

Witness Name: Margaret Waterton

Statement No.:

Exhibits:

Dated: 12th July 2024

## UK COVID-19 INQUIRY

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### WITNESS STATEMENT OF MARGARET WATERTON ON BEHALF OF SCOTTISH COVID BEREAVED

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I, Margaret Waterton, will say as follows: -

1. My mother, Margaret Simpson, died from nosocomial Covid 19 infection on 18<sup>th</sup> June 2020, aged 86 years. My husband, David Jack Waterton, died from Covid Pneumonia on 2<sup>nd</sup> January 2021, aged 71 years, having celebrated his 71<sup>st</sup> birthday on 23<sup>rd</sup> December 2020. They each died in different hospitals in the same NHS Scotland mainland Health Board.
2. The NHS Scotland Health Board where Mum died, confirmed in a written response to my complaint that I made after Mum had died, that Mum had contracted Covid 19 whilst in their care during her hospital admission in the 3 weeks prior to her death. The complaint response stated that the Health Board used a Public Health algorithm to calculate the likelihood of where Mum had contracted Covid 19. This set out that she had contracted Covid 19 in her first hospital admission in late May 2020, and that in the Care of Frail Elderly ward where Mum had been cared for, there had been 4 patients who had tested positive for Covid 19 during the time that Mum was in the ward.
3. My mother was a much-loved Mum, Gran, sister, Aunt and friend. She had lived alone and independently since the death of my father in 1999. Quiet and a little shy at times, Mum had a great sense of humour and especially enjoyed the company of her three grandsons. She was very proud to be the "mother of the

bride” when my late husband and I married in 2011. She had daily contact with her sister and regular contact with my other aunt as well as her neighbours and other friends.

4. My husband David was a much-loved husband, Dad, Uncle, cousin and friend. He was a smart capable man, a Rolls-Royce engineer and a dedicated Albion Rovers supporter. He was gregarious and had a great sense of humour. David was politically astute, politically active, enjoyed outdoor pursuits including hill walking and golf and was a keen swimmer.
5. Both Mum and David had full intellectual capacity, both as “sharp as a tack”. Mum had a will in place, and we had arranged “Power of Attorney” for both welfare and financial matters. David and I both had a will in place. I was next of kin for both David and Mum.
6. My mother had lifelong brittle asthma and at the time of her death, she also had severe COPD and emphysema which had been diagnosed around 8-10 years previously; Meniere’s disease which had been diagnosed around 35 years ago; macular degeneration and bilateral cataracts which were diagnosed around 5 years previously and severe osteoarthritis which had affected her increasingly over the past 25 years of her life.
7. David had been diagnosed with chronic fatigue syndrome in late 2019 following extensive investigations into a complex sleep disorder. David had osteoarthritis of both knees and in early 2019, David was placed on the waiting list for knee replacement surgery. David’s mobility was restricted due to the pain in his knees and in the last year of his life particularly, he could walk between half a mile and a mile before the pain in his knees required him to rest. David was scheduled to have knee replacement surgery in late February/early March 2020 but due to a diverticular bleed in the 72 hours before his scheduled surgery, the Orthopaedic Surgeon decided that it was not prudent to continue with the joint replacement surgery. The first national lockdown was then implemented in March 2020 and all elective joint replacement surgery was cancelled. David had no other co-existing morbidities in relation to Covid 19 infection.

8. Recurring chest infections were a part of Mum's chronic respiratory conditions and were usually successfully managed by her GP prescribing oral antibiotics and steroids. In what became the last 2-3 years of her life, the chest infections became more frequent, and Mum was more physically affected by them and would be "off her legs" (a term used by doctors), although, she was usually back on her feet within a few days once the medication had taken effect.
9. In February 2020, Mum started to express concern about what we were seeing and hearing in the media regarding the Covid 19 pandemic. She was naturally concerned about Covid 19 given her age and significant respiratory vulnerabilities. She was very anxious, both for herself and for my brother, who has severe COPD, and for myself as I have asthma. Mum said, "If I get that Covid, I will be a goner".
10. I discussed the situation with her, fully anticipating that Mum would be in the shielding category, which she was. Two weeks before the UK Government implemented the first national lockdown, we agreed that Mum should stop all contact with other people. This included stopping everyone from coming into her house, including my aunt and myself. Nobody entered Mum's house from mid-March 2020.
11. I did Mum's grocery shopping, made sure that she had her routine medication prescriptions delivered, and visited almost daily, dropping her shopping and meals at the door. I remained 2 metres distant and always wore a face covering when I was at the door.
12. I was aware that as Mum was a "vulnerable person", I could have entered her home. However, I was very aware that I was going into supermarkets and although both my husband and I were adhering to the guidance and the rules, I did not want to place Mum's health at any risk.
13. I was also trying to protect David as best I could. He and I had agreed that although chronic fatigue syndrome was not considered a risk factor in relation to Covid 19, we were very anxious about the "unknown". Although I have asthma, we decided that I would be the person, at least for the early months of the first national lockdown, who would do the essential shopping and ensure that Mum was as well looked after as was possible.

