

Tuesday, 1 July 2025

1  
2 (10.01 am)  
3 **LADY HALLETT:** Ms Carey.  
4 **MS CAREY:** Thank you, my Lady.  
5 My Lady, the first witnesses to be called this  
6 morning are impact witnesses from each of the four  
7 Bereaved groups. Inevitably, they will be discussing  
8 distressing themes, including end-of-life care, and  
9 death, and indeed, the fourth witness this morning will  
10 also cover matters including death by suicide.  
11 Can I remind, therefore, everyone in the hearing  
12 room and those watching online that there is support  
13 available here at Dorland House and on the Inquiry  
14 website and if anyone wishes to leave the hearing room  
15 they should feel free to do so.  
16 May I hand over now to Ms Cecil, King's Counsel.  
17 **LADY HALLETT:** Thank you very much.  
18 Ms Cecil.  
19 **MS CECIL:** Indeed, good morning, my Lady. May I please call  
20 Jane Wier-Wierzbowska.  
21 **MS JANE WIER-WIERZBOWSKA (affirmed)**  
22 **LADY HALLETT:** Thank you very much for coming to help us  
23 today, we do appreciate it, and I do understand how  
24 difficult it may be. So I'm sure as Ms Cecil has  
25 already said, if you need a break at any stage, just

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1 Firstly, if you may, could you just tell us in  
2 a couple of words what type of woman your mum was.  
3 **A.** Yes, my mum was an incredibly strong and resilient lady,  
4 really, throughout her life. She was friendly, she was  
5 fun loving, she had a wonderful sense of humour and  
6 family meant absolutely everything to her. But she was  
7 also, it sounds contradictory, but she was also quite  
8 a private person, as well. So in a number of ways that  
9 makes it quite difficult for me to share what happened  
10 to us today, but I know she'd want me to do it, as our  
11 story impacts on so many others as well.  
12 And I want to do it, because I want us to not forget  
13 what really matters. The love and care of our families,  
14 which no politician or care home manager should be  
15 allowed to deny us.  
16 **Q.** Certainly in your statement, and just for those that are  
17 following, it's INQ000614372. You paint a very vivid  
18 picture of your mum, her life.  
19 **A.** Yes.  
20 **Q.** Her interests.  
21 **A.** Yes.  
22 **Q.** She was a very active woman?  
23 **A.** Incredibly active, yes.  
24 **Q.** And worked in the NHS as a clerk in the children's ward  
25 for many years. And was the centre, ultimately, of your

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1 say. Although again, I think she may have told you,  
2 most people, I find, it's easier to get it over with,  
3 but it's up to you. All right?  
4 **THE WITNESS:** Thank you, my Lady.  
5 **Questions from COUNSEL TO THE INQUIRY**  
6 **MS CECIL:** Thank you.  
7 Ms Wier-Wierzbowska, you're here today to share with  
8 the Inquiry your experiences during the pandemic in  
9 terms of your story, your family's story and your  
10 mother's story; is that right?  
11 **A.** That's correct.  
12 **Q.** So with that, I'd like to begin by asking you a little  
13 bit about your mum, Patricia Smalley.  
14 **A.** Yes.  
15 **Q.** Plainly much loved.  
16 **A. (Witness nodded)**  
17 **Q.** Sadly died during the second wave of the pandemic --  
18 **A.** Yes.  
19 **Q.** -- on 27 January 2021.  
20 **A.** Yes.  
21 **Q.** And she was 91; is that right?  
22 **A.** She was. Just 91, yes, in that month.  
23 **Q.** About a month after her 91st birthday?  
24 **A.** Almost, yes. Well, days, yes.  
25 **Q.** A few days, my apologies.

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1 family life, both for you, your younger brother --  
2 **A.** Yes.  
3 **Q.** -- and of course your dad?  
4 **A.** Yes, of course. Yes, yes.  
5 **Q.** So what I'm going to do now, if I may, is turn really to  
6 the circumstances leading up to your mum, certainly  
7 firstly entering into the care home. Prior to that,  
8 she'd lived a little bit further away but moved closer  
9 to you following your father's death; is that right?  
10 **A.** Absolutely, yes, yes.  
11 **Q.** Initially into supported, sheltered accommodation?  
12 **A.** Yes, that's right, and she settled really well there and  
13 embraced the community life that was happening in there.  
14 So she did very well, as we expected her to.  
15 **Q.** And she was still fairly independent at that point --  
16 **A. (Witness nodded)**  
17 **Q.** -- and you enjoyed many trips, as I understand it?  
18 **A.** We did. We did really actually right up until her  
19 stroke, yes.  
20 **Q.** Indeed, and as -- if I can just deal that. Just prior  
21 to that, I understand that she was diagnosed with  
22 Alzheimer's; is that right?  
23 **A.** That's absolutely right. Sadly, not too long after she  
24 moved down, she was diagnosed with Alzheimer's, and  
25 obviously that was a huge blow to all of us. As we

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1 know, dementia is an untreatable progressive and  
 2 terminal disease, but I knew then that what would help  
 3 her would be lots of stimulation, lots of company, and  
 4 that's what I set out to give her, really.

5 **Q.** -- (overspeaking) -- and you describe that don't you in  
 6 your -- you give a very vivid description, again, in  
 7 your statement of taking her on different trips  
 8 and National Trust, and so on and so forth?

9 **A.** Absolutely.

10 **Q.** And really engaging with her interests?

11 **A.** Absolutely, yes. She loved gardens, she loved nature,  
 12 she loved animals, so that was the focus pretty much of  
 13 our trips. And as time went on, when she first was  
 14 diagnosed, I was working full time, but in 2014, I went  
 15 down to two days a week so that I could spend more time  
 16 with her, and in 2017 I retired altogether, and that  
 17 meant we could go out and do things together every day,  
 18 and I'm so, so glad that I did that now.

19 **Q.** Thank you. So at the time when she was in sheltered  
 20 accommodation, as you've already explained, she then  
 21 subsequently suffered quite a severe stroke; is that  
 22 right?

23 **A.** She did. She did unfortunately. It was extremely  
 24 severe and the prognosis actually wasn't terribly good.  
 25 She lost all mobility down her left-hand side and so

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1 floor which overlooked a huge courtyard area. She was  
 2 right in the corner of it, but nonetheless it was a nice  
 3 view, and I took in pots of plants so she could see  
 4 those, and we had a bird table put outside so she could  
 5 still enjoy nature. After probably a couple of weeks  
 6 they were able to get her into a chair, so she was able  
 7 to be moved around. It was a huge, heavy armchair-like  
 8 structure and it was very difficult to move but you  
 9 could move her around, so she could go to social events  
 10 in the lounge or we could take her to one of the other  
 11 rooms to sit and have a different kind of social time  
 12 with her.

13 So it was positive, and I was able to be with her.  
 14 You know, I was very worried about her, obviously, after  
 15 her stroke. She was obviously already losing her memory  
 16 and she had lost her mobility. She had been so active  
 17 throughout her life, as you mentioned earlier.

18 But she did start to make some progress.

19 **Q.** And in terms of just picking up on one of the things you  
 20 just mentioned there, how often did you visit your mum?

21 **A.** Every day.

22 **Q.** In December and January 2019 [sic].

23 **A.** Every single day. I used to go in in the morning, gave  
 24 them a bit of time to, sort of, get her up and get her  
 25 ready, and I'd go in about 10.00 in the morning, and she

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1 there was absolutely no option but for her to go into  
 2 care. And she moved into the care home on 23 December  
 3 2019, so just a few weeks, really, before lockdown.

4 **Q.** Exactly that. And in terms of a home, you found a home  
 5 that you were happy with, that she was happy with?

6 **A.** Yes.

7 **Q.** Is that right?

8 **A.** Absolutely. And I remember distinctly, it was very --  
 9 it was fortunately closest to where we lived as well,  
 10 and, you know, so there would be no issues with any kind  
 11 of transport problems. I knew that I could get there on  
 12 foot if I needed to. And I remember distinctly saying  
 13 to her "There is absolutely nothing that can stop me  
 14 being here with you", and how wrong I was.

15 **Q.** And the reason for that was because she required  
 16 full-time specialist care that was simply not able to be  
 17 provided in the community or at home with you?

18 **A.** Absolutely, yes, she was basically immobile, really,  
 19 yeah.

20 **Q.** So if I can begin, then, in December of 2019, when she  
 21 moved in, in terms of her living conditions, how would  
 22 you describe those?

23 **A.** Within the home?

24 **Q.** Within the care home?

25 **A.** Yeah. Well, she had a lovely room there on the ground

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1 used to get tired so she was ready, really, to go to  
 2 sleep in the evening, so I left about 8.00 in the  
 3 evening, so I was there all day really, with her.

4 **Q.** In terms of what you did when you were there, obviously  
 5 you were company?

6 **A.** Yes.

7 **Q.** You obviously spoke about many different things?

8 **A.** Mm-hm.

9 **Q.** What other activities did you undertake with your mum?

10 **A.** Really, in terms of her wellbeing, I helped to manage  
 11 her food. If she wasn't eating well, you know, I would  
 12 make sure I'd take in things that might tempt her,  
 13 that I knew that she liked, she had quite a sweet tooth,  
 14 and I'd do that.

15 Not too long after being in there, she was diagnosed  
 16 with dysphagia, and so she had to have thickener in her  
 17 tea, and her fluid levels were low so I would regularly  
 18 go and make her tea and put the thickener into the tea  
 19 and help her drink it, as well. You know, she was  
 20 adjusting, as well, to life with just one active hand  
 21 and not being easily mobile, so it was quite important  
 22 that I did that and kept her fluid levels up.

23 We also had a private physiotherapist come in and  
 24 assess her, and although she felt that there was no way  
 25 she was going to probably be able to move her arm again,

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1 she did give me some hope about her leg and recommended  
 2 exercises that we do every day.  
 3 **Q.** And did you do those with her?  
 4 **A.** Yes, I did. I did.  
 5 **Q.** And in terms of her mental and cognitive state at that  
 6 point, how would you have described that? So just  
 7 immediately prior to the pandemic and lockdown?  
 8 **A.** Obviously by that point she'd had Alzheimer's for  
 9 seven years --  
 10 **Q.** Of course.  
 11 **A.** -- so she did get a bit confused at times, but generally  
 12 speaking she was aware of what was going on around her,  
 13 had opinions about things, and she knew who I was and  
 14 who the rest of the family were. So that was all very  
 15 encouraging.  
 16 **Q.** So the pandemic then struck.  
 17 **A.** Mm.  
 18 **Q.** And you explain in your statement that you were told on  
 19 17 March that the home was going to be effectively  
 20 locked down as well; is that right?  
 21 **A.** That's absolutely right, yes. The impact was  
 22 catastrophic on me because, as I've just explained,  
 23 I was so involved in my mum's care within the care home.  
 24 And as Counsel to the Inquiry said yesterday, you know,  
 25 a care home is not a hospital, it's a person's home.

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1 a moment.  
 2 And certainly within your statement, at  
 3 paragraph 11, what you explain is that you had to try to  
 4 say goodbye to your mum that day --  
 5 **A.** Yeah.  
 6 **Q.** -- not knowing when you would have any physical contact  
 7 or see her again, effectively, in that sense?  
 8 **A.** Absolutely. And the physical contact turned out to be  
 9 never. I never had that again with her. And that was  
 10 ten months prior to her death. So it seemed  
 11 extraordinarily cruel and inhumane to be kept apart for  
 12 that length of time. And increasingly, Mum did not  
 13 understand, and reacted in different ways to that, which  
 14 were equally upsetting to me.  
 15 **Q.** I'm just going to move then to the visits you were able  
 16 to have and the initial visits that took place. As  
 17 I understand it, those were window visits; is that  
 18 right?  
 19 **A.** Yes.  
 20 **Q.** How would you -- just describe that for us, please.  
 21 **A.** Okay. Well, Mum was taken into one of the lounges at  
 22 the front of the building, so there were other residents  
 23 there. They'd move her to the window, and I would stand  
 24 at the window -- the first time I did it, I tried to  
 25 speak but of course she couldn't hear me through the

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1 But in that moment, that was taken away from us. It was  
 2 no longer my mum's home because it was going to be alien  
 3 to her without me there and without other visitors too,  
 4 but predominantly -- as I've said, I was every day --  
 5 **Q.** Was that an immediate lockdown from that point forwards?  
 6 **A.** It was immediate. I got very upset. He came into the  
 7 room and I was with Mum. I don't think she was quite as  
 8 aware of what was going on because it was in the  
 9 evening, and I remember crying, and not coping with it  
 10 at all, and he was trying to say, "You need to stop  
 11 because of your mum."  
 12 **Q.** It was obviously a very, very difficult situation for  
 13 you both?  
 14 **A.** It was extremely difficult, yes.  
 15 **Q.** Were you able, or was one of the care staff able, to  
 16 explain to your mum what was going to happen, in terms  
 17 of the home being closed and you no longer being able to  
 18 visit?  
 19 **A.** I really hope so but I don't know. I mean, I tried to  
 20 explain to her then, and I tried to explain to her every  
 21 time I had some sort of visit, if you can call it that,  
 22 the phone calls and Skype calls, and --  
 23 **Q.** We're going to move to those visits.  
 24 **A.** -- (overspeaking) --  
 25 **Q.** Please don't worry, we will go through those in just

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1 window. So the next time I printed off messages for her  
 2 which I held up. I mean, how that must have appeared to  
 3 someone with dementia, I don't know; that her daughter  
 4 was standing outside of the building where she was, when  
 5 she'd been in there with her every single day, and  
 6 holding up things to read. But she didn't seem agitated  
 7 or distressed by it, but after eight days, I was told  
 8 that I could no longer do that.  
 9 **Q.** And at that point had you been attending every day --  
 10 **A.** Yes.  
 11 **Q.** -- with your placards?  
 12 **A.** Yes.  
 13 **Q.** Your pieces of paper?  
 14 **A.** Yes, yes, every single day.  
 15 **LADY HALLETT:** Did they give a reason?  
 16 **THE WITNESS:** Pardon?  
 17 **LADY HALLETT:** Sorry to interrupt.  
 18 Did they give a reason?  
 19 **A.** They did give a reason. The most significant reason was  
 20 that they had to think of all their residents' welfare  
 21 which, you know, I can appreciate, but can't see how  
 22 I was impacting on that. And they had to ring-fence the  
 23 space, the garden, for residents who wanted to go  
 24 outside. But the grounds were huge and there were lots  
 25 of areas that could have been ring-fenced or identified

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1 for residents who wanted to. So I can't see how that  
 2 was a problem.  
 3 **MS CECIL:** Thank you.  
 4 And you've just alluded to the fact that they were  
 5 stopped, they were stopped around 27 March; is that  
 6 right?  
 7 **A.** Yes.  
 8 **Q.** And why were they stopped at that point? Do you know?  
 9 **A.** I think government guidance, probably, said that should  
 10 stop too. I don't really know, that seemed to be so  
 11 random and change so frequently. Although that was just  
 12 the beginning, obviously.  
 13 **Q.** And did you raise your concerns about the lack of visits  
 14 with the home?  
 15 **A.** I absolutely did, but at that point, you know, they were  
 16 adamant that this space should be reserved for residents  
 17 and that, you know, government guidelines were saying  
 18 that there shouldn't be any visits. They said some  
 19 residents became distressed, and I said that my mum  
 20 wasn't distressed by it at all, and that perhaps they  
 21 should review the situation on a case-by-case basis, but  
 22 they were adamant that I wasn't going to be able to see  
 23 her in that way anymore.  
 24 **Q.** Do you know if they ever did review that situation on  
 25 a case-by-case basis, or were there blanket restrictions

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1 If I couldn't see her or have contact, I didn't know  
 2 really how she was. And of course with the dementia,  
 3 I didn't want her to forget who I was --  
 4 **Q.** Of course.  
 5 **A.** -- either. And I'm very grateful that she never did.  
 6 **Q.** So those phone calls then became your daily contact with  
 7 your mum, is that right, initially after that?  
 8 **A.** Yes, yes.  
 9 **Q.** And then that progressed into the video calls --  
 10 **A.** Yes.  
 11 **Q.** -- that you've just described.  
 12 **A.** Yes, mm.  
 13 **Q.** And in terms of those video calls, how frequent were  
 14 those?  
 15 **A.** They were variable. So not necessarily regular, but I'd  
 16 call every day to see if I could have a slot, and  
 17 generally they were very helpful in letting me do that  
 18 if they could. But the nature of the calls was quite  
 19 difficult at times. Obviously the technology was not  
 20 something Mum was familiar with anyway, she couldn't use  
 21 it because of her mobility issues and because she didn't  
 22 understand it, so there was never any privacy on the  
 23 call.  
 24 **Q.** Did you always have a member of staff then present to  
 25 assist your mum?

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1 or conditions put in place on each occasion?  
 2 **A.** As far as I know, they didn't review it, but they just  
 3 kept the blanket ban there.  
 4 **Q.** You explain in your statement that you felt you were  
 5 treading on eggshells. What did you mean by that?  
 6 **A.** I felt I had to be very, very cautious. I, you know, my  
 7 mission became I must see my mum and keep contact with  
 8 my mum in every single way I can, and from the time that  
 9 I started doing these window visits, I was also having  
 10 a 7 o'clock phone call in the evening. I wanted to  
 11 speak to her every day before she went to sleep in the  
 12 evening, and they let me do that. And I -- and Skype  
 13 calls began, and I would have those as often as I could.  
 14 And I just felt that if I was too pushy, they might not  
 15 let me have these calls every evening, or some of the  
 16 Skype calls that I had. And I was terrified that if  
 17 I pushed too hard, all of my contact with my mum or  
 18 a lot of my contact with my mum would be cut off.  
 19 So it was a balancing act, I feel, to keep ... you  
 20 know, I was persistent, always polite, I hope, but I was  
 21 determined that I wanted to keep contact with Mum.  
 22 I wanted to be able to manage her healthcare, I'd been  
 23 doing that for years. You know, I had shared power of  
 24 attorney for her health as well and suddenly all that  
 25 had disappeared.

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1 **A.** Yes, yes. Always.  
 2 **Q.** Were these taking place on iPads or something like that?  
 3 **A.** They were.  
 4 **Q.** They were?  
 5 **A.** Yes, yes. So they'd take the iPad to her. And it was  
 6 variable. I mean, every day or every call, I'd explain  
 7 why I couldn't be there.  
 8 **Q.** Do you think your mum understood that?  
 9 **A.** Not really, no.  
 10 **Q.** Not really?  
 11 **A.** No. I think it's hard because the world inside the care  
 12 home was seemingly going on as normal. Nothing there,  
 13 apart from my absence, had changed, and it haunts me  
 14 always that she feels that I was choosing not to be  
 15 there for some reason.  
 16 **Q.** I do understand that. And in terms of those video  
 17 calls, there was then a point where you were able to  
 18 visit again, to actually physically go to the care home?  
 19 **A.** Yes.  
 20 **Q.** That was in around June until September; is that right?  
 21 **A.** Yes.  
 22 **Q.** And either in the open lounge door or in the garden?  
 23 **A.** Yes, yeah.  
 24 **Q.** And were those visits also socially distanced?  
 25 **A.** Absolutely they were, yes. Yes. They -- Mum was often,

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1 because her chair was quite difficult to move, usually  
 2 in the lounge area, with the patio doors open, and  
 3 there'd be a trestle table keeping distance between us.  
 4 And that was difficult. Mum often felt the cold, and  
 5 she would be, you know, distressed by that, and so some  
 6 of that precious half hour would be felt -- would be  
 7 spent seeing if I could find someone to go and get  
 8 a blanket or a cardigan or something to keep her warm.  
 9 **Q.** To make her more comfortable?  
 10 **A.** To make her more comfortable, yes, so she could kind of  
 11 focus on the visit.  
 12 **Q.** And then I understand that those were paused for a short  
 13 period because there was an outbreak of Covid in the  
 14 home. Before then, um, visits resuming but in  
 15 a slightly different format again?  
 16 **A.** Yes.  
 17 **Q.** And they'd evolved to what they called "pod visits".  
 18 And I understand that the care home had built two -- had  
 19 effectively kitted out two purpose-built spaces?  
 20 **A.** Mm.  
 21 **Q.** One was a former library.  
 22 **A.** Yes.  
 23 **Q.** One was a former bedroom. But spaces with a perspex  
 24 screen dividing the room.  
 25 **A.** Mm.

