Scottish Covid-19 Inquiry

Witness Statement

Statement of MORRISON, JANE

INTRODUCTION

1. My name is Jane Morrison. I am PD years of age, and my date of birth is PD PD. My details are known to The Inquiry. I am now retired but was previously in the Intelligence Corps in the army for six years specializing in counter terrorism. When I left that, I went into financial services and went on to the audit and control and compliance side and I was one of the founding team of what later became Saint James's Place, a FTSE 100 financial services company. I was their Compliance officer until unfortunately, I got ME and had to retire early.

2. I would be happy to provide oral evidence to the inquiry if requested and am happy that the inquiry may use the information previously provided as to form part of my statement.

Scottish Covid Bereaved

3. I am part of the Scottish Covid Bereaved Group. We have no legal status. We're just a group of like-minded people who've got together and we started off in the Facebook group part of the Covid bereaved families for justice because that at the time was the only main face group around. That was June 2020.

4. After our meeting with Nicola Sturgeon in March 2021, it became clear that we needed to be an autonomous group to deal with Scottish issues and originally, we started off as a Scottish branch of Covid families for justice.

5. However, we had some differences of opinion of approach in what we were trying to achieve and with the UK inquiry and the Scottish inquiry, we thought it was really crucial that we were the one group representing the Scots in both, so you didn't have things falling through the cracks. We completely severed our relationship with the Covid Bereaved Families for Justice Group and set up Scottish Covid Bereaved, which we formally became about September last year, 2022.

6. Everybody in the group has been bereaved. That's the sort of qualification, if you will, for joining the group, and originally it was just that people wanted someone else who understood what they were feeling, because I think we've all found out that bereavement during a pandemic is a very different thing from, for want of a better expression, normal bereavement.

7. However, as our group has grown and given the diversity of our members, we cover a wide spectrum of other issues, and we have keyworkers, members with long

Covid, we've got medical professionals, members with PTSD, teachers and so on. We have a really wide range of issues, but this is in addition to them having been bereaved.

8. That's how we came about and then as more and more people came on board and we heard more stories, and to be fair, we have examples of good practice, but we also have examples of dreadful things that had happened, that was when we decided that we really needed public inquiries. We started off with our lobbying and we had a very early meeting with Nicola Sturgeon in March 2021, and it was a zoom meeting, and it was a very good meeting.

9. We told the First Minister some of our stories and that we wanted a Scottish public inquiry and she agreed there that there would be a public inquiry and they had made it a manifesto commitment. We also were doing interviews in the media and the press and some of us were contacting our own MSP's who raised questions in the Scottish Parliament.

10. As a group, we have managed, I hope, to take a positive approach to all of this. We do want answers, but we want to be constructive in getting those answers and helping to make sure other people do not have to go through what we've gone through. As I have said before, we have examples of good practice as well as bad practice that we can share.

Type of service provided by Scottish Covid Bereaved

11. Our group has a Facebook page that is a closed Facebook page, so it is only for our members and is where they can share their stories and talk. It also keeps them up to date with what is happening in the campaign and now with the Inquiries.

12. The other thing we did quite early on was that we set up zoom groups for those with care home deaths and those with nosocomial deaths, The reason we went for those two were that they were the ones with the biggest impact, although I have to say that care homes count for about 9% of deaths, but nosocomial deaths, the last time we did an audit, showed 25% of our members lost someone to nosocomial Covid.

13. Nosocomial is hospital acquired Covid and it's using the definition put out by the Scottish Government possibly in the first two or three days. I cannot remember the exact figures off hand, and then you've got the middle days where it says it is quite likely it was hospital, but it can't prove 100%. And then there is a third category, which is after 14 days in hospital, they get Covid then it's absolutely 100% nosocomial.

14. What we did then, as the group got bigger, was that we reorganized things a bit and we now have a monthly zoom that is just for people to come and talk. There is no hidden agenda on it, people can just share their stories. Quite often when people join it is quite a while before they will talk. They might want to come two or three times and usually what happens is that someone says something, and a

newcomer will say “Ohh, that's what happened to me.” Normally the meetings are meant to go on for an hour but very often last two hours.

15. I think it's a powerful platform where they can share their stories with nobody mocking them because I mean, it's dreadful things the public say, you know, you say “Ohh, I lost my partner to Covid, Oh, they must have had something else wrong with them”. You get all these sorts of things, so this is something where there's nothing like that, no stupidity.

16. It is as much about a comfort for them and to be able to be amongst like-minded people, people who have gone through the same experience. That's a big issue. I mean, for example, in those meetings, we've spoken about counselling, whether people have gone to counselling or not and the majority of people who have tried counselling have come away from it because they say the counsellor just doesn't get it as we all get it.

17. We all understand it might be slightly different stories we have, but we all understand and because it's not just the loss and coping with the loss trying to deal with funerals and the restrictions, it's also that it was in the press every day, newspaper headlines every day and you couldn't get away from it. It was always being pushed at you in one way or another, sometimes positively, sometimes negatively. But there was no escape from that.

18. For that reason, it was likeminded people getting together, people who could share experiences, and speak of going to counselling or things like that. To be able to speak about what works and what doesn't work.

19. Nobody who works with our group are paid. We receive no funding and all of those involved do so on a voluntary basis. I think what keeps us all going is sheer determination to get answers.

People represented by Scottish Covid Bereaved

20. Initially the people involved with the group were those searching Facebook. They would find the group and asked to join. They would get asked a couple of questions to make sure they were bereaved and make sure they believed that we should have an inquiry and that sort of thing.

21. Obviously, as we were seeing more in the press and TV, we got more inquiries though we are now directing people to go through Aamer Anwar’s office first and then the legal team can speak to them and confirm their story.

22. Once people had answered our questions we would then say, right, OK, yes, you can join the group because you have genuinely lost loved ones.