14. David and I had both decided to avail ourselves of our early retirement options in 2011, the year we were married. I was a Director of Nursing in an NHS Scotland Health Board when I retired. I was very diligent in adhering to the guidance and the rules to the point where David joked that I was the “Covid Police”.
15. From mid-March 2020 until Mum became unwell on 25<sup>th</sup> May 2020, no-one entered her house. As my brother was in the shielding category, one of my nephews and I were the only family members Mum saw from mid-March 2020 until she had to go into hospital in late May 2020. Mum used to walk “round the block” each day but she struggled with the isolation of lockdown as it progressed, saying to my aunt that “it was not a life, it was an existence”.
16. On 25<sup>th</sup> May 2020, my Mum telephoned me to say that she was not feeling well. She seemed quite confused. I went straight in to see her, entering her house for the first time since mid-March 2020. I wore a disposable face mask and disposable gloves that I had purchased myself. This was the only PPE that I could access at that time.
17. Mum was very unwell. She had a very high temperature; was unable to walk even with my assistance, and she was very confused. I asked the GP to visit, and they thought that Mum had a chest infection and required antibiotics. They said that if I could not manage Mum at home by myself, she would need to be admitted to hospital. As Mum was struggling to walk and I had no-one to help me and as no support was available, Mum had to be admitted to hospital.
18. Mum was admitted to one of the I&S Hospitals in our local NHS Scotland Health Board on 25<sup>th</sup> May 2020, initially to a respiratory receiving unit within the Accident & Emergency Department. This unit was created as part of the hospital’s Covid 19 response.
19. Mum was on the verge of sepsis and was in a state of delirium when she was admitted to hospital. When I contacted the respiratory receiving unit, I was informed that Mum had been tested there for Covid 19. I was later informed that this test result was negative. I was informed that Mum had commenced intravenous antibiotics and a combination of oxygen and nebulizer therapy. I later

learned that she had a very difficult first night, with multiple investigations and interventions.

20. From the respiratory receiving unit, Mum was then moved to the Medical Admissions Unit and then to another clinical area which had been created to cope with the clinical demand, before being moved to a Care of Frail Elderly ward. My understanding is that these were “non-covid wards” and that the patients being admitted to these clinical areas had been tested for Covid 19 and had negative test results.
21. In the 4 nights and 3 days of this admission, Mum was in 4 different clinical areas. It is my view, based on my professional background, learning, knowledge, research-based evidence and my experience, that moving a patient between clinical areas carries a high risk of cross infection. In addition, moving a frail, older person from one clinical area to another also carries a high risk of disorientation and confusion, and this could have been significantly exacerbated in my Mum’s case. In my previous professional experience, this level of patient movement would have been considered not only a risk to patient safety but also a critical incident worthy of investigation.
22. I have read published research which relates to the period my Mum was in hospital. The research sets out that patient movement from ward to ward, called “boarding patients” at any time, but particularly during periods of intense clinical demand and in the circumstances of an airborne, respiratory, high consequence infectious disease such as Covid 19; failure to cohort, isolate and shield patients; and staff not adhering to infection control and protection policy, practice and guidance particularly in relation to the use of PPE, are significant contributing factors to increased rates of nosocomial infection. The research also sets out the importance of ventilation and HEPA filtration in reducing nosocomial infection rates.
23. No-one was allowed to visit Mum whilst she was in hospital. Mum had a mobile telephone with her which she would use to send and receive text messages. Mum had never used the phone to make or receive calls. My only information about Mum, her wellbeing and progress, was via telephone calls to the various clinical

areas that Mum was in. During this admission, the information I received was provided by the nursing staff.

24. I am not aware whether Mum had a Covid 19 test before she was discharged home. Nor am I aware if Mum had Covid 19 tests, other than the test conducted in the respiratory receiving unit, during her moving between clinical areas.
25. Mum's antibiotics were changed from "IV" to oral antibiotics in the 24 hours before her discharge on 28<sup>th</sup> May 2020. She also received additional medication for an underactive thyroid which was discovered during her admission. Mum was brought home by ambulance, and she looked well and was happy to be home.
26. On looking through her belongings for the discharge letter that had to be taken to her GP, I found another envelope which had a "DNACPR" consent form in it. Mum had attempted to sign it on the day that she had been admitted to hospital. I asked Mum if she knew what it was, and she said that she did not. When I explained what it was and what it meant, she was horrified. She did not recall signing it at that point, but later, when she had had time to collect her thoughts, she remembered that when she had been in the Accident & Emergency Department, a doctor had spoken to her, but she had not understood what the doctor was saying to her and said that she "felt that the doctor was putting words in her mouth".
27. As Mum was in a state of delirium on her admission to hospital, and this is confirmed in her medical notes, I did not consider that Mum had had capacity to make an informed "DNACPR" decision. I was Mum's next of kin and had Power of Attorney and was not contacted by the medical staff to discuss "DNACPR". I complained to the hospital about the way in which "DNACPR" consent had been sought.
28. I did not receive a response to my complaint until after Mum's death. In the response letter, the Medical Director said that the way in which the Junior Doctor had obtained the "DNAPCR" consent from my mother was less than satisfactory. They recognised that Mum was in a state of delirium and therefore unable to understand the implications of the decision she was being asked to make. They said that the Junior Doctor should have sought advice from their Consultant and should not have proceeded to have Mum sign the "DNACPR" consent form.