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1 want to be put pushy because they -- you know, I phoned  
 2 every morning to see if there were pods or garden slots,  
 3 and generally they were very good, and if there were  
 4 slots, because it was a large care home, they let me in.  
 5 And I thought: if I start pushing too much they're going  
 6 to stop that. So, again, I held back.  
 7 **Q.** And throughout this period, how was your mother's  
 8 health, wellbeing?  
 9 **A.** Deteriorating. Without a doubt. Yes. Yeah.  
 10 **Q.** And certainly in terms of the visiting guidance and the  
 11 different restrictions that were put in place, you  
 12 explain within your statement that there was a lot of  
 13 confusion and there were often competing guidance --  
 14 aspects of guidance either from national government or  
 15 the local authority or, indeed, other organisations or  
 16 the care home; is that right?  
 17 **A.** That's absolutely right, and again, it just added to my  
 18 stress and trauma of the situation, you know, one time  
 19 in particular I remember that we were in tier 1 as an  
 20 area, which said that visits could be allowed but our  
 21 local public health deemed, apparently, they told me at  
 22 the care home, that visits weren't safe to continue, and  
 23 so they followed the local advice and stopped the  
 24 visits.  
 25 **Q.** And if can just then just pick up again on something

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1 **Q.** So, again, that distance is there, with some level of  
 2 physical protection --  
 3 **A.** Yes.  
 4 **Q.** -- was, I think -- was, I assume, the aim.  
 5 **A.** Yes.  
 6 **Q.** And also a sound system to assist with communication for  
 7 the obvious needs of the residents within the home.  
 8 **A.** Yes.  
 9 **Q.** And how did you find those visits?  
 10 **A.** Difficult, again, for different reasons. The problem  
 11 with booking a half hour slot anyway is that, you know,  
 12 you don't know what time of day it's going to be and how  
 13 Mum is going to be. She'd sometimes be very sleepy, so  
 14 contact would be limited.  
 15 When she wasn't, she would almost certainly beckon  
 16 me in and say, "Just come on through", and I'd have to  
 17 again explain that I couldn't do that. It was very  
 18 hard. I mean, obviously I was pleased to be able to see  
 19 her in some way possible but it just really wasn't  
 20 acceptable. I wasn't able to give her the quality and  
 21 amount of care that I'd been used and wanted to, and it  
 22 was always very distressing leaving her, and her going  
 23 back to her room. I don't know how much -- you know,  
 24 there was no regulation. I have no idea. I asked  
 25 questions, sometimes, but again, it was that I don't

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1 that you mentioned briefly earlier in relation to  
 2 obviously you weren't able to know exactly what was  
 3 going on or taking place in the care home --  
 4 **A.** No.  
 5 **Q.** -- in terms of visibility because you weren't there, but  
 6 you had one concern about whether or not she was being  
 7 taken to the communal areas and obtaining stimulation in  
 8 that respect. How did that concern come about?  
 9 **A.** It came about via one Skype call in particular, and it  
 10 was a Saturday afternoon, and she was in bed, which  
 11 concerned me. You know, I didn't know if there was  
 12 a problem with her health. It turns out that there  
 13 wasn't but they just hadn't got her up that day. They  
 14 were, I guess, staffing, we know, was often a problem,  
 15 and I think they were just taking it in turns a bit with  
 16 residents that they got ready, and got up.  
 17 But it really worried me that for someone in her  
 18 position who relied totally on others, she was losing  
 19 her memory, she'd lost her mobility, she'd lost her  
 20 family, it seemed to her, and she was, you know, she was  
 21 in her bed on a Saturday afternoon, mid to late  
 22 afternoon. And I thought, I've no idea how often this  
 23 might happen. And I didn't even know if, on the days  
 24 that she'd been got up, whether she'd been taken from  
 25 her room in her chair to the lounge or not. So I just

20

1 don't know.

2 And again, they weren't questions that I could often  
3 ask. It depended sometimes who was with her, and when  
4 I felt I could, I'd say, "Is Mum going to the lounge  
5 later?" Or "Has she been to the lounge?" But again, it  
6 was a bit of a lottery as to what I could say or do.

7 Q. And you touch upon the impact of isolation upon those  
8 with dementia and Alzheimer's within your statement.

9 A. (Witness nodded).

10 Q. And certainly, in due course, that's what -- we will be  
11 hearing from Professor Banerjee, an expert in those  
12 matters and, of course, also the Every Story Matters  
13 record --

14 A. Yes.

15 Q. -- which effectively records the same sentiments.

16 A. Mm.

17 Q. I just want to move on, if I may, to immediately prior  
18 to your mother contracting Covid within the home, but  
19 just before I do that, just touching on an occasion when  
20 your mum needed external medical care. How was that  
21 organised, did you have any difficulties accessing that  
22 medical care?

23 A. Not really. I think the situation that you're referring  
24 to there, I spoke, as I did when I phoned in the  
25 evenings, it would go through to a member of staff and

21

1 Q. You did.

2 A. An open area. And I was told that I could go and see  
3 her through her bedroom window, through her patio doors.  
4 And so I obviously leapt on that, and I took a garden  
5 chair with me, and a -- this was January 2021 -- and  
6 a hot drink, and layers of clothing, and my mobile  
7 phone. And I went and sat outside her patio door for as  
8 long as I could until someone said, "You should leave  
9 now" or it was dark and she wouldn't have been able to  
10 see me anyway. But bizarrely, I had to be on my own.  
11 I couldn't take my husband or a friend with me. It was  
12 just me, despite I could see no reason, no logical  
13 reason, why that would pose a threat, to anyone.

14 But anyway, I was able to do that. I had my phone,  
15 they put a mobile phone in a black bin-bag on my mum's  
16 shoulder, and I was able to talk to her. I did have  
17 conversations then, but obviously she became more ill,  
18 and in the last 48 hours of her life I was allowed  
19 end-of-life visits. I'm not sure why end of life had to  
20 mean those last hours, why it couldn't have been before.  
21 It makes no sense to me who determines what is end of  
22 life, and why can't there be more dignity than having to  
23 speak to Mum through a plastic bag?

24 By the time I was allowed in, probably the first  
25 24 hours, she was conscious, she was aware who I was,

23

1 I was told that Mum's oxygen levels were very low and  
2 obviously I was hugely concerned about that and I knew  
3 from an incident before lockdown where we'd had the  
4 Rapid Response Team out that they could do that, and so  
5 I requested that they bring in the Rapid Response Team,  
6 and they did, and they put her on oxygen.

7 Q. Now I just want to turn to, as I say, later in January  
8 of 2021, when your mum contracted Covid.

9 A. Mm.

10 Q. And you explain that she had no real symptoms of Covid,  
11 and appeared asymptomatic; is that right?

12 A. She did. I mean, she was by this stage on the oxygen,  
13 but she didn't appear to be struggling with her  
14 breathing, there was no coughing, nothing that suggested  
15 to me that she had Covid. It did seem asymptomatic,  
16 yes.

17 Q. And were you able to see your mum initially following  
18 that diagnosis?

19 A. No.

20 Q. No. And there came a point where you were aware that  
21 she was approaching her end of life, and at that stage,  
22 were arrangements made for you to visit?

23 A. There were arrangements about, probably five, six or so  
24 days before her death. Her room, I think I said, was in  
25 the corner of a courtyard.

22

1 but she wasn't communicating with me. She was  
2 non-verbal. And then when I went in the next day she  
3 was unconscious. So I -- (overspeaking) --

4 Q. I'm just going to ask you a couple of questions, if  
5 I may, about those visits. You've explained you were  
6 only allowed to go on your own.

7 A. Yes.

8 Q. Is that right?

9 A. Yes.

10 Q. Your husband would often wait in the car outside for  
11 you.

12 A. Yes.

13 Q. And in terms of those visits, you would also have to  
14 wear PPE equipment; is that right?

15 A. Yes, yes.

16 Q. And that would involve a face mask?

17 A. Yes.

18 Q. An apron?

19 A. Yes.

20 Q. And gloves?

21 A. Yes.

22 Q. And in terms of her room, you also explain in your  
23 statement that the -- the layout of how it looked  
24 changed?

25 A. It did.

24

1 Q. And became more clinical?  
 2 A. It did, yes.  
 3 Q. And how did you feel about that? How do you feel that  
 4 impacted those visits with your mum?  
 5 A. Again, it didn't feel like a home, her home. It felt  
 6 more austere and unfriendly and intimidating to her,  
 7 I think. Probably one of the worst times was after I'd  
 8 been told she had Covid or had tested positive for  
 9 Covid. Clearly, she'd seen the changes to her room and  
 10 clearly seen perhaps a difference in what staff were  
 11 wearing. And she said to me on my nightly phone call  
 12 "Is this it?" And that's the most awful conversation  
 13 I've had to have. And obviously, I tried to reassure  
 14 her. As I said right at the beginning, she'd been an  
 15 incredibly strong and resilient woman throughout her  
 16 life, very powerful, very admirable. And, you know,  
 17 very matter-of-factly, "Is this it?" And I couldn't  
 18 say, "Yes, it is." You know, I think perhaps I was in  
 19 denial a bit myself because she was asymptomatic and  
 20 because, you know, she was so strong, I thought perhaps  
 21 she could pull through it. Naively, of course, but you  
 22 hope for the best in these situations.  
 23 But it was very difficult, and I think the change in  
 24 the environment put that idea into her head too.  
 25 Q. In terms of your -- in terms of how you were able to  
 25

1 you?  
 2 A. It was.  
 3 Q. And distressing. I just want to touch, if I may, then,  
 4 on the funeral arrangements. And you explain that it  
 5 was really at this point that you were able to touch  
 6 your mum again as part of those end-of-life rituals and  
 7 the care that was being undertaken by the undertakers.  
 8 Your mum had paid for a funeral plan herself, she had  
 9 set it all up, but they were unable to facilitate that,  
 10 and so you chose, understandably, to move to a different  
 11 undertakers who could facilitate that?  
 12 A. Yes, yes.  
 13 Q. And did that bring some level -- small level of comfort  
 14 to you?  
 15 A. Yes, it did ultimately. There was a lot of additional  
 16 trauma that shouldn't have been there, really. But  
 17 again, you know, I think funeral directors were  
 18 following guidelines, just as care homes were following  
 19 guidelines. So they were making their own decisions.  
 20 There was no law to allow, you know, people to have the  
 21 comfort and humanity of being with loved ones, living or  
 22 dead. But it was a huge relief to me, yes, to be able  
 23 to provide a provider, and the original funeral home did  
 24 actually help me in finding someone who would allow me  
 25 to visit, and yes, I spent as much time as I could with  
 27

1 visit, you were still socially distancing, as I  
 2 understand it?  
 3 A. Yes.  
 4 Q. So you were still a metre or so away from her --  
 5 A. Yes.  
 6 Q. -- at the end of the bed?  
 7 A. Yes. So, again, it seemed so cruel. I couldn't be  
 8 posing any kind of threat at that point. So as I said,  
 9 for ten months, even as she lay dying, I could have no  
 10 physical contact with her. And, you know, I remember  
 11 when I lost my dad in 2010, and he was dying, I promised  
 12 him that I would look after my mum, and I just felt that  
 13 I'd let her down so badly. And that guilt is just with  
 14 me always.  
 15 Q. And certainly -- but you were there when she passed  
 16 away -- with her?  
 17 A. Yes.  
 18 Q. And you stayed for a while after that, as I understand  
 19 it, with her?  
 20 A. I did. I did, yeah. One of the nurses went to tell  
 21 Mike, who was in the car park, what had happened, and he  
 22 was allowed to come round to the door to check on me,  
 23 but he still wasn't allowed to come into the room.  
 24 Which, again, makes no sense to me.  
 25 Q. It must have been an incredibly lonely experience for  
 26

1 my mum, while I could.  
 2 Q. Of course.  
 3 And then, as you describe then, a funeral taking  
 4 place in accordance with the restrictions at the time.  
 5 A. Yes.  
 6 Q. Socially distanced --  
 7 A. Yes.  
 8 Q. -- and all of those restrictions in place.  
 9 If I may turn on, really, to one aspect of her  
 10 legacy, if I may. You've been since -- subsequently  
 11 involved in quite a significant amount of campaigning  
 12 work, and that's covered within your statement in some  
 13 detail, and also working with One Dementia Voice.  
 14 A. Yes.  
 15 Q. And one aspect that you consider to be very important,  
 16 is about either granting a family member or a friend,  
 17 firstly -- within the pandemic, it was key worker  
 18 status?  
 19 A. Yes.  
 20 Q. But more broadly, now, a legal right, effectively?  
 21 A. Absolutely.  
 22 Q. And you're a supporter of what's called Gloria's Law?  
 23 A. Yes.  
 24 Q. Would you like to tell us just a little bit about that?  
 25 I know it's important to you.  
 28

1 **A.** It's absolutely critical to me. You know, after my  
 2 experience, and witnessing my mum's deterioration  
 3 through a screen, that didn't have to happen. She could  
 4 have had -- she could have had the comfort and love of  
 5 a family member, and she could have had my support,  
 6 continually, with her health and wellbeing.  
 7 And to have been denied that, to me, seems  
 8 absolutely immoral. Against all human rights,  
 9 I believe. And so, quite a shock to me, I did become --  
 10 I am a campaigner. You know, I didn't choose activism,  
 11 I was activated. I really, really passionately believe  
 12 in Gloria's Law, which is the legal right to a care  
 13 supporter.  
 14 And it absolutely has to be legal because we saw  
 15 what happened with guidelines. Everyone approached them  
 16 differently. They changed all the time. But to give  
 17 someone legal status and that peace of mind and  
 18 reassurance I think is absolutely critical for a humane  
 19 society.  
 20 **MS CECIL:** Thank you very much for sharing your story with  
 21 us.  
 22 I've no further questions, my Lady.  
 23 **LADY HALLETT:** You've become a very eloquent campaigner, so  
 24 you may have missed your vocation, I think.  
 25 Thank you very much indeed for helping the Inquiry.  
 29

1 you were warned. And if at any stage you need a break,  
 2 please just say, I'm sure Ms Jung has told you, but you  
 3 may find it easier to get it over with, because I know  
 4 it won't be easy.

5 **THE WITNESS:** Thank you.

6 **Questions from COUNSEL TO THE INQUIRY**

7 **MS JUNG:** Could you start by giving us your full name,  
 8 please.  
 9 **A.** Judith Kilbee.  
 10 **Q.** And you've provided a witness statement dated  
 11 2 May 2025. That's at INQ000614380.  
 12 **A.** Yes.  
 13 **Q.** Is it right that you have a background in nursing?  
 14 **A.** Yes, I do.  
 15 **Q.** And you've worked in nursing homes before?  
 16 **A.** Nursing home and care homes.  
 17 **Q.** And care homes. And you've also worked as a business  
 18 manager for a specialist care home group?  
 19 **A.** Yes, that's correct.  
 20 **Q.** So it's fair to say that you're fairly knowledgeable and  
 21 experienced in the way that care homes operate?  
 22 **A.** Generally, yes.  
 23 **Q.** You've come today to talk about your personal  
 24 experience; is that right?  
 25 **A.** That's right.

31

1 I know it doesn't help for me to say it, but you did  
 2 keep your promise and you did look after her to the best  
 3 of your ability. So, I don't know if I'll forget the  
 4 image of you sitting outside in January, wrapped up, in  
 5 an English winter -- or a British winter. I'm so sorry  
 6 for what happened at the end, but try to remember the  
 7 positives of your life together, and we shall  
 8 investigate the negatives.

9 **THE WITNESS:** Thank you so much, my Lady.

10 **LADY HALLETT:** Thank you very much indeed.

11 **THE WITNESS:** Thank you. As I said, earlier, really,  
 12 really, it shouldn't be care home managers and  
 13 politicians deciding whether we can care for our loved  
 14 ones. It really shouldn't.

15 **LADY HALLETT:** I think there will be many people who  
 16 obviously will remember the awful number of deaths  
 17 during the pandemic, but hadn't really appreciated this  
 18 particular point that you made so eloquently. So thank  
 19 you very much indeed.

20 **THE WITNESS:** Thank you, my Lady.

21 **LADY HALLETT:** Ms Jung.

22 **MS JUNG:** My Lady, the next witness is Mrs Judith Kilbee.

23 **MS JUDITH KILBEE (affirmed)**

24 **LADY HALLETT:** Thank you very much for coming along to help  
 25 us. Sorry we kept you waiting for a short time. I hope  
 30

1 **Q.** And that's in relation to one particular care home in  
 2 Scotland that your dad was in and sadly died in on  
 3 10 May 2020?

4 **A.** Yes.

5 **Q.** Before we talk about your dad's time in the home, could  
 6 you just tell us a little bit about your dad, please,  
 7 about his character, his sense of humour, what he liked  
 8 to do.

9 **A.** He was a Geordie. He had a great sense of humour, as  
 10 I think many of them do. He loved nature, he loved the  
 11 environment. He always stood up for people that he felt  
 12 were mistreated. He taught all his children lots about  
 13 nature and, you know, we were hounded by "What's that  
 14 bird?" when we went for a walk; you never had any peace.  
 15 And he invested those interests into all of his  
 16 grandchildren as well. He -- I never heard him say  
 17 a bad word about anyone. He was a happy, sociable  
 18 person.

19 **Q.** And is it right that he had eight grandchildren?

20 **A.** He had eight grandchildren, yes.

21 **Q.** And he loved spending time with his family?

22 **A.** Yes, very much so. And he was very practical and he  
 23 always wanted to help when he came to visit, so he was,  
 24 yeah, a very genuine person.

25 **Q.** Is it right that your dad was diagnosed with

32



1 Alzheimer's?

2 **A.** Yes, shortly -- a couple of years after my mum died.

3 But that Alzheimer's manifested just, really, in

4 short-term memory loss. He never changed his

5 personality or lost his sense of humour. He was always

6 grateful. He wasn't someone that would wander. He --

7 you know, he was still driving before he went into the

8 home after the stroke.

9 **Q.** And when you say it really just affected his short-term

10 memory, did he need constant reminding, for example, to

11 take his medicine?

12 **A.** Yes, latterly at home we were having to ring up and

13 remind him, and, you know, plan meals for him and that

14 kind of thing, to make sure that he looked after

15 himself.

16 **Q.** You mention that he was still driving. He was fairly

17 independent, was he?

18 **A.** He was very independent, loved getting out for drives in

19 the countryside. And yes, so he'd relied on his car

20 because he lived in a small village and that took him to

21 all his activities.

22 **Q.** One thing in particular that he very much enjoyed doing

23 is going to a place called Healthy Hearts; is that

24 right?

25 **A.** Yes.

33

1 going to see him tomorrow."

2 So I was -- called down to see him, found him

3 confused and unstable on his feet, and he had a stroke

4 in front of me. So I knew there was something

5 happening, and I was right.

6 **Q.** And is it right that, as a result of that, he spent

7 three weeks in hospital?

8 **A.** He did, yes.

9 **Q.** And it was after that that the decision was made that he

10 should go into a care home?

11 **A.** Yes. He wouldn't have managed at home immediately

12 following the stroke, so the decision was made then.

13 **Q.** Could I ask you just to slow down a tiny bit, please,

14 Ms Kilbee?

15 **A.** Sorry. Certainly.

16 **Q.** Thank you.

17 So he went into a care home in Scotland; it was

18 a small care home. Is that right?

19 **A.** Yes.

20 **Q.** It was based in Scotland but had a head office in

21 England?

22 **A.** It did, yes.

23 **Q.** Your dad made a full recovery from the stroke, didn't

24 he?

25 **A.** Completely.

35

1 **Q.** And is that someone where he would go and exercise and

2 socialise?

3 **A.** Yes, he had a stent put in many years ago and that was

4 part of the local health board offering, which was

5 cardiac rehabilitation. So he went for something like

6 15 years, twice a week, and he would do volleyball and

7 aerobics. And that --

8 **Q.** And did that -- sorry to interrupt you.

9 **A.** Sorry. And that continued up until he had that stroke.

10 **Q.** And was that very much a support for him after your

11 mother died?

12 **A.** Yes, it was. Because she used to go sometimes with him

13 and just take part in the exercises, but it was

14 a structure for him. You know, he would mark his

15 calendar. Because of his memory, he'd have a red heart

16 on each of the days that he went to Healthy Hearts, so

17 his calendar always told him which day it was.

18 **Q.** You mention that your dad had a stroke. Was that in

19 September 2018?

20 **A.** Yes, it was.

21 **Q.** And you were with him at the time?

22 **A.** Yes, I'd spoken to him on the phone the night before,

23 and came off the phone and said to my husband, "I feel

24 Dad's -- there's something wrong. He says he's not

25 depressed but his voice is weak, it's thready. I'm

34

1 **Q.** And in January 2019 you arranged for him to start

2 attending Healthy Hearts again once a week; is that

3 right?

4 **A.** Yes, because of the nature of the home, it was so small

5 that he would be lucky if he'd walk 20 steps from one --

6 from A to, B and there wasn't a garden per se, there was

7 a little courtyard out the back. So I felt that for his

8 mental wellbeing and mobility he needed to be doing some

9 activities. So I felt that it was time to try it, and

10 spoke to Healthy Hearts and the home, who agreed, but

11 the home couldn't take him because they didn't have the

12 staff capacity.

13 **Q.** So the home was nearby Healthy Hearts --

14 **A.** It was.

15 **Q.** -- but they weren't able to help with that?

16 **A.** No.

17 **Q.** So is it right that you did a 100-mile round trip to

18 take your dad --

19 **A.** Once a week, it wasn't twice a week at that point, it

20 was once a week, and if I couldn't do it because I was

21 away with work my husband kindly would step in and do

22 that. So we felt it was important to keep Dad mobile

23 and keep him in that environment.

