165:13
focused (1) 143:25
follow (2) 114:9,22
following (5) 7:22 27:2 37:24
121:19 149:1
food (9) 16:15 95:23 100:3
134:4 136:19 138:3,11,23
141:15
foolhardy (2) 20:18 22:6
football (1) 37:15
force (4) 113:5 142:12
144:15 166:13
forceps (1) 17:3
fore (1) 44:24
forefront (1) 142:13
foreseeable (1) 94:16
forewarn (1) 42:20
forgot (1) 167:10
form (10) 43:25 46:7 82:22
92:20 141:9 150:20,21
153:6 161:3 166:19
formal (1) 146:16
formalised (1) 49:11
formation (1) 117:7
formed (2) 45:7 46:2
former (1) 85:6
forms (1) 161:7
fortunately (1) 145:21

forum (19) 12:13 15:17
27:19 112:10 113:20
121:11,17,18 123:7 124:22
125:1,11,15 126:9 135:24
136:1 148:9 162:11 163:21
forums (2) 131:18 141:24
forward (9) 7:1,3 21:20,21
28:6 78:1 96:25 117:2
155:16
found (8) 8:25 28:18 46:5
88:5 89:11 104:4 132:6
139:24
foundations (1) 79:24
four (7) 5:4 50:24 111:16
128:3 129:4 155:19 156:11
frailty (1) 164:15
framework (1) 122:19
free (2) 138:17,22
freedom (1) 54:11
freeman (2) 125:12 126:25
frequency (1) 63:5
frequent (2) 14:9 19:19
frequently (2) 8:22 69:6
frightened (2) 113:15 130:25
fright (1) 28:1
front (3) 40:3 82:24 160:12
frontline (3) 20:17 27:6
41:11
frustrating (2) 10:17 139:10
frustration (3) 65:7,13
116:16
frustrations (1) 66:3
fulfilling (1) 83:19
full (13) 1:15,16 14:10 17:21
28:8 34:11 82:12 89:5,9
90:8 96:1 121:2 146:14
fulltime (4) 5:7 82:16 84:25
147:6
fully (6) 13:9 36:10 67:4
68:1 73:11 74:18
functional (1) 72:25
functionality (1) 48:24
functions (1) 16:24
fund (1) 50:7
fundamentally (1) 45:4
funding (7) 49:17,20,22 50:5
125:21 126:18 145:11
funeral (1) 143:19
funerals (5) 142:25
143:3,5,8,9
furlough (12)
88:3,4,6,8,16,19 89:2,6,9
90:4,9,22
furloughed (3) 31:15,15
90:23
further (8) 58:9 68:4 144:8
149:14,14 156:17 160:14
164:14
fuss (3) 30:18,24,25
future (9) 3:17 67:17 75:5
78:3 79:24 80:10,20 94:16
96:25

G

gain (1) 59:4
gale (36) 1:5,6,12,13,14,15
6:10 12:22 14:24,25
42:9,14,15,18,24
120:20,21 121:1,2,9
135:21 145:14,17,19,25
146:6,7,12,13,14
167:6,11,13 168:5,13,15
gaps (3) 67:21 68:11 156:13
gas (1) 157:8
gather (2) 44:23 150:21
gave (8) 22:22 28:22
42:10,12 97:20 124:17
133:9 158:8
gdp (1) 129:17
geared (1) 157:13
general (24) 9:16 15:20
17:13 19:6 20:7 46:1,4
47:3,10 49:14 55:16 58:12
85:6 94:4 99:5 101:6
104:20 105:18

116:10,13,14,21 119:21
133:17
generalisation (1) 63:5
generalised (1) 62:19
generally (9) 4:11 25:23
48:1,16 60:8 74:16 86:7,17
89:8 103:8,9,10 104:3
108:5,22 115:6 132:14
133:19 153:21
generic (1) 74:8
geographic (1) 152:8
get (38) 17:18 28:6 33:11
35:23 39:23 41:24 49:12
60:10 63:22 86:8 88:6
89:1,9,11 100:8 103:15
106:18 107:13,14 112:7
113:9,12 117:12 120:3
124:14 127:21 132:13
133:10 134:1,3 138:22
141:14,20 144:22
157:2,18,20 160:5
gets (1) 142:16
getting (10) 8:4 67:8 79:21
101:18 111:22 113:14
149:14 154:4 165:15,19
ggc (5) 148:7 157:6 158:6
162:12 163:5
girfec (1) 162:19
give (35) 1:23 6:16 10:18,19
18:18 20:23 21:5 22:20,20
26:25 31:5 41:10 44:11
45:1 51:2 53:25 62:23 63:2
72:17 83:8 87:9 98:13
116:2 121:2,3 129:20
145:3 146:14,21 150:16
151:8,14 153:2,20 160:17
given (23) 5:3,10 11:12 19:7
22:23 24:10,19 32:16
46:18 55:7,20 58:14 62:13
82:22 93:8 96:17
118:18,24 126:17 135:17
141:2 144:4 158:15
gives (1) 40:13
giving (7) 2:25 3:1 10:21
20:1 46:22 80:21 90:22
glaringly (1) 126:23
glasgow (13) 2:5,14 3:15,25
4:6 12:16 42:22 110:9
138:10 147:10 163:21
164:1 165:23
gleaned (2) 51:4 57:11
global (2) 42:2 144:18
goes (5) 19:2 32:6 94:19
110:2 144:20
going (65) 12:20,22 14:1
16:9,16,17,22 17:14 21:22
22:19,20 24:15 29:7
37:14,17,18 38:16 47:25
48:10 51:24 52:25 58:5
67:6 63:22 67:2 71:22,23
73:19 75:17 77:18 78:1,19
92:8 94:14,16 96:22 107:4
108:11 113:4 115:25 119:8
124:1,18 125:5 126:12,13
127:3,24 128:16,17 130:12
132:1 134:7 139:18,23
141:14,14,17,22 143:8
145:8 154:16 155:16,21
156:19
gone (5) 40:1 93:24 137:18
138:8 166:15
good (34) 1:5,6,10,11 6:8
32:24 35:15 40:16
41:12,14,15 43:1,6,7,12
63:2 81:23 82:2,3,8,8
86:2,4,19 120:20,21,24,25
132:24 138:1 146:1,6,7,10
goodbyes (1) 143:10
goodwill (2) 81:4,6
gosh (1) 150:6
govern (1) 104:18
governed (1) 87:14
government (64) 8:1 9:12
11:16,20 15:16 17:18
72:22 74:18 78:3 85:5
86:17,19 87:14 88:15

89:7,21 90:15 91:4 92:12
93:8,20,23 94:24 95:3
96:14,22 100:6,25
107:22,24 108:7,10,18,23
109:6 111:13,14 112:14
114:6,7,17,18,24,25
115:1,10,13 116:6
117:5,17 118:6 122:20,20
123:17 124:23 125:2,17
126:3,7 130:6 132:2 133:4
134:15 162:7
gown (1) 102:16
gp (3) 60:18 132:1 133:9
gps (3) 39:23 60:7 134:7
gran (1) 145:8
grandparents (1) 166:2
granted (1) 98:15
graphics (1) 18:18
grateful (3) 14:25 74:14
145:16
great (1) 66:2
greater (10) 2:5,14 3:15,25
12:16 42:22 99:21 126:13
147:10 165:23
grievances (2) 7:13 85:4
grieve (2) 143:14,17
ground (2) 13:13 100:18
group (26) 12:14,18 22:20,21
45:7,8,15 86:13,18
98:18,19 101:21,24 104:13
107:25 108:15 109:15
110:21 111:14 143:5
153:24 154:16 155:21,23
159:20 166:18
groups (12) 7:3 22:14 24:6
121:24 124:24 126:17
136:8 141:24 144:17
154:24 163:20 164:23
guaranteed (1) 29:1
guess (2) 3:24 42:6
guidance (89) 7:24,25
8:4,10,19,21,25 9:4,13,16
10:1 11:15,22 13:14,17,20
14:17,18,20,21 15:3,11,22
17:15 18:11 19:6,15 24:19
33:11 36:15 41:16
40:10,17,21 52:21
62:15,17,19,22 63:16 64:9
65:3 72:3,10,15,21 73:16
74:5,7,8,20 90:15
93:7,13,23 94:4 95:4
97:18,19,20 99:9,10 100:7
101:1 103:6 108:10
109:2,9,11 112:19
114:7,17,18,22,23,23,24,25
115:1,5,6,8,11,24
161:14,20 162:6 163:6,10
guidances (4) 8:14 9:19
13:10 24:5
guidelines (6) 11:5,11 13:3
14:9,10 73:25
gynaecologists (1) 45:13

H

hadnt (5) 7:11 13:22 56:21
129:11 150:8
hair (15) 17:9
146:8,9,10,14,16 148:17
156:14,15 161:14 164:25
166:9 167:6,9 168:14
hairfree (1) 157:14
half (4) 5:15 32:24 35:17
7:6
ham (3) 137:16,18,18
hand (2) 34:25 139:8
handed (1) 71:12
handling (1) 32:1
hands (1) 154:5
handson (2) 11:24 49:13
handwashing (1) 53:2
hankie (1) 36:9
happen (8) 33:15 42:2 92:18
103:3 105:25 110:18
127:25 135:2
happened (6) 27:3 47:3 58:9
69:15 110:8 151:22

happening (13) 13:8 14:22
76:12 86:20 100:18 118:7
129:25 130:2 132:4 141:19
152:13,15 161:21
happens (3) 42:8 92:1 134:7
happy (3) 109:6 150:13,14
hard (5) 64:3 65:22 92:10
148:3 162:3
hardworking (1) 22:9
harm (2) 41:17,17
harms (1) 111:16
harrowing (1) 35:13
hasnt (1) 166:12
havent (8) 7:20 25:17 78:20
80:1 81:17 119:11 141:21
144:8
having (39) 9:17 21:2 35:19
36:4 37:13 46:6 49:10
60:13,14 62:1,8 65:7 73:23
74:8 78:7 81:11 85:10,17
88:5 89:5 91:15 94:4 96:4
99:8,9 106:24 109:14,22
110:5,21,21 116:13 130:12
131:12 135:6 154:6
156:1,14 167:8
hazmattype (1) 154:3
hcpc (1) 32:10
head (5) 2:8 16:18 39:10
83:20,21
health (96) 2:5,14 3:16,16
4:3 8:2 11:8 12:4,11,16
17:16,17 18:11
23:16,19,25 24:1,6,15,18
25:7,23 27:22 28:2,3,5
29:6,12,23 35:14 49:4 50:2
62:5 75:3 79:15,24
80:3,10,13,16,25 81:8
86:22,23 87:13,23 88:17
110:5 111:7,17,18,19,24
112:6 113:3 116:1 118:2
135:10 136:9 139:14,21
147:11,13,16,20 148:5,8
150:2,25 151:18 152:9
160:9,21,22,24
161:1,3,6,22 163:3 164:1
165:5
healthcare (22) 44:17 52:9
53:13 54:25 60:19,23
61:2,3,4,16 67:6 70:9
71:8,9 73:14 79:4
80:2,5,8,9 157:19 162:25
healthvisiting (3) 61:23 80:4
162:15
healthy (2) 60:19 70:16
hear (2) 109:19 124:16
heard (16) 13:24 31:5 34:3
64:25 65:5 85:9 119:18
130:13 138:9,13,14 152:19
156:5 157:23 161:13
164:15
hearing (3) 39:7 129:8
167:16
hearings (2) 47:17,21
heavier (1) 62:6
heavily (3) 51:16 66:16 76:14
heed (1) 139:25
height (2) 94:1 104:23
held (5) 13:19 39:18 84:22
118:11 125:8
hello (2) 82:9 146:11
help (7) 63:2 126:19
128:13,23 130:8 145:6
152:5
helped (4) 49:20 90:19 93:7
144:12
helpful (3) 20:2 72:6,12
helpfully (2) 143:24 164:25
helping (1) 109:23
hence (1) 77:23
here (17) 41:10 55:10 58:2,3
59:5,20 65:21 88:17 94:21
98:11,12 104:13 116:2
117:18 141:14 145:22

148:11
hierarchy (2) 26:2 107:17
high (13) 7:8 46:5 51:12
58:8,10 61:15 85:12
151:25 152:1 153:7,12
165:21,22
higher (4) 50:25 77:23,24
100:24
highest (1) 67:15
highlevel (1) 154:3
highlighting (2) 91:8 117:16
highly (1) 57:20
highrisk (2) 17:12 70:12
highrisk (2) 27:6 137:19
hindsight (1) 102:6
historically (1) 77:13
hits (1) 26:16
hmm (1) 164:9
hmmhmm (1) 8:3
hold (4) 34:25 47:18,22 86:7
holding (3) 36:19 154:5,7
home (21) 18:18 24:14,18
26:16 33:6 52:19 53:4
54:2,13 56:2 73:15 103:5
112:24 114:20 132:10
115:8 162:16 163:23 164:4
166:1
homes (7) 118:10 139:18
140:8,14 154:13,15 162:19
honed (1) 153:4
honest (2) 111:11 112:6
hope (4) 79:10,11,12 143:25
hopefully (1) 120:9
hopes (4) 9:24 40:25 144:5
165:1
horrendous (1) 34:13
horrible (2) 120:4 142:10
hospital (14) 21:9 22:12 52:1
54:18 55:14,19 56:2 72:14
73:1,3 99:24 128:12
140:14 153:15
hospitalbased (3) 55:17
72:4,11
hospitality (1) 112:8
hospitality (5) 21:2,6 54:17
64:23 74:16
hostility (2) 64:24 65:2
hour (5) 32:25 35:17 43:2
118:24 119:6
hours (13) 5:15,18,23 24:21
25:9,13 34:12 66:20 76:19
118:14 142:8 150:21 154:2
hourthrequarters (1) 32:24
household (1) 130:9
households (2) 133:20,22
however (15) 5:6 26:19
129:12 63:12 70:2 76:16
29:7,13 130:18 132:23
133:25 138:19 155:17
163:19 164:2
hr (3) 7:12,15 12:15
hscp (1) 166:16
hse (5) 97:19,20 99:3,10
100:8
hses (1) 97:17
hubs (4) 126:22 140:19
141:1,5
huge (9) 31:16 46:4 74:24
75:2 140:9,9 141:11
142:20 143:3
hugely (3) 52:24,24 145:13
human (2) 7:12,23 123:2
hundreds (1) 122:6
hurdle (1) 80:21
hurts (1) 80:21
hurts (1) 80:21
husband (2) 151:22 155:16
hybrid (2) 112:10 113:19