29. I decided that I would now come into Mum's house as often as was necessary to assist her with anything that she made need including personal care. I had secured PPE from the local Carers Network and could have the supply replenished every 7 days.
30. On 1<sup>st</sup> June 2020, Mum became very unwell with a very high and "spiking" temperature, and she was becoming very short of breath. We agreed together that this may be her chest infection recurring, which was something we were used to happening, and that we would manage this as we usually did by increasing her inhalers and other medication. I was a bit concerned that Mum may have contracted Covid 19 whilst in hospital but assumed that she would have been both tested and protected given her high vulnerability and that she was in the shielding category.
31. Over the next 3 days, I became increasingly concerned about Mum. Her temperature was continuing to "spike" to very high levels, she was short of breath, and it was obvious that she was feeling very unwell. On 3<sup>rd</sup> June 2020, I contacted NHS 24/111 by telephone and was transferred to the Covid Hub and spoke to the Doctor there.
32. The Covid Hubs were a primary care facility where people with Covid 19 symptoms and/or who had tested positive for Covid 19, could be further assessed and triaged in terms of any further treatment they may require. The initial contact was by telephone via NHS 24/111 and appointments could be made at the Covid Assessment Centre for further assessment. The Hubs were staffed by GPs, Advanced Nurse Practitioners and Specialist Nurses in the main. The Assessment Centres did not have hospital level diagnostic and treatment facilities and were usually located in existing primary care outpatient premises.
33. Over the course of 3<sup>rd</sup>, 4<sup>th</sup> and 5<sup>th</sup> June 2020, Mum was examined and assessed by an Advanced Nurse Practitioner and the local GP. Further antibiotics and oral steroids were prescribed but appeared to have little effect. On 5<sup>th</sup> June 2020, the GP reassured Mum that they thought her chest infection had recurred, telling her that they "didn't think they were listening to a Covid chest", but telling me that they were worried that Mum might have Covid 19 and "had come home with more than

she had gone in with". The GP checked the current guidance which they said was changing several times per day and advised that both Mum and I should have a Covid test. I managed to secure a test for Mum, but I was denied a test, despite 2 medical practitioners advising me to have a test, as I was asymptomatic and "did not meet the criteria".

34. On 7<sup>th</sup> June 2020, Mum remained very unwell, and I felt that she had worsened. I contacted NHS 24/111 and was directed to the Covid Hub and spoke to the Doctor who decided to admit Mum to hospital and said that they thought that Mum might have Covid 19.

35. I was very anxious as Mum was so very unwell and she was so vulnerable to Covid 19. I was very concerned that I would not be able to go with her to hospital and I did not know the status of the "DNACPR" consent form that had been signed previously. I raised my concerns with the Doctor who assured me that "DNACPR" would be discussed afresh when Mum was admitted to hospital as the situation had changed. The Doctor also said that "this was not the first time" that they had heard about "DNACPR" consent being obtained "inappropriately" in hospital.

36. I contacted my brother to tell him that Mum was being admitted to hospital and that the Doctor thought that Mum had Covid 19. Although my brother was shielding, I was very anxious that he should have the opportunity to see Mum, as I was very concerned that this may be the last time they would see each other. He came to the house and saw and spoke to Mum through the window. It was the penultimate time he would see our mother alive.

37. Mum was admitted to another of the I&S Hospitals in our local NHS Scotland Health Board. When I contacted the hospital, I was told that Mum had been admitted to a Covid ward. My understanding was that this was a ward which had been created to help cope with the patient demand and had not previously been an inpatient ward area. I was told that Mum had been tested for Covid 19 when she arrived at hospital and that the results would be available the following day, 8<sup>th</sup> June 2020.

38. I was contacted by telephone on the afternoon of 8<sup>th</sup> June 2020 and was told that Mum had tested positive for Covid 19. I was very distressed and frightened given



Mum's respiratory condition, and how unwell she had been when she was taken to hospital.