24 **Q.** And were you able to see any benefit in him attending

25 Healthy Hearts?

36

1 A. Massively. He would forget where he was going and say,  
 2 "Where is this place?" And as soon as he walked in --  
 3 well, even before he walked in, he'd walk through the  
 4 car park and he'd a face he recognised and start  
 5 chatting to them. And muscle memory was there, when the  
 6 music started he knew which aerobics he was going to do  
 7 to each particular piece of music. So it was really  
 8 beneficial for him, yes.  
 9 Q. Thank you, Ms Kilbee.  
 10 Can we now move on, please, to some of the infection  
 11 prevention control measures --  
 12 A. Certainly.  
 13 Q. -- at the home, because it's right, isn't it, that you  
 14 had some serious concerns about the measures that were  
 15 in place there?  
 16 A. I didn't feel that they were really understanding or set  
 17 up to do proper infection prevention and control.  
 18 Q. Okay. We're going to go through some of those concerns.  
 19 It's right, isn't it, that your dad's birthday was on  
 20 12 March 2020?  
 21 A. Yes.  
 22 Q. And that's the last time you were able to see him in  
 23 person?  
 24 A. Yes.  
 25 Q. And on that day did you take him out to the

37

1 prepared some birthday cake; is that right?  
 2 A. Yes.  
 3 Q. And your dad blew out the candles and shared his cake  
 4 with the other residents. Were they together in the  
 5 same room when they did that?  
 6 A. They were, there were a few residents in the room, but  
 7 they all congregated. There were few numbers in the  
 8 home so they would congregate around a large dining  
 9 table, so we didn't see him having the cake with them  
 10 but they got him to blow out the candles and then they  
 11 were taking the cake to the table for everyone to share.  
 12 And I remember thinking at the time, I didn't say  
 13 anything to them at the time, but thinking this is maybe  
 14 normal practice in the past, but this is, you're not  
 15 aware of the Covid issue. This shouldn't be happening  
 16 now.  
 17 Q. Did it appear to you that the staff understood what the  
 18 potential risks were?  
 19 A. Not at that time no.  
 20 Q. You say that there was some hand gel available at the  
 21 care home?  
 22 A. Yes, there was.  
 23 Q. And visitors were encouraged to use that gel?  
 24 A. Yes.  
 25 Q. Were there any other measures in place that you could

39

1 countryside --  
 2 A. We did.  
 3 Q. -- with some tea and some cake?  
 4 A. We did, it was something my parents did often. They  
 5 would take a flask and go out and sit somewhere looking  
 6 at nature. We made it very clear to the home that  
 7 that's what we were doing and emphasised that we weren't  
 8 taking Dad anywhere near people. We wouldn't have taken  
 9 him into a café or anything, because we were really  
 10 concerned about the Covid situation. So that's what we  
 11 did.  
 12 Q. And why did you feel the need to tell the home where you  
 13 were going, and the fact that you weren't going to go  
 14 near people?  
 15 A. Because we felt that they hadn't quite grasped the  
 16 enormity of what was coming, and having seen the images  
 17 on TV in Spain and Italy in care homes, we were acutely  
 18 aware of it, and really wanted to hammer that point  
 19 home.  
 20 Q. And when you said this to the manager, do you remember  
 21 what the manager's response was?  
 22 A. I asked him about reducing footfall through the home,  
 23 and urged him to do so, and was told "We haven't been  
 24 told to lock down yet."  
 25 Q. When you got back to the home, they had very kindly

38

1 see?  
 2 A. Not that we could see at that time, no.  
 3 Q. And it's right, isn't it, that that day you waited for  
 4 him outside the toilets so you could remind him to wash  
 5 his hands?  
 6 A. Yes, because he was mobile and independent in that way,  
 7 but I wanted to make sure that he didn't just wash his  
 8 hands and just run them under the tap. I wanted to make  
 9 sure he did it properly.  
 10 Q. And was that something he needed reminding to do?  
 11 A. Not to wash his hands, no, but to use the gel or to wash  
 12 his hands thoroughly, yes.  
 13 Q. Is it right that a week later, there was a review due in  
 14 regard to your father, and you suggested meeting  
 15 remotely for that?  
 16 A. We actually said we wouldn't come in for it, because we  
 17 didn't want, again, emphasising the footfall through the  
 18 home, so we wanted to do that remotely, yes.  
 19 Q. And the manager's response was to meet in the  
 20 conservatory instead, which would avoid going into the  
 21 home. What were your concerns with that?  
 22 A. We refused to do that because we said that "Although  
 23 you're -- we're meeting in the conservatory, you're  
 24 meeting us and then you're going back into the home,  
 25 which is the same as us, to my mind, going into the

40

1 home."

2 **Q.** Can I ask you about the recruitment of staff, please.

3 In April 2020, is it right that you saw a notice from,

4 I think you say in your statement that it was Public

5 Health Scotland but could it have been the local public

6 health teams?

7 **A.** Which statement, sorry?

8 **Q.** In your witness statement you refer to a statement from

9 Public Health Scotland about capacity and offering staff

10 support if needed. Do you know if that could have been

11 from the local public health teams rather than Public

12 Health Scotland?

13 **A.** It may well have been. I certainly, when I heard of --

14 they're planning to bring staff in, I did find in

15 writing something that said to contact the local team,

16 or the team -- I thought it was Public Health

17 Scotland -- who would help with staffing.

18 **Q.** And is it right that you saw an advert from the care

19 group advertising for temporary staff?

20 **A.** Yes, they were advertising within their own network on

21 Instagram, advertising for temporary staff.

22 **Q.** You say that they were asking particularly for

23 school-leavers and shop assistants?

24 **A.** Mm.

25 **Q.** Do you know why they were asking for those in

41

1 concerned about their knowledge of PPE and IPC measures?

2 **A.** Yes, I was.

3 **Q.** On 18 April 2020, the manager came in with symptoms; is

4 that right?

5 **A.** Yes.

6 **Q.** And he thought that it was just a cold?

7 **A.** Yes.

8 **Q.** And I think the next day he did a test, I think you say

9 because he wanted to prove that it was just a cold.

10 **A.** Yes, he did.

11 **Q.** And in fact the test came back positive; is that right?

12 **A.** Yes.

13 **Q.** Do you know if there was any policy or protocol in place

14 at the time about what staff should do if they had

15 symptoms?

16 **A.** I don't know what their own policies were. I think

17 certainly there were staff that were isolating after

18 that, so I think they did stay away from work, but

19 obviously he'd been in with what he thought was a cold,

20 which proved to be Covid.

21 **Q.** And on 21 April, you emailed the home to ask about

22 testing of residents --

23 **A.** Yes.

24 **Q.** -- and staff, and that's because of the recent Scottish

25 guidance that had been issued?

43

1 particular?

2 **A.** Presumably because they were low paid and they would be

3 available.

4 **Q.** Do you know if they took up the offer from the local

5 public health teams for extra support for staffing?

6 **A.** I don't know if they even approached them.

7 **Q.** And it's right, isn't it, that soon afterwards there

8 were, indeed, some new staff at the care home?

9 **A.** Yes, there were several youngsters.

10 **Q.** When you say youngsters, I think in some cases they were

11 the teenage offspring of the care staff?

12 **A.** Certainly of people that were associated with the home,

13 yes.

14 **Q.** And do you know what kind of jobs they were given? Were

15 they given any jobs relating to personal care?

16 **A.** I was asked -- I asked about this and asked if they

17 would be given appropriate training and was told that

18 they'd be given suitable training for the tasks they had

19 to complete. So I assumed it would include personal

20 care.

21 **Q.** Do you know what PPE they were given to wear?

22 **A.** I don't think at that time anyone was wearing PPE.

23 I don't think the guidance had come through at that

24 point.

25 **Q.** But is it right that you were at that point very

42

1 **A.** Yes.

2 **Q.** And can you tell us what your particular concern was?

3 **A.** My concern was that as their head office was based in

4 England, that they appeared to be following

5 England-centric guidance, and I didn't think they were

6 very aware of what the local guidance was saying and

7 I wanted to make sure that if there was testing

8 available, that they were aware of that, because up

9 until that point there hadn't been testing for every

10 resident.

11 **Q.** And did it change after that?

12 **A.** I believe shortly after that there was people -- the

13 testing was for people showing symptoms, and very

14 quickly after that, pretty much everybody, albeit not on

15 the same day, was showing symptoms, and therefore

16 tested. But they were tested in batches of a couple of

17 people at a time.

18 **Q.** Can I ask you about the isolation of residents?

19 **A.** Yes.

20 **Q.** There came a time, didn't there, when your dad was

21 isolated, and it was decided to isolate him in the

22 lounge area, whereas all of the other residents I think

23 were isolated in their rooms. Can you tell us why it

24 was decided that your dad would be isolated in the

25 lounge?

44

1 A. I think because he was mobile, and sociable, it was  
 2 decided by the home, along with my power of attorney  
 3 siblings that isolating him -- in inverted commas  
 4 "isolating" -- in the lounge was the best thing for him.  
 5 No attempt was made to isolate him in his room.  
 6 Q. And when you say in inverted commas "isolating", is that  
 7 because it was really the hub of the building where  
 8 staff would go during their breaks and people would go  
 9 in and out?  
 10 A. Yes, the two sides of the building were connected by the  
 11 lounge, so to get from one half of the building to the  
 12 other everyone went through the lounge. So it literally  
 13 was the hub of the building.  
 14 Q. You were concerned that your dad was at greater risk by  
 15 being there. Do you remember what your manager's  
 16 response was to your concerns?  
 17 A. His response was that "Don't worry, we have new guidance  
 18 coming -- I'll send it to you -- to show the PPE that  
 19 we're going to be using." And reassured me that nobody  
 20 would be allowed in the lounge without a mask.  
 21 Q. And was that guidance saying that PPE should be worn for  
 22 all sessional care? So that was a mask, apron and  
 23 gloves, that would start when entering a resident's room  
 24 and end when leaving?  
 25 A. Yes, and my concern there was what was a session? In

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1 Q. And your dad's test came back positive on 25 April 2020?  
 2 A. It did, yes.  
 3 Q. Along with four other residents?  
 4 A. Yes.  
 5 Q. Is it right that the next day you heard that staff were  
 6 travelling from the Midlands to help out in the home?  
 7 A. Yes.  
 8 Q. And your concern about that was that they may be  
 9 bringing Covid with them into the home?  
 10 A. They were coming from an area that was a hotspot at the  
 11 time for Covid, and my concern was that there may be  
 12 different viral strains. Another concern was that you  
 13 weren't allowed to travel those distances, and you  
 14 weren't supposed to be moving people from one home to  
 15 the other, let alone from one country to another. And  
 16 also concerned about the quarantining of those  
 17 individuals and testing.  
 18 Q. Did you raise those concerns?  
 19 A. I did.  
 20 Q. What response did you get?  
 21 A. I was assured that they would be appropriately  
 22 quarantined and tested.  
 23 Q. Do you know if that happened?  
 24 A. I don't know for certain, but they were in the home  
 25 within a couple of days, so I doubt very much that that

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1 Dad's case, if he was being brought from his room  
 2 upstairs, down the stairs along the corridor and into  
 3 the lounge, where did the session start and end, and  
 4 where did the PPE changing start and end?  
 5 Q. Do you know if the care home had sufficient PPE to  
 6 follow that guidance?  
 7 A. I believe they did and I know that in the early part of  
 8 the pandemic, before lockdown, the manager actually  
 9 travelled to south of -- to middle of England to get  
 10 extra PPE from their head office, as well. So I think  
 11 it was available in Scotland and they sourced their own.  
 12 Q. And did your dad have any hand-washing facilities in the  
 13 lounge area?  
 14 A. No.  
 15 Q. And your concern, is it right, was that he would then be  
 16 touching door handles and things like that that staff  
 17 and other people would be using?  
 18 A. Yes, because he would take himself to the toilet and  
 19 touch things on the way. And if he wasn't escorted to  
 20 do that, how did anyone know that those things were  
 21 clean?  
 22 Q. Is it right that the day that the guidance came out,  
 23 your dad and other residents started displaying  
 24 symptoms?  
 25 A. Yes.

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1 happened.  
 2 Q. And in terms of their uniforms, is it right that, rather  
 3 than wearing scrubs or uniforms that could be put  
 4 through a hot wash, they were wearing tee shirts but  
 5 otherwise just their own clothes.  
 6 A. That applied to all staff. I think the guidance came  
 7 out about bagging of uniforms and washing them on the  
 8 premises in a hot wash, but literally the home issued  
 9 tee shirts, and in some photographs they came down to  
 10 people's elbows, so -- and they wore their own trousers  
 11 or whatever as well.  
 12 Q. On 27 April, you called the home and your dad was  
 13 Covid positive at this point; is that right?  
 14 A. Yes.  
 15 Q. And you were told by a staff member that your dad had  
 16 had a lovely time playing in the lounge with balloons  
 17 with some of the staff; is that right?  
 18 A. Yes.  
 19 Q. And why did that cause you concern?  
 20 A. Well, obviously I wasn't there and I wasn't able to see,  
 21 but the idea of a Covid-sick person playing balloons in  
 22 a lounge didn't seem to make any sense to me on any  
 23 level. I mean, they may have blown them up with  
 24 a machine, I don't know, but it didn't make any sense to  
 25 me.

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1 And I was also concerned that if there were  
 2 sufficient staff to play balloons in the lounge, why  
 3 were those staff not being utilised to help isolate my  
 4 father in his room, which could easily have been done as  
 5 there was an office next door.  
 6 **Q.** And it's right, isn't it, that in the following days,  
 7 you also saw some photographs of your dad and staff  
 8 members standing fairly close to him. Were they wearing  
 9 PPE?  
 10 **A.** No. We were sent a photograph from a relative who went  
 11 and visited through the window, and it showed the staff  
 12 member standing less than two feet from Dad, in  
 13 a long-sleeved shirt buttoned at the wrist. No apron,  
 14 no mask, no gloves.  
 15 **Q.** And is it right that you found out afterwards that that  
 16 staff member in fact had a cough when he was looking  
 17 after your dad?  
 18 **A.** When I spoke to him after Dad died, he said, "Well,  
 19 actually today is the first day that I haven't had  
 20 a cough."  
 21 **Q.** Your dad became a bit unsteady on his feet; is that  
 22 right?  
 23 **A.** He did, yes.  
 24 **Q.** And started having to be accompanied to the toilet?  
 25 **A.** They volunteered that they were now accompanying him to  
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1 they didn't have a cleaner. I was concerned that if  
 2 they moved Dad to that room, everything would have to be  
 3 cleaned, as per the -- the guidance, which would have  
 4 involved long floor-to-ceiling curtains being cleaned  
 5 thoroughly and furniture cleaned. I didn't see how that  
 6 was going to be done in the Covid circumstances.  
 7 **Q.** So the cleaning was going to be done by the staff, and  
 8 is it right that that day four staff tested positive for  
 9 Covid?  
 10 **A.** Yes.  
 11 **Q.** Along with some further residents, I think eight out of  
 12 nine?  
 13 **A.** Yes.  
 14 **Q.** You were sent some further photographs of your dad, and  
 15 you were quite upset by one in particular. Do you  
 16 remember the photograph I'm talking about --  
 17 **A.** Yes.  
 18 **Q.** -- where you turned to your husband and you said your  
 19 dad was dying?  
 20 **A.** Yes, my husband and I had been for a walk and we'd got  
 21 home and a message came through from my brother, he sent  
 22 me a picture of Dad taken through the window, and  
 23 I barely recognised him. And I just took one look at  
 24 him and turned to my husband and said, "Dad's dying."  
 25 **Q.** You also received a video the following day?  
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1 the toilet because he was unsteady. And that just  
 2 screamed to me: why weren't you doing that in the first  
 3 place, to make sure of the hygiene and the infection  
 4 control?  
 5 **Q.** And on 1 May, he started showing signs of poor balance,  
 6 decreased mobility and laboured breathing; is that  
 7 right?  
 8 **A.** Yes.  
 9 **Q.** An ambulance was called on that day. Did they say that  
 10 they were not minded to take him to hospital?  
 11 **A.** Yes, they did.  
 12 **Q.** It was suggested that he have a sample taken to see if  
 13 he had an infection, a urine tract infection?  
 14 **A.** Yes.  
 15 **Q.** And in fact he had some antibiotics and he got a little  
 16 bit better; is that right?  
 17 **A.** That's right.  
 18 **Q.** And is it right that he was moved -- or on 30 April the  
 19 suggestion was made to move him into a room downstairs.  
 20 Your concerns about that was that that room had been  
 21 previously lived in by a resident who had died of Covid?  
 22 **A.** Yes.  
 23 **Q.** And who was going to be carrying out the cleaning of  
 24 that room?  
 25 **A.** The staff in the care home did the cleaning also, so  
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1 **A.** Yes.  
 2 **Q.** How did he look in that?  
 3 **A.** Grey, disorientated. Dad was musical, he could recite  
 4 long poems and he was trying to clap along to music and  
 5 he couldn't even coordinate his hands to clap. He was  
 6 clearly -- to me, clearly hypoxic and extremely unwell.  
 7 **Q.** And it's right, isn't it, that in fact at 11.30 pm that  
 8 day, he was very unwell with low oxygen sats and the  
 9 manager called 999?  
 10 **A.** Yes.  
 11 **Q.** They told him to call 111.  
 12 **A.** Mm-hmm. They did. Sorry, not "mm-hmm". Yes.  
 13 **Q.** And do you remember what the doctor said?  
 14 **A.** The doctor said, "We don't take Covid-positive residents  
 15 to hospital. Order the end-of-life pack."  
 16 **Q.** And did it appear to you at the time that your dad was  
 17 in need of an end-of-life pack?  
 18 **A.** It appeared to me at the time that Dad needed oxygen and  
 19 support, and I knew that he needed help, if he was going  
 20 to recover.  
 21 **Q.** Is it right that you yourself called 111?  
 22 **A.** I did. I was -- I think in the end it was possibly 2 in  
 23 the morning before I managed to speak to somebody, but  
 24 I'd read in the press a statement from the local medical  
 25 director a week earlier saying that there was absolutely  
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1 no barrier to care home residents with Covid going into  
2 hospital, and they were sitting at 55% occupancy, and  
3 there was absolutely no reason why they wouldn't be  
4 admitted.

5 So I knew that was the case, and what I did was  
6 challenge why that statement was made, because that  
7 wasn't Scottish Government guidance, and it wasn't local  
8 guidance. And the doctor on 111 was extremely  
9 aggressive, and said to me, "So you want me to admit  
10 your father now?" And I said, "No, I want my dad to be  
11 given the treatment that he needs when he needs it."  
12 And he reluctantly then agreed to send the Covid team in  
13 the following day.

14 Q. And is it right that when the Covid team came to the  
15 home and the consultant saw your dad, he agreed that  
16 your dad was not at the end of his life?

17 A. Yes, it was a she, but ...

18 Q. A she. Sorry.

19 A. She -- I made sure that I spoke with her. She said,  
20 "Your dad is certainly not end of life. His chest is  
21 clear but he needs rest, so we'll set some parameters."  
22 There was a long conversation about -- which I referred  
23 to as the tipping point. How do we get intervention for  
24 Dad before he passes that tipping point where it's not  
25 going to be helpful? And that's why she set up the

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1 A. Yes, they were measuring pulse oximetry, but I didn't  
2 feel that they knew the signs of hypoxia, and that's  
3 because of various calls they'd made. So when they had  
4 called for help for Dad and they were asked by the  
5 person on 111 "Is he distressed?", the statement back to  
6 the doctor was "No, he is not distressed."

7 But he was sitting in a chair all night. He was  
8 sitting in a chair all night. And he never did that.  
9 He never did that. He was doing that because he  
10 couldn't breathe.

11 But they didn't understand what respiratory distress  
12 looked like. He wasn't aggressive or distressed,  
13 therefore he wasn't distressed. They couldn't report  
14 properly to the medical staff.

15 Q. And when you say he was sitting all day, it's right,  
16 isn't it, that he was in fact moved to that residents  
17 room that we discussed earlier?

18 A. Yes.

19 Q. And is it right that, rather than having his chair moved  
20 from the lounge, you saw from the photographs that he  
21 was in fact sitting in the chair that belonged to the  
22 previous resident --

23 A. Yes.

24 Q. -- who had Covid?

25 A. Yes.

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1 parameters that she did.

2 Q. And was it agreed that if his oxygen saturation fell  
3 below 92% the Covid team should be called; however, if  
4 they fell below 88 per cent that should trigger  
5 a 999 call?

6 A. Yes.

7 Q. And your dad should be taken to hospital if needed?

8 A. Yes.

9 Q. She said that his chest was clear but that he was  
10 exhausted and needed rest; is that right?

11 A. Yes.

12 Q. And reassured you that there was no blanket policy of  
13 not admitting care residents to --

14 A. Yes, she did.

15 Q. Over the next few days, is it right that you remained  
16 anxious and distressed?

17 A. Yes, I was --

18 Q. Sorry.

19 A. Yeah, very much so. It was like everything we were  
20 thinking about all the time.

21 Q. You were obviously worried about your dad's health.

22 A. Yes.

23 Q. But is it also the case that you were concerned that the  
24 staff that were looking after him were not trained or  
25 knowledgeable about the signs to look out for?

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1 Q. And do you know if that chair had been cleaned?

2 A. It was a fabric chair. It was a friend of mine's mum  
3 who had died in that room. I knew it was the same  
4 chair. Dad's bed was not his bed; it was the same bed  
5 as that lady had. And I don't think anything had been  
6 deep cleaned. It may have been cleaned, but to my  
7 knowledge the curtains were never taken down.

8 I saw the personalised things, his photographs and  
9 things in the room, but I could clearly see that it  
10 wasn't his own furniture.