identified (1) 23:1
identify (1) 140:18
identifying (1) 9:15
ignoring (1) 116:21
ill (13) 3:16 31:3 34:19 35:20
41:9 73:1 94:3 111:20
117:1 121:17 135:11
137:15 151:15
illequipped (1) 154:12
illfitting (1) 157:4
illinformed (1) 9:7
illnesses (1) 120:6
im (56) 9:5 12:20
14:1,3,4,23,25 16:2 17:22
23:13 25:6 26:10 36:11
38:16 39:5 40:23 42:10,18
55:22 56:8 57:24,25 58:1,1
63:22,23 74:14 79:8
94:20,21 101:22,25
108:22,23 110:6 111:1
114:2 115:20 116:1 119:6
120:12 128:1 131:6
141:14,14,15,17,17 146:18
147:23 148:8 150:12
164:9,11 166:16,21
image (1) 156:6
imagine (1) 143:15
imagined (1) 77:11
imbalances (1) 57:7
immediate (4) 68:13 70:12
80:11 117:4
immediately (3) 70:9 79:5
125:19
immense (1) 65:6
immunisations (2) 162:23,23
impact (31) 35:8 47:21
52:6,8 54:19 59:11 65:18
66:4,10 68:12,13,14 77:1,1
78:18 80:11 93:2 105:19
111:5,6 140:17,20
148:5,12,13,18 149:3,12
163:13 165:4 167:3
impacted (2) 66:8 87:11
impactful (1) 33:25
impacts (3) 37:23 66:5
157:12
implement (1) 74:6
implemented (2) 13:16
78:12
implications (1) 13:16
importance (3) 7:17 120:1
162:24
important (11) 6:25 26:4,4
80:18 81:17 110:25 114:4
119:11 145:5,13 162:22
impression (5) 14:13 30:23
32:23 127:21 161:22
inabilities (1) 67:21
inadequate (1) 101:7
inappropriate (1) 150:16
inactive (1) 106:4
inches (2) 17:2 18:22
incidences (1) 63:9
incident (1) 26:25
incidental (1) 155:8
incidents (1) 99:7
include (1) 116:6
includes (1) 33:21
including (8) 25:23 83:24
84:2 85:4 107:19 111:19
149:5 166:6
inclusion (2) 73:8 124:18
inclusive (1) 103:9
income (1) 92:9
incomplete (1) 55:10
increase (8) 5:2 49:19 54:14
67:18 124:5 128:7,8
131:23
increased (18) 5:11,19
47:6,13 49:16,24 54:21
61:5,9 64:19,24 67:17
70:12 75:10 78:8 153:23
158:22 160:2
increasing (3) 118:8 166:22
167:4
indepth (1) 108:13

index (1) 168:1
 indicate (4) 20:3 26:21 82:15
 148:1
 indicated (3) 94:25 148:17
 153:1
 indication (2) 129:20 153:20
 indirectly (1) 132:17
 individual (8) 69:13 92:16,16
 104:20 113:6,23 122:5
 164:22
 individually (1) 150:24
 individuals (10) 34:4 45:15
 53:18 62:1 69:3 121:24
 135:13,13 157:13,17
 industrial (14) 12:4 84:3,19
 85:1,14 95:8 96:9,18,19
 97:2 119:19 147:22
 148:3,6
 inevitable (1) 141:13
 inevitably (1) 17:4
 infected (2) 99:5,12
 infection (4) 13:18 16:13
 26:5 110:19
 inference (2) 55:24 132:17
 influence (1) 162:21
 influenced (2) 22:1 76:14
 influencing (1) 51:17
 information (21) 8:13 9:2
 10:10 13:9 14:15 18:23
 29:2,15,18 43:24 46:9
 82:21 132:20 140:4 145:21
 150:21,22 151:8 155:5,6
 159:1
 informed (2) 20:8 109:1
 informing (1) 109:9
 inhaler (1) 159:16
 initial (3) 20:4 57:1 91:12
 initially (5) 90:20 132:23
 133:6,8 149:24
 initiatives (1) 7:1
 injections (1) 133:10
 injuries (3) 96:18,20 97:9
 inflaw (1) 143:18
 inpatients (1) 73:2
 inperson (2) 49:13 125:3
 input (3) 11:21 12:18 84:10
 inquiries (1) 47:4
 inquiry (24) 1:17,18 9:24
 26:1 40:25 43:21,25
 79:11,13 82:19,23 121:2,5
 123:15 127:19 144:5
 145:16 146:14 149:2,10
 157:24 165:1 166:5 167:7
 insert (1) 16:24
 insight (3) 49:1 59:5 86:20
 instance (3) 49:21 100:23
 116:24
 instances (5) 14:16 15:22
 17:7 116:17 153:16
 instead (1) 51:2
 instructed (1) 33:1
 instructions (1) 36:16
 intended (1) 51:8
 intensive (3) 153:8 156:25
 157:1
 intention (3) 37:16 41:9,17
 intentioned (2) 36:23 37:19
 interaction (3) 52:23 123:23
 143:20
 interactions (1) 141:2
 interest (1) 123:5
 interested (2) 26:11 123:2
 interesting (3) 44:2 68:16
 104:3
 interestingly (1) 126:24
 interests (2) 30:9 55:13
 intergenerational (2)
 144:17,18
 internal (1) 83:25
 internet (5) 133:21,24
 135:15 136:11,15
 interpret (1) 46:17
 interpretation (2) 64:9 74:4
 interpreted (4) 8:4 63:7
 89:17 90:1
 interval (1) 6:20

intervene (1) 115:20
 intervening (1) 115:23
 intervention (1) 40:20
 interventions (1) 12:7
 into (71) 4:6 14:4 16:22
 21:8,22,23 31:8 36:9 41:3
 45:2 51:11 52:13,25
 53:9,13 54:17,18 56:1,10
 64:23 66:13 67:2 68:10
 72:22 73:17 74:12 75:17
 79:3 80:4 84:10 86:20 96:6
 101:7,20 102:22 104:13
 111:8 112:8,25
 113:4,5,9,12,17 118:12
 119:20 122:8,16,18 127:8
 128:3 134:5 136:2,3,10
 139:18,23 140:5,14 144:20
 145:11 149:25 151:16
 153:7,17 156:25 159:9
 160:7 163:2,7 166:15
 intrapartum (2) 54:21 58:21
 introduce (1) 16:15
 introduced (2) 137:11 163:2
 introducing (1) 17:3
 invest (1) 84:13
 invested (1) 91:19
 investment (2) 40:4 152:16
 invidious (1) 91:19
 involve (2) 31:22 148:2
 involved (11) 2:17,25 12:9
 27:1 84:13 101:21 102:10
 116:24 135:4 152:6 156:8
 involvement (1) 36:24
 involves (3) 47:24 63:11
 156:6
 involving (1) 62:24
 islay (1) 143:17
 isnae (2) 95:18 116:8
 isnt (7) 23:20 37:12 58:15
 59:3 70:22 109:22 136:1
 isolated (3) 96:18,20 97:9
 isolating (1) 31:16
 isolation (6) 63:6 75:10
 113:9 126:14 127:8 140:24
 issued (12) 10:7 11:11 21:3
 29:22,24 90:15 93:9
 101:12 104:15 105:15
 107:4 109:2
 issues (37) 5:9 8:9 9:3,14
 14:8 15:14 24:13 25:22
 26:1,3 34:5 40:13,14 44:22
 48:20 56:23 67:1 84:20
 86:2 87:25 88:1 103:24
 105:2 112:5 114:3,8
 115:25 118:22 123:14,25
 129:21 130:22 149:6
 151:18 159:1 166:6,23
 issuing (3) 8:10 64:6 107:18
 its (94) 3:11 5:6 7:8 11:8
 12:14 13:14 20:6 26:16
 27:24 29:17 31:1 33:22,24
 36:15 37:1,10,11,11 39:20
 40:19 41:12 42:22 50:15
 51:16 59:7 63:4 70:23
 71:19,19,24 72:9,9
 73:3,7,11,13 74:25 75:1
 79:25 80:17 83:20 84:3,21
 87:21 89:6 93:1,19 94:10
 95:17,18 96:6,12 97:25
 98:12,17 99:16 100:15
 101:1 103:19 104:16
 102:8,15,19,20,22
 106:8,20 109:24 111:2
 114:16 119:25 121:4,20,23
 122:8 126:4 130:1,18
 133:16 134:13,24 137:9,9
 138:3 141:18 142:7,8,9,14
 144:10 145:13 148:3
 150:14 152:21 153:6
 156:21 162:4 163:6 165:6
 itself (2) 58:7 74:15
 ive (28) 7:6 31:12 32:16
 36:24 39:4 40:1,25 42:16
 59:20 84:22 95:10
 89:10,10 115:8 119:14
 120:12 126:14 131:11

141:16 142:10 143:25
 147:3 162:4 163:17
 164:16,18 166:21,24

J

jackson (4) 82:6,7,13 168:8
 january (2) 127:10 150:5
 jeane (2) 125:12 126:25
 job (8) 5:7 10:23 17:19
 32:23 38:3,8,9 118:11
 jobs (2) 48:22 87:4
 john (3) 82:7,13 168:8
 join (1) 83:12
 joint (2) 158:5 161:17
 judgment (2) 99:15,16
 jump (1) 107:9
 jumped (1) 107:9
 jumping (1) 107:17
 june (2) 6:7 160:14
 junior (1) 32:20

K

keep (9) 5:13 8:17 13:13
 24:20 30:11 129:13,13
 154:22 162:3
 keeping (2) 33:3 110:22
 kept (2) 57:23 158:24
 kettles (1) 35:24
 key (3) 12:9 20:4 45:19
 kicked (1) 125:20
 kids (2) 116:9,18
 kind (47) 5:11 6:6 7:14,19
 22:13 31:22 32:10 34:9
 35:16,24 39:24 44:14
 53:22 59:5 60:4 64:5 65:20
 68:12 71:6 78:6 79:6,23
 88:11 90:14 92:8 94:19
 96:7 97:1 99:5,19 105:25
 106:4 107:3 109:18
 110:14,16,20,22 111:9
 112:18,20 113:19,24
 114:13 115:25 116:19
 119:21
 kit (4) 17:3 18:7 35:20 36:5
 14:15
 kneejerkreactiontype (1)
 14:15
 knew (7) 4:11 22:7 34:18,20
 143:12 155:10 160:1
 knockon (1) 68:6
 know (182) 9:8 19:14 22:19
 24:2,16 25:3,10,20 30:7,11
 32:10 34:11,24 37:13
 38:20 41:9,21 47:23
 48:2,11,24,24 49:7,8,12
 51:9,13 52:22 53:19
 56:5,8,23 57:5,25 58:16,22
 59:12,21 60:16
 60:11,15,18 63:8,10,13
 65:9 69:8 70:7,23 71:11
 72:25 73:4,12,16,19,21,22
 74:4,25 77:15 78:3,6,21
 81:10 83:1 84:23 85:4,21
 86:15 87:11 89:6,8
 91:2,13,15,25 92:4,7
 93:13,15,16 94:2,16,17
 95:21,22,23
 96:2,8,11,13,17,22
 98:10,12 99:7,23
 100:16,19 101:22
 102:8,15,19,20,22
 103:4,15,19,20
 104:11,16,17,18,22,24
 106:1,4 107:9,10
 108:12,21 109:10,19
 110:4,7,10,12,19 111:17
 112:4,9,22 113:10
 115:3,11,24 116:1,3,21
 117:9 118:11,17,19
 119:3,22 120:5 126:12
 129:1,14 130:3,8,9
 131:18,21 132:1,2,5 133:1
 134:24 135:7,9,24,25
 136:6,8,13,13 137:2,5,17
 138:8,24 141:4,9 143:14

144:21,22 145:6
 165:9,17,24
 knowing (1) 159:18
 knowledge (3) 55:10 59:5
 133:3
 known (8) 1:17 19:4 21:10
 38:17 102:10 107:16
 146:17,18

L

lab (2) 110:9,15
 label (3) 12:13 27:12,14
 labour (4) 58:20,23 70:24
 73:25
 lack (8) 49:23 80:14 91:1
 101:6 102:5 115:7 118:11
 157:9
 lacked (1) 62:22
 lacks (1) 59:13
 language (13) 2:3 4:15,18
 16:1,24 24:4 31:12 36:18
 37:1,2,5,5 39:19
 laptop (3) 124:17 135:16
 143:11
 large (3) 48:5 98:6 109:25
 largely (4) 77:9 81:10 109:23
 155:14
 larger (1) 134:16
 last (13) 6:11 55:6 74:12,13
 76:23 79:12 84:12 96:13
 117:21 125:3 147:19 154:8
 166:15
 late (4) 32:21 39:12 127:16
 128:1
 later (10) 12:23 64:1 68:15
 85:21 95:1 98:4 127:19
 128:4,4 158:10
 latest (3) 10:25 13:14 161:18
 laundering (2) 25:18,19
 laundry (1) 25:21
 lawyers (1) 26:17
 lay (1) 84:25
 layman (1) 23:4
 lead (3) 15:10 62:13 151:3
 leadership (1) 69:18
 leading (2) 44:20 45:20
 leads (3) 10:9 63:13 86:1
 learn (4) 41:22 68:7 79:14,20
 learned (11) 40:25
 79:11,15,18 80:12,25
 91:24 96:12 119:14 143:24
 165:1
 learning (7) 66:18 67:4,11
 68:8 110:2 148:23 166:25
 least (4) 55:11 77:9 108:7,8
 leave (6) 23:1 35:17 78:20
 80:3 83:12 117:19
 leaves (1) 97:14
 leaving (7) 75:20 76:13,23
 78:19 118:9 165:20 166:3
 led (5) 64:24 72:19 86:18
 100:10 154:19
 left (14) 29:13 68:21 69:6
 78:25 91:18 116:16 120:5
 130:19 137:7 140:11
 159:17 164:6,12,16
 legal (2) 115:11 116:24
 legally (1) 93:13
 legitimate (1) 112:25
 lesion (1) 40:4
 less (11) 17:2 20:9,15 60:8
 68:18,19,21 79:4 88:16
 119:5 160:7
 lesser (1) 7:16
 lessons (10) 40:24 72:10
 91:24 96:12 110:2
 117:24,25 119:13 143:24
 165:1
 let (4) 23:23 83:1 129:14
 139:11
 lets (1) 94:18
 letter (1) 139:1
 level (24) 9:11,12 11:16,17
 12:11,19 15:17 17:19
 47:12 48:6 51:12 53:16
 57:18 59:4 61:21 75:23

85:12 91:3,7 125:17 131:6
 154:15 159:14 164:22
 levels (6) 17:18 66:23 70:17
 75:21 99:1 103:15
 leverage (1) 93:14
 liaise (1) 125:16
 liaison (1) 84:17
 libraries (2) 126:21 142:6
 licence (1) 129:11
 life (3) 74:2 75:1,9
 lifeline (1) 141:1
 lifesaving (1) 164:19
 lift (1) 31:25
 lifted (1) 132:10
 light (1) 13:25
 lighthouse (2) 110:9,15
 like (40) 3:24 9:4 11:21,25
 24:6,25 27:8 28:7 36:13
 41:5 42:7 47:14,17,21
 52:9,14 57:22 61:14 66:24
 67:24 69:20 72:24 73:15
 74:6 96:7 112:7 113:12
 117:19 131:2,6 134:12
 139:6 144:9,10 149:17
 159:4 163:13 164:2
 166:11,13
 likeable (1) 22:9
 likely (1) 149:13
 likes (1) 84:12
 likewise (1) 46:11
 limited (5) 22:4 60:18
 116:15 142:8 143:3
 line (8) 6:2 13:17 14:19
 33:14 67:22 71:16 135:15
 160:12
 lines (2) 22:18 137:11
 linked (3) 102:5 103:22
 118:13
 links (4) 89:12 119:19 122:2
 155:5
 list (3) 149:24 150:9,16
 listen (2) 35:13 93:12
 listened (1) 93:9
 listening (2) 155:3,7
 literally (3) 17:1 18:21 95:20
 little (2) 3:22 6:16 20:23
 22:24 23:16 31:6 59:17
 62:3 88:9 116:23 124:20
 127:15 128:1 136:18
 140:21 144:1 147:25 153:2
 161:9 163:13
 live (3) 38:10 42:14,18
 lived (2) 132:7 141:8
 lives (2) 34:20 65:24
 living (3) 138:1,12 150:25
 load (1) 105:2
 loaf (1) 137:16
 lobbied (1) 78:4
 local (23) 9:11 11:17
 12:12,11,17 15:16 18:2
 36:20 85:4,20 87:1,14
 88:15 89:7 91:3 92:12
 126:21 131:17,18 132:9
 137:4 141:6,24
 locales (1) 115:5
 located (1) 20:6
 lockdown (6) 91:15
 100:11,13 112:7 125:10,20
 log (1) 163:7
 logged (1) 132:9
 logistics (1) 21:19
 london (1) 152:14
 lone (1) 62:3
 loneliness (4) 126:14 127:8
 130:21 140:24
 long (18) 21:7,13 25:1 36:1
 38:22,22 73:20 83:21
 94:11 97:2 104:24 118:14
 119:15,17,25 120:3,12
 154:2
 longer (7) 28:25 48:13 68:8
 86:8 112:16 113:11 125:14
 longerterm (2) 37:23 68:13
 longstanding (2) 66:10
 141:22
 longterm (3) 80:8 94:15