23. You do get some crazy people who try and join and journalists who try and join, that sort of thing, so we did our best to avoid that and then they would be admitted to the group. We have people from all walks of life and all ages as well,

teenagers, young adults (though we don't have people younger than 18 in the group) it's mainly middle aged and elderly.

24. We don't advertise, it is by word of mouth. We could go all out and do campaigns to get more people in the group, but in the overall picture of what we're trying to achieve, it doesn't matter if you have one person who suffered dreadfully because of a particular event or if you have 100 people. It is the same thing; it still needs looked at. We do not need thousands of people to look at it and a lot of people do find it traumatic being involved in such groups.

25. We had quite a big push within the group this year with Let's Be Heard, and that went well helping people prepare for it. They can tell their stories, and we do have a really good spread of people. We have elderly people as well, people who lost a partner and we have teachers, we have nurses, we have doctors and scientists, and we have cleaners who have lost loved ones through Covid.

26. Whilst our Facebook page is our group's main focal point, we do have people who don't use social media. These are signed up on the legal side but not on the Facebook group and likewise we have people who are in the Facebook group but are not signed up to the legal side of it. They just want somewhere where they can just pop in occasionally and say, you know, today's a bad day but they find it too traumatic to get involved in the legal side. We represent families of over 200 bereaved individuals who are signed up on the legal side. We don't force anybody to sign up if they're not comfortable with it, although we are seeing, as time goes by, and people feel stronger, they are more inclined to get involved in the legal side i.e. with The Inquiries and their progress.

Geographical area covered

27. For us there was no difference between where people lived, whether it was the cities or the rural areas. We cover all of Scotland. If their loved one has died in Scotland then it's covered, although we have some Members from other areas of the UK and we do have a couple who are abroad, but they lost their loved ones in Scotland.

28. Nearly everything is done by zoom. We all know the sort of problems that can exist in the rural areas and the Highlands and Islands but as far as connectivity is concerned, we've not actually had major problems with that. We've had the occasional signal dropping out and people having difficulty getting on, but I'm not aware of it being a consistent problem for a group of people in a specific area.

Roles within Scottish Covid Bereaved

29. As I say, we do not have any legal status as an organization, and it was formed almost by default. The five of us who spoke to Nicola Sturgeon became the lead team by default because we were there, and we all had different strengths and skills.

30. The person who pulled us all together into a group was PD. He was the chair, and I became the legal liaison because of my commercial and legal background. One of the others dropped out. She found it too traumatic to keep revisiting all the issues, and we have with the other two, experience of care homes and shielding and other issues. We just came together as the lead group, and our function grew out of that.

31. We formally disbanded as a lead group just a couple of weeks ago because our aim was to get a Scottish inquiry and to get legal representation and that is now happening. However, as the Inquiry is happening, we continue assist.

32. I mean, as the group's growing and we have different ranges of knowledge for specific issues, but it's better to bring in someone who has more expertise in that area or more experience than someone else just trying to do it.

33. I am continuing in my role, liaising with the legal team, and helping with all that, and the rationale behind this change is more linked in with the UK Inquiry because we're going into specific modules. Module 1 was pre pandemic planning and Module two is the political response to it.

34. With module three where it's hospitals, care home, ambulances, doctors, and so on, the medical side of it, we're going to form lead groups for each module with people who know what went on and what happened, rather than putting someone in just because they're in the original lead group and they have no experience in that area. I think that will make our contributions more powerful.

35. There is another Facebook group that a lot of our members are in as well. The two, although they are separate groups, work very closely together and it does a lot more of a support organization like getting the memorial in Pollock Park and that sort of thing. We overlap an awful lot, they are two separate groups, with our group dealing with all the legal and Inquiry side, although we do have a monthly support zoom which I organise.

First Involvement with Scottish Covid Bereaved

36. I lost my wife Jacky in October 2020, so it was a couple of months after that that I joined the Facebook group which was Covid Bereaved Families for Justice. When we secured the meeting with Nicola Sturgeon, PD asked for volunteers to speak at the meeting and I stuck my hand up and the rest as they say is history.

37. We are actually in a crossover period because until now we've done about 90% of the organization for things like the Tapestry Memorial, the UK film, and the Scottish Film. We have had a couple of other members who've been running with that. As we move forward, we are going into the expertise of other members in the group.

38. However, the organization of all those things will now be down to the legal team and I'll work with them. Others will work with them as we need them. Within the original lead team we had someone who lost her fiancé, at the very beginning of the

pandemic, and she had specific issues that she wanted to raise such as trying in vain to get help NHS24. Nobody knew what they should be doing and that sort of thing.

39. We have two members in the lead team who lost a parent in care homes, and another member whose wife was shielding and was then told "you can stop shielding, go back to work" and she got covid and died from that and other issues. Then there was me with the nosocomial covid.

40. We have a lot of the issues when you expand and think about how much there is to look at from the beginning. The legal team have taken everybody's story in a lot of detail so they know issues that we might not be aware of or would not have been aware of. So obviously they couldn't say to us that they need to talk to someone who's got, for example, a business that failed and ask "Can you talk to so and so". They can't do that because of confidentiality reasons and that sort of thing. It is important to recognise that in many members 'stories there are very personal details they don't want to share with just anyone and it is important to respect their privacy and give them the option as to who they want to share information with and, more importantly, who they don't want to share information with. That is the role of the legal team, to protect that confidentiality.

41. This is what we've agreed for each module bearing in mind what each module is about. The legal team will be suggesting who is best for preparing what information that I will see initially but it will be anonymised before submission.

42. Bear in mind, with the UK inquiries we've just been submitting written statements but when they want to get into more detailed discussion, we will form a lead team for each module from those with personal experience relevant to that module.

43. The legal team is Aamer Anwar's firm, and they will take on the job of identifying who is speaking about specific problems on the various modules and preparing statements, which will be passed to the Scottish Covid-19 Inquiry.