11 Q. And your dad became unwell again that day. He developed  
12 a rash; is that right?

13 A. Yes.

14 Q. But by the time the doctor came the rash had gone?

15 A. Yes.

16 Q. And the doctor said not to call again unless his oxygen  
17 sats dropped below 75%?

18 A. Yes.

19 Q. A sustained period?

20 A. Yes.

21 Q. That was inconsistent with what you had been told  
22 previously.

23 A. It was inconsistent with what I'd been told, and  
24 I believe it was inconsistent with life.

25 Q. And in fact the night before your dad died, he had sats

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1 of 85% and had been grunting all night; is that right?

2 **A.** Yes.

3 **Q.** Is it right that you were told in the afternoon that

4 your dad was nearing death?

5 **A.** Yes, I was told in the morning that he was grunting all

6 night, which rang alarm bells for me, and then got

7 a call later to say, "Your dad is end of life, it could

8 be days -- it could be hours, or it could be days." And

9 we jumped in the car immediately.

10 **Q.** You live 90 minutes away --

11 **A.** Yes.

12 **Q.** -- from the home. Did you get there in time --

13 **A.** No.

14 **Q.** -- to see your dad?

15 **A.** We pulled over about 3 miles away because I got a phone

16 call, and we didn't get there in time, no.

17 **Q.** One of your brothers was there with your dad; is that

18 right?

19 **A.** Yes.

20 **Q.** And he was in full PPE?

21 **A.** Yes.

22 **Q.** But he was able to sit with your dad as he passed away?

23 **A.** Dad wasn't conscious or aware at that point, but he was

24 in the room with him, yes.

25 **Q.** And is it right that you decided not to go into the

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1 I want to prevent other people going through this. It

2 had an impact in making me feel isolated from friends

3 and colleagues as they got back to normal. It made my

4 daughter suffer from real health anxiety, and very, very

5 anxious about both of us as her parents because of

6 seeing the loss of her granddad, to the point that we

7 didn't hug one another until we were all vaccinated.

8 So -- and, you know, we have lived with it. We are very

9 aware of Covid and there's still anxiety when we go into

10 crowded places, but we're all doing fine now and back to

11 normal, but it has had a lasting impact on all of us.

12 **Q.** And you talk about the funeral, and you say about that

13 that there were no hugs, no collective memories of dad

14 and his life, no celebration of a life well lived, but

15 rather a complete absence of the usual support in the

16 grieving process; is that right?

17 **A.** Yes, it was -- no grandchildren could be there. There

18 were only ten people allowed. He had four children,

19 they had their other -- their partners, so there were no

20 grandchildren. Our son gave us a letter to put in the

21 grave. I don't know what that said. But that was all

22 he had.

23 **Q.** Thank you, and since your dad's death the Scottish Covid

24 Bereaved group has been a big support to you?

25 **A.** Hugely. Its -- finding people on Facebook in the early

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1 room?

2 **A.** Yes, because our son drove us there. Our daughter came

3 from her home and we were all outside. My brother was

4 beckoning for me to come in, but knowing that the home

5 was full of Covid, and Dad was already gone, I wasn't

6 prepared to go in. But my brother had signalled to me

7 that he was -- he said, "Come in, I'm keeping him warm

8 for you." He had wrapped a blanket around him to keep

9 him warm for me getting there.

10 **Q.** Are you okay to carry on?

11 **A.** Yes, I'm fine.

12 **Q.** And in your statement you summarise the last 17 days of

13 your dad's life by saying that he had struggled for

14 those days and died struggling to breathe without any

15 oxygen, supportive fluids, or end-of-life medication to

16 alleviate his distress?

17 **A.** Yes.

18 **Q.** You also mention the last words your dad said to you on

19 a video call. Do you remember what those were?

20 **A.** "When are you coming for me?"

21 **Q.** You say those words will haunt you forever.

22 **A.** Yes.

23 **Q.** Can you just tell us a little bit more about the impact

24 that your dad's death has had on you and your family?

25 **A.** It's had a huge impact, which is why I am here. Because

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1 days that actually got it, and understood what you were

2 going through was a huge support. And I was part of the

3 early group that started work on looking for inquiries

4 and wanting to make that happen.

5 **MS JUNG:** Those are all the questions. I have. Thank you

6 very much for coming to assist the Inquiry.

7 **THE WITNESS:** Thank you.

8 **LADY HALLETT:** Ms Kilbee, when you suggested things to the

9 manager of the care home with your experience, how did

10 they take it? Did they think that you were interfering?

11 Did they think you were being helpful? What was the

12 response that you got?

13 **A.** I tried to be very balanced in what I did, and I was

14 very aware, being a nurse, that every time somebody

15 phoned, it was pulling them away from what they were

16 there to do. And as there were four of us and one

17 sibling was ringing every day, I would email and message

18 rather than phone. I was aware also of the hygiene of

19 passing phones around.

20 Generally speaking, it was taken on board and seemed

21 to be appreciated, but I'm not sure that it actually

22 was, because there were statements made by the manager,

23 things like "We'll be out of the woods now, we're on

24 Day 14." And I had to tell him that the average person,

25 elderly person, died on day 18 to 21. And I was told

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1 "You've dashed my hopes, I thought we were out of it."  
 2 So I think they were, at best, incredibly naive.  
 3 The comment was made "We have a mild version here."  
 4 **LADY HALLETT:** From your experience -- I mean, you've  
 5 obviously got a great deal of experience within the --  
 6 as manager of a care home group, have you managed to  
 7 analyse whether this was -- the lack of implementation  
 8 of IPC measures was particular to this care home or this  
 9 group of care homes, or have you worked out whether this  
 10 was something that others in your group have found in  
 11 other care homes?  
 12 **THE WITNESS:** I believe that it probably was happening in  
 13 many care homes. I think the absence of Care  
 14 Inspectorate going in, GPs going in, and relatives going  
 15 in, meant that there were no checks and balances. How  
 16 did people know what was going on?  
 17 I kept close to it by looking at WhatsApp messages,  
 18 by -- there was a WhatsApp group for families, and  
 19 I kept abreast of all the guidance and things, and when  
 20 something needed flagging, I flagged it. But it was  
 21 trying to get that balance right to not intrude.  
 22 I don't think we know what was going on in care  
 23 homes. The doors were shut. And we didn't have access  
 24 to see that. So I would imagine if -- what was  
 25 happening in my dad's home was probably happening in

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1 **MS JUNG:** Thank you, my Lady. The next witness is Agnes  
 2 McCusker.  
 3 **MS AGNES MCCUSKER (sworn)**  
 4 **LADY HALLETT:** I don't know how long you've been at the  
 5 hearing, I hope we haven't kept you waiting too long and  
 6 that you've been looked after while you've been here.  
 7 **THE WITNESS:** No, Lady Hallett, I was very glad to have been  
 8 here to have watched the previous two participants and  
 9 I feel it has helped.  
 10 **LADY HALLETT:** Good. And you've heard what I've said to  
 11 them, obviously. If you need a break, please just say  
 12 but you may find it easier if we just plough on.  
 13 **THE WITNESS:** Yeah.  
 14 **LADY HALLETT:** But it's up to you. All right?  
 15 **THE WITNESS:** Okay, thank you.  
 16 **Questions from COUNSEL TO THE INQUIRY**  
 17 **MS JUNG:** Can you start by giving us your full name, please.  
 18 **A.** Yes. My full name is Agnes McCusker.  
 19 **Q.** Thank you. You're quite softly spoken. Could I ask you  
 20 just to try and keep your voice up please?  
 21 **A.** Okay.  
 22 **Q.** It's very important that your evidence is heard. If it  
 23 helps, you can try and bring the microphone closer to  
 24 you.  
 25 **A.** Okay.

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1 varying degrees across the board.  
 2 **LADY HALLETT:** But by this stage, as you say, we'd been  
 3 seeing photographs of the impact of Covid and awful  
 4 impact particularly on the more elderly. It's extremely  
 5 concerning, as obviously you were at the time, that care  
 6 homes who catered for the most vulnerable weren't  
 7 conscious of what they should be doing.  
 8 **THE WITNESS:** I agree.  
 9 **LADY HALLETT:** Thank you very much indeed for your help.  
 10 **THE WITNESS:** Thank you, my Lady.  
 11 **LADY HALLETT:** And I'm sorry you went through what you went  
 12 through. You obviously did your very best.  
 13 **THE WITNESS:** I did. And that -- I think that's one of the  
 14 hardest things that I did, my utmost. I guided and  
 15 helped at every step of the way to try to get the right  
 16 care for Dad and fulfil my promise to Mum that I would  
 17 look after him.  
 18 **LADY HALLETT:** You did your best.  
 19 **THE WITNESS:** And I did my best. I know I did. Thank you.  
 20 **LADY HALLETT:** Thank you very much indeed. We'll break now  
 21 and I shall return at 11.40.  
 22 **(11.24 am)**  
 23 **(A short break)**  
 24 **(11.42 am)**  
 25 **LADY HALLETT:** Ms Jung.

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1 **Q.** Thank you.  
 2 **A.** Okay.  
 3 **Q.** Thank you very much for coming today. You've come to  
 4 tell us the story about your mother; is that right?  
 5 **A.** That's correct.  
 6 **Q.** Who died in a care home in Northern Ireland --  
 7 **A.** Yes.  
 8 **Q.** -- on 12 April 2020?  
 9 **A.** Yes.  
 10 **Q.** Was she about 94 years old at the time?  
 11 **A.** She was 94 when she went into the nursing home. She  
 12 was -- she would have been coming close to her 96th  
 13 birthday.  
 14 **Q.** And she'd been living in the care home for about  
 15 two years?  
 16 **A.** Yes, that's correct.  
 17 **Q.** Prior to that did she live with your brother?  
 18 **A.** Yes, she did. She lived at home, she lived with my  
 19 brother for -- she had never been in or out of hospital  
 20 so she had lived with him and various members of the  
 21 family would call with her, yeah.  
 22 **Q.** And was she very active and mobile?  
 23 **A.** Yes, well, all of her life she was. In recent years she  
 24 wasn't as active, but was able to do her housework, was  
 25 able to make herself and my brother some lunch, dinner,

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1 tea for anyone who called. Did all her own cleaning,  
2 washing. I could have gone out on many a day and found  
3 her taking all the ornaments off some unit and cleaning  
4 them all. So she always kept herself busy. She never  
5 sat down until it was, you know, near time at night to  
6 go to bed.

7 **Q.** And is it right that the reason she ended up going into  
8 a home is that she had a fall?

9 **A.** Yes.

10 **Q.** And then she struggled to get a care package in place?

11 **A.** She got a fall and had to go to the local hospital where  
12 it was diagnosed that she had a fracture of her pelvic  
13 bone, and although they said they couldn't do a lot for  
14 it, they would keep her in for a week under observation,  
15 and they changed her medication, took her off quite  
16 a few medications that they said she never needed to be  
17 on, and they then said, when she was getting home, she  
18 would need the help of two people to help her initially,  
19 and she was visited then by the physiotherapist and  
20 occupational therapist and a social worker then became  
21 involved with us in terms of trying to get her a care  
22 package. She lived in a rural country area, and the  
23 care package at either side of her only stopped in the  
24 towns closest to them, and my mother lived in the  
25 middle.

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1 were never informed of when they called or who they  
2 spoke to. They would have probably needed a family  
3 member present, but we weren't told when the  
4 physiotherapist was coming to the home, so while we did  
5 enquire, we were told that the physiotherapist would  
6 come in once every so often and take my mother for  
7 a short walk, and determine what her mobility issues  
8 were. And we are just led to believe that that did  
9 happen but we never saw it happening. But her mobility  
10 didn't get better.

11 **Q.** So she was unable to get back on her feet by the time  
12 the pandemic came; is that right?

13 **A.** Yes, she was initially walking with the help of  
14 a walking frame and then she had another fall, but the  
15 other fall occurred when they moved her from nursing  
16 into residential, and we had great issues with her going  
17 into residential because we were told that the people in  
18 residential had a certain amount of mobility, could, if  
19 they wanted, go in and make themselves a cup of tea in  
20 a small kitchen and that, in their opinion, my mother  
21 only needed one person to help her. But she couldn't  
22 manage on her own. So being in residential, she  
23 wouldn't have had the one person there with her.

24 And we tried to get the home themselves to move her  
25 back to nursing care and they said no. And then

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1 So they tried for weeks to get a care package, and  
2 as time went on, we then had to make a decision with the  
3 nursing home if my mother was going to stay there,  
4 because the time had run out, in their words, for them  
5 to find a care package, and the home wanted to know if  
6 she was staying or if she was going home to her own  
7 house.

8 **Q.** And did she suffer another fall against a radiator?

9 **A.** She suffered two more falls. One was on her 94th  
10 birthday. We went to the nursing home with a birthday  
11 cake and all the family turned up to find that she was  
12 sitting at the front door in a wheelchair waiting to be  
13 taken to hospital for an X-ray. So she was taken for an  
14 X-ray and thankfully hadn't broken anything, and then  
15 subsequently returned back to the nursing home again  
16 where she was placed in nursing care.

17 The home had two separate parts. They had a nursing  
18 care section and a residential section for a small  
19 number of people at the back of the home.

20 **Q.** When Covid came, was your mum living -- your mother was  
21 living in the resident -- in the nursing section?

22 **A.** Yes, she was.

23 **Q.** And did you try and get some physiotherapy support for  
24 her to try and get her back on her feet?

25 **A.** Yes. Physiotherapists had called out at the home and we

66

1 I approached the social worker, who initially put my  
2 mother -- helped my mother to get the placement, and she  
3 said she would have a word in the nursing home and they  
4 said no, we think she's fine in residential.

5 **Q.** But she did move to nursing and that's where she was --

6 **A.** Yes.

7 **Q.** -- when the pandemic hit?

8 **A.** Yes.

9 **Q.** And did she have her own room?

10 **A.** She had her own room, yes.

11 **Q.** And could you tell us about her hearing, please.

12 **A.** Yes. When my mother was a child, she developed a bad  
13 ear infection, and she knows -- she remembers that her  
14 relatives, her parents took her to the local doctor at  
15 the time, and he told her that the infection, although  
16 she didn't feel anything, had been there for some time  
17 and that it might affect her hearing as she got older,  
18 but she subsequently lost all hearing.

19 **Q.** In that ear?

20 **A.** In that ear. And at one stage, when she was maybe in  
21 her seventies, they took her in and completely sealed  
22 the eardrum. So she had no hearing in that ear and she  
23 wore a hearing-aid in the other ear.

24 **Q.** Is it right that she was very good at lipreading --

25 **A.** Excellent.

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1 Q. -- (overspeaking) -- that her hearing wasn't very good?  
 2 A. Yes.  
 3 Q. And she relied on that to understand?  
 4 A. She did quite a bit of the time. She relied on looking  
 5 face to face at us.  
 6 Q. And just continuing with her health generally, she was  
 7 never diagnosed with dementia but is it right that you  
 8 suspected that she might have mild dementia?  
 9 A. Yes, we suspected that she had what I suppose we would  
 10 have termed "older age" -- possibly -- "forgetfulness",  
 11 but it wasn't noticeable when her own immediate family  
 12 came in to see her. She noticed everything about us.  
 13 She recognised things. She knew the grandchildren when  
 14 they came in. She may not have remembered who was in  
 15 three or four days before it, but she was alert and, you  
 16 know, knew what she was eating. She knew things that  
 17 were going on on a day-to-day basis and she recognised  
 18 the staff.  
 19 Q. So she knew the staff.  
 20 A. Yes.  
 21 Q. She recognised her children. And is it right that she  
 22 had seven --  
 23 A. Yes.  
 24 Q. -- you've got -- seven children?  
 25 A. Yes.

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1 didn't have to wait to visiting hours. They dropped in  
 2 and out for ten minutes, went around to see her, either  
 3 in the sitting room or in her bedroom. And all seemed  
 4 happy with her, you know. She would tell us who was in,  
 5 and they were just delighted to see her.  
 6 Q. And did your mother enjoy those visits?  
 7 A. She did. She did.  
 8 Q. Your mother was quite a quiet person; is that right?  
 9 A. That's right.  
 10 Q. Was she able to ask staff for things that she needed?  
 11 A. She was certainly able but she possibly came from  
 12 a generation where you don't bother people if they're  
 13 very busy. The nursing staff have lots to do in here,  
 14 and unless this is something really important, she  
 15 wouldn't have asked for help.  
 16 Q. Whereas when her children came to visit, you or your  
 17 siblings would ask --  
 18 A. Yes.  
 19 Q. -- the nursing staff for things on behalf of your  
 20 mother?  
 21 A. Yes.  
 22 Q. And is it right that she wasn't the best at eating?  
 23 A. Yes, she --  
 24 Q. In particular I think they served rice quite a lot at  
 25 the care home, which --

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1 Q. And 13 grandchildren?  
 2 A. That's right.  
 3 Q. And although she did have some memory issues, when the  
 4 children and grandchildren came to visit her --  
 5 A. Yes.  
 6 Q. -- she recognised them?  
 7 A. Yes.  
 8 Q. And she was able to remember who had been to see her  
 9 that day?  
 10 A. Yes.  
 11 Q. And she noticed small changes like haircuts and things?  
 12 A. Yes, small changes like haircuts. If you had something  
 13 that she hadn't seen before, a new outfit, something  
 14 like that, she -- and she loved -- you know, she loved  
 15 to get the newspaper brought in and she would read that  
 16 in between visits of the daytime and the evening. And  
 17 when you were in the next visit, she would tell you  
 18 something that, you know, she had read out of the paper.  
 19 So although at an advanced age, she was fairly with it.  
 20 Q. And in the two years that she was in the care home  
 21 before the pandemic hit, is it right that her many  
 22 grandchildren and children visited her on a daily basis?  
 23 A. Possibly not on a daily basis, because most of them  
 24 worked during the day. The ones who were available just  
 25 dropped in and out. It was open visiting, so they

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1 A. Yes.  
 2 Q. -- your mother wasn't greatly fond of?  
 3 A. No.  
 4 Q. And so is it right that you and your siblings would  
 5 bring cooked food for your mum that you knew that she  
 6 liked?  
 7 A. Yes. Not so much in terms of meals cooked, because  
 8 I probably thought that wouldn't have been allowed.  
 9 Things like yoghurt, custard, things that we knew would  
 10 boost either -- her lack of eating during the day,  
 11 drinks. Maybe a scone -- instead of her having the rice  
 12 at night which she didn't like, it was made quite in  
 13 advance and it wasn't very appetising -- we would bring  
 14 her in.  
 15 We also brought in tea. We -- she didn't like the  
 16 tea because -- she told the staff initially when she  
 17 went there she didn't like a lot of milk in her tea but  
 18 they would continue to pour in half a cup of milk and  
 19 then top it up with tea. So she -- then she would leave  
 20 it sitting and wouldn't drink it. So we brought in the  
 21 teabags and made the tea in the home and bought it down  
 22 to her and she absolutely took it. That only happened  
 23 when her own family came in.  
 24 Q. And was she fond of the tea that you brought in?  
 25 A. Yes, she was.

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1 Q. The home that your mother was in closed down fairly  
 2 early, is it right? When the pandemic hit in March --  
 3 A. Yes.  
 4 Q. -- you were informed that there would be no visits, and  
 5 the home was closed?  
 6 A. It closed on 18 March and I was informed by a phone  
 7 call, and on that particular day my brother, who lived  
 8 with my mother, was on his way to the home. He went  
 9 every day and he would always stop at the local shop and  
 10 go in and get her, you know, fresh chilled drinks,  
 11 yoghurts, maybe biscuits. The usual things. And  
 12 bananas, things that he knew that if she didn't eat the  
 13 tea, he obviously wasn't giving them to her before she  
 14 had her meals; he was waiting to see had she eaten  
 15 during the day and then he would give her. And the home  
 16 rang me while I was collecting grandchildren at our  
 17 local school, and I said, "But my brother is actually on  
 18 his way and he will be there at any moment" and they  
 19 said, "No, you have to phone him and tell him that he  
 20 can't come in."

21 Now, this was minutes after the home officially  
 22 closed to the public, and I said, "But could you let him  
 23 in just to give in the things that he has bought?" And  
 24 they said no.

25 Q. Did they give you much more information than that?

73

1 your mother was doing?  
 2 A. No. We didn't get any information, unless we rang  
 3 different family members. So instead of us all ringing  
 4 and asking the same questions, myself and my brother,  
 5 who did live with my mother at home, were the usual two  
 6 that rang. And then we would ring each other and see,  
 7 you know, that ... so they basically said, "Your mother  
 8 is fine, she's sitting in her room" or she's, you know,  
 9 and at one stage I asked "Is she eating?", and the  
 10 nurse, her reply was "Well, you know your mother is not  
 11 a big eater anyway."

12 And I said, "Yes, but with us coming in, we have  
 13 helped her, to nourish her with healthy foods, not  
 14 bringing her in junk or things like that but bringing  
 15 her in healthy foods, and without us getting into the  
 16 home we're concerned."