135:10
 longwinded (1) 16:22
 look (16) 36:19 40:3 77:19
 79:13 92:21 94:19 105:10
 106:4,18 107:3,16 130:9
 137:3 144:11,19 164:2
 looked (2) 117:10 129:16
 looking (17) 4:9 6:10 15:21
 19:10 22:15 84:13 88:19
 89:1 96:2 123:19 126:5
 127:18 128:2 136:11 144:7
 149:11 150:22
 lose (1) 145:8
 loss (1) 78:15
 lot (45) 6:21,23 7:19 8:7
 14:14,21 16:3 31:13 33:16
 36:24 37:25 47:16 51:4
 55:3 61:19 72:3,23 74:6
 89:11,16,24 94:12 97:24
 98:2 100:6 105:20 107:17
 113:18 116:7 120:5 124:11
 125:8 129:7,9 130:3
 132:11 137:22 139:24
 140:12,23 141:5 142:21
 143:3 153:9 164:21
 lots (8) 11:15 37:4 39:4
 70:14 75:4 80:6 132:15
 153:3
 loud (1) 124:16
 louise (1) 43:17
 love (3) 38:3,8,8
 loved (3) 140:1 154:6,7
 low (2) 21:18 28:16
 lower (1) 20:14
 loweredvalue (1) 20:14
 lunchtimes (1) 31:19

M

machine (1) 25:19
 main (2) 3:24 133:14
 maintain (3) 5:5 24:4 129:14
 maintained (2) 37:10 48:6
 major (4) 91:10 93:14
 100:15 103:13
 majorly (5) 46:22 88:21
 138:17,25 142:2
 makes (1) 49:11
 making (11) 30:18,23,25
 35:15 57:6 99:16 101:20
 109:20 135:17 138:10
 142:12
 male (2) 157:15,16
 males (3) 104:6,11,17
 man (2) 22:9 137:13
 manage (5) 15:18 37:18
 management (1) 59:16
 managed (1) 59:16
 management (14) 7:15 8:2
 12:15 18:2 20:10 27:18
 30:21 33:14 41:20 63:13
 149:25 150:17 161:22
 162:12
 manager (2) 32:25 36:18
 managing (1) 108:19
 manoeuvres (1) 16:12
 manufacturer (3) 26:18,20
 28:22
 manufacturing (1) 100:13
 many (34) 3:12 16:19
 25:6,13 34:10,10 35:1,19
 38:13,24,24,24,24 42:21
 47:17 48:22 53:3 60:18,20
 67:12 77:15 84:25 88:5,6
 124:18 136:25 142:10
 143:4 144:16 153:8 157:18
 160:9 163:8,22
 march (5) 6:1,3 76:17 125:4
 127:20
 margins (1) 105:23
 marie (1) 1:16
 mask (11) 18:9 24:11 28:17
 63:15 99:12 156:8,10
 157:2,2,5,8
 maskless (1) 35:4
 masks (39) 18:7 21:15 22:4
 26:23

27:7,8,10,13,15,20,23
 28:16,25 29:7,10,21
 30:10,13,14 63:11 64:2,6
 102:12,12,25 103:25
 104:11 156:1,3,5
 157:16,18,20,21,25
 158:3,7,8,13
 massive (3) 80:3,12 98:20
 massively (1) 158:22
 material (1) 25:1
 maternity (41) 44:17,18
 45:11,22 46:1 52:3 58:14
 61:5,7,11,12,20 62:18
 64:17 70:1,5,15
 71:2,8,17,21 72:1,20,23
 73:11,18 74:9,19,24 77:14
 78:12 79:18,18,20
 80:4,6,13,17 81:1,12
 117:19
 matter (6) 25:1 47:1 108:2
 120:9 164:10,12
 matters (8) 33:20 41:2 44:2
 115:13 119:10 148:3,4
 166:5
 maybe (9) 7:8 45:1 93:25
 102:6 103:19 106:23
 116:19 126:4 143:4
 mean (17) 52:11 60:13 67:22
 84:21 87:9 89:2 95:9,10
 103:9,13 104:10 108:6
 109:17 117:2 119:14 153:3
 161:18
 meaning (1) 90:11
 means (5) 10:1 83:23 106:5
 118:23,25
 meant (11) 7:16 35:3 52:3
 58:11 73:17 78:18 90:13
 91:20 92:4 104:19 125:8
 measure (3) 161:20,21 23:8
 measured (4) 5:25 6:1,6
 63:22
 measures (3) 106:16
 107:5,19
 mechanics (1) 34:21
 mechanism (1) 125:16
 mechanisms (1) 49:6
 media (7) 83:24,25 96:3
 102:2,3 103:20 105:12
 medical (8) 19:8 39:21 60:21
 71:14 74:21 102:12 153:13
 157:19
 medication (4) 134:13,19,22
 135:1
 meet (7) 67:16 108:6 140:19
 141:4 161:16,17 166:17
 meeting (8) 84:15 118:17,23
 125:3 126:8 163:22,24
 164:14
 meetings (19) 11:20 48:25

memo (1) 10:22
 mental (9) 35:8 74:23
 80:12,16 111:19 113:3
 140:20,22 143:16
 mentality (1) 41:24
 mentally (1) 112:22
 mention (7) 68:15 90:24
 95:1,13 136:19 140:17
 163:1
 mentioned (16) 5:12 25:17
 36:24 48:21 95:10 97:7
 100:3 105:11,17 107:25
 108:13 117:8 119:20
 130:22 132:16 139:13
 mentioning (1) 25:6
 mere (1) 90:7
 merrylees (1) 146:16
 message (2) 63:6 132:16
 messaging (4) 62:15,17
 63:3,4
 met (2) 107:23 162:11
 midst (1) 127:14
 midwife (5) 44:7 58:14,22
 69:19 75:2
 midwifery (6) 46:23 49:16
 66:13,16 77:12 80:17
 midwives (29) 43:19 44:18
 45:25 46:9 49:15,24
 50:6,10 58:18,19 60:5,9
 61:22 63:9 66:6,8,12
 67:15,19 68:9 69:5 71:6
 72:18 76:10 78:16 80:18
 81:5,6 153:11
 night (29) 8:19 11:17
 12:21,22 14:9 17:10 23:8
 31:20 38:4 39:24 40:1
 47:22 63:2 69:11 70:4 79:5
 85:19 92:22 90:5 101:25
 102:1 105:25 109:21
 113:8,16 115:2 127:23
 159:9 160:18
 miles (1) 132:7
 million (2) 83:9 117:20
 millions (1) 118:23
 mind (4) 75:8 88:18 97:4
 130:3
 mindful (1) 114:2
 mindset (1) 119:22
 mine (1) 28:21
 minimal (1) 116:19
 minimalising (1) 52:23
 minimise (4) 16:13 91:15
 92:6 109:24
 minimising (1) 109:23
 minimum (6) 91:7 92:24
 118:24 137:24 138:15,18
 minister (6) 86:19 108:16,18
 125:12,18 126:10
 minutes (6) 74:12,13 114:1
 118:19 119:2 154:8
 miracles (1) 145:19
 mirror (1) 48:18
 mirroring (1) 44:13
 misapprehension (1) 15:23
 mishap (1) 13:18
 missed (1) 10:22
 missing (2) 79:22 118:23
 misunderstanding (1) 15:23
 mitigate (3) 56:8 57:8 78:1
 mix (2) 76:10 78:7
 mixed (2) 109:4,12
 mobile (4) 124:8,15
 128:15,20
 modern (1) 42:1
 moment (2) 14:2 124:21
 moments (2) 35:7,8
 monday (1) 8:20
 money (11) 106:1 117:17,20
 132:14 134:6 136:14
 137:10,15 138:6 144:19,20
 monitoring (2) 110:10
 119:21
 month (3) 83:12,12 166:15
 months (8) 38:24 76:23
 85:21 127:13 143:21
 155:19 159:25,25

morale (1) 143:16
 more (7) 1:3,4 5:8,21
 6:12,17,21 13:4,4
 14:4,5,6,6,10 15:19 19:6
 22:24 30:10,13,13 33:9
 38:10 41:22 42:1 61:4,8,20
 68:16 146:24 147:2,3
 73:5 78:3 79:20 81:6 90:3
 92:6,19 108:12 118:22
 126:19 136:2 137:3 138:3
 140:1 144:19 145:10,12
 167:4
 needed (1) 47:6
 needing (2) 35:25 36:12
 needs (12) 60:20,21,24 67:25
 74:21,23 75:4,6 92:18
 104:21 117:10 122:11
 negative (2) 80:21 93:21
 negotiated (1) 85:3
 negotiating (1) 85:14
 negotiation (2) 135:3,4
 neonatal (1) 153:10
 neonates (1) 63:12
 networks (4) 46:13 69:3
 75:6,9
 never (12) 22:11 37:17 40:17
 51:19 68:24 77:11 92:1
 97:24 105:25 109:20
 134:15 165:7
 newborn (2) 62:24 63:14
 newborns (1) 63:12
 newly (4) 32:20 69:4,11 76:9
 news (2) 18:18 129:8
 newsletters (2) 129:5 145:1
 next (13) 18:21 32:18 33:14
 43:9 81:21 82:5 118:21
 120:15,21 141:19
 145:21,23 146:8
 nhs (19) 9:22 29:18 34:16
 38:7 41:22 87:1 88:14 89:8
 91:4 92:13 96:4 99:6
 102:22 103:3 148:7 157:6
 162:12,20 163:5
 night (1) 128:11
 nine (2) 76:10 143:20
 nobody (2) 159:15 160:1
 nodes (1) 131:1
 nonetheless (1) 98:4
 nonmaternityspecific (1)
 61:8
 nonpandemic (1) 55:11
 nonprovision (2) 103:22,25
 nonstatutory (1) 84:2
 nonurgent (1) 70:10
 nor (2) 23:10,12
 norm (2) 49:1 69:22
 normal (4) 13:5 37:5 156:3
 162:23
 normally (6) 27:11,12 34:23
 36:7 38:18 39:2
 north (2) 131:17 142:3
 note (4) 3:6,15 4:20 40:24
 notes (1) 32:24
 nothing (4) 30:17 117:22
 132:3 137:7
 notification (2) 130:2 151:21
 november (1) 133:16
 nowhere (1) 141:7
 number (47) 4:1,17 8:14
 22:4 31:6 38:12 44:2
 45:9,15,17,21 46:4,6,11,17
 47:3,10 48:8 51:5 54:12
 61:6,6 66:7,19,20
 67:14,15,19,20 72:8
 78:5,24 83:3 88:1 111:24
 114:3,14 123:14
 128:14,17,20,21 140:5
 150:6 162:5 166:17,23
 numbers (10) 46:2 52:10
 67:18 70:25 77:25 78:8,16
 109:25 116:15 118:9
 numbersfocused (1) 51:11
 nurse (15) 35:23 41:12
 147:4,6 148:8 150:18
 151:3,5,14,17,25 156:23
 157:10 164:17 166:16
 nursed (1) 157:20

N

nae (1) 99:13
 name (7) 1:15,16 43:16
 82:12 121:3 146:14,16
 named (1) 163:17
 names (3) 138:23 149:24
 150:16
 naming (3) 138:23 163:15,16
 narrative (5) 51:6,12,17 60:1
 76:3
 national (2) 43:18 98:7
 nature (9) 35:18 44:13 47:19
 53:6 72:6,12 74:19
 106:19,22
 nearer (1) 3:21
 necessarily (10) 9:21 15:13
 26:2 58:2 59:10 62:17
 97:13 142:22 154:4 158:19

necessity (5) 56:3 88:25
 102:13 113:16 150:7
 necessity (1) 60:9
 neck (4) 2:9 16:19,20 39:10
 need (27) 10:7 22:5 28:4
 38:10 41:22 42:1 61:4,8,20
 68:16 146:24 147:2,3
 73:5 78:3 79:20 81:6 90:3
 92:6,19 108:12 118:22
 126:19 136:2 137:3 138:3
 140:1 144:19 145:10,12
 167:4
 needed (1) 47:6
 needing (2) 35:25 36:12
 needs (12) 60:20,21,24 67:25
 74:21,23 75:4,6 92:18
 104:21 117:10 122:11
 negative (2) 80:21 93:21
 negotiated (1) 85:3
 negotiating (1) 85:14
 negotiation (2) 135:3,4
 neonatal (1) 153:10
 neonates (1) 63:12
 networks (4) 46:13 69:3
 75:6,9
 never (12) 22:11 37:17 40:17
 51:19 68:24 77:11 92:1
 97:24 105:25 109:20
 134:15 165:7
 newborn (2) 62:24 63:14
 newborns (1) 63:12
 newly (4) 32:20 69:4,11 76:9
 news (2) 18:18 129:8
 newsletters (2) 129:5 145:1
 next (13) 18:21 32:18 33:14
 43:9 81:21 82:5 118:21
 120:15,21 141:19
 145:21,23 146:8
 nhs (19) 9:22 29:18 34:16
 38:7 41:22 87:1 88:14 89:8
 91:4 92:13 96:4 99:6
 102:22 103:3 148:7 157:6
 162:12,20 163:5
 night (1) 128:11
 nine (2) 76:10 143:20
 nobody (2) 159:15 160:1
 nodes (1) 131:1
 nonetheless (1) 98:4
 nonmaternityspecific (1)
 61:8
 nonpandemic (1) 55:11
 nonprovision (2) 103:22,25
 nonstatutory (1) 84:2
 nonurgent (1) 70:10
 nor (2) 23:10,12
 norm (2) 49:1 69:22
 normal (4) 13:5 37:5 156:3
 162:23
 normally (6) 27:11,12 34:23
 36:7 38:18 39:2
 north (2) 131:17 142:3
 note (4) 3:6,15 4:20 40:24
 notes (1) 32:24
 nothing (4) 30:17 117:22
 132:3 137:7
 notification (2) 130:2 151:21
 november (1) 133:16
 nowhere (1) 141:7
 number (47) 4:1,17 8:14
 22:4 31:6 38:12 44:2
 45:9,15,17,21 46:4,6,11,17
 47:3,10 48:8 51:5 54:12
 61:6,6 66:7,19,20
 67:14,15,19,20 72:8
 78:5,24 83:3 88:1 111:24
 114:3,14 123:14
 128:14,17,20,21 140:5
 150:6 162:5 166:17,23
 numbers (10) 46:2 52:10
 67:18 70:25 77:25 78:8,16
 109:25 116:15 118:9
 numbersfocused (1) 51:11
 nurse (15) 35:23 41:12
 147:4,6 148:8 150:18
 151:3,5,14,17,25 156:23
 157:10 164:17 166:16
 nursed (1) 157:20