44. They have the full information about all of the clients and any changes of circumstances about particular Members speaking with them through the support groups. They take the statements from all the members who are their clients now. If I then read the statements it will be anonymised material. I will be aware of the situations, but not who they relate to specifically, if that makes sense,

The Scottish Covid-19 Inquiry/UK Covid Inquiry

45. I have been asked about the differences that I have found between the UK COVID inquiry and the Scottish COVID inquiry. That is a loaded question, but I will be as diplomatic as I can. The UK inquiry is quite high powered, shall we say, and obviously they haven't quite confirmed whether it's going be 10 or 12 modules we're looking at and it moves at quite a pace. It has a lot of material to look at on disclosure and things like the witness statements. We submit a draft written

statement; they'll come back from that draft and say if there's more information they want and then we'll include it.

46. It’s not a case of them taking statements. I mean, I don't think they could, there would be far too many people to do it with and they have gone into modules as well which seem to work quite well.

47. In a way, they're sort of taking a historical line, just say module one pre pandemic, module, two political decisions making and then they're getting into the individual topics from module three onwards. It can be quite challenging. It's like having three or four different inquiries going on at the same time, so there's a lot of material going there.

48. When I gave evidence on behalf of the group in module one, I met with the KC beforehand, and we spoke about it and where he was coming from and what he was trying to achieve in it. I then went ahead and gave the evidence and it seemed to work very well.

49. I have to say I'm very impressed with the UK inquiry expert reports. They are incredibly good, and they are proper experts. They know what they are talking about, and I must put it on record that I was incredibly disappointed with the Doctor Croft report. I mean, anybody who has to advertise this on experts.com is not in my view an expert in that topic. I feel as a group we have more knowledge and expertise on the topic than Doctor Croft. Such as simple points with him not knowing what an N95 respirator was. Several of our members who were at that presentation had those masks with them on the day. He also referred to reports that had already been discredited in the science community.

50. Another difference between the Scottish Inquiry and the UK Inquiry is that the approach taken by the Scottish Inquiry is quite different in that you're wanting to hear first about the harm done, our stories. The UK inquiry are not doing it quite the same way. They're doing it for each module. It will be interesting to see the difference that that makes. It will be interesting to see how that impact works in Scotland with people hearing the stories first and then with those in mind looking at the decision making afterwards and what went on.

What Scottish Covid Bereaved want to say to the Scottish Covid-19 Inquiry

51. Please listen to us because we have so much information and we really don't want anyone to ever go through what we went through. As I said before, we have examples of good practice as well as bad practice so if somebody can get it right, everybody can get it right.

52. You have different health boards who are acting slightly differently, or the ethos within the Health Board is different. I mean if someone comes to me and says I've got such and such a problem, in my mind I'm thinking particularl health boards, particular hospitals then you have different hospitals within a health board that are doing things differently or even different wards within a hospital.

53. One of the things I would really like to see happen, to save people a lot of heartache in the future, is that a lot of people do not understand what CPR is. Do you know it is only administered when the person has died and is only administered if the heart is the first thing to go.

54. Now that's putting it in very brutal terms, but so many people just know their loved one isn't a candidate for CPR, and they think "Oh they've given up and then they're not going to do anything for them". This is not the case. If effective communication were in place, they would not have had all that heartache.

55. To me, communication is essential, even if it was only in the form of reader friendly leaflets just to explain what it is, to explain why, if someone's very elderly relative is close to the end, why certain decisions are taken. I mean, we do have examples and explanations of why certain decisions are taken but communication is the key issue and so many people don't understand that.

56. I know there's a time when you don't necessarily take in information during a stressful period but I was talking to someone once and she couldn't understand why, as soon as her husband was taken into intensive care, why she was told he was not a candidate for CPR and not a candidate for ICU. And she was thinking "why have you (the medical staff) decided this straight away"?

57. It is not understanding that, because they have, for example, severe kidney disease and their age and other things, that you would be cruel to put it them into ICU or to intubate them because it's probably not going make any difference. That must be explained to the relative of a patient so as they understand why certain decisions were taken. Again, it is all down to communication.

58. If I speak from my own case, I was incredibly lucky. The consultant who I spoke to when my wife Jacky was dying was excellent in explaining to me what was happening and why. Jacky was only 49 but within five days of contracting Covid, her kidneys, liver and pancreas all failed her. Her lungs were just totally gummed up by Covid. Even on maximum C PAP and they couldn't get her oxygen levels above 60%. They tried dialysis but her Covid had made her blood so sticky it gummed up the machine.

59. But the medical staff were telling me all this and sharing with me what the problems were and explaining that, because her liver had failed, there was nothing they could do. There was no point taking Jacky into intensive care as it was only going to delay the inevitable and it was explained kindly but in enough detail that I knew what was going on.

61. We had the conversation about the DNR and fortunately, Jacky and I had spoken about this in the past. We had already agreed that if anything ever happened, she did not want to be resuscitated as she had lived with constant pain from her eye condition and knew she was going to become totally blind.

62. The consultant was doing a sort of three-way conversation between myself and Jacky and discussing everything, confirming it, but it was incredibly well done

and you think if that can be done well in one hospital surely it can be done well in all hospitals.

63. I have been asked if I think that our organization will be asking more questions than giving answers, and if the purpose of the organization with regards to the inquiry is to point it in the direction of the sort of people The Inquiry should be speaking to, to get the information that The Inquiry is looking for.

64. It is both actually, because as a group we want answers, we want to know why things went wrong, why there weren't appropriate plans in place. We have a whole load of issues that we want to raise with The Inquiry. We want answers and we want to help The Inquiry by sharing our experiences and knowledge.

65. Obviously, a lot of it's going to be political because that's the structure of the nation, but we hope that politicians, scientists, chief medical officers etc are big enough to put politics aside and just tell it like it was. You know, what issues did they have? How can we make it easier for them in the future to make decisions and that sort of thing,

66. What we hope is that the Scottish inquiry will take it right down to individual health board levels and possibly individual hospital levels because of the variety we've seen and ask organizations like social services "were you aware of any issues in care homes during that time and if so, what did you do" rather than just talk to care homes?