17 Q. Did they suggest that you could bring some food in for  
 18 her?

19 A. No.

20 Q. If you and your siblings weren't ringing the home, were  
 21 you getting any information from them?

22 A. No.

23 Q. Did you get any policy documents or --

24 A. We got no policy documents.

25 Q. -- any explanation as to what was going on?

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1 A. Not at the time. They just said, "We'll monitor it as  
 2 it goes along. This hopefully won't last." And  
 3 I immediately was concerned that if it went on any  
 4 longer than two or three weeks even at that stage, that  
 5 my mother would go downhill, because you know your own  
 6 mother best, and you know what affects her. If she was  
 7 resilient and outgoing and asking lots of questions,  
 8 I probably wouldn't have been so doubtful, but knowing  
 9 her personality and knowing that she wasn't a big eater,  
 10 my fear was that without seeing a family member, any  
 11 family member, or even just one, that she would  
 12 deteriorate.

13 Q. Was that a conversation you had with the home?

14 A. Well, I didn't for the first week or so, because at this  
 15 stage we all very blindly thought that we would get back  
 16 in. We thought, as time goes on, surely someone will  
 17 get in, because I'd never heard of a situation where  
 18 a relative couldn't visit someone, ongoing, and no word  
 19 of when this -- when they would change things. And  
 20 initially they didn't say anything about when they  
 21 thought it would change, but we didn't hear anything for  
 22 weeks. We just rang the home.

23 Q. But the home was closed for a while.

24 A. (Witness nodded).

25 Q. Did you get much information from the home as to how

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1 A. No, absolutely none. Nothing in writing and nothing by  
 2 phone.

3 Q. Did you feel like you really understood how your mother  
 4 was doing?

5 A. No, I spent every day wondering how she was doing,  
 6 because the same response was given: should I phone  
 7 during the day or should I phone at night? Which of  
 8 these cases am I going to get more information? And it  
 9 was virtually the same regardless of whether it was  
 10 during the day. The staff would change over at  
 11 8 o'clock and the night staff would say, "Well, I'm only  
 12 in so I really can't tell you an awful lot". But surely  
 13 there's a passing on of information from the daytime  
 14 staff to the nighttime staff? And no, we weren't given  
 15 any information.

16 Q. And is it right that the home had changed hands during  
 17 this time --

18 A. Yes.

19 Q. -- and so you presumed there was also a change of staff,  
 20 but were you told about this, and who new staff were?

21 A. No, we weren't told that there was a change of hands.  
 22 We -- I received a letter, I received a letter probably  
 23 on behalf of the rest of the family, and I actually have  
 24 the letter here. The letter changed from [redacted] --

25 Q. We don't --

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1 A. -- sorry, sorry.  
 2 The letter -- the home changed hands and we weren't  
 3 told by the home, I got a letter to state this, and they  
 4 had said in the letter that due to Covid restrictions,  
 5 visitors would not be allowed into the home with the  
 6 exceptions of end-of-life care.  
 7 Q. I think you say in your statement also that with the  
 8 change and with Covid happening, you noticed that there  
 9 were more agency and bank staff; is that right?  
 10 A. Yes, and the only reason I know that, without being in  
 11 the home and without being told that there will be other  
 12 staff members, when I rang up, the names that I was  
 13 given from the person answering the phone were not the  
 14 names that we knew from when we were in visiting.  
 15 Q. And therefore not the staff that your mother knew  
 16 either?  
 17 A. Yes, that's right.  
 18 Q. And is it right that you were phoning the home every day  
 19 to check on your mother?  
 20 A. Yeah.  
 21 Q. And you were just always told "She's in her room, she's  
 22 fine"?  
 23 A. Yeah.  
 24 Q. One of the other concerns that you had was that her  
 25 chair was in a place in her room which was quite some

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1 A. Yes, she was, yes.  
 2 Q. You tried to get her to understand that you couldn't,  
 3 and why you couldn't. Did she understand why you  
 4 couldn't come in and see her?  
 5 A. My firm belief is that one hundred per cent she didn't  
 6 understand. She was waving me to come in and I was  
 7 having to shake my head -- because there was a very top  
 8 window open, with all the residents sitting underneath  
 9 it. No member of staff came in and stood with her in  
 10 the room to explain to her that I couldn't come in.  
 11 She wouldn't have understood Covid, but  
 12 I subsequently gave her a Mother's Day card and wrote on  
 13 it that there was a bad flu and that I couldn't come in,  
 14 but I was hoping to be in soon and that -- I had to  
 15 leave it like that because I didn't know, and I thought  
 16 it sounded better to say -- I knew she could read the  
 17 card and I knew that it might give her hope if she felt  
 18 that "At least someone is going to come in to see me  
 19 soon." So I subsequently gave in the items to the home.  
 20 Q. And was anything suggested in terms of remote calling,  
 21 Facetime, or anything like that, for you to be able to  
 22 keep in touch with your mother?  
 23 A. No, no Facetime or remote call. One nurse did suggest  
 24 her bringing -- again, a nurse that I had never known or  
 25 heard tell of -- bringing her phone down to my mother,

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1 distance from the buzzer, which she would have to ring  
 2 if she needed help.  
 3 A. Yes.  
 4 Q. Do you know if that changed at all?  
 5 A. Well, the only reason I know that is because I was in  
 6 the home on an occasion before Covid, and my mother,  
 7 I think maybe she just hadn't been feeling well one day,  
 8 and they had set her out in her armchair. They normally  
 9 would have taken her to the day room and sat with all  
 10 the other residents. And on this particular day she was  
 11 sitting at the chair at the window and the buzzer was on  
 12 the opposite side of the room.  
 13 Now I'm assuming that in some instances a connection  
 14 can be made to lengthen the buzzer to have it near her,  
 15 but on the occasion that I was there, that wasn't the  
 16 case, and I feared that if she had wanted to call  
 17 a nurse, she had no means of doing so.  
 18 Q. Can I ask you about Mother's Day. It was Sunday the 29?  
 19 A. Yes.  
 20 Q. You asked if you could go and see her, and you were  
 21 allowed to see her through her window; is that right?  
 22 A. That's right.  
 23 Q. So they brought her into her sitting room. And is it  
 24 right that your mother was waving at you and trying to  
 25 ask you to come into the room?

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1 and she suggested that maybe we could maybe Facetime.  
 2 But we felt that my mother's hearing wasn't good enough  
 3 and that seeing us on the phone and not being able to  
 4 hear us, it would have been confusing for her. So we  
 5 didn't do it.  
 6 Q. And was there also a suggestion, or was this the same  
 7 occasion that you've just described, where a nurse had  
 8 suggested using an iPad?  
 9 A. Yes, I think one of the staff did suggest using an iPad.  
 10 My mother, given her age, was not familiar with  
 11 technology. She would have used the phone quite a bit  
 12 at home, and while she had her hearing aid in she was  
 13 able to hear us quite well on the phone. But we didn't  
 14 get the opportunity to phone her. No one made the  
 15 suggestion, and it just didn't happen.  
 16 Q. And you talk in your statement about the terrible impact  
 17 that not having those visits from her family must have  
 18 had on your mother. Can you tell us a little bit about  
 19 that, please.  
 20 A. Well, I felt she would have felt abandoned. That's the  
 21 only way that I can view it. She would have been used  
 22 to daily visits, during the day and at night, and if she  
 23 needed something she knew that her family were there to  
 24 back up what she maybe felt she couldn't relate to the  
 25 staff, or in some cases thought the staff were too busy.

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1 She would tell us on a couple of occasions her hearing  
2 aid broke down, and my brother took it off, had it  
3 fixed, bought it straight back. She would have done  
4 without the hearing aid maybe rather than ask someone in  
5 the home "Can you fix this for me or can you send this  
6 off?"

7 Without seeing familiar faces like ourselves, she  
8 didn't sit generally in large group settings. She went  
9 up to bed every day during the day for an hour and got  
10 up again and then the staff would put her back to bed at  
11 night for us coming in. So we were able to sit in her  
12 room one to one.

13 She was a private person who probably didn't like to  
14 speak in front of lots of other people in the room. So  
15 we had one to one with her. We sat beside her bed and  
16 just chatted away for any length of time. There was no  
17 cut-off time to go home, apart from obviously not  
18 overstaying past 9 o'clock. And I felt that when  
19 I phoned first of all and enquired about her, they said,  
20 "Your mother's in her room", I felt, is she in her room  
21 every day, sitting?

22 After a while, she's bound to have had an impact on  
23 not seeing familiar faces, and faces of her family.

24 Q. So you were worried about her day-to-day needs perhaps  
25 not being met --

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1 And I gave her the medicine. And she was wearing  
2 her uniform. She wasn't wearing a mask, and she had an  
3 apron, a plastic apron.

4 Q. You say that, looking back, there was a lady in the care  
5 home who had dementia, and you think that perhaps your  
6 mother got Covid from her. Is it right that she -- this  
7 lady with dementia, she would walk in and out of rooms,  
8 be wandering corridors?

9 A. Yes.

10 Q. And your view was that the staff weren't effectively  
11 able to isolate her?

12 A. It seemed like they couldn't isolate her, because she  
13 was constantly walking around, and my mother was  
14 a little bit -- "afraid" maybe is the right word. And  
15 so I spoke to one of the staff at supertime one night  
16 and expressed that my mother was a little bit concerned.

17 The lady wasn't doing any harm, I have to add, but  
18 she was wandering in and out. And the person I spoke to  
19 said, "Well, you know she has dementia, there's nothing  
20 we can do about it."

21 And that was that.

22 Q. And is it right that that lady passed away a week or two  
23 after your mother did?

24 A. Yes.

25 Q. On 7 April 2020, the home rang to say that they

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1 A. Yes.

2 Q. -- because she wasn't one of those people who felt like  
3 she could actively ask for it, and you were worried  
4 about her degree of social contact?

5 A. Yes, she would have -- she would have asked the nurse,  
6 who would have been in, maybe working with her in the  
7 room, she would have told her if she'd had pain or she  
8 would -- but she wouldn't have actively sought them in  
9 the home unless they were near her.

10 Q. Yes. There was an occasion at the start of April where  
11 you spoke to the home, and you were told that your  
12 mother had a cough and you offered to go to the pharmacy  
13 and get the prescription and bring it to the home; is  
14 that right?

15 A. Yes, that's right.

16 Q. And when you turned up at the home, you were in full  
17 PPE?

18 A. (No audible answer)

19 Q. Was the nurse who took the items from you in full PPE?

20 A. No, the nurse came to the door and she was one of the  
21 nurses who had been there for quite -- she had been  
22 there certainly from when my mother went there, she came  
23 to the door and opened it and her first words were "You  
24 can't come in."

25 And I said, "No, I know that."

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1 suspected that your mother may have Covid; is that  
2 right?

3 A. Yes, they rang to say that my mother felt clammy and had  
4 a little bit of a cough.

5 Q. They said that they were going to isolate her in her  
6 room?

7 A. Yes, that's right.

8 Q. And when you asked whether that meant that staff would  
9 still go in and out, they said "yes".

10 A. Yes, they said the staff would go in and out but they  
11 wouldn't be fully gowned.

12 Q. So they said they would be wearing aprons and gloves, is  
13 that right, but not be fully covered up in PPE?

14 A. Yes.

15 Q. Did they give you an explanation as to why they weren't  
16 going --

17 A. No.

18 Q. -- to be wearing full PPE?

19 A. No. I'm assuming at that stage they didn't have PPE.

20 Q. And then a day or two later, they confirmed that your  
21 mother did in fact have Covid.

22 A. Yes.

23 Q. A critical care team arrived, and they had her on  
24 oxygen. You spoke to the doctor; is that right?

25 A. Yes, the doctor rang me from the home, and that was the

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1 first indication that I knew that when the result came  
 2 back that my mother indeed had Covid, and they said her  
 3 oxygen levels were falling, and they would, I think it  
 4 was called the critical care team, they would administer  
 5 oxygen when needed and that they would come back to the  
 6 home the following day, and I said at this point "Can I  
 7 get in to see my mother? Can any of her children get  
 8 in?"

9 And she said, "Well, the home are saying no, but I  
 10 will go and ask." And she did go and ask, and returned  
 11 and said, "You -- just her immediate family can come to  
 12 the home in the evening time", not that evening, but two  
 13 evenings later, "and you can go outside into the  
 14 courtyard and see your mother through the window."

15 Q. And is it right that the seven of you took it in turns  
 16 to go up to the window and --

17 A. Yes.

18 Q. -- and see your mother? And what was your mother's  
 19 response on seeing you?

20 A. Well, my mother -- we were shocked, but my mother was  
 21 wheeled over to near the window, a member of staff was  
 22 fully covered in PPE in the room, and my mother's bed  
 23 was taken from that side of the room to the side where  
 24 the window was and she had an oxygen mask on her, and  
 25 the first person that went in, whichever one of my

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1 the home one day to see had the acute care team returned  
 2 to see how she was, and the person who answered the  
 3 phone, the nursing person, said, "No, we can do that  
 4 ourselves."

5 And I said, "No, well, it's just that the acute care  
 6 team informed me that they would return to the home, and  
 7 they would subsequently let me know how she was doing  
 8 with her oxygen levels, how she looked, if in their  
 9 opinion she was in danger."

10 And they said, "Oh, no, no, we can do that."

11 Q. And is it right that you asked the home to let you know  
 12 if things went downhill?

13 A. Yes.

14 Q. And you received a phone call early on Easter Sunday,  
 15 which was 12 April --

16 A. Yes.

17 Q. -- to say that your mother had passed away?

18 A. Yes. I had rang the home the previous night, on the  
 19 Saturday night. Different members of my family had rang  
 20 throughout Saturday, and everyone was told she's  
 21 sleeping, she's okay, she's sleeping, she's a little bit  
 22 clammy.

23 But as the day staff were about to change their  
 24 shift, I rang before they changed their shift, and  
 25 I said, "I would like to see my mother but I also want

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1 siblings first went in, from that until the last one  
 2 went in, she smiled at each one and told the nurse their  
 3 name.

4 Q. And is it right that that was the last time you saw your  
 5 mother?

6 A. Yes.

7 Q. After that, you carried on ringing to see how she was  
 8 doing.

9 A. I enquired again could I go in, and they said "no". And  
 10 I said, "Look, if I can get PPE myself, can I go in and  
 11 go out to the courtyard and see her through the window  
 12 as we previously had done?"

13 And they said, "No, there's no visits allowed."

14 Q. Did they say why you couldn't see her from the  
 15 courtyard?

16 A. Didn't give a reason but I think they were still using  
 17 the, "It's the Public Health, it's not us" argument.

18 Q. Was there any discussion with you or your siblings about  
 19 palliative care or end-of-life care?

20 A. No, there was no discussion from -- well, yes, when we  
 21 heard that she had Covid, I suppose we were just like  
 22 everyone else. You hope that she will recover from it.  
 23 And as days went on, she stayed much the same. She  
 24 didn't go downhill in a matter of a couple of days. She  
 25 rallied for a bit with low oxygen levels and then I rang

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1 to be informed about how she is. I want to know if  
 2 she's getting worse, and I don't mind at what time of  
 3 the night someone rings me, but I will be available, and  
 4 I would like to be able to come up to the home and see  
 5 her."

6 Q. And --

7 A. And she assured me that there would be two members of  
 8 staff on that night, and that I could ring them any time  
 9 I wanted.

10 Q. But you didn't receive a call until --

11 A. No, I didn't --

12 Q. -- the one --

13 A. -- receive any call --

14 Q. -- saying that she had died?

15 A. I rang -- the latest that I felt I wanted to ring was  
 16 about 11 pm, and they said, "Oh your mother is sleeping,  
 17 she's the same as she was earlier on. She's not eating,  
 18 she's just taking sips of water."

19 And I suppose because I heard that she was only  
 20 taking sips of water, I just made the assumption that  
 21 she's not very well. But no one told me that.

22 Q. And when you received the call saying that she had  
 23 passed, you asked whether anyone had been with her --

24 A. Yes.

25 Q. -- when she died?

88

1 A. Yes.  
 2 Q. Had anyone been with her?  
 3 A. The nurse said no.  
 4 Q. You asked if you could bring some clothes in for your  
 5 mother after that?  
 6 A. Yes.  
 7 Q. Were you able to do so?  
 8 A. No. We were told we weren't allowed to bring in any  
 9 clothes, and that we weren't able to come up to the home  
 10 at any time of the day, and that they wouldn't be doing  
 11 anything until the doctor had confirmed the death. So  
 12 we just then subsequently contacted the funeral  
 13 director.  
 14 Q. And you give a very vivid description in your statement  
 15 of going to the home.  
 16 A. (Witness nodded)  
 17 Q. Not really understanding what was going on.  
 18 A. Yeah.  
 19 Q. Not being given any information. And then the  
 20 undertaker coming, spending some time in the home and  
 21 then taking your mother away --  
 22 A. (Witness nodded)  
 23 Q. -- leaving all of you just standing there?  
 24 A. (Witness nodded)  
 25 Q. The funeral took place the next day; is that right?

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1 allowed -- we were only allowed to have ten people, no  
 2 grandchildren, no one else at the church. The priest  
 3 said "You can only come over and stand."  
 4 The immediate family have to stand spaced out around  
 5 the grave. We did that. And no one else was present.  
 6 So, yes, there were just a few prayers said, and my  
 7 mother's coffin was lowered into the ground.  
 8 And then we went home to our own houses. And  
 9 subsequently, I think the next day or two days later,  
 10 the graveyards were closed.  
 11 Now, in Ireland and in Northern Ireland, funerals  
 12 are different, and I believe they are different to what  
 13 they are in England insofar as we have what's called  
 14 a three-day wake. We have the day that the person's  
 15 remains come home from a hospital or a nursing home. We  
 16 have the next day where people call to offer support, to  
 17 speak about the person who has passed away. And in our  
 18 case my mother had a very long life, so a lot of people  
 19 would have had stories to tell. Her grandchildren would  
 20 have loved to have compared stories. They still do.  
 21 So, yes, we were denied the opportunity of doing  
 22 that, of meeting up. Neighbours couldn't come to the  
 23 funeral and they couldn't come to her house.  
 24 And I can sum it up, if I was trying to think of  
 25 what my mother would have made of it, she would have

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1 A. Yes, just going back to -- the undertaker did go to the  
 2 home, and he had to wait around for quite some time  
 3 before he was admitted inside. When he got in  
 4 himself -- and two other people who I believe he had to  
 5 take with him to get my mother ready, if "ready" is the  
 6 right word -- and we expected to be called in when they  
 7 had done that. We expected to be called into the home  
 8 to see our mother for the last time, and to say our  
 9 goodbyes, but after --  
 10 Q. Were you allowed to do that?  
 11 A. No, we weren't allowed to do that.  
 12 Q. Thank you. And you attended the funeral the next day,  
 13 and you said in your statement that there was no wake,  
 14 that you were all outside, just the children, spaced  
 15 out?  
 16 A. Yes.  
 17 Q. And then she was taken to the church graveyard and  
 18 wheeled in her coffin there. There was no mass --  
 19 A. No.  
 20 Q. -- no service, just prayers, with only ten of you  
 21 allowed at the graveyard?  
 22 A. That's right.  
 23 Q. And afterwards you all had to go home to your own  
 24 houses?  
 25 A. That's right, yes. We obeyed the rules. We weren't

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1 been absolutely shocked to think that in her dying days  
 2 and moments she never saw a family member. She was  
 3 totally reliant on the limited number of staff that were  
 4 there. And try as I might, I can't imagine what went  
 5 through her mind.  
 6 Thank you. And is it right that you went to the  
 7 home a few weeks later to collect her belongings?  
 8 A. Yes.  
 9 Q. And you had some concerns about the degree to which IPC  
 10 measures were adopted in the home and an example you  
 11 give is that when you went to the home to collect her  
 12 belongings, there were delivery people and workmen going  
 13 in and out of the home without any PPE on; is that  
 14 right?  
 15 A. Yes. Well, I had to ring the home myself to ask could  
 16 I come up and collect my mother's belongings? I didn't  
 17 get a phone call about that. And they said, "We have to  
 18 keep them here between a week and six weeks. That's the  
 19 rules for Covid."  
 20 Q. And you --  
 21 A. And I said, "That's fine." I'm sorry.  
 22 Q. I'm sorry to interrupt. You also mention that the home  
 23 was short staffed even before the pandemic?  
 24 A. Yes.  
 25 Q. And you can imagine that it only would have got worse

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1 during the pandemic.

2 **A.** Yes, that's true.

3 **Q.** And is it right that you also don't think that the home

4 had much PPE?

5 **A.** Well, they didn't have any PPE until after my mother

6 died. A local group were able to ask for funding, and

7 the local group went round five or six nursing homes in

8 the general area of where my mother was in the city of

9 Armagh itself, they went round and gave out PPE.

10 Staffing, from the day and hour my mother went in,

11 was an issue. Lack of. During the day it wasn't too

12 bad, but from 8 o'clock at night until morning time,

13 there were times when there was one assistant, and on

14 a night when we could breathe a sigh of relief going

15 through the door, there were two care assistants, and

16 what it meant when my mother needed the toilet, it

17 became an issue to the extent that we almost -- our

18 blood pressure and our anxiety levels rose as we went

19 through the door, because we knew as soon as we got in,

20 our mother would ask us "I need to go to the toilet", we

21 couldn't find -- and she was in bed at this stage, so

22 she needed an assistant or a nurse to get her up and

23 help her out.

24 We spoke to the manager about it. We spoke to the

25 social worker about it. The social worker at first

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1 the inspections not carried out? Why was someone not

2 going into the home and saying, "You need to do this"?