39. On 9<sup>th</sup> June 2020, I received a telephone call from the Consultant to discuss Mum's condition and the level of treatment that would be afforded to her. The Consultant said that they thought that Mum's existing long term and severe respiratory conditions meant that she would not be able to withstand "CPAP" or mechanical ventilation and therefore, they proposed that Mum would be afforded every care and effort up to the point where "HDU" or "ITU" level care became necessary. The Consultant also said that they did not think that Mum would be able to withstand active cardiopulmonary resuscitation. I agreed with the Consultant that I did not think that Mum would withstand this and agreed to "DNACPR".
40. Mum was receiving high flow oxygen therapy through a full-face mask and intravenous fluids.
41. Mum was offered trial drugs and refused them. I did not know anything about this, only finding out in the one and only telephone call I had with Mum that she had been offered trial drugs and had refused them by which time it was too late, and Mum would not change her mind about this.
42. Mum refused the trial drugs because she had been told that she would need to come back to hospital for regular follow up and travelling to hospital appointments was always something which distressed Mum. If I had been given the opportunity to discuss this with Mum, I may have been able to persuade her otherwise and explain her hesitancy to the medical staff, but this opportunity was not afforded to me. I do not know what the trial drugs were, and I cannot know if they would have made a difference to the outcome for Mum. I do know that I feel guilty that I did not give her that chance.
43. No-one was allowed to visit Mum. I can only imagine how frightened and alone she must have felt and that thought will haunt me forever.
44. Although Mum had her mobile telephone with her, she was receiving high flow oxygen through a full-face mask. As she wore glasses, she could not see well

enough to use the mobile telephone. Very quickly, she became too unwell to do so at all.

45. I was reliant on the twice daily telephone calls I made to the ward and the conversations with the nursing staff to find out how Mum was and if she was making progress. I asked the nursing staff to convey messages to Mum from me and my wider family. The nurses were kind and able to tell me how Mum had responded to the messages, and this offered some comfort. One of the nurses used her own mobile telephone to make a "Whatsapp" call to me and I was able to see and speak to Mum. I will forever be grateful to that nurse for her kindness.
46. I had daily telephone calls with the Doctor, and it was clear that Mum's condition was deteriorating and that even with high flow oxygen, she was not improving, and her oxygen saturation levels dropped severely if they tried to reduce the level of oxygen.
47. On the 13<sup>th</sup> or 14<sup>th</sup> of June 2020, Mum was moved from the Covid ward to an Infectious Diseases ward and into a single room. The nurses told me that the Covid ward was being closed as the number of patients had reduced and the ward was no longer required.
48. On 15<sup>th</sup> June 2020, I received a call from the ward's Specialist Nurse who asked if I was planning to come to the ward and visit Mum that day. I said that I did not know that I could visit her as I had been consistently told that no visitors were allowed. I felt angry that I may have been unnecessarily prevented from being with Mum. The Specialist Nurse consulted with someone and then asked me if I could come to the ward for 1pm that day, as the Doctor wanted to speak to me, and I could see Mum for a short time. I was at the same time elated that I could see Mum but also terrified of what the Doctor would say and was very anxious that they would be breaking bad news.
49. On arrival at the ward, I was taken to Mum's room and given disposable gloves and a disposable apron to wear. I was already wearing a disposable face mask. I was allowed to see Mum for about 15 minutes. Mum looked extremely unwell and could barely speak. I feared the worst but tried to give Mum as much reassurance as possible.

50. The Doctor told me that Mum was not going to survive and that there was no more that they could do for her and that we should prepare ourselves. I was very distressed. I asked if my brother could see Mum and explained that he had severe COPD and was shielding but had come to the hospital in the hope that he could see Mum. The Doctor asked their consultant if he could see Mum, but the Consultant said that it was too great a risk for him, and he was not allowed to see her. The Doctor called my brother from the ward and told him that Mum was not going to survive and that he could not see her as the risk to him was too high.
51. I was allowed to go back and be with Mum for around 40 minutes or so. The Specialist Nurse took me into a room and “dressed” me in PPE; a full-length disposable theatre style gown; a theatre style disposable hat; an FFP3 mask; a face visor and double disposable gloves. I was escorted to Mum’s room and instructed not to come out of the room until the nurses had come to the anteroom to show me how to safely remove the PPE. They did so by using “flashcards” and verbal instructions.
52. The Specialist Nurse then went outside and took my brother to the window of my Mum’s room so they could see each other through the window. I explained to Mum that my brother was outside at the window, and she raised her hand and waived. I do not know if she could see him clearly as she could not have her glasses on, but she waived a little and smiled. This was the last time my brother and Mum saw each other. Mum continued to ask when he was coming to see her until she could no longer speak.
53. When I left the room, I fell to my knees. I was comforted by the nurses and told that I could come back the next day and spend around an hour with Mum but to avoid the mornings. This changed to my being allowed to stay “for as long as you can tolerate the PPE”. For the next two days, I spent around 3-4 hours with Mum, again, having been “dressed” diligently in full PPE by the nursing staff.
54. On 16<sup>th</sup> June 2020, the Consultant asked to see me and said that they would try Mum with oral “Dexamethasone”, saying that this would be “one last throw of the dice”. The Consultant said that if this did not have any effect, they would move to

a “morphine and midazolam” subcutaneous infusion. I agreed with this course of action as all I wanted for Mum was dignity, comfort and peace.