67. It is situations like that where I think we can help point The Inquiry in the right direction. I am sure The Inquiry has thought of it all anyway, but we need to know what impact did covid have on the care homes and hospitals and what sort of were they able to provide their residents with?

68. The plans put in place were only ever for a flu pandemic and some of the decisions they made (and obviously this is UK wide as the decisions made at that stage impacted through the devolved nations) meant that covid was treated as a flu pandemic at the outset and that had major implications.

69. With a flu pandemic, it is expected that the elderly population would actually have some immunity, more so than younger people, because they've had flu jabs every year and that sort of thing over their lifetime, being exposed to more different flu viruses.

70. If it's a flu pandemic, then to discharge someone from hospital into a care home if they have flu is not such a big issue. Discharging someone, an elderly person, from hospital into a care home when it's a completely new disease, especially when there's no immunity whatsoever, then that becomes a major problem.

71. People do not seem to recognize the difference between a nursing home and a care home. If you look at a nursing home, obviously they have nursing staff and nursing experience and they have knowledge of infection control and everything else.

72. However, the first guidance issued by the British Geriatric Society, I think was the 25th of March 2020, they were having to tell care home staff how to take temperatures. While such staff might have taken temperatures and they might have done readings, would they have known what to do with what they had recorded? They did not have that knowledge and experience and to some extent you felt sorry for them because they were chucked into the firing line with no preparation for that.

73. Then there's the PPE, I mean the UK sent a lot of PPE to China at the start of the pandemic. Then there's other things, like the army used to be the custodians of the UK PPE stockpiles. There were loads of emergency stocks they used to look after such as the green Goddess fire engines and so on, it was the army that looked after them all. They had very good systems in place and when things were getting near the end of their lifespan they would go out into the hospitals, into the community where they'd be used, and new stock would be brought in but that was then privatised.

74. There's evidence off at least one of the privatized companies who put a lot of PPE in a leaky warehouse with asbestos problems and everything else. There was another thing where, and I think it's somewhere in the New Forest, they found a tons of PPE dumped in the open.

75. I don't think that the pandemic was taken seriously at the beginning. There was a little bit of hubris about it, a little bit of "that's something that happens over in the orient. It doesn't happen to us here in Britain". There was also the distraction of a Brexit and Operation Yellow Hammer, and a lot of planning stuff was stopped because of Yellow Hammer and staff were redeployed.

76. One of my big bug bears is on testing, was initially it was only two symptoms. If you had a cough and a temperature, you would be eligible for a test, and then they went to the three after the Zoe Health study identified the lack of taste and smell.

77. Yet, on that same paper by the British Geriatric Society and other papers, it was recognised that elderly people would not have those symptoms. They would have completely different symptoms, but because it didn't meet those three, they wouldn't be eligible for a test.

78. We even asked, when we met the then health secretary Hamza Yusef if we could we get that changed. He wrote to UKHSA formerly known as Public Health England, because they were the owners of that criteria, but they refused to change it and left it at the three.

79. There was all this talk about the British government being the first ones to develop a Covid test. Yes, they did but they did not then have it manufactured. They had the opportunity to go in with Roche in Germany to do a joint manufacturing thing, but they turned it down because we had left Europe. We can do everything like Germany but by the end of February 2021 Germany were producing 4,000,000 tests either a week or a month.

80. The UK government and the devolved countries never did approach local authority expertise in test and trace. We feel that it is important that we are involved in both Inquiries to make sure things don't fall through the gap and it needs Scots to do that.

81. The Inquiries are intertwined, and I recognize that will be an issue for the inquiries, so it may be that we're better saying to the Scottish Inquiry "let's look at the Councils. How many of them had testing facilities, tracking experience and knowledge from notifiable diseases. Did anybody ask them to help"?

82. Scotland had a lot more preparation than the rest of the UK and they were in the process of doing their "Let's prepare Scotland" leaflets system. They did this whole series of documents.

83. When my wife Jacky died, one of the ways I coped was by just researching everything. One leaflet was Preparing Scotland, a Scottish guidance on resilience and it covered all emergencies as to what the plans were, and local authority plans how to deal with specific problems. There is a whole series off them and I think they were printed in 2016 and 2017, and I think some in 2018.

84. Scotland actually had those as public documents for people to read and for local authorities to look at and prepare their plans. The UK had some stuff, but they did not have that degree of planning for flooding, bad weather, that sort of thing.

85. The structure in Scotland was a lot more simplified and there is one document that showed the difference. It was a document in module 1 of the UK Inquiry where the chart was called the "Spaghetti chart" which gives you an idea of what it was like. The Scottish system wasn't like that, it was a much more simplified system.

86. I think one important thing, and it goes across the whole of the UK, is that everybody just accepted that we were just dealing with a reasonable worst-case scenario, or there's a flu pandemic coming. We can expect deaths of half a million people. There was no planning anywhere for how we could stop this happening. How could we reduce it before it becomes that big in the country.

87. They automatically assumed it was going to come in and there was nothing we could do to stop it and that was the stance taken across the whole UK. I've never found out who made that decision, and I don't think we ever will. It was just a standing agreement.

88. As an organization what we would be telling The Inquiry is second hand, but our members would speak of firsthand experience of what they went through. They can give examples where they talk about things like what happened in care-homes, home visiting not being allowed because they didn't have enough PPE. They can talk about shielding and so much more.

89. As a group, we represent families of over 200 deceased individuals. They have the common goal of not wanting their loved one's deaths to have been in vain.

90. We want lessons to be learned to stop other people having to go through what we've been through, and we also feel that sharing our experiences, both good and bad, will be of great help to both inquiries in assisting them to establish what really happened and more importantly, enabling the preparation for the next pandemic to be more effective.