3 The RQIA weren't in, the Public Health Authority weren't

4 in, I don't know if my mother's room was cleaned.

5 I don't know anything about what happened from 18 March

6 until 12 April.

7 **Q.** Thank you. We've covered quite a lot but is there

8 anything in particular that you would like to say?

9 **A.** No, I think we've covered most of the issues.

10 **MS JUNG:** Thank you.

11 Thank you very much for coming to assist the

12 Inquiry.

13 **LADY HALLETT:** Thank you very much indeed for your help.

14 I don't know -- I can't remember if you were at the

15 meeting when I first went to Northern Ireland to consult

16 about the terms of reference.

17 **THE WITNESS:** I don't think I was.

18 **LADY HALLETT:** But one of the very first things I learned

19 from going around the country from bereaved family

20 members was how different bereavement is during the time

21 of the pandemic, and you're talking then about the

22 three-day wake that you would normally have. I mean, as

23 I understand it, the three-day wake, the idea is that

24 you get your grief out.

25 **A.** Yes.

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1 couldn't believe that I was telling her there was one

2 assistant at night, and I don't know if anything

3 changed, but it certainly couldn't have changed for the

4 better.

5 **Q.** Thank you. And just finally, obviously the home was

6 having to follow guidance and was struggling with

7 workforce, staff numbers, and things like that, but do

8 you think that the home did enough to care for your

9 mother and to take into consideration your family's

10 needs?

11 **A.** Well, if they were to say they were following

12 guidelines, I don't understand any guideline that keeps

13 a family member out from a dying parent in their last

14 hours. If they didn't get in during Covid, that was bad

15 enough, but end-of-life care, to me, is a human right.

16 It's a right to be able to see your parent, siblings,

17 whoever would be in a nursing home, and given the

18 context of where my mother was placed in the home,

19 I never needed to go near another resident. I could

20 have gone in, round the back, in through the courtyard,

21 and my mother's room was facing out, which is the place

22 we went to see her when they told us she had Covid.

23 So why keep people out? We're not going in to have

24 parties; we're not going in to have fun. We're going in

25 to see our dying relative. Why keep them out? Why were

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1 **LADY HALLETT:** That you share the joy of the person's life

2 and that you do it as group of loving family and

3 friends.

4 **A.** That's right, Lady Hallett. Yes, that's right.

5 **LADY HALLETT:** Well, I very much understood that point that

6 people wished to make and I'm really grateful to you for

7 your help. I appreciate it can't have been easy.

8 **THE WITNESS:** No.

9 **LADY HALLETT:** Thank you very much indeed.

10 **THE WITNESS:** Thank you, Lady Hallett. Thank you.

11 And thank you.

12 **LADY HALLETT:** Right, we will sit later before lunch to try

13 to finish the next witness before we break.

14 **MS CECIL:** I'm grateful, I'll just pause for a moment,

15 my Lady.

16 Thank you. If may call Helen Hough, who is just

17 making her way in now.

18 **LADY HALLETT:** Don't trip over the step.

19 **THE WITNESS:** I'm recovering from a broken leg.

20 **LADY HALLETT:** Oh, no --

21 **THE WITNESS:** I've got a broken foot and a broken knee, but

22 we're fine.

23 **LADY HALLETT:** Are you okay to stand to take the oath?

24 **THE WITNESS:** Yes.

25 **LADY HALLETT:** Right.

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**MS HELEN HOUGH (sworn)**

**LADY HALLETT:** I'm sorry you're the last witness of the morning, but I promise you, we'll sit on into the lunch hour so that you can complete your evidence before we break.

**THE WITNESS:** Okay, thank you.

**LADY HALLETT:** Thank you very much for waiting.

**THE WITNESS:** Thank you.

**Questions from COUNSEL TO THE INQUIRY**

**MS CECIL:** Thank you, Ms Hough.

You've helpfully provided a witness statement to the Inquiry. For those following, that's INQ000587639. But you are here today to speak about your experiences of the pandemic in owning and managing a care home and your personal experiences involving your husband, Vernon; is that right?

**A.** I am, thank you.

**Q.** At the time the pandemic began, in January of 2020, you and your husband owned a nursing home in Wrexham; is that the position?

**A.** Yes.

**Q.** You have a background in nursing yourself?

**A.** Yes.

**Q.** In fact you come from a family tradition of nurses --

**A.** We do -- I do.

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do a few shifts. But over time I took on more staff because the home became more, for want of a better word, bureaucratic. So there was a lot more paperwork to be done as an owner/manager as there was in previous years.

So I went down to about three shifts a week, and the rest of the time was in the office.

**Q.** Just to get a sense of the size of the home in terms of staffing, you had 12 trained nursing staff members?

**A.** Yes.

**Q.** You had 35 carers?

**A.** Yes.

**Q.** Which would increase up to 45 during holiday periods?

**A.** Yes.

**Q.** Five domestic staff?

**A.** Yes.

**Q.** Two activity coordinators --

**A.** Yes.

**Q.** -- for the residents?

**A.** Yes.

**Q.** Two maintenance staff?

**A.** Yes.

**Q.** Five kitchen staff?

**A.** Yes.

**Q.** An administrator to help you with your duties --

**A.** Yes.

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**Q.** -- your mum, your sister and you?

**A.** Yes.

**Q.** You purchased the property that was to become the nursing home back in 1987, and over time that grew in size?

**A.** Yes.

**Q.** It began with 22 residents and subsequently up to 40.

**A.** Yes.

**Q.** And there was a nursery as well in the grounds at one stage?

**A.** Yes.

**Q.** Your sister ran that?

**A.** She did.

**Q.** It was a family affair, effectively.

**A.** (Witness nodded)

**Q.** You and your family have always lived on site?

**A.** Yes.

**Q.** So it was both your home but also your business?

**A.** Yes.

**Q.** You worked within the home initially as well, doing far more nursing; is that the position?

**A.** Yes.

**Q.** Then over time what happened?

**A.** So I -- when we first opened I was there full time. My sister helped out working night shift and my mum would

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**Q.** -- in terms of management?

**A.** Yes.

**Q.** And then also your husband Vernon took on a full-time role within the home too?

**A.** Yes.

**Q.** He undertook maintenance but also a lot of care in relation to the residents --

**A.** He did.

**Q.** -- in terms of doing different chores and different things -- (overspeaking) --

**A.** Entertaining patients, yes.

**Q.** So that's really the position as at the start of the pandemic --

**A.** Yes.

**Q.** -- in terms of the home.

Just touching on how you viewed those patients and residents within the home, what would it you -- how would you describe them? To you?

**A.** Well, we were a nursing home, so we had very poorly patients. So on our ground floor, it was -- we had quite poorly patients. So it was a bit like very intensive nursing. Upstairs, there were less intensive nursing. And we did have a few patients that were classed as residential patients. In other words, they could self care but they were mainly there as

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1 a partner to somebody who'd, say, had a severe stroke  
2 and their husband's -- came in with them, or they came  
3 in because they were quite local and they wanted to come  
4 to us.

5 I didn't have many residential patients; they were  
6 mainly -- I mean, residential -- classed as residential,  
7 but they -- we categorised them all as patients, but  
8 some, about four or five, were self caring. The rest  
9 were all quite heavy nursing patients.

10 And they were just like our extended family, really.

11 **Q.** In terms of Vernon's role in relation to your patients,  
12 can you just give an insight into what he would do?

13 **A.** His role -- before the pandemic, his role was -- he did  
14 all the general maintenance there and he did the  
15 decorating and painted. The gardens in particular. His  
16 father used to do the gardens when he was alive as well.  
17 And then he'd go out and do all the shopping for the  
18 care. We had deliveries but there were other things  
19 that we would get in here, there and everywhere for --  
20 specialised things that patients wanted.

21 But he would also see to them having the patients  
22 have their newspapers. And if they wanted anything in  
23 particular, if they fancied fish and chips, he'd go and  
24 get it. But he was -- he did a lot of running around  
25 outside of the home as well as the maintenance inside

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1 which at the time, they were saying that it was like  
2 a bird flu and it wasn't pass-able to humans, which is  
3 the first time they said that as well.

4 So we were aware that something was going on in  
5 China back really in November of 1919 -- not 1919, 2019.  
6 And I became aware of -- I was starting to pick up  
7 articles about this, because I was a bit concerned that  
8 it was going to start coming across to Britain at some  
9 point. But we were still -- we weren't fully aware of  
10 it coming to us, really, until about the February of  
11 2020, and we were away at the time, and my son was going  
12 skiing and he was concerned that he wasn't going to get  
13 back to Britain, because Italy and Spain and places had  
14 already began to lock down. China had already locked  
15 down by this time.

16 **Q.** If I can just pause you there really, just to come back  
17 to the home itself.

18 **A.** Yes.

19 **Q.** It was at that point that you describe that you began --

20 **A.** I began getting --

21 **Q.** -- stockpiling your own PPE.

22 **A.** I began stockpiling then PPE. In the February,  
23 I thought, well, we're going to start with another  
24 pandemic here.

25 **Q.** And it's right to say that you've had some experience --

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1 the home.

2 **Q.** And I understand in relation to your patients within the  
3 home, you'd also take them out on day trips and things  
4 like that when possible?

5 **A.** Yes. So we -- he would take them up to the garden, to  
6 the polytunnel where they would do lots of planting with  
7 the patients. Those who were interested in gardening.  
8 But if we arranged day trips we often arranged, like,  
9 trips on the canal in Llangollen and things, and then he  
10 would take them in the van and he would accompany the  
11 carers who had taken the patients to bring them back and  
12 arrange, to ferry people back in, too. He would also  
13 pick up day patients from their home and bring them back  
14 in. And occasionally he would take the odd patient up  
15 to the pub next door in a wheelchair, if they fancied  
16 a drink in the pub, or wherever, but we were there all  
17 the time.

18 **Q.** Indeed.

19 I'm now going to turn, if I may, to the outset of  
20 the pandemic and you explain within your witness  
21 statement that you start to become aware of what is  
22 going on in China initially.

23 **A.** Yes, I read, I was working a night shift and I was  
24 reading on my phone from The Lancet that there was  
25 a possible SARS outbreak again in China, coming our way,

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1 **A.** Yes.

2 **Q.** -- in terms of infection control measures previously in  
3 relation to other outbreaks --

4 **A.** Yes.

5 **Q.** -- whether it's norovirus, seasonal flu, for example,  
6 which is obviously -- (overspeaking) --

7 **A.** And swine flu a few years before, yeah.

8 **Q.** And swine flu.

9 **A.** Yeah.

10 **Q.** Now, in terms of official guidance and contact with  
11 local authorities and other organisations, in that  
12 respect you had a meeting, do you recall, on 10 March?

13 **A.** I do.

14 **Q.** So not long after, you became more aware of it in late  
15 February --

16 **A.** Yes.

17 **Q.** -- and there was a meeting between you, the local  
18 authority, other care home providers --

19 **A.** Yes.

20 **Q.** -- and GP cluster leads?

21 **A.** Yes.

22 **Q.** So effectively a health and adult social care meeting.  
23 And in relation to that meeting that covered broad  
24 issues; is that right --

25 **A.** Yes.

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1 Q. -- in relation to recognising potential symptoms of  
 2 Covid-19?  
 3 A. Yes.  
 4 Q. And reducing any cross infection, managing any potential  
 5 outbreak within the home, and infection and prevention  
 6 control.  
 7 And I just want to bring up, if I may, paragraph 19  
 8 of your witness statement.  
 9 A. Yes.  
 10 Q. Because within your statement you set out that you made  
 11 a note at the time --  
 12 A. Yes.  
 13 Q. -- of upsetting messages, as you described them, that  
 14 you heard at that meeting. And I just want to go  
 15 through them if I may, with you briefly now.  
 16 This is what you came away with: that, firstly,  
 17 older people would not be ventilated?  
 18 A. No.  
 19 Q. Was that said in the meeting?  
 20 A. Yes. It was that older people would not be considered  
 21 for ventilation, was their terms, yeah.  
 22 Q. But second, and indeed you go on, and it goes on then to  
 23 specify:  
 24 "The care home population will not be considered for  
 25 ventilation ..."

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1 Q. -- or telephone consultations?  
 2 A. Yes. Which unfortunately wasn't good in my care home  
 3 because of the wi-fi coverage. It was quite poor.  
 4 Q. We're going to come on to that later in a little bit  
 5 more detail, but essentially these were the messages  
 6 that were being sent right at the outset of the  
 7 pandemic --  
 8 A. Yes.  
 9 Q. -- to you as a care home manager?  
 10 A. Yeah.  
 11 Q. Now, around this time also, there were policies being  
 12 instituted in relation to the discharge of patients from  
 13 hospitals into care homes?  
 14 A. Yeah.  
 15 Q. And you set out within your statement your experiences  
 16 in that regard?  
 17 A. Yes.  
 18 Q. Now, you say that was not something that was unusual in  
 19 and of itself?  
 20 A. No.  
 21 Q. In that there were obviously established procedures in  
 22 place for the discharge of hospital residents into your  
 23 care home and had been for many years?  
 24 A. Yes.  
 25 Q. It was effectively a regular occurrence?

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1 A. Yeah.  
 2 Q. And is this your note here, "in fact there were  
 3 virtually no admissions from care homes into hospitals  
 4 at all"?  
 5 A. Afterwards, yeah.  
 6 Q. That's after that point?  
 7 A. Yeah.  
 8 Q. That your experience of it -- (overspeaking) --  
 9 pandemic?  
 10 A. Yeah.  
 11 Q. And that then, in terms of access to medical care:  
 12 "One GP will be allocated per care home" --  
 13 A. Yes.  
 14 Q. -- "with most consultations conducted over the  
 15 [telephone] ..."  
 16 A. Yeah.  
 17 Q. And indeed, in -- your experience was that, following on  
 18 from that, no general practitioner attended the care  
 19 home --  
 20 A. From 23 March --  
 21 Q. -- in person? Until well into 2021?  
 22 A. Yeah.  
 23 Q. So it follows from that that there were remote or  
 24 video --  
 25 A. Yes.

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1 A. Yes.  
 2 Q. If you had a bed -- and you'd be in contact with that  
 3 hospital -- (overspeaking) --  
 4 A. It was weekly.  
 5 Q. Exactly, to see if you had any bed space available?  
 6 A. Yeah.  
 7 Q. So from around early March, again, you were contacted  
 8 then about potential free bed spaces --  
 9 A. Yeah.  
 10 Q. -- which would enable individuals to be discharged from  
 11 hospital and free up the hospitals beds.  
 12 In that regard, there was no mandatory or routine  
 13 testing at that stage. What was your response?  
 14 A. My response was to the local health board, was the only  
 15 way I would accept any patients from the hospital would  
 16 be if they came with a written negative Covid swab. And  
 17 I wanted it in writing that it was -- it had come as  
 18 a negative Covid swab.  
 19 And the response I got was that that may not be  
 20 possible to do that, and I said, "Well, they don't  
 21 come."  
 22 And their response was that they were going to  
 23 report me to CIW for bed blocking.  
 24 Q. Were you reported?  
 25 A. I don't know. I said, "You can report me to who you

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1 want, but nobody is setting foot over my nursing home  
 2 without a negative Covid swab."  
 3 And they didn't.  
 4 Q. And did that remain the position?  
 5 A. The whole time.  
 6 Q. And so, in terms of the first patients from hospitals  
 7 that would have been accepted into your care home, when  
 8 roughly would that have been? Can you recall?  
 9 A. When was what, sorry?  
 10 Q. -- (overspeaking) -- with a negative test?  
 11 A. Oh, that happened quite soon afterwards, the -- when we  
 12 got patients coming in from there. I would say  
 13 probably, again, March time, when we were first having  
 14 patients coming in. Quite poorly patients by this time.  
 15 They were having negative swabs. It was written down  
 16 that they were -- tested negative for Covid before they  
 17 came to me.  
 18 Q. And was that before the rollout across Wales of the  
 19 mandatory testing prior to hospital discharge; do you  
 20 know?  
 21 A. I don't know. I don't know if it was before then. It  
 22 probably was, because it was quite early on that -- as  
 23 soon as we knew -- I've got a friend who works in  
 24 a hospital, and so we were saying -- you know, she was  
 25 on a ward where she was treating patients with Covid, so

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1 prevention and control guidance. That was also  
 2 something that was touched on at that 10 March meeting.  
 3 A. Yeah.  
 4 Q. But just dealing with how that guidance developed and,  
 5 firstly, how realistic it was. Part -- aspects of it  
 6 were social distancing, as you set out.  
 7 A. Yes.  
 8 Q. You were advised that you had to remain 2 metres apart.  
 9 A. Yes.  
 10 Q. Was that realistic in your care home, in your nursing  
 11 home?  
 12 A. No. No, it's impossible. To begin with, you can't move  
 13 anybody on your own. You can't nurse a patient without  
 14 touching them. But also, you need two carers. If you  
 15 are moving a patient safely, you need at least two  
 16 carers with every patient to be able to move them. And  
 17 they're going to be less than 2 metres apart.  
 18 I mean, we were advised at one time that their  
 19 recreational room, which was outside, their chairs  
 20 should be situated 2 metres apart outside. And then,  
 21 when they came in the home, they're in the same room,  
 22 handling the same patient. The guidance was -- it was  
 23 nonsensical, really.  
 24 Q. And you explain that much of the IPC measures that were  
 25 put in place within your nursing home was a consequence,

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1 I knew that I didn't want anybody from hospital that  
 2 tested positive with Covid.  
 3 Q. And in your statement you say that you were concerned --  
 4 A. Yeah.  
 5 Q. -- about the pressure being applied --  
 6 A. I was.  
 7 Q. -- on both you and other care homes?  
 8 A. Yeah.  
 9 Q. What enabled you to say no?  
 10 A. Because I was an owner. I was an owner and a manager.  
 11 And I did say to public -- to the local health board,  
 12 "I hope you're not putting pressure on other homes like  
 13 you are with me, on managers, because managers may not  
 14 be able to say 'no we're not going to take people  
 15 with -- or we're not going to take people, only with  
 16 a negative swab'."  
 17 If you've got a homeowner that's got eight empty  
 18 beds, then the owner may say "We want them filled"  
 19 regardless, whereas I had the choice to say, "no they're  
 20 not coming into my home."  
 21 I'm not sure that every manager had that choice.  
 22 I don't know, but I did say that to public health -- to  
 23 the local health board, that I hoped they weren't  
 24 putting that pressure on them.  
 25 Q. Now, I want to turn now to the subject of infection

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1 effectively, of your previous experience --  
 2 A. Yes.  
 3 Q. -- and training --  
 4 A. Yes.  
 5 Q. -- in relation to infection control?  
 6 A. Yes.  
 7 Q. Just picking up on one of the practical consequences of  
 8 that within the home, you split the nursing home into  
 9 three separate sections --  
 10 A. Yeah.  
 11 Q. -- and areas; is that right?  
 12 A. Yes, three zones.  
 13 Q. And you had a red zone?  
 14 A. Yeah.  
 15 Q. And a green zone?  
 16 A. Yeah.  
 17 Q. Or they were designated red and green?  
 18 A. Yes.  
 19 Q. Red zones were where people with any symptoms of Covid  
 20 or suspected Covid were moved to?  
 21 A. Yes.  
 22 Q. And then the green zones were obviously business as  
 23 normal, effectively, within the care home?  
 24 A. Yes.  
 25 Q. In terms of the staffing of those areas, were there

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1 designated staff that would only work in the red  
 2 zones --  
 3 A. Yes.  
 4 Q. -- and only work in the green zones?  
 5 A. Yes.  
 6 Q. And I understand it was only you and Vernon that would  
 7 cross between them?  
 8 A. Yes.  
 9 Q. And that was because you had the capacity to change your  
 10 clothes effectively --  
 11 A. Yes.  
 12 Q. -- and shower and take those precautions.  
 13 With regard to the red zone, after a patient was  
 14 moved out of a room and into the red zone, what did you  
 15 do with their room?  
 16 A. Their room, if they -- I mean, we didn't have testing  
 17 then, so if they had symptoms -- during Covid, while --  
 18 when we did have testing, if they were in that area,  
 19 then they would -- you know, they didn't always pass  
 20 away with Covid. So some patients didn't. But before --  
 21 we had the testing, if they developed any sort of  
 22 symptoms of what we thought were Covid then they stayed  
 23 in that red zone until those symptoms were well and  
 24 truly past. And that could be for up to a month.  
 25 But I did have poorly patients obviously that died  
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1 When we decided that it was safer to keep them in their  
 2 individual rooms, it took a lot more staff to be able to  
 3 take their feeds in there, to feed certain patients, to  
 4 take their food. So it had to be done -- once you'd  
 5 moved from one area then sometimes we'd have to take  
 6 some staff off there to go to another area to do all the  
 7 feeds. You could be doing 12 to 15 feeds for patients  
 8 who couldn't feed themselves. So it took a lot more  
 9 staff rather than being in a communal dining room.  
 10 So staffing wise it posed a massive problem.  
 11 Q. Indeed, and we're going to come on to the staffing  
 12 difficulties that you experienced in due course.  
 13 A. Yeah.  
 14 Q. But just turning, then, to staff and their facilities,  
 15 I understand you also had a dirty changing room?  
 16 A. Yes.  
 17 Q. For them to be able to change in and out of their  
 18 clothes?  
 19 A. Yes.  
 20 Q. And then their clothes would be laundered at the nursing  
 21 home --  
 22 A. Yes.  
 23 Q. -- so they would remain there.  
 24 In terms of ventilation, within the -- within your  
 25 nursing home, you explain that the nature of the  
 115

1 in that red zone.  
 2 My problem was that patients soon became aware of  
 3 this area, and they didn't really want to move their own  
 4 bedrooms. It's their home. They didn't want to move to  
 5 that area because they also realised patients weren't  
 6 coming from that area. So they were a bit reluctant to  
 7 move into that zone.  
 8 Q. And you explain that became particularly difficult --  
 9 A. Yeah.  
 10 Q. -- after testing was instituted and people were  
 11 asymptomatic?  
 12 A. Exactly.  
 13 Q. -- (overspeaking) -- presenting with no symptoms?  
 14 A. Exactly. Because we realised after testing that we  
 15 could have had -- potentially had patients in the green  
 16 zone that were Covid positive.  
 17 Q. And in terms of isolating them in their own rooms, did  
 18 that pose practical challenges?  
 19 A. Definitely.  
 20 Q. What were those, just -- (overspeaking) --  
 21 A. Because everything -- where the patients were in  
 22 communal areas you needed less staff to observe what the  
 23 patients were doing. Most patients are encouraged to  
 24 get up most days. There are obviously poorly patients  
 25 that couldn't but most patients were in communal rooms.  
 114

1 building posed its own challenges in that regard.  
 2 A. Yeah.  
 3 Q. In the first wave, it was relatively straightforward  
 4 because you could have the windows open --  
 5 A. That's right.  
 6 Q. -- and doors open, it was spring, summer. But as it got  
 7 to winter, was that possible?  
 8 A. We did ventilate the rooms as best we could, but no, you  
 9 can't have the windows wide open when it's very cold  
 10 outside because of the risk of them getting hypothermia.  
 11 So it was very difficult to ventilate rooms.  
 12 Once a patient had left a room, we could  
 13 deep-cleanse the room and ventilate it when the patient  
 14 had left the room, but while they were in, ventilation  
 15 was difficult.  
 16 Q. I really want to just ask you about access to suitable  
 17 personal protective equipment --  
 18 A. Yeah.  
 19 Q. -- PPE, as we've been referring to it, for both the  
 20 staff that you employed and also your residents. You  
 21 explain that at the beginning you began to stockpile it.  
 22 A. Yes.  
 23 Q. You ordinarily have some --  
 24 A. Yes.  
 25 Q. -- but not significant quantities.  
 116

1 A. No.

2 Q. Is it right that within the nursing home itself, you got

3 through a huge amount of PPE because of the nature of

4 the services that you were providing?

