

testing, yet from the outset it was known that other symptoms existed.

Infection control throughout all hospital settings must be consistent so that non-Covid patients are not put at additional risk of catching Covid whilst being moved to different areas within a hospital.

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**Scottish Covid Bereaved
Ref: M2/R9R/SCB/TJS**

**Appendix 1
Questions/Issues Raised with Scottish Government**

1. Virtual Meeting With First Minister March 2021

Issues Raised Verbally

- 1) How, at a time when there was said to be a “protective ring” around care homes and WHO was repeatedly stating “Test Test Test” does the Government justify sending untested hospital patients into care homes full of vulnerable people?
- 2) We all saw the scenes on the news from Italy and Spain depicting the COVID devastation in care homes . Why was the “lead” time we had in Scotland not capitalised on to provide infection control and PPE training and support in care homes?
- 3) Why did no one appear to consider the distinction between care and nursing homes? Without nursing input many care homes would not have an understanding of covid symptoms and infection control yet they were left to cope with no care inspectorate visits, no GP visits and no relatives visiting, where were the checks and balances?
- 4) 111 was the route for help for care homes concerned about residents yet when calling 111 to request help for covid positive residents the default position was “we don’t take Covid positive patients to hospital , order the end of life pack” Is it any wonder so many care home residents died? If you are a manager of a care home are you going to keep calling time after time if this is the response you receive?

5) People died without relatives around them , without prolonged antibiotics and iv fluids or the simple basic human right of oxygen to help them breathe. Done in the name of protecting the NHS -is this not their NHS too and the one they have contributed to throughout their lives?

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- 6) Given that most residents enter care services due to a need to be cared for and protected as vulnerable members of society, why were they less able to access medical help than those in their own homes?
- 7) Are we going to have a full and detailed investigation into the pandemic in Scotland so that as many lessons as possible are learnt so that we are far better prepared for any future pandemics?
- 8) Did trying to go for a uniform U.K. wide approach at the beginning of the pandemic delay an earlier response if Scotland had just gone for it alone?
- 9) As I see it hospitals cannot prevent patients leaving the wards/ buildings, is it worth considering as part of emergency legislation in future planning that should we ever be in another pandemic hospital patients are confined to wards for the duration of their admission?
- 10) Are we going to have an annual day of remembrance for all those lost to pandemic?
- 11) Why did the shielding end at the start of August when people were being allowed to go on holiday and no doubt bring variants back into the country, the eat out to help out scheme was started, the schools were returning mid August and the universities shortly after? Surely if there was modelling being carried out it would show this was probably the most dangerous time to stop shielding?
- 12) The Scottish Government are on record as saying that we were probably 2 to 3 weeks behind England on the path of the virus, the Scottish Government also at times did show they could take decisions they thought correct without the agreement of Westminster, the decisions on wearing face mask is one such instance. If we were indeed behind England and Nicola Sturgeon and Jason Leitch are both on record as saying we had almost eradicated the virus in Scotland in June/July 2020 why did they not take the decision to close air land and sea borders at this time to protect us from further infection and new variants?

- 13)There is real concern around hospital acquired covid 19 and hospital transmission and yet my wife was allowed to walk through the corridors of Hairmyres hospital having tested positive for covid 19 at her leisure without as much as a facemask on. At this time the hospitals were not particularly busy why were you sending covid positive patients home
- 14)Why were tests not carried out on suspected/known Covid patients and their close contacts, not even in A&E?

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15)Symptoms are poorly understood and are not well publicised outside of the usual three : fever, persistent cough and loss of taste and/or smell. More symptoms need to be listed and a public education campaign launched. Will you commit to that?

16)Bereavement Services are overwhelmed. Much more needs to be done to provide Bereavement Counselling. Covid bereavement is not like normal bereavement and is leading to something akin to PTSD in many people if not treated. Will you commit to address this issue urgently.

The First Minister committed to having a Scottish Public Inquiry.

2. Various Meetings With Deputy First Minister and Health Secretary 17 August 2021-24 November 2021

We had various meetings during this time. We discussed the commitment to the Scottish Public Inquiry and the DFM invited the family representatives to maintain contact with officials and we would be involved in setting the ToR and discussing the scope for the Scottish Inquiry as we requested.

We raised again symptoms and testing criteria - received formal reply on 23 December 2021 after chasing response that UKHSA would not change the criteria at that time.

We highlighted that nosocomial deaths account for 25% of bereavements within our Group compared with 9% for Care Homes yet it seems to be ignored.

We also raised lack of Bereavement Counselling especially for those bereaved when strict social distancing measures were in place including, but not limited to, numbers restrictions at funerals, inability to be at