O

nurses (18) 34:2,8,15 148:19
 150:1,2,23 152:2,17
 153:7,8,10,11,16,23,25
 154:13,14
 nursing (12) 32:10 34:21,23
 66:16 146:24 147:2,3
 148:6,13 150:3 153:3
 160:9
 nutrition (1) 165:22

once (8) 7:10 24:13 29:10
 90:12 108:7,8 110:25
 134:23
 oncinecumentarypandemic (1)
 41:24
 ones (3) 142:16 154:6,7
 onesizefitsall (1) 9:20
 onethird (1) 133:24
 ongoing (1) 6:23
 online (15) 47:16 48:20,25
 125:8 126:9 131:23
 134:5,8,18 135:2 137:22
 143:8,9,19 163:6
 onlinebased (1) 48:17
 onus (1) 112:21
 open (4) 32:19 36:19 73:12
 142:6
 opened (1) 145:9
 operated (2) 7:24 115:5
 operational (3) 125:14,22
 142:2
 opinion (4) 20:11,18 22:15
 74:20
 opportunistic (1) 79:25
 opportunity (8) 11:12 41:7
 37:23 96:15 97:1
 166:10,13,21
 opposed (4) 64:10 80:23
 104:1 106:11
 opposite (1) 117:24
 optimise (1) 80:6
 option (5) 38:15 51:1 54:9
 62:2 107:4
 order (17) 16:21 17:1,21
 70:11 91:11 94:5 113:16
 118:12 124:8,14,15 125:21
 129:3,6 130:16 137:22
 155:9
 ordinarily (9) 46:5 50:1
 55:18 61:22 62:9,11 68:2
 72:14 78:20
 ordinary (4) 57:14 59:18
 75:9 102:12
 organisation (12) 44:14
 45:6,16 50:14 63:14
 113:23 121:11,20 123:8
 125:13 135:20 138:9
 organisations (5) 122:6
 125:22 131:18 135:22
 138:14
 organise (1) 84:8
 organises (1) 142:1
 origin (1) 157:1
 originally (1) 51:8
 originating (1) 17:16
 others (5) 8:1 24:15 60:23
 63:19 67:23
 otherwise (1) 38:9
 ourselves (2) 29:14 46:6
 outbreak (1) 95:25
 outbreaks (3) 99:7,25 100:17
 outcome (1) 70:16
 outcomes (2) 39:16 40:16
 outdoor (1) 165:23
 outputs (1) 68:9
 outreach (1) 124:11
 outset (2) 19:10 148:16
 outside (3) 32:8 34:2 36:9
 outwith (2) 100:2 132:13
 over (38) 5:15,19,23
 27:15,16 28:1 30:17 31:18
 35:11 38:24 54:6 71:12
 73:19 83:4 90:11 91:6
 94:25 104:23 105:8,16
 115:1 127:4 130:5,6
 132:7,7 133:20,20,23
 138:18 139:4
 141:17,17,18,18 158:4
 164:2 165:18
 overall (2) 98:11 115:12
 overarching (1) 45:13
 overexaggerates (1) 42:21
 overnight (2) 46:3 73:13
 oversee (1) 84:9
 oversight (1) 61:25
 overtaking (1) 112:6

P

overtook (1) 6:19
 overview (6) 3:11 44:11 45:1
 84:21 86:2,4
 overarching (1) 50:22
 own (22) 4:14 5:13 16:5,18
 18:2 20:11 24:3 25:7,19
 34:20 35:20 36:5,11
 38:4,12 54:17 134:15 94:7
 113:2 138:12 139:9 162:19

packages (7) 129:22 130:10
 138:10 139:14,16 140:3,15
 packed (1) 137:7
 packet (1) 137:16
 paediatrics (1) 37:12
 pages (1) 163:2
 paid (5) 20:14 76:19 89:2,4
 129:12
 paisley (1) 99:24
 pan (1) 125:7
 pandemic (10) 2:13 3:23
 4:7 5:8,17,18,22 6:1,22
 7:5,16 8:8 13:3 14:3,6,7,14
 17:7 19:11 20:5 21:4 22:10
 37:6 38:19 39:9,23 40:20
 42:5 44:24 45:3,14,23,24
 48:19 49:21 50:11,16,19
 51:18 54:15 56:2 57:1
 59:23 61:9 66:9,12 70:2
 71:14 76:15 77:1,10,21
 78:10,14 79:2,19
 86:3,5,8,14 87:12 89:14
 23:6,7 31:23,24 32:1
 33:3,4,5,5 40:1,3 55:24
 58:2 73:4 88:23 164:14
 patients (25) 16:6,19 17:14
 21:7,10 24:18 33:2 35:1,8
 39:11 49:5 52:19,22
 53:3,8,12 55:13 71:10
 153:9,14 154:5 157:20
 164:2,24
 patronising (1) 132:22
 pay (30) 87:10,15,25 88:3,4
 89:2,5,9 90:8,17,25
 91:6,6,9,8 92:3
 93:2,4,10 94:8
 117:18,19 118:4,13 119:15
 134:20 136:15 137:16
 138:20
 peaked (1) 123:5
 peel (1) 27:14
 peer (1) 167:1
 peers (1) 166:2
 pension (1) 122:16
 pensionable (1) 130:4
 pensioner (1) 136:14
 pensioners (3) 121:11
 125:11 136:1
 people (200) 4:8 8:21
 9:11,22 10:11 11:16,25
 13:1,12,18 16:3 17:19
 18:20 22:16 25:4 29:20
 31:5,16 32:3
 34:7,11,17,18,20 35:7,15
 37:25 38:22 39:19,23
 40:7,15,20 49:13,15
 54:2,25 60:9 65:23 70:8
 78:18 80:1 82:13
 83:9,12,12 87:3,4,11,21
 88:22 89:1,4,10,24
 90:5,16,22 91:8,15,16
 92:7,24 93:9 94:2,6 96:4,5
 97:4 98:14,19,21,23
 99:4,8,11 101:25 106:24
 107:1,3,9,13 109:18,20,24
 112:4,7,7,11,20
 113:5,12,14,20 114:20
 116:5,21 118:12,17 120:4
 121:25 122:7,17,19
 123:13,20 124:7,8,24
 125:6,8,13,18,25
 126:2,11 129:20,22
 127:4,22 128:10,11
 129:3,6,7,9,17,18
 130:3,4,6,7,8,11,14,15,16,19,25

131:3,11,12,16,21
 132:11,17 133:2,2,7,19
 134:4,22
 135:7,8,9,9,9,19
 136:11,13,21 137:1,12
 138:2,11 139:11,15
 140:1,6,10,11,12,13,19,25
 141:3,4,21
 142:8,8,11,21,23
 144:14,16,22,22 145:7,10
 152:19 155:22 156:14
 159:9,17 160:18,20 164:22
 166:7
peoples (8) 125:15,21 126:8
 135:23 139:18 140:22,25
 142:12
per (4) 107:24 125:24
 128:21 129:5
perceived (3) 49:10 57:19
 61:17
perceiving (2) 61:2 64:11
percent (1) 75:19
perception (2) 30:16 38:6
perfectly (1) 27:20
perform (2) 102:11 118:1
performed (1) 89:22
performing (1) 113:21
perhaps (45) 3:22 7:13
 10:1,22 26:2 30:16 32:15
 33:24 36:18 37:8 39:3 40:8
 41:7 47:9 49:18 50:10
 63:1,3 65:3 66:5,9 70:13
 71:15 73:1 74:15 79:16
 86:1 97:15 106:7 107:2
 110:24 112:3 113:1,3
 120:2 126:4,18 128:6
 130:7 135:17 136:17 144:8
 153:1,17 161:1
period (19) 22:13 28:1 44:24
 54:19,22 64:4,6 67:12,13
 68:20,22 69:17 98:16,20
 109:25 119:12 155:19
 157:4 166:18
periodic (3) 88:24 90:7 110:4
periods (4) 48:4 77:23 90:14
 91:12
peripatetic (1) 24:6
perishable (1) 137:9
perishables (1) 138:8
permanent (1) 16:20
person (17) 3:25 4:5,13 35:4
 47:15 48:13,18 49:8 50:3
 88:23 90:6 118:20 124:10
 138:1 141:25 151:16
 163:22
personal (13) 3:6 20:11 21:5
 22:15 31:19,20 49:10
 104:18 113:2 122:21
 128:21 163:13 164:10
personally (6) 23:9 27:1,9
 110:3 165:9,11
personnel (1) 108:1
persons (4) 53:3 54:4 55:12
 157:10
perspective (17) 6:23 9:6
 16:2 19:3 33:17 41:10
 44:15 54:24 61:1,22 65:21
 70:18 79:7 80:17 132:19
 158:7 165:25
pertaining (2) 101:4 160:25
pertinent (2) 96:13 97:10
pharmacies (2) 134:16,16
phases (1) 57:1
phone (11) 4:8 35:23
 124:5,7,15 128:19,22
 131:24 154:7,25
phoned (1) 130:23
phoning (3) 129:2,18 143:12
photo (1) 27:5
photograph (2) 134:10 139:7
photographs (1) 158:3
physical (4) 65:20 73:6 75:4
 86:11
physically (6) 40:2 86:11
 91:19 112:23 113:21
 136:25

physiological (1) 160:3
pick (6) 3:4 4:13,16 24:10
 40:15 44:3
picked (3) 5:9 25:25 40:9
picking (5) 7:9,19 37:3 71:25
 110:10
picture (1) 100:9
piece (1) 26:18
pieces (3) 7:3 12:9 17:3
pivot (2) 7:25 162:5
place (23) 8:21 9:8 36:3
 54:8,20 55:19 56:1 57:14
 58:3 65:4 94:5,24 107:20
 120:2 127:17,25 128:2,3
 132:24,24 134:1 140:15
 152:3
placed (2) 55:25 153:12
placements (2) 67:3,9
plan (5) 32:19 106:25
 111:15,15 127:16
planned (3) 38:18 71:7 78:21
planning (6) 14:3,7 61:25
 78:25 107:15 127:19
plans (1) 127:25
plastic (1) 18:8
play (2) 37:15 109:9
playing (1) 110:17
please (9) 1:15 6:16 10:3
 27:25 83:1 121:3 145:4
 146:15 159:12
plus (2) 93:19 113:18
pm (6) 82:1 120:17,19
 146:3,5 167:15
pneumonia (1) 16:14
pointed (1) 151:11
pointing (1) 106:9
points (7) 25:25 114:14,21
 149:18,18 155:8 158:6
police (3) 114:12 115:19
 116:17
policies (4) 12:17 57:23 58:3
 161:9
policy (9) 7:2 44:17 73:13
 78:12 84:7,8 123:18 136:2
 148:6
polymakers (1) 125:17
polymaking (2) 84:9,16
political (2) 84:19 111:6
politically (1) 112:3
politicians (1) 84:17
politics (2) 83:22 84:6
poll (1) 76:16
poor (3) 9:7 118:13,13
poorer (1) 39:16
population (7) 61:14,14
 66:24,24 80:8,10 132:21
port (1) 94:20
porter (8) 20:25 21:20,22
 22:6,7,23 23:5 33:21
portering (1) 21:1
porters (4) 20:16,17
 21:12,14
portfolio (1) 166:4
portions (1) 138:4
pose (1) 79:14
posed (1) 114:7
position (21) 12:6 15:6
 18:3,4 28:3,4,24 29:6
 55:25 83:7 86:6 89:3 95:7
 101:8 110:17 112:17
 114:9,10 115:14,15 127:21
positions (1) 20:15
positive (8) 79:24 93:14
 100:2 103:21 108:3,22,24
 112:3
positives (1) 110:22
possibility (1) 96:24
possible (11) 40:5 53:10
 54:16 56:11,12 70:22 74:9
 89:5 129:3 144:14 151:5
possibly (2) 5:22 26:3
post (5) 69:17 75:20 149:6
 166:20 167:5
postgraduate (1) 150:2
postnatal (2) 70:22 71:12
postpandemic (1) 4:21

postponed (1) 70:11
potential (4) 13:15 15:25
 119:24 142:16
potentially (13) 23:6 25:1,10
 54:18 57:9 58:12,25 59:18
 63:19 78:19 79:3,4 80:1
poverty (2) 91:20 136:14
powers (2) 10:8 115:11
ppe (52) 17:10,21 20:3,5,16
 21:3 22:2 24:7,8,10,15,19
 25:9,14 26:1,3,7,12,19
 34:11 35:2 101:4,6,13
 102:6,7
 103:1,5,11,11,15,22
 104:15,19,21
 105:3,6,15,17 106:5,13,15
 107:4,10,18 108:14,20
 154:3,3 155:24 161:24,25
practical (2) 24:17 37:20
practice (16) 8:18 9:10 13:16
 16:18 32:8 46:15 47:24
 52:24 59:2,7 66:20 67:20
 147:6 150:3 153:4 167:1
practices (1) 144:17
practising (1) 69:19
practitioners (2) 147:16,20
pre (1) 4:20
precedence (1) 115:1
preceptorship (1) 69:17
precise (1) 5:21
precision (1) 4:24
predict (2) 77:21,21
predominantly (1) 104:5
preexisting (2) 52:15 60:21
pregnancy (10)
 60:19,20,23,25 70:7,16
 159:22 160:2,6,13
pregnancyrelated (1) 60:24
pregnant (10) 47:5 55:1
 61:14 62:2 70:8,14,14
 71:20 159:24 160:9
preparandic (6) 5:7,14 6:19
 11:11 78:13 127:19
prepared (5) 14:11 29:9
 105:23 110:3 154:15
preparedness (6) 91:25 93:1
 96:12 110:7 119:14,20
prescription (2) 134:18 135:1
prescriptions (2) 134:17,25
present (5) 26:3 53:3
 61:7,12 94:16
presented (2) 59:25 96:16
presenting (2) 39:12 40:8
presently (1) 2:11
presents (2) 59:15 90:22
president (3) 86:6,9,9
pressing (1) 47:19
pressure (5) 7:21 40:22 45:6
 58:8 60:12
pressured (2) 54:4 79:5
pressures (10) 33:18 35:1,19
 46:16,19 50:5 53:23 54:21
 79:1 106:2
pressurised (1) 67:14
presumably (2) 105:7 162:4
presume (1) 85:11
prevent (3) 53:12 70:23
 80:23
preventing (1) 92:23
previous (4) 55:8 150:4
 152:3,5
previously (9) 17:6 53:9
 67:5,16 69:7 78:17 80:2
 150:23 156:23
prices (1) 137:13
primarily (2) 50:8 73:5
primary (3) 49:22 51:6
 165:13
principal (6) 8:9,11,12
 117:24 124:1 148:1
principally (3) 91:12 111:25
 138:11
principle (2) 94:5,23
principles (2) 162:20 165:16
printed (2) 27:13 158:4
prior (7) 17:6 48:19 84:14,22

125:10 137:14 140:24
priorities (3) 7:15 53:22 55:3
prioritise (2) 130:10,16
prioritised (4) 20:16 70:1,6
 71:17
prioritising (1) 20:10
priority (2) 68:4 111:24
private (13) 87:1,17
 89:10,25 90:21,25 91:5
 92:17,19 102:24 105:22
 106:11 117:11
probably (19) 3:12 8:11
 11:14 12:25 14:7 26:16
 33:22 48:15 87:24 91:1
 120:8 126:8 138:22 150:6
 151:11 154:19 156:6
 157:15 160:14
problem (11) 9:15 16:8,16
 61:10 100:5,15 105:17
 116:5 134:13 142:18,20
problems (5) 16:4 26:7 37:1
 82:25 130:21
procedure (7) 17:12,20,22
 18:5,13 19:21 70:10
procedures (7) 17:15 18:5
 57:24 84:9 94:9 102:11,14
proceed (1) 43:8
proceeded (1) 15:22
proceedings (2) 1:3 124:17
proceeds (1) 14:1
process (9) 15:13 16:11
 47:24 57:1 73:21 108:4
 137:8 142:23 152:23
processes (6) 7:12 40:5
 48:8,14 148:6 161:10
processing (1) 95:23
procure (1) 108:20
procurement (1) 108:19
produce (1) 45:13
produced (2) 62:19 72:21
profession (22) 3:8 15:24
 17:11 19:12 23:14 24:3
 36:11,19 37:23,25 38:5,12
 46:23 62:10 75:17
 76:1,5,25 78:11,19 164:18
 165:12
professional (15) 17:11
 32:9,11 44:15 50:2 147:23
 148:4,7,13 149:8,23
 150:18 151:3 152:12
professionally (2) 149:7
 159:21
professionals (7) 23:17 49:5
 61:3 62:5 75:11 81:8,13
professions (4) 9:18 38:11
 60:7,8
profile (1) 77:19
profit (1) 105:23
profitdriven (1) 105:22
profiting (1) 135:8
profound (1) 145:14
profuse (1) 17:8
profusely (1) 17:5
programme (5) 66:14,15
 122:19 127:6 155:12
progression (1) 142:22
projections (2) 67:17 77:17
prolonged (1) 48:4
promote (2) 54:9 73:7
promoted (1) 162:18
pronounce (1) 82:14
proper (3) 102:5,7 103:22
properfitting (1) 105:3
properly (6) 2:24,25 26:20
 32:23 90:8 161:8
proposition (2) 13:1 14:12
propose (1) 51:3
prospect (1) 137:2
prospective (1) 148:5
prosthetic (1) 162:25
protect (3) 31:2 63:18
 151:21
protected (1) 160:7
protecting (3) 52:22,22,23
protection (1) 17:16,17
 27:22 28:2,3 61:21 62:8