55. On 17<sup>th</sup> June 2020, I saw the Consultant again and was told that the “Dexamethasone” had made no difference, and the “morphine and midazolam” infusion had commenced. When I went in to see Mum, she told me that the Doctor had seen her that morning and told her that she was not going to survive. Mum said to me “I think I knew”. Then, as now, I found this so lacking in compassion, all for the sake of a few hours. The Consultant knew that I was coming to meet her, and she could have waited so that I was there when she broke this news to Mum. Instead, my Mum had to hear that when she was alone and then tell that to her daughter. This is one of my most painful, distressing and enduring memories of those days.

56. When I was with Mum, I would talk with her and hold her hand. I could not hug her as I was not allowed to. Wearing full PPE, all that Mum could see of my face were my eyes. I had to make sure that I spoke as clearly as possible through the mask and visor. Holding hands when wearing double gloves is far from the “skin to skin” contact that is so comforting. Those would be the last things my Mum would see, me dressed in full PPE, not able to hug her or kiss her or properly hold her hand.

57. On 18<sup>th</sup> June 2020, I received a call from the nursing staff to say that there had been a change in Mum’s breathing and that I should come into the hospital. I was with Mum from around 08.00 hrs. She knew I was there initially. I talked quietly with her, held her hand, telling her how much we loved her; telling her to try not to be frightened as my dad would be waiting for her with his arms open wide telling her “I’ve got you bonnie lass”. Mum died at around 3.30 p.m. It was a peaceful but not merciful death.

58. I was asked if I wanted any of Mum’s belongings and advised that anything that remained in the room would be incinerated. I requested a few items including her mobile phone and these were given to me in double clear plastic bags.

59. The nurses were kind, caring and compassionate. Once I had been allowed to visit Mum, I had been asked to choose from a bag with knitted woolen hearts. One was given to me and the other remained with Mum. On the day that Mum died, when I

arrived at her bedside, her heart was pinned to her patient gown, and I was told that it would stay with Mum from then on.

60. During the last 4 days of Mum's life when I was allowed to be with her, I saw no shortage of PPE on the ward. I suspect that I was allowed to see Mum partly because there were good supplies of PPE. I did witness several breaches of infection control practice and can provide further information to the Inquiry if this would be useful.
61. Throughout this time, my husband David was by my side, coming to the hospital every day and sitting outside the ward for hours each day, coming to see the Consultant with me.
62. In September 2020, we moved house. This was a very challenging time so close to the death of my Mum, but we had been planning to move for some time, but the pandemic and lockdown had "stalled" our plans.
63. In mid-December 2020, we had a tradesman in the house to do permitted work. He had planned a weekend trip with his family from 11<sup>th</sup> to 14<sup>th</sup> December, all of which was permitted in line with Scottish Government's guidance and rules at the time. He returned to our house to complete the work on 15<sup>th</sup> December 2020 and completed the work on 18<sup>th</sup> December 2020.
64. David's 71<sup>st</sup> birthday was on 23<sup>rd</sup> December 2020, and we went out for a meal to celebrate with my stepdaughter and son-in-law on 19<sup>th</sup> December 2020. We thought that it was likely that the Scottish and UK Governments were likely to bring in further restrictions and we wanted to have time with them before that happened. We were not to know that this would be the penultimate time that my stepdaughter would see her dad before he died.
65. David said that he felt very tired that night. He often felt fatigued if he had done more than usual and moving house so soon after my Mum had died and having work done in the house had been stressful and we put it down to that. The next day, 20<sup>th</sup> December 2020, I developed a cough which I knew was different to the cough I sometimes have with my asthma. David said that he felt unwell, he was perspiring a lot and his colour was poor.