91. Although our group came about because of bereavement, we have in the group members dealing with other consequences of the pandemic ranging from traumatised healthcare workers, teachers who had to buy their own disinfectant, keep classrooms safe and using their own money to feed pupils to those dealing with long Covid and to those who've lost a loved one in prison where they were just left in their cell. They got no medical intervention, not even a visit from a nurse.

92. We do have a lot of stories and, at a high level, it would be more appropriate to focus on the issues arising further down the chain, so to speak, which confronted our members, loved ones, ultimately leading to their deaths and impacted our members in dealing with the aftermath and wanted to highlight a few areas.

93. It doesn't matter if the plans in place are the best in the world or not if the political comprehension of the coming storm is lacking and its partly driven by pandering, (sorry, this was for the UK inquiry) to the loudest MPs in government, irrespective of the science rather than doing what is in the best interest of the people. Then more people would die than would otherwise be the case.

94. Many times, during the pandemic, it appeared there was a culture of contempt for the ordinary people, and hubris does not stop a pandemic. I think this attitude has been confirmed by the investigation into the so called “Partygate” Scandal.

95. To go back to our experience as a group, there are a number of points I'd like to raise, and I know they're going be looked at in greater detail in future modules and I am aware these events happened after the module one deadline.

96. We cannot talk about what happened beforehand because it didn't affect us that way, we can only talk about what happened to us and one that's very close to my heart and to at least 25% of our group is hospital infection control.

97. I have only ever read control plans, which are very extensive, as to what hospital staff had to do, and the only reference I've ever come across in relation to patients and visitors is that they're invited to use alcohol gel upon entering the ward. Now from our perspective, I have to say it is better to divide that into two categories.

98. When someone's in hospital without Covid, certainly in the Ninewells Hospital it had to be one nominated visitor only, and they had to make an appointment. You only had one visitor at a time in a ward and they had to wear the PPE, gloves, pinny and mask. So that was fine. Once they got Covid, you could not visit.

99. But my wife Jacky was in hospital two weeks before she got Covid, so I was able to visit several times. Every time I went up there, there were patients who had left the ward and had their meetings with family groups, friends, other individuals, and cigarettes in the car parks with no masks and no social distancing whatsoever.

100. I then saw them go back onto the ward and not even using the alcohol gel. Because they were patients, they didn't have to wear masks at that time. That was an massive flaw in the system. I don't actually know the answer to that, but it's an important fact that may shine some light.

101. I was also reading different statistics for Scotland, where hospitals 'grounds are no smoking areas and since that's been brought in, not one person has been given a ticket for smoking in hospital grounds. So there has been no enforcement off that, which makes you wonder if they did have people going around enforcing the smoking ban, would they have been able to enforce the social distancing as well?

102. One thing that I think is quite good about the Inquiry is that it's not a court case in the sense of where you want somebody to admit liability but you don't get that sort of openness and what you get is very cautious wording from the people you're dealing with. Hopefully with the inquiry, people will be a lot more open.

103. There seems to be differences in infection control procedures, not only between different health boards but between different hospitals and within the same health board and even between different wards. This again was one thing I personally noticed.

104. If you're moving someone around the hospital because your beds are short, you've got to have the same level of infection control in every ward, not just in specific wards and that didn't happen.

105. We have examples of visiting engineers coming in to sort the air conditioning with no PPE and we've got examples of some patients being discharged testing positive for Covid and walking through the whole hospital with no mask to meet other family members to get a lift home. This is obviously a big issue.

106. Whether people could be with the deceased before they died, be with their loved one at the end, it was very traumatic for them. Death is traumatic anyway, whether you were there or not, but people find it particularly traumatic if they weren't there because they wonder what sort of death their loved one had.

107. I try and reassure members from my own experience of being with my wife Jacky. At the end it was actually quite a peaceful death, but they're not going to believe anybody because they were not there to see for themselves and every case is different.

108. They've got to have plans in place for other settings, it's not just hospitals that need PPE. It is also care homes and nursing homes as well. There must be a UK approach because initially the stockpile was a UK stockpile. Scotland had small stockpiles, but the main pandemic stockpile was for the UK. Nursing homes, care homes, were private organisations and as far as the plans were concerned it was up to them to sort it out.

109. But if you've got a pandemic going on, there's a world shortage of PPE and even when we saw the scenes in Italy and Spain and the Covid devastation in the care homes there, we had a lead time that didn't seem to be capitalised on with no one saying “This is coming our way. We've got to be ready”. The whole system was based on “just in time” contracts.

110. Maybe it was because the swine flu pandemic of 2009 turned out to be not as bad as was originally expected that people thought, well, it's not a big issue but when you get into care homes, there are loads of issues about visiting and seeing loved ones.

111. We know that had a tremendous negative effect on individuals, and particularly those with dementia who couldn't understand what was going on and also if you had dementia patients who were Wanderers, what could you do? You can't lock them in their room.

112. This issue, was it because of lack of PPE? Could the loved one put PPE on and come in? Because at the same time you were getting care home workers from, say it's a care home that's owned by a group and they've got several of them having staff shortages. They were having other people coming up from Birmingham for example to work in the care homes in Scotland and also, you'd have people who might be doing a shift in one care home then moving to another care home to do a shift.

113. With regards to pandemic planning and exercises carried out by the Scottish Government, we've got to differentiate between Scottish exercises and UK ones. Obviously the big one was Exercise Cygnus which was a preparatory plan in how to deal with pandemic readiness because that was the one that identified most issues.

114. I'm not convinced that the devolved administrations were involved in that as much as they could have been. That was the report that was only published in 2020 after Freedom of Information requests were made to the UK Government. But what's come out of that of the issues that arose in it?

115. A lot of them were put on hold following Brexit and Operation Yellow Hammer, preparing for a no deal Brexit. But I think we probably might need to go back a bit. I think that it was agreed to be a UK wide approach to pandemic planning, with the Four Nations working together that was published in 2011 and the communications aspect of Pandemic Planning which was published in 2012.