89:2,3,4 90:9 165:25
protective (4) 28:19,20 29:1
 104:19
protocols (2) 58:3 59:1
proved (1) 126:15
provide (23) 3:6,11 51:6
 54:1,21 56:6,14 71:9,13
 72:13 75:22 86:24 87:21
 97:1 135:18 137:21 139:4
 149:24 150:8 155:3,5
 159:1 164:19
provided (22) 1:18 4:20
 29:4,11 40:23 43:21 48:19
 52:1,4 55:19 59:11 67:7
 72:14 75:13,14 82:19 98:5
 100:7 106:23 121:5 146:19
 164:25
provider (1) 136:15
providing (15) 45:14,22
 48:17,20 53:16,18 54:24
 58:18,21 63:18 68:5 79:22
 81:9 139:16 162:6
provision (5) 20:5 102:5
 103:11 105:21 157:10
proximity (3) 16:6 17:6 19:18
public (21) 46:1,4 47:4,10
 65:11 75:3 80:3 92:3
 93:1,3,4 106:11
 111:7,17,24 112:6 116:21
 128:18 133:3 140:5 162:7
published (3) 1:21 121:6
 146:21
publishes (1) 163:5
pull (1) 116:22
pulled (1) 99:13
purely (1) 63:23
purpose (2) 30:6 155:2
purposes (1) 155:4
push (2) 7:19 107:13
pushed (1) 21:11
pushing (3) 21:21 23:5 92:10
putting (1) 14:3

Q

q (257) 1:17,23
 2:2,5,7,11,13,17
 3:6,11,15,19,22 4:20
 5:1,20 6:16 7:22 8:4,7
 9:15,23 10:12,14 11:3,10
 15:6,10,20 18:23
 19:2,10,23 20:1,13,21,23
 22:22 23:11,13,16,23
 25:25 26:7,10,15,25 29:23
 30:1,3,6,15 31:3 33:16
 36:10,22 37:22 39:6,16
 40:23 43:18,21 44:7,10,23
 45:1 46:20 47:1,14 48:9,16
 49:14 50:9,21,24 51:1,21
 52:3,6 53:24 54:4 58:10
 59:9 60:3,15 62:7,15,22
 63:1 64:1,15 65:2 66:5
 68:15 69:24 72:9 75:15,25
 77:4,7 78:23 79:8 81:15
 82:15,19 83:3,7,14,17
 85:9,25 86:21 87:20,25
 90:24 93:4 95:1,13 97:7
 100:21 101:3 104:1,8
 105:5 106:7,15 107:21
 110:24 114:16 119:16
 121:5,10,13,15,17,23
 122:4,2,11,14,21,24
 123:1,7,12,21,25 124:20
 126:4,24 127:2,18
 128:5,10,17,22 129:20,25
 130:21,25 131:2,6 132:16
 133:12,14 134:13,21
 135:3,6,12 136:5,17,21,25
 137:21 138:1,9 139:13,18
 140:3,8,17 141:22
 142:16,21 143:2,22 144:4
 146:17,19,24
 147:1,5,8,10,13,15,18,25
 148:11,16,21,23,25
 149:5,10,17,22 150:11,15
 151:4,10,13,22,25

152:6,15,21 153:1,16,20
 154:16,19 155:2,8,21
 156:2,5,19,21 157:9,15,23
 158:17,21,24
 159:1,4,6,8,12 160:15,17
 161:5,9,13 162:4,10
 163:1,10,13,18 164:20,25
 165:9 166:4,9
qualification (2) 69:17 150:3
qualified (9) 32:14,21 44:7
 68:18,20 69:5,11 76:9
 78:16
quality (2) 90:4 103:20
qualifying (1) 68:9
qualities (1) 157:22
quality (7) 20:6 53:16
 75:15,21 79:22 80:9
 103:12
quarterly (1) 129:4
question (13) 5:1 12:20
 13:25,25 15:20 32:5 55:6
 70:4 79:14,17 94:17
 113:13 118:23
questioned (1) 29:4
questions (19) 1:14 43:14
 51:7 76:18 81:15 82:10
 86:22 119:4 121:1 143:22
 146:13 149:14,19 164:23
 168:5,7,10,13,15
quick (2) 15:13 135:11
quickly (13) 13:4,4,8,9 15:7
 42:4 45:7,9 56:25 59:5
 95:4 126:16 142:2
quieten (1) 90:11
quite (48) 3:21 5:11 6:4 7:8
 8:7,25 10:12 16:17 20:21
 21:13,14 26:20 27:17 28:1
 33:18,24 36:10 47:15
 50:18 56:25 65:23 67:14
 69:24 73:18 75:18,25
 79:16 84:3 86:1,24 90:11
 92:10 96:12 101:22 104:4
 107:15,15 108:3,5 110:3
 113:10 125:7 133:11
 135:11 142:14 156:5
 164:7,13
quote (2) 124:13,14
quoted (2) 95:10 98:12

R

race (1) 71:23
radar (1) 124:3
radiotherapy (1) 40:11
raise (5) 31:1 81:17 88:1
 114:4 119:11
raised (7) 15:15 27:18 47:1
 49:8 88:5 119:13 158:6
raising (1) 155:23
rambled (1) 120:12
range (1) 85:2
rapid (2) 14:9 163:10
rapidly (1) 140:8
rarely (1) 76:23
rate (1) 96:3
rates (2) 87:15 92:25
rather (23) 5:1 15:20,20
 47:11 60:4 89:5,23 93:13
 99:17 102:12 103:12 106:5
 107:4,11,18 113:4 114:9
 115:3 135:20 138:23
 161:3,6,23
rational (1) 158:15
rationalised (1) 64:3
rcn (3) 34:4 44:10,13
reach (4) 28:25 29:19 81:3
 144:14
reaching (1) 123:13
reaction (1) 27:23
read (14) 3:12 8:18,20 10:2
 19:2 26:10 33:20 63:15
 68:17 83:1 141:16 145:4
 150:11 163:8
readily (1) 151:17
readiness (1) 41:23
reading (1) 82:25

ready (4) 1:12 43:8 82:4
 146:12
real (8) 55:3 65:24 95:14
 99:13 103:14 108:12
 117:14 140:15
realise (2) 116:5 163:17
realised (3) 19:12,12 27:11
realistically (1) 64:13
reality (4) 13:11 87:12 90:5
 95:20
really (57) 2:22 5:7,10 9:3,14
 25:15 27:1,17 35:5
 37:17,20 44:24 49:22
 62:18 65:22 68:12
 73:3,7,15,16 74:3,3 76:25
 79:23,25 80:9,21 81:3,11
 85:11 86:13,19 91:7

reflects (1) 18:24
 refused (1) 21:15
 regard (2) 20:15 165:2
 regarded (1) 95:8
 regarding (2) 30:1 162:15
 regards (2) 4:21 98:8
 regional (7) 9:12 11:18,23
 12:3,8 15:16 85:5
 register (1) 133:8
 registered (1) 44:8
 registrant (1) 153:11
 regs (1) 104:18
 regular (4) 46:14 57:12
 110:21 163:10
 regularly (7) 48:23 58:9,16
 76:12 86:14 108:8,23
 regulations (2) 97:10,12
 regulatory (1) 44:22
 rehabilitation (1) 39:14
 reinfection (1) 26:5
 reinforced (1) 89:21
 rejected (1) 96:21
 relates (3) 61:20 97:17 115:7
 relating (1) 86:22
 relation (14) 44:16,21
 55:6,23 67:1 76:18 79:17
 90:24,25 101:9 114:8
 136:17 165:10 166:6
 relations (1) 44:21
 relative (3) 22:18 25:12
 154:9
 relaying (1) 34:5
 released (2) 11:5 15:3
 relentless (1) 38:24
 relevant (2) 51:23 94:10
 reliant (1) 66:17
 reluctance (1) 106:12
 reluctant (1) 112:25
 remain (1) 125:22
 remained (3) 71:1 94:5,23
 remaining (1) 164:3
 remark (1) 103:18
 remember (2) 126:10 131:2
 remiss (2) 80:10 105:19
 remote (1) 166:25
 remotely (3) 40:5 48:18
 154:8
 removal (3) 129:11
 139:13,14
 remove (2) 92:6 156:15
 removed (5) 93:22 95:3
 129:23 158:7,10
 renewal (1) 123:16
 renfrewshire (1) 141:25
 rep (5) 2:21 4:10 27:4 41:11
 84:25
 repeat (2) 134:25 135:1
 repeatedly (1) 52:25
 repetition (1) 41:6
 repetitive (1) 41:9
 report (14) 28:7,9,10,17
 51:15 59:25 64:2 76:4
 95:11 97:19,21 98:5
 99:3,11
 reported (16) 56:24 57:12
 61:18 64:16 69:2,21
 76:8,11 98:8 99:1,18
 100:20 102:1 104:8,13
 105:7
 reporting (10) 57:13 95:11
 97:9 98:19 99:6 102:3,9,16
 103:23 105:14
 reports (6) 37:3 96:3 102:2
 103:20 105:10,12
 representation (3) 44:16,21
 126:25
 representations (2) 11:13
 165:10
 representative (5) 33:17
 35:10,22 46:13 147:24
 representatives (6) 2:19
 4:2,3,4,17 86:17
 represented (3) 12:16 22:7
 85:2
 representing (1) 85:14
 represents (4) 83:9,14

122:6,11
 reps (12) 2:23,23,24 3:3 4:4
 12:1 20:24,25 84:24
 104:19,23 152:11
 request (4) 29:11,22 54:12
 154:21
 requested (2) 29:8 32:14
 requests (1) 46:12
 require (9) 13:3 17:21 21:9
 63:15 70:17,17 94:2 97:21
 159:14
 required (12) 4:19 27:7 40:4
 45:2 54:7 56:2,7 70:23
 91:11 103:16 107:15,15
 requirement (1) 66:19
 requires (3) 70:15 71:21
 86:10
 requiring (4) 39:13 54:1 87:3
 134:22
 research (3) 80:7 83:22,24
 resistant (1) 90:22
 resolved (1) 88:10
 resolving (1) 90:20
 resource (13) 50:4,5
 52:11,11,12 53:21 55:1
 57:6,9 60:13 64:10 71:4
 107:2
 resources (3) 45:25 107:1
 118:18
 respect (3) 26:15 61:15
 145:13
 respond (3) 46:6 70:11 71:13
 responded (2) 46:8 50:24
 respondents (6) 51:5 57:12
 68:17 75:19 76:6,7
 responding (1) 58:7
 response (13) 50:21 51:2,13
 86:13,18 101:21,24 104:13
 107:25 108:15 109:14
 110:21 111:14
 responses (4) 46:2 50:18
 51:17,20
 responsibilities (5) 44:11
 67:2 83:18,20 130:12
 responsibility (4) 18:1 26:22
 150:18 151:7
 responsible (4) 2:22,23
 13:19 108:18
 rest (6) 13:23 35:14,20 36:5
 77:14 91:24
 restricted (1) 40:17
 restrictions (8) 37:6 65:8
 72:24 73:20 74:15 101:1
 132:10 142:24
 restrictive (1) 75:13
 restructures (1) 6:25
 result (3) 39:17 40:7 56:24
 resulted (2) 14:8 41:17
 resume (1) 48:12
 resuscitating (2) 63:12,24
 resuscitation (2) 62:24 63:14
 retire (1) 122:17
 retired (9) 37:25 38:14 78:25
 79:3 122:9,12 127:7
 131:10 141:3
 retirement (1) 127:9
 retrospectively (1) 152:19
 return (3) 50:9 112:16,17
 reuse (3) 24:16 103:4 106:15
 reviews (1) 7:2
 review (1) 15:11
 revise (1) 10:7
 revised (2) 10:20 26:12
 riddor (10) 95:11 97:7
 98:9,19,22 99:1,14,21
 100:8,20
 rightly (2) 32:9 118:2
 rights (5) 122:11 123:2
 126:1 131:11 142:13
 131:1 122:16
 risk (18) 15:15 16:13 21:18
 26:5 54:25 56:5,6,8 57:18
 59:15,25 63:25 80:22
 132:18 150:20 160:8,22
 161:8
 risks (4) 19:20 57:8 70:19

150:24
 risky (1) 17:13
 road (1) 85:20
 robust (2) 10:5 27:8
 role (59) 2:18,18,25 3:23
 4:23 5:5,6 10:24 22:18
 31:1 41:19
 44:4,10,14,16,19 45:2,4
 46:10 49:3,15,16,25 50:9
 57:21 60:5,7 62:9,13 63:11
 69:19 75:2,3 77:4 80:18
 81:8 83:7,17 84:22,23
 85:8,11,16,23 86:12
 107:21 109:8 117:25
 121:13,15 147:19
 148:1,7,13 149:23 152:12
 162:4 165:13 166:16
 roles (10) 49:16 60:3,11
 88:19,23 90:6 147:25
 148:2,10 149:9
 rolled (1) 106:2
 room (1) 164:8
 rooms (1) 35:15
 rose (2) 121:4 133:21
 rota (2) 46:2,7
 roughly (1) 74:13
 round (1) 125:10
 route (2) 61:13 94:14
 routine (2) 13:5 47:18
 routinely (2) 39:25 56:1
 royal (4) 43:19 45:12 72:18
 99:23
 rules (9) 65:3 72:23 86:10
 100:13 106:21,22 115:4
 116:19,22
 run (6) 116:10,14,14 120:8
 141:6 165:19
 running (5) 31:17 81:4,5
 102:25 164:6
 rural (1) 136:12