66. On Monday 20<sup>th</sup> December 2020, we both felt unwell; David had a temperature, and my cough was worse. We were in the process of sourcing a Covid 19 test at a mobile testing unit when we received a call from the tradesman to advise us that he had tested positive for Covid 19 and that he was very shocked as he was asymptomatic. There had been an outbreak of Covid 19 at the hotel he had stayed at, and they had contacted him to advise him to have a test.
67. David and I had our Covid 19 tests on 21<sup>st</sup> December 2020 and received our positive test results on 22<sup>nd</sup> December 2020 and began our period of self-isolation. We used separate bedrooms and bathrooms and tried to stay apart as much as possible. We both felt very unwell, and David was struggling to eat anything.
68. On Christmas Eve, I became short of breath and following contact with NHS 24/111 and a Covid Hub Doctor, I received telephone advice and was given an appointment to attend the local Covid Assessment Centre on Christmas Day where I was given additional advice on how to manage my asthma including being provided with a “spacer” to more effectively use my inhalers.
69. David did not get out of bed much on Christmas Day. He had no appetite and no energy. David suffered from persistent headaches as part of the chronic fatigue syndrome, and these were significantly worsened by Covid 19. David was very anxious both for himself and for me. He was very worried that I would die. We both had times when we wondered which one of us was going to die. Neither of us had ever felt so unwell.
70. On Boxing Day, David continued to feel very unwell, and the headaches had become very severe. We contacted NHS 24/111 and were put through to the Covid Hub. An appointment was made for him to attend the local Covid Assessment Centre later that day. Transport was arranged for him as I was too unwell to drive him there. The transport was in the form of a taxi, and we were clearly advised that the driver would remain socially distanced and would not be able to physically assist David to get in, or out of the vehicle. I was very worried about how David would manage as he was so weak and unsteady on his feet and I was not physically well enough to help him. At the Assessment Centre, he was given very

helpful advice on how to manage his headaches, given additional medication to help with these and advised to try to increase his fluid and calorie intake.

71. On 28<sup>th</sup> December 2020, I contacted NHS24/111 again on behalf of us both. My asthma had worsened, and David was feeling increasingly unwell and had developed a cough. Again, the Covid Hub arranged for us to attend the local Covid Assessment Centre and transport was arranged for us. David was very weak and unsteady on his feet and found it exceedingly difficult to manage to walk the few yards from the front door to the taxi.
72. On arrival at the Covid Assessment Centre, we remained in the taxi until we were contacted by mobile phone and David was asked to go into the building first. He was clearly struggling physically, and the staff had to help him up the walkway and into the building. They were wearing full PPE but appeared reluctant to physically assist him. I was not permitted to leave the vehicle until a few minutes later when I received a call and was asked to come into the Centre.
73. I could see that David was being examined behind the screens. I could hear him coughing and then crying out with the pain in his abdomen when he was being assessed. Basic observations were carried out for both of us. The Doctor thought that David may have strained muscles in his abdomen through coughing and considered sending him to hospital. The Doctor decided to send him home with antibiotics as they considered that he had a chest infection, that the abdominal pain had subsided and that his observations were satisfactory. I was also prescribed oral antibiotics and oral steroids. This is the first time I have had to take oral steroids to help manage my asthma.
74. David seemed reassured by his visit to the Covid Assessment Centre and appeared to be the most settled he had been. He was trying to eat and drink a little more. However, around 22.00 hrs., I could hear him coughing. The coughing was different to what I had heard before. It was persistent and unrelenting. I immediately thought that David must have Covid Pneumonia. I went into the bedroom and could see that he was terrified. He was struggling to catch his breath and speak to me. I called NHS 24/111, and they organised an ambulance to come to the house. Within a few minutes of my call and before the ambulance arrived,

David's condition worsened, and he was struggling to breathe. I called "999" and asked for urgent assistance. We were both terrified.

75. When the ambulance arrived, the 2 Paramedics took David's basic observations. They said that David's temperature was very high at 39.8 degrees C. I do not know what his oxygen saturation levels were, but it was clear that the Paramedics wanted to take David to hospital immediately. They stripped him to T shirt and shorts to try to help cool him down and transported him to hospital straight away. I was not allowed to go with him and was advised to wait for 2-3 hours before contacting the hospital to find out what was happening and how David was. David was clearly very frightened. We had only seconds where we could exchange a few words. I had no real time to try to reassure him.
76. David was taken to a I&S Hospital within our local NHS Scotland Health Board area. When I called the hospital, I discovered that David had been admitted to "HDU". He had his mobile phone with him and was able to send me text messages to let me know what was happening. He was transferred to a medical ward but within hours, was transferred back to "HDU".
77. I had a conversation with the Doctor the next day, 29<sup>th</sup> December 2020, which was relatively positive. David was receiving high flow oxygen and at first, seemed to respond to this. I made it explicitly clear that I wanted David to be afforded every effort and every level of treatment made available to him. I believed at that time that the Doctor was taking cognisance of what I was saying, and that whilst David was obviously very unwell, he had the capacity to discuss his situation and make his own decisions, and that he also would have been very clear that he wanted every effort made in his treatment and care.
78. At no time whilst David was still able to communicate with me by mobile phone, did he indicate to me that "DNACPR" had been discussed with him, or that he had consented to "DNACPR". From our previous conversations about these matters, I was clear that he would not agree to this. At no point was "DNACPR" discussed with me. I cannot know if this was discussed with David in what became the last 2 days of his life.