116. That's what then meant that other exercises like Cygnus, which were UK ones, then the devolved administrations should have been involved. There were other ones. Scottish Government had exercise Silver Swan in 2015, but again it was based on a flu pandemic. Exercise Iris was a desktop exercise that took place 12th of March 2018 into MERS which was a coronavirus reaching Scotland.

117. That was very much a smaller issue because they only ever expected, if MERS would come, that it would just be a few people. It was not expected that it would turn into a massive pandemic.

118. It was the lessons learned from the exercises and I think the biggest lesson the Scottish Government learned, the biggest exercise they did was putting in place procedures for mass burials. They discovered that wasn't in place.

119. The other thing is that, if you have an exercise in 2016, irrespective of what else is going on in government, why were they still working on introducing findings in 2020? If you were in the private sector and you're taking three or four years to update something following an exercise it just wouldn't be tolerated at all.

120. The wheels of government move very slowly because they've got to have the planning meeting about a meeting to see if they're going do something to form a committee to do the plans. Things have to move faster. Decisions to lockdown and to apply other restrictions, and the impact of those restrictions have to be addressed more speedily.

121. There is a school of thought that if they had responded more quickly and followed a procedure such as South Korea, then we could have avoided a lot of lockdown downs by just dealing with individuals who had symptoms, who were tested and local isolation and the household being isolated. That wasn't done.

122. But Scotland couldn't close its borders because the UK Government control the borders. On that and the advice coming from the Chief Medical Officer of England, who became the head Chief Medical officer. If you introduce measures you have to get your timing right because the public will get fed up with them and not do them.

123. I do wonder as well whether there was certain aspect of it, and I'm now talking about UK government, being a very libertarian type government, they don't like the idea of plans for people to lock down and so on.

124. But whatever was the rationale behind it, I think we missed out as a nation on our opportunity to do something more at border controls because all they did was hand out leaflets and I think later on they may have done testing.

125. There were flights stopped from some countries, but they were only checking Heathrow airport. What about all the other airports? What about flights that went via somewhere else? I know the UK Government view was we're a trading nation. We have to keep our borders open. We must allow people to keep coming in but that decision, that profile, does have an impact on Scotland.

126. I believe there was a discussion that Scottish Government were wanting to stop mass gatherings much earlier and the UK Government was saying "No, we have got to go in this together and we're not ready yet to do them", the decision making of it has to be clear.

127. Was it in each country's best interest? What was the decision making was once we got into lockdowns. Yes, for some people they were very difficult. For some people they were very traumatic.

128. If someone had thought about it, I think that would have been quite a good thing to have had the bubble concept much earlier on in the pandemic so that people who were on their own, elderly at home and isolated, had more support.

129. In a sense, an elderly person in their own home, who was shielding or told to shield because of their age or anything, they had less contact with people than someone in a care home or a nursing home because they were totally on their own. Some people had carers refusing to come in because they might get Covid or they might not, or they didn't have PPE or whatever.

130. No one had considered the concept of lockdown, but I think it was too little, too late. If something had been done earlier, it could have been managed better but there was no plan for a lockdown. Nobody had ever planned it, so let's be honest, they were winging it.

131. Personally, I didn't have a problem with lockdown. It didn't cause Jacky and I an issue. It kept her safe, but I know that some people did find it very difficult and very traumatic, particularly families whose older loved ones lived on their own and they used to pop in all the time to look after them. That's what enabled them to live on their own.

132. With that all being stopped, I think it was incredibly damaging. I think if people had been treated more like adults and had it explained to them, this is what we've got to do to stop this virus, we need you to do this and do that.

133. When masks were brought in, I think that it wasn't handled as well as it could be. It “you have to wear a mask to stop other people getting Covid”. Yes, there's a lot of truth in that. But if it had been sold with better expression to the population, “if you wear a mask it also helps you to stop getting Covid yourself”. That approach was never used and I'm sure if it had been used, it would have had a much bigger take up than it did. Again, it was brought in very late. In Portugal masks were called “Freedom Masks” enforcing the concept that if everyone wears a mask we will be free from Covid faster.

134. I'm a bit of a risk averse person and I actually ordered masks in January 2020. I'd say I'm a reasonably intelligent member of the population and I was probably more risk averse than many, but I had seen the tweet from Devi Sridhar the chair of Global Public Health at Edinburgh University on 16th of January 2020, where people are asking her is this something we should be worried about? She said yes we should be. So, I thought I'll just play safe and get something now.

Supply and distribution and use of PPE

135. The supply and distribution and use of PPE was very badly dealt with when you had them sending stuff to China and how the army used to be able to control it and it worked effectively. As I understand it, the contract for this UK stockpile, which, as I say, was the main place for all nations to get it after they took the contract from the Army, went to one private contractor and then that contract changed as well.

136. I think the year before the pandemic, or just in the run up to it in the latter half of 2019, I think it's reasonable to say a lot of these companies did not have the experience. It was a case of "Here's a contract" and these companies simply reply "OK, let's say we can do it". They then employ people on a minimum wage, but they just didn't have the expertise because they didn't understand what they were doing. We had issues of so many things were out of date.

137. I think we all saw in the press where people had stickers on the masks in hospitals and they're taking the top sticker off which said expiry 2022 below that expiry 2020, Below that expiry 2016 and being told well, yeah, they're alright, they've been tested, yet the manufacturer was saying no, they won't be alright.

138. We would be getting this from the press as well as our members, a combination of the two but in the initial stages, mainly from the press because obviously we hadn't formed the group at that stage. But afterwards, some of it we're getting from our members as well.

139. I'm sure things like schools kept up with the information being given out but they weren't given PPE, they had to run about and find their own. Private hospices weren't given PPE, they had to run about and find their own, as it was in some hospitals. Local engineering works were making them visors because they couldn't get hold of them.