5 A. Yes.

6 Q. In terms of your carers, they were all trained by the

7 nursing staff --

8 A. Yes.

9 Q. -- and you in relation to how to --

10 A. Yes.

11 Q. -- how to use that PPE appropriately and correctly?

12 A. Yes.

13 Q. With regard to supplies, you encountered difficulties

14 yourself from your ordinary suppliers; is that right?

15 A. I did.

16 Q. And what happened there?

17 A. They -- when we -- after the lockdown, they told us that

18 they couldn't supply to us anymore because they were

19 only supplying Public Health England. And they did --

20 fortunately, I knew the owner of the company because

21 when he was first setting up in business he came to me

22 personally and I supported his business throughout, and

23 I spoke to him directly, and he did agree to send us

24 PPE, but he said, "But I can't do this for other homes."

25 I don't know what happened in other homes but that's how

117

1 A. Yes.

2 Q. And the Inquiry has heard already in earlier modules

3 and, indeed, from experts, in relation to the fit not

4 always being appropriate --

5 A. No.

6 Q. -- for the workforce?

7 A. Yeah.

8 Q. Did you find that those goggles were, similarly, not fit

9 for purpose in relation to your female staff?

10 A. Yes. The first lot of goggles we were given, they were

11 in a box. There were 600 pairs and they didn't fit the

12 staff at all. So Vernon drilled every set of goggles,

13 so we could thread elastic through them at the back to

14 keep them tight to their eyes, and fit their head. So

15 we drilled every single one of them. And then it was

16 either a month or six weeks later we were told that they

17 were inappropriate, they didn't work, so we were to

18 throw them all away.

19 Q. And then you also, separately to that, had visors made

20 by a local factory?

21 A. A local factory made us visors, yes.

22 Q. In terms of costs, you touch on this in your statement.

23 You explain that the cost of PPE effectively

24 skyrocketed?

25 A. Absolutely, yes. A box of gloves went from being

119

1 I got mine. Only by knowing the owner of the company.

2 Q. And even with that supply, you were still significantly

3 short?

4 A. Oh, I bought a lot of things off Amazon.

5 Q. Yes, Amazon and DIY shops?

6 A. Yes.

7 Q. And local DIY stores. You were also assisted by the

8 local community, as I understand it --

9 A. Yes.

10 Q. -- in terms of them making thicker gowns, masks?

11 A. Yes.

12 Q. Theatre gowns, effectively --

13 A. Yes.

14 Q. -- (overspeaking) -- coverings --

15 A. Yes.

16 Q. -- and other aspects that you sought and they had

17 gratefully supplied?

18 A. Yes, our -- the village -- the people who were from the

19 village, and also carers' relatives made us full masks

20 with a filter in between them, and the operation gowns

21 from duvet covers that -- old duvet covers that I

22 supplied. Yeah.

23 Q. You explain that in terms of the local authority, they

24 provided the some surgical masks, plastic aprons and

25 gloves, but also on one occasion provided goggles.

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1 a pound for a hundred to being ten pounds, or more.

2 Q. Thank you.

3 I'm dealing now, if I may, with testing for your

4 staff and for your residents. Again, you were given

5 details of testing arrangements initially on that

6 10 March meeting?

7 A. Yeah.

8 Q. That it would be managed by Public Health Wales on

9 a telephone booking appointment system?

10 A. (Witness nodded)

11 Q. And that, in terms of that, you were having to send your

12 staff to testing centres initially --

13 A. (Witness nodded)

14 Q. -- but soon after that, tests were withdrawn --

15 A. Yes.

16 Q. -- because they were being prioritised at the time,

17 effectively, for the hospitals?

18 A. Well, I didn't -- we didn't know why they were closed

19 down. So we had drive through testing centres quite

20 local to us, and then all of a sudden they closed. So

21 we were having to send staff who were symptomatic to

22 test centres, because they would only test people who

23 were symptomatic. One member -- they were having to go

24 into England, and one member of staff drove to

25 Manchester Airport to get tested because there were no

120

1 test facilities in Wales. And if you looked for it  
 2 online where you could get a test, it would say every  
 3 single day "no tests available".  
 4 Q. I want to just deal, if I may, with a very practical  
 5 difficulty that arose in relation to your patients --  
 6 A. Yeah.  
 7 Q. -- when you had considered that they needed a test, you  
 8 explained the process as was set out by Public Health  
 9 Wales that you'd contact the GP --  
 10 A. Yes.  
 11 Q. -- to arrange that and then that in due course a testing  
 12 kit and swab would be brought to you.  
 13 A. Yeah.  
 14 Q. But that typically took 48 hours --  
 15 A. Yeah.  
 16 Q. -- to arrive. What was the real life consequence of  
 17 that?  
 18 A. Well, if you'd got a very poorly patient, and especially  
 19 if it's on a weekend, it would take longer on a weekend,  
 20 but if you got somebody who was poorly, then usually by  
 21 the time Public Health Wales or the local health board  
 22 brought one to the home, then they were dead, because,  
 23 you know, it just took too long to get them. And I did  
 24 ask on one occasion, could I use that swab to test  
 25 another patient, and they said to me, "no, they're  
 121

1 be asymptomatic ..."  
 2 A. Yeah.  
 3 Q. "... until they then become suddenly very ill ..."  
 4 A. Yeah.  
 5 Q. "... and [then they do not survive] longer than 48 hours  
 6 ..."  
 7 And you explain, you say you ask for the test, it  
 8 takes 36 to 48 hours and by that time the patient is  
 9 dead, and the swab is wasted.  
 10 And importantly, what then happens, is that person  
 11 is not recorded --  
 12 A. No.  
 13 Q. -- as having Covid-19 --  
 14 A. No.  
 15 Q. -- because they've never been tested?  
 16 A. No.  
 17 Q. Thank you. I'm going to turn now, if I may, back to the  
 18 situation involving the deaths of residents within your  
 19 home. And you explain that in terms of the pre-pandemic  
 20 position, it was not unusual.  
 21 A. Yes.  
 22 Q. You'd have a couple of deaths a month from natural  
 23 causes, and you explained why that is.  
 24 A. Yes.  
 25 Q. It's owing to the cohort of people that you look after?  
 123

1 all -- they've all got their names written on them" and  
 2 I said, "What happens to it now?" And they said,  
 3 "They'll be disposed of".  
 4 Q. So it simply couldn't be used?  
 5 A. No it couldn't be used for anybody else.  
 6 Q. Now, in relation to testing you wrote to various  
 7 politicians --  
 8 A. Yeah.  
 9 Q. -- and Local Assembly members on a number of  
 10 occasions --  
 11 A. Yeah.  
 12 Q. -- urging, effectively, wider-scale testing, testing to  
 13 be extended to all care home residents and staff.  
 14 A. Yeah.  
 15 Q. I just want to bring up, if I may, one of the emails  
 16 that you sent on 4 May.  
 17 It's INQ000598472.  
 18 This is one of the emails, as I say, that you sent,  
 19 and this is your response in due course. This is dated  
 20 4 May.  
 21 A. Mm.  
 22 Q. You set out this here, don't you?  
 23 A. Yeah.  
 24 Q. Because what you say is, your:  
 25 "... evidence is showing that the very elderly can  
 122

1 A. Yes.  
 2 Q. And reflected that demographic. With regard to the  
 3 pandemic, you explain within your statement that the  
 4 types of patients that you often had changed?  
 5 A. Yes.  
 6 Q. And that they were much closer to end of life  
 7 themselves --  
 8 A. Yes.  
 9 Q. -- and were deteriorating rapidly --  
 10 A. Yes.  
 11 Q. -- and consequently the number of deaths that you and  
 12 your colleagues experienced rose significantly during  
 13 that time?  
 14 A. Yes, they did.  
 15 Q. Do you recall the first death of a Covid-19 positive  
 16 patient of yours?  
 17 A. I do.  
 18 Q. Can I just ask you some details about that, if I may.  
 19 On that occasion, I understand that it was an elderly  
 20 gentleman who had --  
 21 A. No, a lady.  
 22 Q. A lady, my apologies.  
 23 A. Yeah.  
 24 Q. A lady who had become unwell?  
 25 A. Yeah.  
 124

1 Q. And that you requested a test --  
 2 A. Yeah --  
 3 Q. -- again from Public Health Wales, as we've already been  
 4 through, that test subsequently came too late?  
 5 A. Yeah.  
 6 Q. -- in the day. But I want to concentrate, if I may,  
 7 upon your requests for medical assistance.  
 8 A. Yeah.  
 9 Q. And oxygen in particular?  
 10 A. Yeah.  
 11 Q. Her oxygen levels were low.  
 12 A. Yes.  
 13 Q. And you sought a prescription; is that right?  
 14 A. That's right.  
 15 Q. And what response did you get?  
 16 A. The -- this lady became quite poorly very quickly. She  
 17 was a very fit lady, and I noticed she became quite  
 18 poorly. Her temperature was rising, and she did start  
 19 with a bit of a cough.  
 20 So we rang the GP. Of course, with the wi-fi, you  
 21 don't -- we couldn't get an accurate picture because the  
 22 wi-fi would break up, so she couldn't see her.  
 23 So I said to the GP -- she was a locum GP, she  
 24 wasn't a local GP -- and I said, "I need some oxygen for  
 25 this lady and some antibiotics."

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1 LADY HALLETT: Try having a drink of water. That sometimes  
 2 helps.  
 3 A. She was our first Covid death. And she was a lovely  
 4 lady.  
 5 Vernon had to go in the room, and she just said,  
 6 "Help me, Vernon. Help me. Help me. I can't breathe."  
 7 Because we couldn't open the window for her.  
 8 And I just made him get out because he'd never seen  
 9 anything like this. We'd never seen anything -- it was  
 10 literally -- she was literally gasping for air. And we  
 11 couldn't do anything. We didn't have anything to give  
 12 her.  
 13 But he got very distressed, but not as distressed as  
 14 her. But she ... so it was literally like taking a fish  
 15 out of water, and they couldn't -- they couldn't --  
 16 they're suffocating, they couldn't breathe. And without  
 17 that relief of the oxygen, although it's little -- we  
 18 knew there was not much we could do, but there was no  
 19 relief for this woman. It was horrific. And  
 20 unfortunately, Vern saw that. He didn't get involved  
 21 with the death of patients, but that was horrific. And  
 22 she was just begging him for help.  
 23 But yeah, it was -- by the time we got the swab for  
 24 her, she'd gone, she'd died, unfortunately.  
 25 Horrifically.

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1 So she prescribed the antibiotics and she did say to  
 2 me, "How do I do the oxygen?"  
 3 So I said, "Well, you write me a prescription, we  
 4 come and pick it up, then we take it to the chemist and  
 5 then we get some oxygen" -- or whichever body where we  
 6 take the prescription to -- "and we get the oxygen."  
 7 And she said, "Well, the prescriptions will be here  
 8 tonight."  
 9 So we picked up the prescription from the GP's  
 10 practice. By this time it was 6 o'clock, so everywhere  
 11 was closed. So I couldn't get any oxygen. So the very  
 12 next day, I rang the G -- her own GP, who was then back  
 13 on duty, and I said the same thing to them, "This lady  
 14 is deteriorating overnight, she's very poorly, I need  
 15 some oxygen. I need to pick -- we've picked up the  
 16 antibiotics, I need the oxygen, I need it ASAP."  
 17 Because her oxygen levels were dropping down.  
 18 And she prescribed end-of-life drugs. And we never  
 19 ever got the oxygen. Ever.  
 20 Q. Indeed, you deal with more generally the issue of oxygen  
 21 within your statement, explaining --  
 22 A. Yes. The sad thing with this lady is -- and it's hard,  
 23 because we knew this was our first ...  
 24 Q. Yes.  
 25 A. She was ...

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1 MS CECIL: Indeed, and in your statement you set out how  
 2 important oxygen often is in providing that comfort,  
 3 effectively?  
 4 A. Yeah, it did give them relief, yeah.  
 5 Q. Just -- if I may just draw that document up on screen,  
 6 your email, you make that point very forcefully there.  
 7 It's the one that ends 598472.  
 8 You explain that you have no oxygen generally on  
 9 site --  
 10 A. No.  
 11 Q. -- because it was decided a few years ago that you could  
 12 not keep it there, even for emergencies.  
 13 A. No.  
 14 Q. It had to be prescribed. But instead of GPs prescribing  
 15 it, they give you end-of-life drugs instead?  
 16 A. Yes.  
 17 Q. And you explain that relatives would be horrified?  
 18 A. Yeah. Yeah. That's how easily it was --  
 19 Q. Indeed.  
 20 And you go on to provide a very vivid description  
 21 below that, which is:  
 22 "As a patient's oxygen saturation level drops with  
 23 this disease [with Covid] they are gasping for breath,  
 24 and [you] cannot give any oxygen relief at all ..."  
 25 A. No.

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1 Q. And as that's the only treatment for Covid-19 you found  
2 that disgraceful because obviously that's available at  
3 hospitals.  
4 A. Yeah.  
5 Q. Touching then on -- and continuing on down, you explain  
6 that:  
7 "... paramedics do not want to admit from care  
8 homes ..."  
9 A. No.  
10 Q. "... [anyone] showing ... COVID19 symptoms ..."  
11 Was that your experience in terms of your patients  
12 within the home?  
13 A. Yes.  
14 Q. At that point they were "left with no oxygen relief or  
15 any further treatment".  
16 A. This lady as well, she didn't get swabbed, so she wasn't  
17 counted as one of the numbers, and I knew it was Covid.  
18 Q. In general terms, with regard to access to healthcare  
19 and hospital treatment, did you experience any other --  
20 just moving on to that general topic now, if I may.  
21 A. Yeah.  
22 Q. You also had experience of patients with unrelated  
23 Covid --  
24 A. Yes.  
25 Q. -- unrelated illnesses to Covid-19 --  
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1 ambulance was outside for three hours, until somebody  
2 from the ambulance headquarters admitted to take him in.  
3 And they said to me -- they weren't local ambulance  
4 men, I don't know where they were from -- but they said  
5 to me, "The hospital aren't going to be very pleased  
6 with this", and I went outside the building and I did  
7 say to the ambulancemen, "It's not up to you to play God  
8 here. You're just taking in poorly patients into  
9 hospital. You don't get to decide, unfortunately, who  
10 lives or dies in this home."  
11 But -- they weren't very pleased with me, but that  
12 was how I felt. I felt that nobody is speaking up for  
13 my patients.  
14 Q. Thank you.  
15 I just want to move to a related topic which is do  
16 not attempt cardiopulmonary resuscitation notices.  
17 A. Yeah.  
18 Q. And you explain in your statement that all GPs had put  
19 in place DNACPRs on their patients.  
20 A. Yeah.  
21 Q. Was that all of your patients within the care home?  
22 A. Yes, yes. I came back from a meeting and 50% of them  
23 had already had the paperwork in place because it had  
24 been sent to them, and they all had DNRs in place.  
25 Q. And was there, to your knowledge, any consultation --  
131

1 A. Yes.  
2 Q. -- who ambulances refused, initially, to take to  
3 hospital?  
4 A. Yes.  
5 Q. That was involving diabetes --  
6 A. Yes.  
7 Q. -- blood sugar levels lowering?  
8 A. Yes.  
9 Q. But also where a patient of yours fell and received  
10 a fracture?  
11 A. Yes, yeah. With the case of the gentleman, he came in  
12 for respite care. He was waiting for an operation. And  
13 he developed an infection, so he'd got a slight  
14 temperature. So the ambulance men said that because  
15 he'd got a slight temperature when he came in -- because  
16 he was semi-comatose because of his diabetes and I -- we  
17 can give glucose as a nurse -- sorry, we can give  
18 insulin if they're hyper, but if they're hypo I can't  
19 give intravenous glucose.  
20 So without getting GPs there, we rang an  
21 ambulance -- well, the GP told me to ring an ambulance.  
22 So the paramedics came, and because he'd got a slight  
23 temperature, obviously because he'd got an infection,  
24 they refused to take him. And it took me three hours to  
25 argue for him to be admitted into hospital. And the  
130

1 A. No.  
2 Q. -- with the patient or their families?  
3 A. No. I managed to speak to some of the patients'  
4 relatives before they -- this was slightly before  
5 lockdown this was happening, this was before lockdown.  
6 And two of the relatives, I managed to get in touch with  
7 them, and they got hold of their GP, and it was removed,  
8 because they didn't agree with it. They spoke to their  
9 parents about it, and they didn't want it in place  
10 either, and it was removed. That's the only two.  
11 Q. Prior to lockdown, where there were those notices in  
12 place, would, nonetheless, that individual be taken to  
13 hospital if necessary?  
14 A. If what, sorry?  
15 Q. If there was a notice in place --  
16 A. Yes.  
17 Q. -- for an individual patient of yours --  
18 A. Yes.  
19 Q. -- would they, nonetheless, be taken to hospital for  
20 treatment?  
21 A. Yes, yes.  
22 Q. Did you see any change in that during the pandemic?  
23 A. Yes. We found that ambulance drivers and paramedics  
24 were not happy to transport any patients to hospital, if  
25 that needs -- like, when that lady fell, unless there  
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1 was a DNR in place. And I'd never come across that  
 2 before. So that was a relatively new consequence to me.  
 3 **Q.** Thank you. I now want to move on, if I may, just to --  
 4 you've touched upon the impact upon your patients  
 5 already in the home.  
 6 **A.** Yeah.  
 7 **Q.** Obviously things were significantly restricted. Did you  
 8 see any decline in their mental, cognitive and physical  
 9 abilities, as a consequence?  
 10 **A.** Of being isolated?  
 11 **Q.** Of being isolated.  
 12 **A.** Yeah, what we did was, those who could, we gave them  
 13 all, or I asked the relatives to bring in individual  
 14 mobile phones so they could speak to them over the  
 15 phone. Because we didn't, as I say, we didn't have very  
 16 good wi-fi so they couldn't Facetime anybody or their  
 17 relatives. But yes, they did become, they became quite  
 18 sad and isolated. But I must admit, they knew what was  
 19 going on, even though my patients were quite poorly,  
 20 I didn't have many with dementia. So they knew what was  
 21 going on, and they were quite happy to be isolated from  
 22 other patients, but their mental health did suffer  
 23 because of that.  
 24 **Q.** Of course. And you explain, and I'm not going to go  
 25 through it in detail, the various steps you took to try

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1 came on duty and then worked their shift and then they  
 2 slept on site and then they came back to work until  
 3 their days off, and then they would leave everything  
 4 behind and go home so they didn't risk taking it home.  
 5 But they were all absolutely terrified.  
 6 And after -- as I say, they worked so hard. But  
 7 after we lost that patient they became increasingly  
 8 worried because we knew that was an abnormal death and  
 9 we knew it wasn't a normal average death. So we knew  
 10 this lady had got Covid, so a lot more staff went off  
 11 that had got young children, they were frightened.  
 12 At one time there, because it was spring and summer,  
 13 as well, we had a lot of hay fever sufferers, and  
 14 because of course, because we'd got no testing at all,  
 15 if they'd got the slightest sniffle, they weren't  
 16 allowed in. So in one week alone I had 15 staff off  
 17 with hay fever symptoms, but I couldn't get any of them  
 18 tested.  
 19 **Q.** Indeed. And just dealing with those staff shortages,  
 20 I understand that where staff were unable to work that  
 21 you or other members of staff would effectively be  
 22 picking up those shifts --  
 23 **A.** Yeah.  
 24 **Q.** -- working double shifts -- (overspeaking) --  
 25 **A.** We were working 16, 20 hours, yes.