79. Over the next couple of days, David was not maintaining his oxygen saturation levels despite high flow oxygen, and he was put on “CPAP” and prone positioning was used. Every time the medical staff tried to take David off “CPAP”, his oxygen saturation levels dropped, and “CPAP” continued. I discovered that David was being given antibiotics and “Dexamethasone”. I do not know if he was offered any trial medication. Around 30<sup>th</sup> December 2020, I was advised by the Doctor that David’s chest x-rays showed that he had Covid Pneumonia and that there was damage to his lungs. David made a brief phone call to me, and it was obvious that he had been told this and asked me if the Doctor had spoken to me about the damage to his lungs.
80. No-one was allowed to visit David. When David was on “CPAP” or in the prone position, he was unable to use his mobile phone. I was reliant on the nursing staff telling me how David was, and to communicate my messages to him. At times when he could use his phone, he would ask me just to talk to him so he could hear my voice. I tried to reassure and comfort him as best I could, and the nurses kept telling me that he was “okay”, but I could tell that he was very frightened. I cannot know what the nurses were telling him or how they were trying to comfort and reassure him. I cannot know if they communicated my messages to him. David said in text messages to me that the nurses were “never near him” and that they “were shit”.
81. Around 30<sup>th</sup> December 2020, the tone of the conversations I had with the Doctor changed, with the Doctor pressing me on David’s general health and level of fitness. On 31<sup>st</sup> December 2020, the Doctor again pressed me about this and started to ask me how far David could walk. He continued to press me on this specifically and I was very aware that his tone and manner had significantly changed. I recall feeling badgered and very anxious about how my response may be used in the decision making about David’s ongoing care and treatment. I emphasised that other than the chronic fatigue syndrome and its impact on his stamina, David was otherwise healthy and that the limiting factor in his mobility was the pain in his knees from osteoarthritis. I reminded the Doctor that David had been scheduled for knee replacement surgery, a clear indication that he was “fit” enough to withstand major surgery. Finally, I said that David could walk for about a half mile to one mile before he had to stop due to the pain in his knees. The

Doctor said, "That's what I mean". I did not know what the Doctor intended by this. He then suggested that David may not be in a state of health where he would be considered for "ITU" level care, including mechanical ventilation. I was genuinely concerned that David may need this level of care and though I was very frightened for him, I wanted him to have every effort made and I made this explicitly clear to the Doctor.

82. On 1<sup>st</sup> January 2021, David sent me a text message to say that there had been no improvement, and they were keeping him on "CPAP". I told him I loved him and that he was strong and would get through this. He replied that he was mentally strong, but he feared that his body was not, and he did not know if his body could fight it. He did not mention "DNACPR" and whether this had been discussed with him. Although I sent more text messages to David, I do not think that he saw and read them.

83. I called the ward thereafter and was told that it had been decided that David would be reviewed by the "ITU" Consultant with a view to ventilation and "ITU" care. I called the ward many times thereafter, each time being told that the review had not yet taken place and that David's condition was "the same". My sense was that he would be moved to "ITU". I called the ward around midnight and was told that the review had taken place; that David was not a candidate for ventilation and "ITU" care; that he would not be moving to "ITU"; that he had received the maximum treatment and was not for resuscitation and that this had all been discussed with me. I was very shocked and told the nurse that this was not true and that they were lying. I said then that I wanted to be with my husband. The nurse said that this was not possible as no family were allowed to be in the ward. I called the ward again at around 03.00hrs on 2<sup>nd</sup> January 2021 and the same nurse apologised to me, saying it was clear that there had been no communication with me regarding the outcome of the "ITU" review. I was told that there was no change in his condition and again told that it was not possible for me to be with David. The nurse gave no indication of how close to death David was at that time.

84. I had insisted that the Doctor call me when he came on duty, and he did so at around 08.00 hrs. on 2<sup>nd</sup> January 2021. He apologised for the mix-up in

communications and said that the "ITU" Consultant had thought it best for the Doctor to contact me to discuss their decisions. The Doctor thought that the Consultant had done so, and, in the end, no-one did. The Doctor said that he was very worried that David "wasn't going to survive this". I told the Doctor that I had promised David that if we got to this point, that I would be with him when he died and that I was coming to the hospital. I was made aware that David was having "morphine and midazolam" to calm him and reduce his respiratory distress.

85. When we arrived at the ward, my stepdaughter and I were ushered into the single room where David was. We were already wearing disposable face masks and were given disposable gloves and aprons to wear. A nurse was with him, but she was not speaking to him, or holding his hand and appeared to be offering him no comfort at all. The nurse left the room immediately after we entered, and she said nothing to us. I entered the room first and when David saw me, his words to me were "I thought I'd never see you again" and it was as if a wave of peace washed over him.