S

sciwt0174000001 (1) 82:21
 sciwt0271000001 (1) 146:20
 sciwt0318 (1) 42:12
 sciwt0381000001 (1) 1:20
 sciwt0389000001 (1) 43:23
 scope (1) 32:8
 score (1) 164:15
 scotland (23) 12:5 17:16
 27:22 37:11 43:20 46:23
 51:15 76:22 77:13,15
 83:8,10 87:23 122:7,10
 127:4,10,13,22 132:7
 162:20 165:14,18
 scotlands (2) 28:2 83:21
 scottish (59) 8:1 9:12
 11:16,20 15:16 44:15
 72:22 84:16 86:17 89:21
 90:15 93:8,20,23 94:24
 95:3 96:14,14,17,19,20,22
 100:6,25 107:22,24
 108:7,10,23 109:6
 111:13,14 112:14
 114:7,9,18,24 115:1,10,13
 116:6 117:5,16,17 118:6
 121:11 122:20 123:17
 124:23 125:11,14,17
 126:3,7 130:6 132:2 133:4
 134:14 136:1
 scottishbased (1) 115:3
 screen (4) 82:24 154:6 155:1
 167:10
 screening (2) 160:25 161:2
 scribbled (1) 98:10
 scrutiny (1) 47:24
 se (1) 128:21
 seal (2) 24:20 156:11
 seat (2) 111:10 116:12
 second (1) 100:11
 secondary (1) 65:21
 secondment (1) 2:11
 secretary (1) 85:5
 section (1) 106:7
 sections (2) 87:6 148:18
 sector (52) 11:4,6,8 12:4
 83:15 86:23
 87:2,13,14,16,16,17,18
 88:13,15
 89:10,11,17,18,23,24,25,25
 90:25
 92:14,15,17,19,19,19,23
 93:16 96:1 98:24 100:3,13
 102:23,25 103:10
 104:2,5,14,14 105:22
 106:11,11 117:11,11 118:3
 122:22 123:1,5
 sectorial (6) 85:24 92:11,22
 117:8,13 118:25
 sectors (17) 11:9
 85:3,10,12,18,22 87:1,2,9
 90:21 91:5 94:22 98:25
 101:9 103:16 107:8,8
 secure (1) 161:24
 see (33) 3:8 10:25 16:9
 23:9,13 27:25 28:4 36:8,23
 37:8 40:3 65:17 73:4 77:20
 84:5 87:5 92:2 95:22,22
 96:1 99:19 110:5 122:4
 131:13 132:11 139:9
 141:19 142:10,14 147:18
 163:8 165:6 166:2
 seeing (1) 79:23
 seeds (10) 60:8 77:16 118:8
 125:6 130:16 140:13,25
 142:21,23 166:22
 seek (2) 33:11 40:20
 seeking (1) 94:13
 seem (3) 75:25 116:5 127:16
 seemed (7) 9:5,6 14:17
 107:12 109:18 160:10
 161:14
 seems (1) 12:23
 seen (10) 13:22 20:17 35:3
 37:3 38:12 65:11 67:16
 105:24 130:17 132:25
 selected (1) 56:12
 selective (2) 71:20 75:13

sell (3) 30:10,13,14
 selby (2) 26:13 157:25
 semblance (1) 110:23
 semiofficial (1) 158:12
 send (1) 134:9
 sending (1) 10:8
 senior (12) 12:1 20:24,25
 27:4,18 35:22 69:9
 147:6,15 148:8 163:23
 166:16
 seniors (1) 125:14
 sense (11) 49:14 52:7 59:17
 60:6,10 62:12 68:25 80:14
 110:6,24 124:18
 sensible (2) 18:9 36:22
 sent (1) 27:5
 sentence (1) 6:11
 separate (2) 5:16 148:3
 september (2) 99:22 150:4
 serious (1) 47:19
 seriously (3) 32:9 34:19
 35:20
 serve (1) 46:20
 served (2) 86:12 123:17
 service (17) 6:25 42:8 61:5
 70:2 71:5,18,19 79:21
 80:25 81:4,5,12 111:18
 135:21 140:2 152:9 161:22
 services (20) 24:4 25:7 40:22
 44:19 48:17 54:2
 61:7,13,23 71:3 73:11 78:9
 79:15 80:4,5 149:9
 162:1,1,15,21
 session (2) 37:16 120:15
 sessions (2) 36:19 125:8
 set (17) 31:9 50:4 57:24
 58:16 77:22 79:23 96:19
 123:16 125:15,23 126:2
 135:4 139:3 153:23 154:17
 158:8 163:20
 setting (17) 23:21 52:1
 53:9,13,17,18 54:11 55:19
 56:7,10 58:24 72:15,20,23
 74:9 76:21 163:24
 settings (7) 54:22 63:8 67:6
 71:8 73:14,18 96:5
 seven (3) 76:17 125:24 129:5
 seventy (1) 75:19
 several (10) 5:19 8:12 20:25
 34:3 130:13 131:17 154:23
 156:10 158:3 159:11
 shall (2) 129:1 131:18
 shalf (1) 135:7
 shared (3) 29:15 35:11
 163:24
 sheer (1) 85:17
 shield (2) 159:23,23
 shielder (2) 133:7 139:4
 shielding (13) 66:25 133:8
 138:25 151:20 155:17
 159:4,8,13,15,19
 160:7,11,13
 shift (9) 53:10 69:7,10
 71:1,2,6,6 75:7 77:22
 shifted (2) 45:6 55:20
 shifting (1) 14:21
 shifts (4) 22:10 34:11 57:4
 155:11
 shop (5) 136:25 137:4,6,14
 147:15
 shops (2) 134:2 136:22
 short (10) 3:18 22:2 43:4
 51:2 76:18 81:25 119:12
 120:18 133:9 146:4
 shortly (1) 121:20
 shortness (1) 3:17
 shortstaffed (1) 31:14
 shortterm (1) 38:23
 shot (1) 27:5
 should (35) 10:15 19:4,11
 29:1 38:3 42:6,12,22 43:24
 46:14 63:20 64:6,8,12 68:2
 70:1,5 89:20 94:5,23 95:8
 96:9 99:3 112:18 113:13
 114:20,20 120:6,7 121:6
 144:6 159:18 160:7 162:22

165:7
 shouldnae (2) 90:16 94:24
 shouldnt (4) 25:5 46:15
 63:20 64:7
 show (1) 59:21
 shift (1) 133:9
 shut (1) 99:24
 sibling (1) 143:18
 sic (2) 1:20 103:11
 sick (10) 34:11 90:25
 91:6,6,9,17 93:10 117:18
 113:18
 sidelined (1) 7:14
 153:13,14
 sight (1) 11:17
 significant (11) 21:3 51:5
 52:7 53:6 60:11 66:17
 67:19 75:1 150:6
 159:20,22
 significantly (10) 46:12
 47:6,13 49:17 61:9 66:8
 75:10 76:10 90:12 159:20
 signposting (1) 3:2
 similar (7) 19:22 32:4
 38:13,13 92:1 102:21
 140:19
 similarly (2) 92:17 116:20
 simple (1) 57:22
 since (1) 121:21
 sit (3) 48:4 56:6 143:5
 site (1) 57:18
 sites (4) 95:24 100:4,15,16
 sits (2) 16:25 42:4
 sitting (9) 5:14,18 7:11
 18:18 32:23 34:24 141:12
 143:14 144:18
 situation (24) 4:21 8:7,24
 11:10,15 13:2 23:11,20
 32:20 34:21 36:2 38:21
 86:16 87:10 90:17 91:19
 93:7 94:15 100:9,19 104:4
 114:12 117:14 138:12
 situations (9) 4:9 9:17 13:3
 25:5 55:11 56:4 99:8
 101:11
 six (2) 143:4 159:25
 size (1) 104:16
 sizes (1) 156:11
 skewed (1) 97:15
 skill (11) 31:9 50:3 53:19
 57:24 58:13,16 59:3 60:14
 76:10 77:22 78:7
 skills (5) 32:6 59:6,6 150:22
 153:4
 slight (1) 14:17
 slightly (4) 6:14 38:17 49:25
 157:3
 slips (1) 32:1
 slt (3) 24:6 32:3 33:10
 small (3) 138:10 156:16
 157:16
 smaller (1) 138:3
 smartphone (4) 134:9
 135:16 139:7 143:11
 smartphones (1) 134:4
 smooth (2) 90:11 113:16
 snap (1) 76:16
 social (62) 25:4 37:9 53:14
 60:7 61:20,23 64:22 67:6
 75:5 80:14 83:25 86:22,24
 87:13,18,23 88:12,13,17
 89:17 90:2,2 91:17 92:22
 93:15 94:21 95:25 98:24
 100:2 101:4 102:21 103:10
 104:2,14 105:13,14,21
 106:16,19,20,21
 107:7,10,19
 116:2,4,12,14,22 117:12
 118:1,9 123:4,16 130:14
 136:9 139:14,22,24 141:2
 143:20 147:13
 socialising (1) 112:8
 sociology (5) 38:7 91:16
 111:19 145:8,12

soft (1) 107:4
 softest (2) 161:21,23
 soldier (1) 38:3
 somebody (11) 23:13 36:9
 59:13,21 69:16 77:4
 104:22 112:24 113:8
 119:24 156:9
 someone (9) 10:17 16:7
 18:19 34:24 99:4 129:14
 134:8,11 143:12
 someones (2) 143:13,16
 something (45) 4:14 10:15
 12:1 19:11 22:24 30:20
 32:5,17 33:23 37:9,17 38:4
 39:7 42:7 56:13,25 65:17
 69:15 71:20 73:17 74:6
 80:24 93:5 96:24 104:8
 105:25 107:7 113:10
 115:23 118:4 126:15
 127:2,9,22 130:13 131:7
 132:8 139:18 143:6 144:20
 152:7 154:17 156:12 158:1
 166:11
 sometimes (21) 8:15,15
 10:20 15:19 17:5 19:19
 34:17 35:7 40:11 41:15
 57:17 69:9 71:4 86:15
 94:19 114:19 115:18
 116:12 118:18 124:13
 138:20
 somewhere (1) 58:5
 son (1) 123:3
 soon (4) 93:22 109:17
 155:5,13
 (1) 40:2
 sort (7) 28:7 44:13 110:15
 126:4 135:18 138:12
 161:17
 sought (3) 45:17 114:8
 150:19
 sounds (1) 71:23
 source (1) 106:12
 sourced (1) 24:8
 south (1) 157:1
 space (1) 165:23
 speak (4) 28:8 107:22
 101:11
 speaker (1) 124:16
 speaking (6) 9:6 16:2 17:23
 40:14 132:25 162:14
 specialism (1) 37:12
 specialisms (1) 32:4
 specialist (4) 2:2,7 150:3
 163:25
 speciality (1) 39:10
 specific (20) 9:17,17 15:21
 18:23 19:12 28:11
 45:10,22 46:22 62:20,23
 63:9 70:18 125:16
 126:2,18 138:3 147:19
 163:20 164:24
 specifically (7) 45:20 51:19
 63:21 79:17 144:7 149:11
 153:21
 specifics (2) 20:8 101:8
 specified (1) 137:12
 speculation (2) 129:25 130:1
 speech (13) 2:2 3:8 4:15,17
 16:1,24 24:3 31:11 36:17
 37:1,2,5 39:19
 speeches (1) 84:13
 speed (3) 58:21 110:15
 133:25
 speeded (1) 117:10
 spend (4) 137:24 138:18,19
 154:8
 spent (1) 138:18
 sphere (1) 28:9
 spoke (1) 137:13
 spotted (3) 2:7,5,9 39:25
 spread (5) 18:19 85:24 91:11
 92:5,6
 spokesman (1) 17:9
 staff (67) 3:17 5:16 6:22
 12:18 13:13,15 18:17
 20:17,18 22:18

24:2,9,14,17,25
25:6,7,15,23 29:8 31:3,6,7
32:21,22 33:7,18 34:16,17
35:10,25 38:20,25 39:3,4
47:7 49:4 52:9,12,23 54:25
56:20,22 57:10 64:25 69:6
75:16 77:18 78:9,15 88:8
101:12 118:11 130:12
150:18 154:21 157:7
158:19 160:9,9 161:2,4,25
163:8,21,24 166:23
staffing (6) 52:12 57:2,6
75:21 76:8 77:12
staffside (1) 4:2
stage (10) 16:10 39:25
40:9,21 41:4 119:7 144:7
149:17 160:6 166:9
stages (1) 7:6
stall (1) 145:1
stand (1) 113:11
standard (1) 53:20
standards (2) 28:12,13
standing (1) 36:9
standstill (1) 31:17
staring (1) 141:12
stark (1) 75:25
starkly (2) 69:24 75:18
start (14) 5:25 7:9,19 43:15
57:4,15 89:14 101:5,11
103:8,11 105:17 145:23
163:19
started (4) 84:23
122:15,16,18
starting (1) 162:1
stated (2) 28:17 164:17
statement (80) 1:19,21,24
3:7 4:22 5:12 6:10 9:23
11:3 18:25 23:3,18 25:18
28:23 30:16 31:5 32:16
34:1 36:14 42:11 43:21,22
44:4,23 46:21 50:12 51:24
64:1 68:16 69:24 77:8
78:23 79:9 82:16,19,20,23
86:21 87:6 88:2 95:1 97:8
100:21 101:3 102:6 106:8
109:13,16 111:1 115:9
120:10 121:5,6,8,19
124:3,24 129:20 133:17
140:17 143:24 146:19,20
147:1,18 148:12,18,25
149:13,19 151:14 155:9
156:18 159:6 163:15,17
164:10,17 165:3 166:24
static (1) 48:4
stationary (1) 23:8
statistic (3) 98:12 101:14
102:3
statistics (7) 68:16 77:8
97:14 98:7 101:16,16
110:13
stats (3) 98:4 100:19 127:5
status (2) 150:25 163:4
statutory (2) 84:4 91:6
stay (2) 73:13 94:6
staying (2) 38:15 139:8
steered (1) 64:10
step (2) 12:22 45:2
stepped (3) 14:23 125:24
144:11
steward (1) 147:15
stickies (1) 158:4
sticky (1) 27:11
still (27) 4:24 7:8,20,21
25:10 26:4 44:8 52:14
53:16 56:14 61:19 67:25
74:10 75:11 77:2 81:5,9
94:2 109:24,25 110:3
113:22 119:23 162:24
164:6,7,11
stoma (1) 16:20
stop (1) 124:12
stopped (4) 150:8 162:1,17
165:7
story (1) 128:14
strains (1) 103:14
strand (1) 45:23

strategic (3) 125:15 126:9
135:24
strategically (1) 155:15
strategy (4) 44:17 78:12
127:10 128:3
stream (1) 117:9
streamlined (1) 58:15
stress (8) 48:6,21 55:4
65:7,13 153:23 164:18
166:20
stresses (2) 38:19 69:4
stressful (7) 47:25 48:14
57:20 58:4,6 74:5 118:15
strictly (1) 106:20
stringent (1) 28:14
strong (2) 10:12,14
stronger (3) 112:19
115:17,23
struggle (3) 142:4,4 156:17
struggled (1) 54:23
stuc (6) 84:12 86:6 107:24
117:3 121:15 122:2
stuck (1) 27:16
studs (1) 86:12
student (9) 66:6,8,11,24
67:15,25 150:1 154:13,13
students (7) 67:18,20 68:4
76:9 77:25 155:10 166:17
studied (1) 123:4
studying (1) 150:2
stuff (6) 7:14 89:6 93:14
95:9 119:13 140:23
stuffs (1) 16:15
style (1) 9:20
subject (4) 7:23 47:23 66:25
108:2
suboptimal (2) 55:25,25
subsequently (3) 104:12
106:1 109:2
substandard (1) 26:7
substantive (1) 119:4
substitute (1) 106:16
succinct (1) 76:18
suction (1) 18:15
sudden (1) 7:9
suddenly (2) 56:9 166:1
sued (1) 98:3
suffer (2) 90:16 94:7
suffering (2) 136:13 166:19
sufficient (1) 166:12
sufficiently (4) 28:19,20 29:1
32:15
suggest (2) 58:22 95:15
suggesting (3) 56:9 96:3
100:14
suggestion (2) 36:17 37:7
suggests (1) 55:11
suit (1) 104:24
suitable (1) 28:17
suited (1) 104:19
suits (1) 154:3
sum (1) 100:21
summarise (3) 6:12 8:8
152:23
summarising (1) 27:2
supermarket (2) 18:20
137:11
supermarkets (3) 137:21
138:16,24
suppliers (1) 137:21
supply (5) 22:2 64:14 103:14
105:18,19
support (31) 2:25 3:1 46:12
48:17,18,21 52:12 57:18
59:17,23 64:22,23 65:23
67:4 68:10 69:5,20 71:5,7
75:6,9,23 76:9 80:7,14,14
151:2 157:5 165:5,14
167:1
supporting (5) 67:20 68:7
69:8 81:11 162:18
supporting (4) 35:6 73:9
153:25 154:21
supportive (2) 18:3 59:19
support (9) 7:24 23:18
26:21 36:15 38:2 48:9 54:5