140. At that early stage of the pandemic obviously we got a lot of our information from the press, but we did have one or two Members who were in that situation where they couldn't get PPE.

141. When Covid was first spoken about, it was classified as a high Consequence Infectious Disease (HCID), it was classed as that and then they removed that classification, and you just wonder if that was removed because we didn't have enough PPE? You end up asking yourself those things.

142. On 19th March 2020 they reduced that classification back to "normal" and at that stage we did know it was a dangerous disease. We knew there was human to human transmission and that was known from 16th of January 2020. On the 12th of March, the UK stopped its policy of test, trace and isolate contrary to the advice from WHO. Was that because we didn't have enough tests? The risk to the UK was raised from moderate to high at the same time.

DNACPRs (DNR).

143. With regards to DNACPRs, again it's communication. Some people did have very poor experiences. I have no complaints about the way the consultant handled it with me, but others weren't so lucky, they had poor communication. They either weren't told, or they found out in the records afterwards that there was a DNR in the notes maybe only partially completed they members. The main issue members have

is they didn't know that that had been decided and why they had not either been told or consulted.

144. It wasn't explained to them, it was a decision for the individual if they had that capacity to make that decision rather than the next of kins decision, you know. because you say to the patient, if this happens, do you want to be resuscitated? That's how it should happen, but it wasn't.

145. Because it wasn't explained, a lot of people were left very upset and confused because there were the two issues. There was not being a candidate for ICU, so they weren't going to get intubated, and then there was the DNR's, and a lot of people assumed if it was DNR, their loved one was just left to die. And a lot of them very much felt that was the case.

146. This was particularly so if they were elderly, and we have issues about that. It was not explained what exactly "do not attempt CPR" involves, it was not explained why it was inappropriate and what other treatments would still apply, treatments where you're trying to stop the person dying and they should still be getting that treatment.

147. CPR is administered if the person has died. Then the decision has got to be is it the heart, the first thing that's gone, if it's the heart that stopped first, then there might be some merit in CPR. But if there's other issues going on like kidney damage, lung damage, everything else, CPR is not going to improve anything. This should have been explained.

148. CPR only has a 10% chance of succeeding in the best of circumstances and most of them will die within three to six months afterwards if the person is elderly, then it's a very physically traumatic experience to their body to try and do that with brittle bones plus, their heart and further lung damage.

149. People were not told all of that. They needn't have been told it as bluntly as that, but they really thought "you're not going try with my loved one." But the reality was that they were going to try and stop them getting to the stage where they're going to die but, if they did, the medical staff couldn't really do anything else.

150. Intubation was also a problem. It is a very traumatic event to someone's physical body, and I believe that, with an elderly person, if they did have to incubate them, they really wouldn't want to do it for more than a couple of days. In normal circumstances an intubation because of Covid would be for at least a week, if not longer and that's doing massive trauma to the physical body. Again, this should have been explained.

151. When you know that you can understand the rationale behind decisions made but I would say I'm one of the few in the group who understood all that. My father was a doctor, my mother was a nurse so, I did understand that, but there must be gentle ways of giving people that information.

152. This is why I personally think something like leaflets, easy to understand leaflets should be introduced so they can take it home with them or they could be sent to them or emailed to them. If you're in the situation of loved ones being taken into hospital and if you're lucky enough to be with them at admission, then everything's happening so fast, and the hospitals are overcrowded.

153. You can understand in those circumstances why some medical are thinking "Do I stop and talk, or shall I try and save a life"? I know some hospitals are not aware of this but one particular UK hospital who got all the medical students to phone the loved ones every day, keeping them up to date and telling them what was going on so they were getting a constant source of information, and the treating doctor would only get involved if it was getting to end of life discussions.

154. But in the case of most hospitals, people were just sitting by a phone desperately waiting for a phone call and it wasn't happening. There's something about feeling very helpless that exacerbates grief. It causes tremendous guilt whether it is rational or not. It makes everything so much more traumatic.

Prolonged Grief Disorder

155. A joint study between the Marie Curie Research Centre at Cardiff University and The Palliative and End-of-Life Research Group at the University Of Bristol has just been released found that those bereaved during the first two waves of the pandemic are three times more likely to have Prolonged Grief Disorder (PGD) also known as complicated or traumatic grief.

156. The disorder, also known as complicated grief, can result in persistent longing for the deceased, intense emotional pain including guilt and denial, and trouble engaging with friends and planning for the future, all of which goes on for longer than six months.

157. There was an additional study carried out in America that equates grief due to the pandemic as the same as grief due to a sudden, violent death such as murder and found two thirds of bereaved were experiencing this level of PGD.

158. Both of these studies resonate with our members and many of them are struggling to deal with their grief. While there are potentially several reasons why this has happened, for our members they are more interested in getting help, they know why it happened to them, they just want some help in dealing with it.

159. Many organisations such as Cruse use volunteers as counsellors and no matter how well intended they are they have only had limited training and are not qualified with the complex grief of those bereaved by the pandemic.

Guidance handed out by the group.

160. There wasn't official guidance given out. If people asked for information or were trying to discuss it then I would send you an email just to explain it all. We did

do updates letting people know where we were at and what was happening, but that's not guidance.

161. We did say things like “if you want someone’s medical notes to find out what treatment of any they were given, you can request those from the hospital. Contact this person” and so we gave that sort of information.

162. And “if you don't feel your complaints been dealt with properly, you can go to the Ombudsman”. We thought we were able to explain to people as well, because the Procurator Fiscal's office looking at care home deaths, we would explain to Members what that would entail, and explain to them that they might have a police officer coming to speak to them.

163. The Procurator Fiscal’s actually started looking at nosocomial deaths which the original Scottish inquiry gave us the impression that they weren't going to be looking at those in the sort of detail we thought it warranted.

