

Witness Name: Scottish Covid Bereaved

Statement No.: 1

Exhibits:

Dated:30 March 2023

UK COVID-19 INQUIRY

WITNESS STATEMENT OF JANE MORRISON FOR SCOTTISH COVID BEREAVED

I, Jane Morrison of Scottish Covid Bereaved, will say as follows: -

1. Scottish members originally started out as part of the Facebook Group Covid Bereaved Families For Justice (CBFFJ) which was formed in June 2020. Following our meeting with The First Minister, Nicola Sturgeon, in March 2021 it became clear we needed to be an autonomous group/branch within CBFFJ organisation, especially after it became a Limited Company with directors without informing the membership. At that stage we became a sub group of CBFFJ but arranged all of our lobbying and press activity ourselves. Following a clear difference between our group approach on several major topics and that of the main CBFFJ group we formally severed our connection with them in September 2022 and became a completely separate group, namely Scottish Covid Bereaved.

Given the very nature of our Group and that we have come about as a consequence of bereavement as a result of the various responses made by both the UK Government and the Scottish Government we have highlighted issues after the fact rather than prior to the decision making.

Since our first press article in July 2020 with the BBC (on Care Homes) we have had a consistent and positive press presence via TV, Radio, Newspapers and Social Media mainly in, but not limited too, Scotland.

Our political campaign, ultimately leading to the formation of the Scottish Public Inquiry, began in September 2020 with the then Scottish Labour Leader asking a question on our behalf at FMQs. Since then various questions have been asked on behalf of members by politicians from all political parties.

Whilst we have focused our activities mainly in Scotland, due to the absence of anyone else doing it, we have participated in actions with the original CBFFJ Group in its efforts to get a UK Inquiry. We are also very conscious of the overlap in both Pandemic Planning and the actual handling of the pandemic between the UK Government and the devolved Nations. We feel it is especially important to be knowledgeable about the whole process to assist the Inquiry in identifying areas where the original Pandemic Planning fell short not only on Scotland but in the UK as a whole and we feel we cannot do one without the other.

2. We are a group of like minded bereaved individuals with a common goal of not wanting our loved ones deaths to have been in vain and for lessons to be learnt to stop others having to go through what we have been through. 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.

Although our group came about because of bereavement we within the group have members dealing with other consequences of the pandemic ranging from traumatised healthcare workers, teachers who had to buy their own disinfectant to keep classrooms safe and using their own money to feed pupils, to those dealing with long covid to those dealing with the financial consequences of the pandemic and other issues too.

In addition to the political and media activity outlined in #1 through our work with our Group eg we set up Groups to support those who were bereaved by Care Homes and through Nosocomial Infection, we have identified consistent areas of concern amongst our Members which we have shared, albeit verbally, with the First Minister, Deputy First Minister and the Health Secretary when we met with them. A full list of those questions/issues is attached at Appendix 1.

For example we flagged up the fact that Nosocomial deaths were in the region of 25% compared with Care Home deaths at 9% - this figure has subsequently been confirmed by various research including the BMJ Report as at June 2021 which actually put the figure at 27%. <https://www.bmj.com/content/bmj/373/bmj.n1492.full.pdf>

We also raised issues about Covid Symptoms consistently being restricted to the three cardinal ones, namely temperature, persistent cough and loss of sense of taste or smell whether you were dealing with 111 or On-line testing criteria. The Scottish Health Secretary confirmed to us in December 2021 that the UKHSA were responsible for the symptom profile and would not, at that stage, change it. A clear example of the Devolved Nations having to follow the UK lead.

We offer mutual support through our two closed Facebook Groups (one is a Support Group the other is Campaign/Legal Issues/Justice Group. Also through the formation of regular zoom meetings discussing both the current situation with regard to the Inquiries and also having group meetings for people just to share their stories and to ask for help if they need it, just so they know they are not alone. We also formed specific Groups for those who lost their loved ones in Care homes and for those who have lost their loved ones to Nosocomial Infection with regular zoom meetings.

We also ensured that the Lord Advocate and the Crown Office and Procurator Fiscal Service (COPFS) in addition to looking at Care Home Deaths they are now also looking at Nosocomial Deaths when it looked as if the Scottish Inquiry was not going to do so to the extent we felt necessary.

3. Given the nature of our Group we have had no involvement in the planning, preparedness and resilience so can only comment as ordinary members of the public, and on the information available to us at that time. Like many people we kept on being told over the years following the 2009-2010 Swine Flu pandemic, that the UK was “globally renowned” for our pandemic planning and in fact other countries were copying the UK approach. We were at the “top of the league table” amongst the international community. Indeed this view was apparently borne out when the World Economic Forum published it’s league table for preparedness for large scale disease outbreaks in November 2019 and we were placed second behind the USA out of 195 countries.