135:12 136:5
supposed (2) 8:24 102:17
sure (8) 10:4 14:4 28:10
42:18 81:14 142:12 156:13
159:15
surely (1) 31:21
surgery (2) 40:10,12
surprised (1) 131:7
survey (17) 50:13,15,15,21
51:2,9 57:11
68:15,18,23,24 75:18
76:4,6 133:15,17 139:20
surveying (1) 123:7
surveys (4) 84:1 123:9 127:3
128:2
survive (1) 71:23
suspect (4) 6:3 12:20,25
42:14
suspected (3) 21:10,16,23
swallow (4) 16:11 17:21
31:14 40:17
swallowing (9) 16:4,8,10,16
17:13 31:13 33:2 36:25
40:14
swings (1) 37:15
switch (1) 141:16
symptom (1) 16:7
system (1) 67:23

tablet (2) 135:16 143:11
tablets (1) 126:18
tackling (2) 93:2 115:12
tag (1) 5:23
tail (1) 125:10
tailored (1) 62:17
taken (10) 22:3 41:2,16
56:1,24 71:4 72:1 108:15
109:5 136:3
takes (2) 86:10 106:25
taking (16) 9:8 50:11 60:3,6
101:3 109:7 111:9 116:11
121:19 122:8 134:1
139:23,25 145:4,4 155:9
talk (16) 20:3 31:4 47:1
49:14 60:4,5 62:15 64:20
66:6 101:3 104:1 109:18
124:2 128:12 133:15
152:18
talking (13) 11:6 36:14
51:23 60:3 84:18 88:17
89:22 93:4 94:21,21 101:5
154:6 157:10
taped (1) 105:8
task (4) 24:13 32:14 33:12
89:22
tasked (1) 57:3
tasks (6) 9:8 31:19,20,22
32:5 53:8
taught (2) 42:6 66:22
tea (1) 35:16
teaching (2) 66:18 68:3
team (10) 12:1 18:1 20:24
27:4,18 56:22 69:12 83:23
149:11 161:7
tears (1) 34:2
telephone (4) 128:7,16,20,24
television (5) 125:6
129:10,12 132:25 141:15
telling (6) 28:10 43:15 63:14
74:3 78:4 99:21
tells (2) 44:4 76:24
temporary (2) 32:22 88:24
temptation (1) 97:23
tempted (1) 104:25
ten (6) 50:24 74:12,13 76:11
114:1 126:18
tend (1) 153:4
tended (2) 9:10 88:15
tendency (1) 95:14
tends (1) 3:3
tenure (1) 86:8
term (2) 55:16 58:12
termed (1) 158:24
terminal (1) 40:18

terms (69) 8:13 9:16 10:12
20:8 32:7 44:20 45:5
46:10,20 51:23 55:16
59:15 75:10 80:10,11,15
83:17 84:8 85:17 87:15
88:16 90:17,18,19
91:2,10,25 92:23 93:22
94:8,10 95:25 96:1 98:13
99:1,7,13 101:17 103:18
104:16 105:11 106:19
107:1 108:6,19 109:9,10
112:3,16,17 113:2
114:13,13,19 115:6,12
117:21 118:4 119:14,17
124:9 126:14,20,22 130:11
133:17 135:21 138:8
139:21
test (1) 16:14
tested (3) 28:18 100:1
158:13
testing (6) 28:14 73:22
100:1 103:21 110:16,21
text (1) 51:3
thank (41) 1:13 2:2 3:6 6:8
7:22 14:23 20:1 42:9,24,25
43:1,9 51:21 56:15,17
74:14 81:15,18,20,23
114:2 119:9
120:10,11,12,14,14,16
122:21 145:15,17,18 146:1
149:16 151:13 166:8
167:6,8,9,10,11
thanks (1) 81:19
thats (97) 2:6,12 3:18
6:5,8,8 7:24 10:14,15
11:22 12:4 13:6 16:5
20:2,21 26:24 28:9 31:3,25
34:16 39:6,18,18,20 41:25
43:23 44:9 47:23,25 49:9
53:14 56:10 57:20
59:3,11,16 63:15 65:22
67:22 69:15 73:3 78:1
81:10,12 82:18 83:6,11
84:21 85:7 87:5,24 88:3
92:3,10,21 94:19 96:8
97:10 100:10 104:24 106:6
108:20 109:2,4,5
115:10,20 120:9
121:12,16,20,22
122:9,13,13,25 123:11
149:11 155:13 166:9
theatre (1) 156:23
theatres (1) 156:25
thematic (2) 51:11 76:3
themes (1) 51:12
themselves (7) 2:21 23:8
25:14 32:2 48:13 49:5
164:23
therapeutic (1) 37:16
therapist (5) 2:3 3:8 16:1
36:18 37:2
therapists (3) 16:24 24:4
31:12
therapy (4) 4:15,18 37:6
39:20
thereafter (2) 57:11 127:20
therefore (10) 23:6 25:10
40:16 65:10 90:2,3,4 99:18
100:8 149:29
theres (34) 6:21 30:4 36:12
51:1 52:8 61:20 75:4
80:2,6,12 84:19 92:5 93:20
95:14 97:3,23 98:5 99:5,13
100:16 104:21,25 105:1
106:12 110:5,18 116:17
117:22 119:23 126:13
137:4,7 165:17 166:11
theyd (5) 36:1,2 38:1 73:21
105:24
theyll (2) 98:15 113:24
theyre (21) 16:17 34:24 48:3
49:8 51:22 59:14 60:6
70:24 76:2 86:25 92:8 94:3

99:16 104:24 113:21
118:14,18 141:21
142:6,7,9
theyve (3) 117:9 118:24
120:1
thing (12) 25:17,20 36:13
41:22 47:10 65:25 119:17
130:18 131:19 133:6
143:12 145:5
thinking (2) 37:8 101:17
third (22) 87:2,16
89:10,24,25 90:21,24 91:5
92:14,15,18 101:12
102:3,4,24,24 103:21
117:11 122:22 123:1,5
133:20
thompsoms (1) 42:17
thought (18) 27:17 28:15
29:16 30:12 37:10 54:14
108:16 113:2 119:11
127:22 135:17 137:15
145:8,24 154:22,24 157:12
164:9
thoughts (1) 143:15
thousands (2) 95:20 122:6
three (11) 5:24 8:16 10:9
76:12 116:12 119:2 124:15
114:2 119:9
159:25
threefifths (1) 133:22
threequarters (1) 76:1
threeyear (4) 66:14,14,15
127:6
threshold (1) 28:16
throat (1) 40:2
through (53) 4:5,11 8:14
9:5,11,13,19 11:19
12:7,10,18 15:15,15
16:19,21 17:17,18 23:6
27:18 33:19 36:12 39:22
47:5,25 48:5 64:20 65:7
66:3 67:23 69:3 78:7,16
94:7 100:8,20 101:23
104:10 106:24 107:5 115:9
117:9 121:15 122:5 123:1
125:21 126:12,12 129:8
132:17 142:17 143:10
145:19 155:23
throughout (7) 86:14 87:11
92:2 99:9 101:18 111:23
157:3
thursday (2) 8:21 167:17
thus (1) 166:12
tidal (3) 7:6,7,8
tie (1) 111:8
till (2) 160:13 167:14
time (72) 5:4,4,13,25 10:24
12:12,24 15:19 21:14 22:1
24:22 28:1 30:10,22,22
32:25 34:7,12 35:10 36:2
37:10 38:22 39:1 40:21,23
42:2 49:20 53:21 56:22
57:15 58:14 66:9 67:13
77:23 79:8,25 81:19 83:1
85:18 100:16 106:25
108:16 109:8 110:1 113:15
114:2 118:8,19 119:12
120:9,11 123:23 124:5
125:19 126:7,25 129:9
131:14,23 136:23 143:14
148:9 160:5,21 163:7,9
164:5,9 165:20
166:18,21,24
times (9) 5:19 8:16 13:5
65:16,24 70:18 76:12
137:12 161:21
timescales (2) 7:17,18
timing (1) 50:17
tipping (1) 81:3
title (1) 83:21
today (7) 1:7,23 41:10 94:10
121:7 146:21 167:7
toes (2) 12:22 14:23
together (1) 155:9
toilet (1) 31:23
toing (1) 28:1

told (18) 8:7 18:14,24 21:15
22:15,25 27:19 28:2 29:5
33:8,12,18 42:10 46:18
130:1 131:22 137:2 144:5
tomorrow (3) 117:15
167:11,13
tone (1) 132:19
toneddown (1) 111:11
too (16) 11:2 28:16 58:12
93:22 95:4 104:24 109:17
120:12 127:15,15 128:1,1
133:11 142:7 164:9,12
took (12) 15:19 18:3 38:25
50:10 63:6 68:8 85:3
106:25 114:22 115:13
145:2 160:5
tools (1) 53:19
topic (1) 53:24
total (1) 98:17
totally (1) 154:12
touch (8) 21:1 24:9 87:20
91:25 110:18 114:4 129:2
166:5
touched (3) 3:22 72:2 93:6
towards (12) 65:12 93:21
99:22 107:12 111:4,22
112:13 127:15 134:8,12
148:25 157:13
trachea (1) 17:1
track (1) 78:5
trade (33) 6:23 8:23 9:10
10:23 12:15 17:24 28:21
29:15,18 30:23 35:22
41:10,18 44:20 46:10
109:8 112:1 115:18,20
117:3,15 122:9,12 127:7
131:10 147:22,23 148:9
158:5,16,19 161:17,19
169:21 171:17,18 23:24
156:9 161:7 166:23
trainer (27) 43:6,7,9,14,15
56:17 71:25 74:12,14
81:19,21,22 82:2,3,5,10,11
114:1,2 119:2,3,8
120:8,13,14 168:7,10
training (8) 32:1 66:13
67:13,16 78:9 84:24
148:19 150:4
transcends (1) 85:12
transferred (4) 128:15,19,20
140:14
transform (1) 80:8
transition (5) 73:9 74:25
75:5 78:6 127:8
translate (3) 72:16,22 73:19
translated (1) 63:19
transmission (3) 97:15 98:1
100:24
transmitted (3) 95:18
99:17,17
transport (5) 85:6,20 116:8
132:13 137:5
transportation (1) 116:8
transporting (1) 21:17
trauma (1) 80:23
traumatic (1) 166:20
travel (3) 132:12,12 143:18
travelling (1) 25:4
treated (2) 55:14 56:3
treatment (4) 2:8 39:13
40:10 163:25
treachant (1) 20:21
tried (2) 107:9 110:12
tripping (1) 104:23
trite (1) 71:24
trolley (1) 21:11
true (2) 71:24 128:14
try (114) 11:21 16:10,12,13
17:8 28:5 31:2 41:9 53:10
67:16 118:12 126:19
138:22 156:11
trying (11) 7:1 10:18 13:13
24:4 30:13 32:22 54:16
78:1 111:2 116:25 129:2
tuc (3) 95:10 97:19 98:5
tuning (1) 141:19

turn (6) 50:12 67:18 90:18
106:7 129:10 164:8
turned (3) 51:11 156:25
158:10
turning (6) 56:18 68:15
69:10 75:15 87:25 107:21
turnover (1) 77:23
turnups (2) 104:25 105:1
tv (2) 37:3 129:11
twice (5) 8:15 29:11 55:8
107:24 108:8
twothirds (1) 133:23
twothree (1) 34:12
twothreeyear (1) 6:20
type (5) 113:6 118:9,15
152:6 157:7
types (4) 32:4 64:7 66:21
156:15
typically (1) 66:14
type (1) 42:16

U

uk (11) 76:17 77:14 83:9
114:6,9,17,22,23,25 127:4
152:13
ukbanded (1) 115:3
ukwide (1) 45:7
ultimately (2) 15:12 16:14
umbrella (1) 121:23
unable (4) 34:22 39:23 67:4
76:8
unaddressed (1) 77:3
unchanged (1) 71:1
uncomfortable (1) 25:16
uncontrolled (2) 52:20,25
undercutting (1) 92:24
underestimation (1) 87:24
undergraduate (1) 154:14
understand (20) 1:20 13:10
14:22 15:7 24:24 25:15
43:18,24 48:3 51:14 54:23
56:15 59:4 64:21 97:11
112:11 151:4,15 155:2
156:9
understanding (5) 9:7 55:14
144:21 145:12 151:1
understood (6) 37:19 38:20
63:17 73:2 74:19 101:8
undertake (5) 29:13 53:7,11
75:12 81:9
undertaken (2) 53:9 69:20
undertaking (1) 57:4
undertook (1) 76:16
unexpectedly (1) 58:6
unfair (1) 20:18
unfamiliar (3) 56:21 58:25
60:16
unfortunately (2) 124:11
125:7
uniform (3) 17:8 102:17,18
union (47) 2:11,19 6:23
10:23 11:17 15:2 28:21
29:15,18 33:17 35:22
41:10 44:20 46:11
84:24,25 85:7 89:3 95:7
101:19,19 115:19 122:9,12
127:7 131:10
147:15,16,22,23 148:10,14
150:19 152:10,11 153:25
154:23 156:22
158:2,5,5,16,19 159:21
161:16 165:9,11
unionist (1) 17:24
unionists (4) 9:10 112:1
117:15 161:19
unions (14) 7:15 8:23 12:15
30:17,23 41:18 84:8 85:24
92:15 109:8 115:20 117:3
158:6 161:17
unique (2) 65:24 74:19
unit (1) 83:22
unite (25) 2:11,13,19 3:11,20
4:6,21 11:8 12:3,5 28:11
29:14 82:17 83:4,8,14,21
85:7,9 147:15,16,19
152:10,12 158:5

units (3) 34:2 36:8 153:8
 universal (2) 71:19 79:21
 universities (1) 148:21
 university (1) 123:3
 unless (7) 4:10 18:6 47:18
 60:17 92:7 97:22 145:23
 unlike (1) 66:15
 unnecessary (1) 30:18
 unpick (1) 147:25
 unrecognised (2) 70:13,20
 unruly (1) 116:18
 until (3) 116:6 157:5 167:16
 unusual (1) 36:8
 updated (1) 163:6
 updates (1) 10:9
 upon (3) 15:22 67:25 100:25
 upset (1) 33:13
 upskill (2) 58:11,12
 upsurge (2) 4:8 5:8
 update (1) 155:5
 used (13) 25:7 29:2 49:2
 55:7 57:20 64:7,8 71:9
 106:15 115:8 133:23 156:4
 162:5
 useful (4) 108:16 110:4,23
 154:24
 user (1) 135:21
 using (6) 17:3 18:15 127:5
 154:23 157:21 159:16
 usual (1) 42:13