86. David was having oxygen via nasal cannulae at 2 litres which is not therapeutic and is a level associated with symptom control. His lips were blue, and he was struggling to breathe. The oxygen was not helping him in any way. I noticed that he had an "IV" cannula in his hand and instantly realised that he was having bolus doses of "morphine and midazolam". I had assumed that he would have been having these by infusion. David was fully aware of what was happening and was very distressed. It was obvious that he was very close to death.

87. I held David's hand with no "skin to skin" contact through the gloves, kissed him through the mask, told him I loved him, that I had always loved him and tried to comfort him, telling him not to be frightened and that his Granny, to whom he was very close, would be waiting for him. I tried to support my stepdaughter who was both frightened and devastated and made sure that David felt her hand on his and could hear her voice. David died about 40 minutes after we arrived.

88. I had not realised that when I spoke to the Doctor earlier that morning, that they had already stopped treatment, including reducing his oxygen levels to 2 litres which will have hastened his death. They could have waited until I was with David

before they did so. Had I not been insistent that I wanted to be with David, he would have died alone.

89. I was, and remain, concerned about the decision-making process regarding David and “DNACPR”. How far someone can walk is not a salient factor in making a “DNACPR” decision. I believe that there was a change to the “DNACPR” decision making process and wonder what external factors and pressures were being considered in those processes at that time.

90. My Mum and my husband were cared for in 3 different hospitals within the same NHS Scotland Health Board. For the most part, Mum and I, were treated with care and compassion, particularly in the last few days of her life. In stark contrast, there was no care or compassion being shown to David when I entered his room on the day he died. The Doctor was very kind, but the nursing staff did not speak to us or offer us their condolences. David’s belongings were stuffed into a clear plastic bag, thrust into my hands and we were ushered out of the ward. There was no consistency across the 3 hospitals, all within the same Health Board.

91. Grief is a constant; it is not something that you “get over”. My life and I are changed forever. That is the same for my stepdaughter and wider family. Every day grief needs to be managed; it’s effortful and wearisome and takes every bit of resilience I have. I had flashbacks after Mum died and then again after David died. I had panic attacks and I felt suicidal. I sourced bereavement counselling privately and had help to manage the flashbacks as part of the process. I believe that I will experience them for the rest of my life. Every day, I must put one foot in front of the other and try to go on, but it’s hard work. Every day there are reminders of who we have lost and what we miss about them. Only when my husband died, did I truly understand what my Mum went through as a widow. I wish I could tell her how much I admire her for her strength and courage.

92. I feel guilty every day that I could not protect my Mum and David. I also feel angry that I could not be with David in the last few days of his life and blame myself for not fighting harder to be with him. I am haunted that he felt so frightened and that no-one was comforting him. I feel guilty that they did not have the funerals that they deserved and that we were not able to gather afterwards and remember and

honour them. We could not sit with David the night before his funeral as we were told this was “not allowed” as “he died from Covid”. This was an important part of the funeral, especially for my stepdaughter. All of this has impacted on my and my family’s ability to navigate the grieving process.

93. My family and I complied with the guidance and the rules. The night my Mum died, my brother and I sat outside in my garden, 2 metres distanced, trying to comfort one another. We did not hug each other. The first time I hugged my brother was on the day of my husband’s funeral. My brother had just been discharged from hospital a few days before, where he had been treated for Covid 19 complicated by his severe COPD. I spent the first 10 days of my being a widow totally alone. My stepdaughter was told to self-isolate for 10 days for no clear reason. Travel restrictions were in place across Scotland, and no-one was allowed in your home. My stepdaughter and I were not able to comfort each other in those first days after David died. The night my mother died, 18<sup>th</sup> June 2020, was subsequently identified as one of the “Partygate” events. I felt so foolish and so angry that whilst we adhered to the rules at the most difficult of times, those at the centre of the UK Government were doing as they pleased.

94. People tell me that I was “lucky” that I was able to be with Mum and David when they died. I believe that it was my right and theirs, for me to be with my Mum and my husband in their last moments in life, to comfort, to reassure, and to make sure that they knew they were loved and not alone. The guidance that was put in place was “knee-jerk” and without compassion and has resulted in a lasting burden of guilt not only for the bereaved but also for the health care staff who believe that they did not do the best they could to support their patients in the last moments of their lives.

95. I became a member of what is now known as Scottish Covid Bereaved in 2021. We support each other as we understand what we have each experienced because of bereavement through Covid 19 and in a pandemic. We are also united in a single cause. I, and we, believe in and support both the UK and Scottish Covid Inquiries. They are our means to determining the truth of what happened during the pandemic; to understand the decision making; the impact of those decisions whether they were to act, not to act or not to act timeously; to seek accountability

which I believe to be accepting responsibility for what is yours to own, your actions and omissions; and learning lessons for future health crises so that we are the last generation to have these experiences.

**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.

Signed: Personal Data

Dated: 12th July 2024