There was an underlying concern of the ability of the Health Care System to cope with a pandemic given the cuts in funding, equipment, bed capacity and staffing as part of the decade of austerity, especially in relation to other countries Health Care Provision.

4. I do not think we are in a position to comment on this as we were not party to this information.
5. It should have been taken much more seriously than it was instead of resting on our laurels because we had good ratings for our apparent planning. One has to address the issue of the competence, ability and willingness of the UK Government in addressing the threat of an emerging virus of pandemic potential.
6. None.
7. Not applicable.
8. Not applicable.

9. Once we started hearing whispers about an emerging virus in China and especially after WHO issued formal notification of the virus on 5 January 2020, we did have concerns given that many if not the majority of UK Government departments had apparently moved staff to deal with leaving the EU and planning for a “No Deal” Brexit - Operation Yellowhammer - and the total focus of the UK Government’s attention seemed to be on “Getting Brexit Done”. For example the Threats, Hazards, Resilience and Contingency Committee (THRCC), a vital “anti-pandemic committee” was mothballed by Mrs May apparently to enable ministers and officials to focus on Brexit and subsequently abolished By Mr Johnson days after he became Prime Minister in July 2019. It is our belief that this should not have happened. Given that an Influenza-type Pandemic was deemed to be the greatest risk to the UK and as we now know the UK Government were advised of this as part of the 2019 National Security Risk Assessment and it appears that this was not given the attention it deserved.

There did appear to be a deafening Silence from the UK Government in the early days of the outbreak even when some scientists were publicly voicing concern, such as the tweet by Professor Devi Sridhar on 16 January 2020 saying “Been asked by journalists how serious [#WuhanPneumonia](#) outbreak is. My answer: take it seriously bc of cross-border spread (planes means bugs travel far & fast), likely human-to-human transmission & previous outbreaks have taught over-responding is better than delaying action.” The Government should have been much more proactive in responding to the potential threat in the early days.

We were also aware that countries/territories such as Taiwan and Hong Kong had already established protocols to deal with the emerging threat. For example travellers from Wuhan were already being checked in Taiwan at the end of December 2019 and Hong Kong had put in place enhanced surveillance from 31 December 2019. Apparently the UK Prime Minister was not advised of the situation in China until 7 January 2020.

The privatisation of many services seemed to result in the eye being off the ball and one must ask if privatisation was appropriate. Thinking of things such as PPE Stockpile. When it was under the control of the Armed Forces my understanding was that tried and tested robust procedures were in place for the management and control of the stockpile.

10. Lessons That Can Be Learned

In no particular order:

Proper preparation and planning saves lives and money.

Hubris does not stop a pandemic.

Test, Trace and Isolate must function properly from the outset.

Border controls must be put in place before there is an issue.

We have the volunteer reserves for the Forces should we have the same for civil contingencies.

Clearer information on treatment decisions for relatives, especially in relation to DNRs, end of life and palliative care.

Stockpiles of PPE must be stored properly, rotated and managed so that there are always up to date and readily accessible in suitable numbers.

“Just in time” emergency contracts are not effective in a pandemic.

All efforts must be made to address the shortfall in medical and healthcare staff.

ICU beds need to be increased.

Ignoring those with existing expertise is folly.

Healthy citizens and a healthy economy go hand in hand.

Social care and health care need to work hand in hand.

Was the make up of SAGE appropriate for the emergency?

Identification of and consideration for vulnerable groups needs to be more effective, including decisions about shielding.

The difference between Nursing Homes and Care Homes needs to be understood.

Should Nightingale Hospitals have been used as Convalescent Homes as a quicker and safer way of transferring those in hospital who are well enough to leave but need social care? Or are there other better uses that they could have had?

Clear, consistent communication is vital at all levels and for all interactions. As the National Risk Register considered a pandemic the highest risk to the Nation then surely planning and preparation should have been of the highest priority?

What impact did Brexit have on planning and preparation both before and after leaving the EU. For example were pandemic planning staff moved to other duties such as Operation Yellowhammer ?

Clearer definition of “essential worker” is required to stop employers making poor decisions on who is and is not one.

Why was UKHSA (PHE) so slow to respond to the pandemic and failing to issue timely instructions/updates to the Healthcare setting?

NHS 24/111 operators responded using the criteria of temperature and cough, later adding loss of sense of taste or smell, as the only indicators of covid and any symptoms outside of this were not considered, same for 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.

11. Not at this time.
12. Not at this time.

Statement of Truth

I believe that the facts stated in this witness statement are true. I understand that proceedings may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief of its truth.

Personal Data

Signed:

Dated: _____ 30 March 2023 _____

**Scottish Covid Bereaved
Ref: Ref: M1/SC19BFFJ/01**

**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?
- 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 a member's 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?
- 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 loved ones side at death, inability to gather as friends and families for mutual support, inability to even have a hug from friends and some family

3. Members Met With Lady Poole 28 January 2022

We raised all of issues, as outlined above, with Lady Poole.