164. I don't have the latest update from the Crown Office because they are looking at potential criminal investigations. They don't give us the same feedback, obviously and it must go to the individuals as it is confidential to them.

Lessons to be Learned

165. The lesson to be learned is we can do better. That's the first thing. I think we also must recognize, and this might sound weird coming from me, but we were very lucky with COVID in that the case fatality rate was only around 1%. If it had been a flu pandemic, it would have been 3 to 5%. If it had been something like SARS, you'd be up at 10%. If it was something like MERS, you'll be up at 30%.

166. Let's learn everything we can from this because the numbers from Covid deaths were frightening enough; to imagine three times that, ten times that or even 30 times that would be horrific and the country would fall apart. You couldn’t cope with that level of deaths.

167. Not only on the side of caring about the people on every front, but we also need to have pandemic plans right for the financial security of individuals and we've got to remember that it's all human beings that we're dealing with, individual human beings, it's not one big group. Some of the events that have happened to some people are so traumatic that you find it hard to believe that they were actually in that position and physically they've survived but at what price to their mental health and emotional well-being

168. Dealing with the aftermath, counselling, whatever you want to call it, support and so on. It shouldn't be down to us forming our talk groups for that to happen. I don't mind that I help people to talk about their grief but I'm very aware I'm that I'm not a counsellor, I'm not trained. I worry that I say something wrong and do more harm than good that I think we need to have some form of counselling service that can step in in adequate numbers, even if it ends up doing group counselling rather

than one to one counselling. But there needs to be some help. Some group members have gone for counselling where they found that their particular situation is not understood by someone who has not been through it.

169. Some of our group members have gone months or over a year without talking about what had happened to them and sometimes when they speak on the zoom meeting, and they find it very upsetting, but they say that is the first time they have been able to speak about this.

Volunteers.

170. From my army background, I know that we had territorials and the Reserve Forces and, if there was a crisis, they would be called up. It makes sense for us to have some sort of volunteer force that in a crisis of another pandemic, these people could be called up. They could be a combination of health workers and others just to help people who have no contact, not able to get out and do shopping, some sort of volunteer force that could be called up. Thus, they could have a group of people already trained on things to do or who have ideas about procedures in place rather than depending on people coming forward out of the goodness of their own heart and then training them.

171. Another thing I would like to say is, that although we are highlighting a lot of things that went wrong, we do acknowledge that so many people went above and beyond and it's important that people know that we recognise that. There were so many examples of people going that extra bit and a little bit of kindness really did go along way and I would want that formally recognised.

Funerals.

172. As you may have read in the paper, because I raised at the UK inquiry, some of our members were told that you've got a choice. You can either be at your loved one's death or you can go to the funeral. You can't do both because you'll be going into isolation. That was incredibly difficult.

173. People have decisions to make because different people have different ways of thinking. A funeral has a different importance to different people. To some people, it is the most important thing to do after someone's bereaved, to give them a good send off.

174. People find it traumatic to realize that their loved ones are double bagged, so to speak, or wrapped in plastic. Sealed body bags couldn't be opened, and they couldn't have viewings, they couldn't have their loved one dressed appropriately. Those sorts of things were very difficult because if you couldn't be with someone at the end, you'd quite like to go and just sit quietly with them in the Chapel of rest or whatever. And they couldn't even do that.

175. And then, of course, deciding you know, how do you choose who goes to a funeral? There's only six people allowed to attend. You can't have singing because

that produces aerosols and that sort of thing. And I think one of the things that was very difficult was the lack of physical contact after bereavement or at a funeral. If another family member was there and you didn't live together, they couldn't come up and give you a hug. It's wrong to stop that. It was seven months after Jacky died before I got a hug. Your world has imploded you can't even have a hug for seven months!

176. I think on the subject of people wearing masks at that time, at funerals, you can understand why you had to have the restrictions and a lot of crematoriums and churches acted very quickly putting in video links. However, it is a difficult issue to deal with and at least, thank goodness, people were still able to have a personal funeral rather than mass graves.

177. Some funeral directors were very good when they said, "I'm sorry, we can't unseal a body bag, we can't dress your loved one in appropriate clothes, but you know, give us their favourite clothes and we'll just put them in the coffin with them". They did that and it was a comfort to people.

178. But some places where almost cruel. I can't remember who it was, but someone said that at a burial they weren't even allowed to leave the cars until the undertakers were ready with the coffin at the graveside ready to go in and then somebody would say that the mourners can come out now. As soon as they're in the ground, they were told you've got to go now. You can't hang around over the grave.

179. We've got to find a better way. I mean, yes, you can't have 200 people at a funeral or something like that. I understand that. But someone needs to think of better ways of doing it.

180. We had one Nightingale Hospital in Scotland. It would have been better to have built several smaller ones and to have used them as convalescence homes, intermediate places, so it didn't affect the integrity of an existing care home, Covid wise, but you had them out of the hospital bed blocking, you know, just something to think about.

181. And again, you know, maybe that's something you have for your volunteer army to look after them because it's helping feed them, give them drink, it's not medical care they're getting.

182. As a group we want answers. We want to understand what went wrong and why it went wrong. More importantly, we want to see better procedures and systems and more humanity in place for the next pandemic because there will be one. Hopefully it won't be until after the inquiry and people have had a chance to learn lessons, so I hope that people are going be already learning lessons and put new things in place.

183. But I think we've got to think outside the box more. I'm sure a lot of things could be improved dramatically just by thinking outside the box. I think the authorities have not to underestimate the people they're dealing with.

184. You know, we range from educated people to people who might have learning difficulties and that sort of thing, but if it's explained properly and we really understand what's going on and we see everybody else going through the same, it makes it much easier to comply.

185. We've got to get a grip on social media, they've got to stop all these conspiracy theories going on. It's got to stop because people it's unbelievable how many people fall for some of the stories, but people do. Freedom of speech is acceptable if it cannot be allowed to hurt other people.

PD

Signed

Date 4 October 2023