V

vaccinated (1) 162:25
 vaccination (3) 155:11,13,17
 vaccinations (1) 155:20
 vaccine (1) 109:23
 vaccines (1) 91:13
 value (1) 22:18
 valve (5) 16:23,25 18:16,21
 19:18
 valvechange (1) 17:22
 valvechanging (1) 18:5
 variant (1) 110:18
 variants (1) 110:11
 varied (2) 63:8 108:2
 various (17) 4:9 7:2 12:6,15
 16:4 17:18 21:2,6 83:13
 89:8 114:21 147:25
 148:2,18 157:21 158:6
 166:5
 vary (2) 83:11 87:8
 vast (1) 46:22
 vehicles (2) 25:8 116:16
 vented (1) 65:15
 ventilation (1) 53:1
 version (1) 111:12
 versus (1) 54:25
 via (3) 46:13 61:4 107:24
 video (1) 48:25
 viewed (2) 32:8 112:4
 views (1) 136:3
 violent (1) 19:19
 virtually (3) 83:15 99:24
 100:12
 virtue (9) 86:12 90:17
 91:1,21 94:3 97:5 99:12
 109:23 120:4
 viruses (1) 160:4
 visibly (1) 33:13
 visit (2) 141:10 162:2
 visited (2) 73:20,20
 visiting (7) 24:6 72:20,23
 73:12 148:5 150:2 167:5
 visitors (11) 23:16,19,25
 24:1,15 25:24 64:23 74:16
 147:17,20 165:6
 visor (1) 18:8
 vital (1) 80:18
 vocal (1) 15:3
 vocation (1) 38:7
 voice (4) 16:22 62:4
 162:12,13
 voluntarily (1) 123:4
 voluntary (5) 87:2,16 92:19
 112:20 113:6
 volunteer (1) 122:22

volunteered (4) 22:10 51:20
 155:10,14
 volunteers (1) 144:13
 vulnerability (3) 64:19
 162:17 165:24
 vulnerable (13) 60:2 69:23
 113:2,15 144:14 157:3
 159:18,24 160:4 164:9,13
 165:20 166:3

W

wage (2) 85:3 92:24
 wages (1) 85:14
 waking (1) 141:17
 walk (2) 21:22 153:7
 walking (3) 23:6 31:23
 104:23
 wall (1) 16:25
 walls (1) 141:12
 wanting (2) 75:16 128:13
 wants (1) 26:19
 ward (10) 35:17 57:16,22
 58:20,23 65:6 71:11 73:12
 153:13 155:25
 wards (4) 31:18 96:1 99:25
 157:19
 wash (2) 17:9 103:5
 washing (1) 25:19
 wasnae (3) 88:20,25 108:8
 wasnt (23) 6:24 8:20 15:13
 19:21 30:20 32:3 33:8
 37:20 50:7,16 59:6,23
 62:17 63:3 68:1 69:21 70:3
 72:6 73:2 128:16,21 133:7
 138:2
 waste (2) 106:1 138:4
 watch (3) 129:12 142:15
 143:19
 watching (1) 18:18
 water (1) 35:24
 waterproof (2) 156:3 157:21
 wave (3) 7:6,7,9
 way (32) 7:25 15:20 23:23
 26:13 34:22 49:4 53:10
 56:14 58:15 67:5 68:2,7,24
 69:21 71:3 72:3,10 73:16
 89:3 97:13 106:13 107:6
 123:22 125:7 132:4 135:10
 143:10 151:10 152:16
 154:24 156:14 161:13
 ways (2) 77:15 141:4
 wealth (1) 145:7
 wear (3) 29:9 34:12 157:8
 wearing (4) 18:6 25:19 35:2
 104:20
 website (2) 45:24 47:5
 wed (3) 67:16 129:5 163:24
 wednesday (1) 1:1
 wee (4) 78:7 93:13 110:6
 112:15
 week (15) 70:21,22 76:13,17
 86:16 96:13 107:24
 108:7,8,9,18 134:23
 144:19 155:19
 weekends (1) 155:18
 weekly (2) 86:15 140:18
 weeks (1) 84:12
 weight (1) 45:5
 welcome (1) 93:19
 welfare (2) 126:1 142:12
 wellbeing (6) 74:21,23 80:16
 140:20,22 143:16
 wellknown (1) 22:9
 went (15) 33:12 38:21 45:23
 70:13 109:21 116:3 123:3
 132:18 134:5 137:14,17
 151:22 152:2 161:20
 164:14
 worennae (2) 105:23 114:24
 werent (18) 41:19 50:10
 53:2 64:21,22 65:9 67:7
 68:7 69:12 78:25 88:7 91:8
 103:1 124:13 131:21 134:5
 157:17 159:24
 wet (1) 37:11

weve (18) 5:20 13:23 31:5
 34:3 50:25 72:2 78:17 85:9
 92:10 108:13 117:2,14
 119:15 143:23 156:5
 157:23 161:13 167:3
 whatever (9) 13:18,22 23:7
 24:13 40:11 92:25 112:11
 137:6 144:13
 whats (9) 5:3 10:7 12:12
 16:9 46:15,16 102:10
 107:16 141:19
 whatsapp (5) 153:24
 154:16,23 155:21,23
 whereas (4) 35:5 87:15
 89:20 111:23
 whereby (3) 54:22 91:19
 92:7
 wheres (1) 31:20
 whilst (2) 10:6 55:22
 white (1) 157:13
 whole (7) 24:11 61:14 69:10
 85:2 102:17 105:2 152:12
 whom (2) 4:5 16:19
 whose (2) 88:23 90:6
 wide (1) 147:1
 widely (2) 29:20 131:16
 wider (4) 29:16 57:7 73:8
 80:14
 wife (1) 22:8
 wives (1) 22:11
 willing (1) 88:7
 wind (2) 102:20 110:15
 winding (1) 110:24
 wish (1) 119:5
 withdraw (1) 29:7
 witness (13) 1:7 32:17 43:9
 81:21 82:5 85:9 120:21
 131:15,15 145:21,22,23
 146:8
 witnessed (1) 32:19
 witnesses (2) 31:6 166:10
 woman (4) 61:10 70:14
 71:21 73:3
 women (34) 44:19 45:14
 46:8 47:5 53:12 54:8,12,16
 55:1,5,13 60:19 61:6 62:3
 64:18 65:14 66:3 68:5
 70:14,24 71:22 73:2,4,23
 74:10,21,23 75:8 79:24
 80:9,13,20 81:14 104:15
 wonder (9) 43:15 44:10 45:1
 48:19 49:18 82:11 83:17
 110:24 111:8
 wondered (8) 47:20 58:11
 63:1 79:16 85:10 88:8
 101:14 119:9
 wondering (1) 10:21
 wont (4) 60:16 127:5 155:8
 163:17
 wood (2) 91:25 110:18
 wore (2) 161:24,25
 work (80) 5:13,16,17
 6:12,13,17,21,22,23 7:3,20
 16:3,10 19:15 23:8 31:13
 38:7 39:8 47:16,23 48:5
 49:7,7 50:1 52:13,18 53:6
 54:7 56:20
 57:14,14,15,16,18 58:23
 59:19,22 61:22 62:4 63:23
 69:10 72:6,7,12 73:11 78:2
 85:19 87:23 89:15,20
 90:13,19 94:3 97:5 106:20
 108:15 112:9,17 113:20
 117:9 118:13,15 122:15,18
 123:1 124:11 126:16,20
 127:7 131:9 132:5 141:2
 145:11 147:5,22 151:25
 152:4 157:4 158:21 162:20
 164:19 165:19
 worked (13) 5:15 45:11
 56:21 59:20 69:7 89:10
 108:5 122:21 123:4 131:12
 135:23 142:10 150:23
 worker (2) 90:2,3
 workers (50) 22:14 46:1 52:9
 60:7 69:12 83:14 85:2,6,15
 86:24 87:13 88:12,18

91:17 93:11 95:21 96:4
 100:1 101:5
 102:4,9,15,21,25
 103:2,4,19,23 104:1,5
 105:11,12,13,14 106:10
 112:9,22 114:12 118:1,3,9
 122:14,15,18 123:7
 130:14,17 136:9 139:21,22
 workforce (8) 44:22 55:4
 67:3,17,25 68:10,11 77:17
 107:16 141:19
 working (40) 32:7,21 34:9
 35:11 36:1 49:3 51:18
 52:10 57:21,25,25 58:20
 67:14 69:5 72:25
 76:11,19,20 89:7,8
 98:14,16,21 112:24 114:20
 121:24 123:22 154:2,11,14
 155:14 156:23,24 160:8,10
 163:23 164:18 165:23
 166:16,22
 worklife (1) 79:6
 workload (3) 5:9 52:15 85:17
 whom (2) 4:5 16:19
 7:12 46:13 52:19 85:15
 88:21,22 89:1 90:4
 91:16,20 94:6 95:18,19,21
 96:5,6,7,8 97:6,16 98:23
 99:17,21 100:24 107:14,14
 112:11,18,25
 113:4,5,9,13,17,22,24
 141:3
 workplacetransmitted (3)
 95:12 97:23,25
 worksheet (1) 130:15
 worldrenowned (1) 77:15
 worldwide (1) 103:13
 worried (7) 13:19 102:18
 110:6 111:22 112:5 131:24
 164:13
 worry (3) 42:1 95:13 110:14
 worrying (1) 133:11
 worst (2) 35:7 144:11
 worthy (1) 29:16
 wouldnt (13) 33:15 38:9
 45:4 46:5 48:9 56:8 58:13
 59:1 61:11 78:20 81:9
 125:5 139:2
 write (3) 51:3,3 128:13
 writing (4) 28:22 45:20
 72:19 84:13
 writingup (1) 51:15
 written (5) 9:20 72:3,10
 73:16 109:13
 wrong (5) 13:25 20:19 32:6
 42:11 106:19
 wrote (4) 28:13 45:21 72:19
 74:7

X

x (1) 8:24

Y

yeah (33) 34:8 43:20 44:25
 47:12 48:22 50:20,25 51:5
 54:8 55:9 62:25 64:5
 65:1,5 71:19 74:6 76:3
 77:6,11 79:3 123:3 127:3
 130:24 134:14,24
 136:20,24 140:7 141:24
 156:20,22 159:3 163:17
 year (8) 27:15 78:2 86:7
 117:21 125:23,25 129:5,6
 years (21) 3:9,10 5:24,24
 38:13 41:25 44:5 68:18,21
 77:5 83:5 84:22,25 121:13
 128:4,4 145:9 147:4,19
 164:19 165:19
 yet (3) 25:9 71:4 150:8
 youd (1) 158:1
 youll (2) 87:5 149:10
 young (5) 37:18 123:3
 144:16,24 166:6
 younger (2) 135:9 144:22
 youre (44) 1:12 2:11 6:4
 9:15 11:6 13:24 15:7 16:6

17:1 36:14 42:20 44:8
 51:23 58:5,6,7 59:9 74:12
 76:19,20 77:4 80:1 81:21
 87:2 89:18 90:2 94:14,18
 106:9 108:3 111:8 121:15
 124:1 136:11,15 139:8
 145:4 146:12,17,20
 147:10,15 148:11 157:10
 yourself (4) 19:6 52:22 137:3
 154:17
 youth (1) 144:11
 youve (42) 1:18 3:8,19,22
 18:24 19:7 22:23,25 23:2
 33:18 36:10 40:23
 41:6,7,21 44:4 55:7 62:16
 64:18 77:7 82:23,25 83:4
 85:25 93:5 95:2 107:1,25
 110:12 118:19 119:18
 121:13 130:2,22 132:25
 136:10 143:25 144:4,5
 146:19 148:17 164:25

0

000001 (1) 42:13

1

1 (3) 42:16 168:3,5
 10 (2) 81:23 138:21
 100 (4) 28:18,19 41:25 154:1
 1043 (1) 43:3
 1057 (1) 43:5
 11 (3) 122:4 125:4 128:11
 110 (1) 120:17
 113 (1) 132:7
 113000 (1) 122:8
 1157 (1) 81:24
 12 (4) 68:18 76:23 81:23
 126:18
 120 (2) 168:11,13
 1210 (1) 82:1
 126723 (1) 98:17
 13 (1) 3:15
 139 (1) 137:18
 14 (4) 47:1 83:9 121:13
 127:13
 146 (2) 168:14,15
 15 (7) 44:5 47:14 77:5
 118:19,24 136:13 147:19
 150000 (1) 83:10
 15263 (1) 98:18
 16 (3) 4:22 98:15,18
 160 (1) 122:5
 16000 (1) 87:22
 17 (5) 48:16 88:4 145:9
 149:22 150:11
 17000 (1) 87:22
 18 (3) 4:22,23 6:10
 19 (2) 7:22 151:13
 1992 (1) 121:21
 1998 (1) 44:8

2

2 (2) 120:15 147:18
 20 (3) 11:9 93:5 143:4
 200 (2) 120:19 154:1
 200odd (1) 100:1
 20132014 (1) 128:2
 20152016 (1) 127:4
 20152016 (1) 132:6
 2018 (3) 127:10,11 133:24
 20182019 (1) 125:11
 2019 (4) 6:1,3 68:19 122:20
 2020 (8) 6:3,4 98:16 125:4
 127:20 133:1,16
 2021 (4) 50:14 68:19 75:20
 98:16
 2022 (1) 144:24
 2023 (2) 6:7 117:21
 2024 (3) 1:1 117:21 167:17
 21 (1) 51:24
 22 (4) 11:3 15:2 56:18
 152:22
 23 (1) 83:5
 24 (6) 1:1 5:20 62:22 98:18
 124:2 150:21

241 (1) 146:3
 25 (2) 62:23 167:17
 2500 (1) 3:19
 255 (1) 146:5
 26 (1) 64:15
 27 (2) 64:15 128:6
 270 (2) 5:18 6:6
 273 (1) 5:23
 279 (1) 137:18
 28 (2) 101:5 129:20
 29 (1) 101:9

3

3 (4) 42:23 83:3 145:24
 148:11
 30 (2) 104:3 158:21
 3000 (2) 3:19,21
 31 (1) 159:6
 32 (2) 20:4 133:16
 33 (1) 53:25
 330 (1) 167:15
 34 (2) 106:8 163:1
 35 (4) 23:17 132:7 138:19,24
 350 (1) 122:4
 35s (1) 132:7
 36 (3) 26:8 106:9 133:20
 37 (2) 27:2 68:17
 38 (3) 3:9 117:20 136:19
 387 (1) 98:20
 39 (2) 3:10 66:7
 3m (4) 26:18 28:22 29:23
 30:12

4

4 (3) 18:22 42:22 76:17
 40 (1) 97:8
 400 (1) 128:8
 40000 (2) 3:17,18
 43 (2) 140:17 168:7
 43ms (1) 168:6
 44 (5) 30:15 69:24 71:16
 100:21 163:14
 46 (2) 31:4 149:1
 48 (2) 24:21 25:9
 49 (1) 33:19

5

5 (6) 43:2 46:21 86:23
 134:16,20 145:24
 50 (14) 76:11 107:23 108:6
 137:25,25 138:15,18,19,25
 147:4 148:7,8 164:19
 167:1
 5054 (1) 150:7
 51 (2) 23:2 68:20
 52 (2) 50:13 156:21
 53 (1) 50:21
 54 (2) 34:1 108:3
 55 (2) 33:19 130:6
 56 (2) 18:25 75:18
 57 (1) 165:3

6

6 (2) 17:2 18:22
 60 (3) 4:1 111:2 133:22
 60plus (1) 133:23
 61 (1) 36:14
 63 (2) 72:1,9
 64 (4) 98:15 114:5,16 164:5
 65 (4) 114:16 127:5 133:20
 164:2
 66 (2) 19:2 74:17
 67 (1) 37:23
 68 (3) 76:23 95:2 130:4

7

70 (2) 96:3 130:5
 73 (1) 79:12
 75 (3) 75:25 76:13 130:5

8

8 (3) 3:7 121:18 138:21
 80 (2) 89:6 133:23
 80odd (1) 104:15
 81 (1) 42:12
 82 (2) 168:8,10
 87 (4) 9:23 10:2,4 41:1

9

90 (1) 133:1
 930 (4) 1:2 167:12,13,17
 936 (1) 1:4
 99 (1) 5:14