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1 to ensure that people could have visits --  
 2 **A.** Yes.  
 3 **Q.** -- including, effectively, building an atrium-type  
 4 visiting booth so that individuals could come in that  
 5 way --  
 6 **A.** That was during the second wave --  
 7 **Q.** Indeed, during the second wave, so they could speak to  
 8 their relatives --  
 9 **A.** Yes.  
 10 **Q.** -- and have those visits?  
 11 **A.** Yes.  
 12 **Q.** And in terms of your staff, and the impact on your  
 13 staff, how would you describe that?  
 14 **A.** They were terrified. They worked nonstop, those that  
 15 could. There were some that had, they couldn't come to  
 16 work anymore because they were shielding, they had  
 17 relatives of their own at home that they were  
 18 protecting. So a lot of staff then went off to be  
 19 furloughed, really, because they couldn't do that.  
 20 But people with young children, they were terrified.  
 21 They didn't know who'd got Covid, who hadn't got Covid,  
 22 if they were taking it home to their families. So we  
 23 had a caravan on site so a lot of staff -- and we had an  
 24 annex that was an attic upstairs, so a lot of the staff  
 25 didn't go home at all until their days off. So they

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1 **Q.** Because you effectively had a permanent cohort of staff.  
 2 **A.** Yes.  
 3 **Q.** You did not use agency staff at any point during the  
 4 pandemic.  
 5 **A.** No, no.  
 6 **Q.** One of the other points you raise in relation to the  
 7 staff shortages is related to childcare and where you  
 8 had problems with schools not accepting that your  
 9 workers were key workers?  
 10 **A.** Yes.  
 11 **Q.** All of which, obviously, pointed to a very, very  
 12 pressurised, difficult, challenging time in relation to  
 13 staffing?  
 14 **A.** Yeah.  
 15 **Q.** I want to turn now to the impact on you and your husband  
 16 at that time. As I say, you set that out within your  
 17 statement. You explain that by this point, by later in  
 18 the pandemic, you were working 16-hour days?  
 19 **A.** Yeah.  
 20 **Q.** And that was quite normal, you were up early?  
 21 **A.** Yes.  
 22 **Q.** You'd often be up in the evenings, in the nighttime.  
 23 You would be there -- if there was a death at night it  
 24 would fall to you --  
 25 **A.** Yes.

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1 Q. -- to record that.  
 2 A. Yes.  
 3 Q. And Vernon would be dealing with various building  
 4 problems and different issues that arose in that regard  
 5 too?  
 6 A. Yes.  
 7 Q. So the two of you were working under intense pressure?  
 8 A. Yeah.  
 9 Q. And lengthy hours, with no respite?  
 10 A. No.  
 11 Q. In terms of those pressures, with regard to Vernon, how  
 12 did that period, from the February period of time to the  
 13 May of 2020 impact upon him?  
 14 A. Well, unfortunately, his workload increased dramatically  
 15 because trying to get supplies in, he was having to  
 16 queue at supermarkets and the cash and carry and things.  
 17 Everything took so much longer. One day he came back  
 18 and he'd been queueing at B&Q to get in for two hours  
 19 for a ballcock to repair a toilet. And then when he was  
 20 there, something else broke and he said, "I've got to go  
 21 back and queue" for something minor again. But in  
 22 between that time, he was also counted -- because the  
 23 staff, you know, some of the staff would go off until we  
 24 could get a test and they could come back to work, he  
 25 was also counted in some of the numbers for some of the

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1 were there. But this was on from morning until night.  
 2 Our TV was on -- when we were watching what was  
 3 developing every single day. And then when  
 4 Boris Johnson said that they were going to test in care  
 5 homes there was such a relief for us all to start being  
 6 tested, and on that very same week, Mr Drakeford turned  
 7 that around. He said they won't be doing it in Welsh  
 8 care homes, in Wales, because he didn't see ... well, in  
 9 fact, his words were the resources would be better spent  
 10 elsewhere.

11 And we just -- we just sat back in the chair, and he  
 12 just said to me "What do we do now?"

13 And I said, "I don't know. I don't know. We just  
 14 keep working."

15 Q. And you explain very vividly in your statement that  
 16 Vernon began to lose weight?

17 A. He did.

18 Q. He became, as you say, more depressed, effectively?

19 A. He did, yeah.

20 Q. He'd seen an awful lot of horrific situations arising  
 21 within the home --

22 A. Yes.

23 Q. -- in terms of people dying at that stage, and you tried  
 24 to reassure him --

25 A. I did.

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1 more able-bodied people to help feed. So there was --  
 2 he was allocated five patients who were -- who he would  
 3 sit and chat to and give them their breakfast and give  
 4 them ...

5 So in between doing all this he would come in, so  
 6 we'd get up and give them their breakfast, these five  
 7 patients, or take their breakfast to the rooms or feed  
 8 those who needed feeding. And then he'd start and do  
 9 his bit and then he'd come back at lunchtime and do his  
 10 five, and then he'd go back out and get some more  
 11 supplies in or repair whatever he had to repair, and  
 12 then come back at teatime and then, you know, feed the  
 13 five patients again.

14 Every single day this was.

15 So if ever one of them would say they fancied fish  
 16 and chips, or they fancied something, he'd go and get  
 17 them something different because these five patients  
 18 were his, so he would treat them to a sherry, or  
 19 whatever, and go and take them sherry or glass of  
 20 whisky.

21 But yeah, his workload did increase but also, what  
 22 also affected, but unbeknown to us, was he was watching  
 23 this on the TV. Well, we both were. Every single day.  
 24 There was a rule in the house that we don't normally put  
 25 the TV on until 6 o'clock at night unless grandchildren

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1 Q. -- at various points, including saying, "Soon we will  
 2 have some respite, we will go on a break."

3 A. Yeah, I said to him, "At the end of June, at the end of  
 4 June we're going to Spain no matter what. We are going  
 5 to -- June we are going to Spain."

6 It's the last thing I said to him.

7 Q. No, I appreciate that, Ms Hough.

8 And sadly, on 21 May, you were notified, weren't  
 9 you, by an officer --

10 A. Well, this was on the Wednesday, the 20th, and we were  
 11 having a glass of sherry outside, funnily enough, and  
 12 I said, "We're going to go to Spain", and then he came  
 13 back down and said, "How are we going to go with this  
 14 epidemic -- with this pandemic?"

15 And I said, "We put our gloves and masks on and we  
 16 just go, we just go."

17 And then on the Thursday, he'd gone to work, as I --  
 18 well, he had gone to work. He'd even fed his patients.  
 19 He'd fed his patients and I thought he'd gone shopping.  
 20 And then the police came and told me that unfortunately  
 21 he'd been found in the police car park, and he'd shot  
 22 himself, in the police car park, in the car.

23 **LADY HALLETT:** I think that's enough.

24 **MS CECIL:** Thank you, Ms Hough, I think that's as far as we  
 25 need to go today. Thank you very much.

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1 **LADY HALLETT:** You've been so extraordinarily brave. And  
 2 I know it's been in your statement, and members of the  
 3 public may not know, but given how you were treated by  
 4 certain sections of the media when your husband's death  
 5 became public, I can't tell you how impressed I am by  
 6 the courage that you've shown --  
 7 **THE WITNESS:** Oh, thank you.  
 8 **LADY HALLETT:** -- in coming to tell us. Because what you've  
 9 had to tell the Inquiry, and indeed the public, is so  
 10 important. It's obviously, it covers all sorts of  
 11 different aspects of the Covid pandemic, and we are  
 12 extremely grateful to you.  
 13 **THE WITNESS:** Thank you. I just think the public should  
 14 know --  
 15 **LADY HALLETT:** Exactly.  
 16 **THE WITNESS:** -- that it was extremely hard. We had nothing  
 17 in the care homes at all. Nothing. No help.  
 18 **LADY HALLETT:** I hope you feel it's been a help. I can't  
 19 imagine what it's like reliving it all.  
 20 **THE WITNESS:** Yes. It's fine.  
 21 **LADY HALLETT:** Thank you very much indeed.  
 22 **THE WITNESS:** Yes.  
 23 **LADY HALLETT:** We're going to break now and I know  
 24 a representative will come and see you and talk to you  
 25 before you go. And don't forget we also have  
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1 Institute for Health and Care Research research  
 2 professorship?  
 3 **A.** Yes, that's right.  
 4 **Q.** You are trained as a junior doctor?  
 5 **A.** Yeah.  
 6 **Q.** You trained in epidemiology and population health. You  
 7 have had a number of research published in high-impact  
 8 journals. I won't name them all. And you have  
 9 conducted a number of pieces of published research on  
 10 infection that are relevant to adult social care?  
 11 **A.** Yes, that's right.  
 12 **Q.** And if anyone wishes to read more about the professor's  
 13 background, they can do so at paragraphs 3 to 5 of her  
 14 statement.  
 15 May I turn, though, please, firstly to the Vivaldi  
 16 project. Could you just help us, please. It was set up  
 17 by you to look at national -- Covid-19 in care homes.  
 18 It was funded by the Department of Health and Social  
 19 Care; is that right?  
 20 **A.** Yes, that is.  
 21 **Q.** And then, in due course, subsequently funded by what  
 22 came to be known as the UK Health Security Agency?  
 23 **A.** Yes, that's right.  
 24 **Q.** And just as an overview, can you tell us what was the  
 25 study set up to do?  
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1 a counselling team here if you need it.  
 2 **THE WITNESS:** That's all right, thank you.  
 3 **LADY HALLETT:** I shall return at 2.20.  
 4 (1.20 pm)  
 5 (The Short Adjournment)  
 6 (2.22 pm)  
 7 **LADY HALLETT:** Ms Carey.  
 8 **MS CAREY:** My Lady, may I call, please, Professor Laura  
 9 Shallcross.  
 10 **PROFESSOR LAURA SHALLCROSS (affirmed)**  
 11 **Questions from LEAD COUNSEL TO THE INQUIRY FOR MODULE 6**  
 12 **LADY HALLETT:** Professor Shallcross, thank you for your  
 13 patience, we got to you as soon as we could.  
 14 **THE WITNESS:** Thank you.  
 15 **MS CAREY:** Professor, your full name, please.  
 16 **A.** Laura Jane Frances Shallcross.  
 17 **Q.** I hope you have in front of you your statement ending in  
 18 613177, dated 2 May of this year.  
 19 **A.** I do.  
 20 **Q.** I'm going to ask you, Professor, a number of questions  
 21 about what came to be known as the Vivaldi Study. But  
 22 before I do, can I just introduce you to everyone.  
 23 I believe you are the Professor of Public Health and  
 24 Translational Data Science, Director of the Institute of  
 25 Health Informatics at UCL, and you hold a National  
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1 **A.** So do you mean for the survey, initially?  
 2 **Q.** Well, there's two parts of the study: there's a survey  
 3 and a study, but just generally speaking, what was the  
 4 aim of Vivaldi?  
 5 **A.** Okay. So, very broadly speaking, the aim of Vivaldi was  
 6 to generate evidence to support the public health  
 7 response to Covid in care homes, and we did that, as you  
 8 said, through a survey which was done very quickly, and  
 9 through a cohort study which was done over a three-year  
 10 period ultimately.  
 11 **Q.** Can put it this way: was it designed to try and  
 12 understand why there was such high infection rates in  
 13 care homes?  
 14 **A.** Yes, that's right. So it was really recognising that we  
 15 didn't have the data or the evidence that we needed to  
 16 understand what was going on and so a research study was  
 17 our way of trying to generate that information quickly.  
 18 **Q.** All right. And was it also designed to try and  
 19 understand what disease control, what -- we called it  
 20 sometimes IPC, measures could be used to try and  
 21 mitigate the risk of the disease in care homes?  
 22 **A.** Yeah, exactly. So, yes.  
 23 **Q.** Now I think you first got involved when you were  
 24 approached by Professor Susan Hopkins of PHE, as it then  
 25 was, on 8 May of 2020?  
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1 A. That's right.

2 Q. Right. Can I ask you, though, at the outset, given that

3 there was involvement by PHE and funding by the

4 Department of Health and UKHSA in due course, do you

5 consider that Vivaldi was nonetheless an independent

6 study of the infection rates, and like, in care homes?

7 A. Yes, absolutely, I do. So we had complete -- when I say

8 "we", the research team had total control over the

9 design and the analysis of all the data in the study.

10 Q. So if anyone were to think that because you were being

11 paid by the Department and UKHSA you were therefore

12 singing their tune, would that be right or wrong?

13 A. That would be absolutely wrong.

14 Q. Thank you.

15 LADY HALLETT: As far as research projects are concerned,

16 forgive me, because I'm not an academic so I don't

17 necessarily know that much, but it's perfectly common

18 for government departments to sponsor a research that

19 remains independent, even though they may be the purse

20 holder?

21 A. That's right. So, for example, the National Institute

22 for Health and Care Research receive their funding from

23 the government but all the research is done

24 independently and that's a very traditional model that's

25 used for research, yes.

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1 so partly through the CATCH-19 study as well, and our

2 formal reporting was initially to the Data Debrief Group

3 at the Department of Health and Social Care, and there

4 was very much a requirement that we would report into

5 that group. And as we started doing that, it made sense

6 to do the same into the SAGE Social Care Working Group.

7 Q. Let me deal with that straight away. I think you say at

8 your paragraph 14 there were two formal mechanisms by

9 which Vivaldi's results were shared, one was with the

10 DHSC Data Debrief Group.

11 A. That's right.

12 Q. Is that correct?

13 A. Yes.

14 Q. Which met on a Thursday, and then you also reported into

15 the SAGE Social Care Working Group which met on

16 a Friday?

17 A. That's right. But we were funded and commissioned by

18 the Data Debrief Group in Pillar 4, so that was really

19 the line management for the study.

20 Q. Given, though, that you were attending the SAGE meetings

21 on a Friday, how receptive did you find SAGE to the

22 Vivaldi project and its findings in due course?

23 A. So I would say once we were fully established and we

24 were generating useful evidence, absolutely, very

25 receptive. Everybody was very keen to have as much data

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1 MS CAREY: Thank you very much.

2 I think you set out in your statement, Professor,

3 that you were involved in a number of meetings convened

4 by the Health Data Research UK organisation which

5 brought together a number of researchers and in due

6 course became the study that you set up; is that right?

7 A. So my recall is actually, though, it was only one

8 meeting for Health Data Research UK.

9 Q. Right, thank you.

10 A. It was more that the individuals who attended that

11 meeting, some of those people then became involved in

12 the SAGE Social Care Working Group.

13 Q. Thank you very much. And that brings me on to the SAGE

14 Social Care Working Group. I think from May 2020,

15 19 May 2020 onwards you began attending SAGE Social Care

16 Working Group to report on progress?

17 A. That's right.

18 Q. So you were asked to set it up by Professor Hopkins on

19 9 May, from 19 May onwards, you're reporting on

20 progress, I think it's a few months later that you

21 actually start to produce the findings and report those

22 as you go along?

23 A. So I would say that we -- that the attendance at the

24 SAGE Social Care Working Group was more as part of that

25 group and being somebody who was involved in research,

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1 as possible to try and inform their policy and decision

2 making. I would say at the beginning, when we were

3 setting this study up, and this was particularly as the

4 emergence of the data within the NHS Foundry occurred,

5 there was perhaps a little tension about different types

6 of data and which kinds of data might be prioritised.

7 So I think it took a bit of time for the value of

8 what we were doing to be acknowledged, but once we were

9 up and running, absolutely everybody was very receptive

10 to the information we were putting out.

11 Q. Can I just can you, please, about some of the things you

12 just said in that last answer, because people may not be

13 familiar with the various data streams and how they're

14 connected and collated.

15 A. Yes.

16 Q. Just tell us, what is the NHS data -- Foundry?

17 A. So NHS Foundry was set up during the pandemic to support

18 the response. It was managed by NHS England, and it

19 brought together lots of different kinds of datasets,

20 including the testing data, in one location to enable

21 people to conduct research using those datasets to

22 support the pandemic response. So it was an incredibly

23 valuable source of information for us in the Vivaldi

24 Study.

25 Q. So when you said there was perhaps a little tension

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1 between different types of data, can you just give us  
 2 a flavour of what that tension was, please.  
 3 **A.** I think there are well-established systems that are used  
 4 for public health disease monitoring, and this was a new  
 5 one, and it was just taking some time for that, for the  
 6 quality of the data, the opportunities around this data,  
 7 to be made clear to everybody. So I think it was  
 8 largely around the unfamiliarity, it was just a new  
 9 thing.  
 10 **Q.** May I ask you this: did you get any sense that there  
 11 were people at SAGE or in the DHSC data debrief meetings  
 12 that didn't want to know how bad the infection rates  
 13 were in care homes?  
 14 **A.** I don't think I'm well placed to answer that question.  
 15 So I worked closely with colleagues at the Department of  
 16 Health and Social Care, and I think that some of the  
 17 navigation of how to maximise the impact of our work was  
 18 done by them, not by me. And so I was one step removed  
 19 from it.  
 20 **Q.** Can I go back to the beginning, when Vivaldi was set up,  
 21 and I think you say that you first attended a SAGE  
 22 Social Care Working Group meeting on 19 May.  
 23 I'd like to ask you about a paper that came out the  
 24 week before, and if it helps you, Professor, it's in  
 25 your tab 14 in your bundle.

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1 Then can I just ask you about the next bit:  
 2 "Are there any proposed ...  
 3 "Expand analyses to consider risks in domiciliary  
 4 care."  
 5 **A.** Mm-mm.  
 6 **Q.** Were you asked, as part of Vivaldi, to look at the  
 7 impact in relation to domiciliary care at all?  
 8 **A.** No, not at all.  
 9 **Q.** Do you have a view though, given your understanding of  
 10 the social care sector and your previous involvement in  
 11 research, as to whether there is in fact enough research  
 12 on the impact on infectious diseases on the domiciliary  
 13 care side of the care sector?  
 14 **A.** Purely in relation to the pandemic. So I think that  
 15 this was a gap that was identified, but it was also  
 16 recognised how difficult it was to try to address it.  
 17 **Q.** Are you able to give us a flavour of those difficulties?  
 18 **A.** I think one of the key challenges is around data and  
 19 identifying the population, and it's hard to do that in  
 20 care homes but it's logarithmically harder to do that  
 21 for domiciliary care, and that's one of the key  
 22 challenges.  
 23 But I really had -- I recognised it as a problem but  
 24 it was not something that I had any involvement in.  
 25 **Q.** Thank you. Can I just turn to page 5, though, which may

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1 And could I have up on screen, please, INQ000253601.  
 2 This is a paper called the "Care Home Analysis" from  
 3 12 May 2020, so the week before you started attending  
 4 the meetings.  
 5 First things first, did you see this paper at the  
 6 time?  
 7 **A.** I don't recall seeing this paper at the time.  
 8 **Q.** If we go, please, to page 2 of the paper, we can see at  
 9 the top there a number of questions that were to be  
 10 considered by SAGE, some of which seemed to impinge on  
 11 some of the work that Vivaldi was doing, potentially.  
 12 They want to know:  
 13 "[Does] SAGE support the conclusions presented about  
 14 the characteristics of vulnerability of care homes,  
 15 based in moderate data ...  
 16 "Do SAGE agree that there is strong confidence that  
 17 there has been a decline in all-cause mortality in care  
 18 homes ..."  
 19 By 12 May we're talking about.  
 20 There's recommendations on testing.  
 21 "[Does] SAGE support the need for further data  
 22 collection ..."  
 23 And:  
 24 "[Does] SAGE support the recommendations on future  
 25 research priorities ..."

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1 be something more within your remit of this document,  
 2 and one can see there that this paper recognised some  
 3 data gaps. And if one looks at the second bullet point,  
 4 the data gap was considered to be:  
 5 "Better linkage between hospital discharge notes and  
 6 care home readmission would help to assess more  
 7 accurately the connectedness/transmission from hospital  
 8 and care home settings and vice [versa]. [They] will  
 9 explore options moving forward."  
 10 Did you have any difficulty, when you were  
 11 conducting the Vivaldi Study, of linking hospital  
 12 discharge notes and care home readmissions, just as  
 13 a general question?  
 14 **A.** I mean, my first question would be what do these words  
 15 mean exactly? Because hospital discharge notes, there's  
 16 no way that we would be able to get access to that  
 17 information.  
 18 If they mean routine data, about dates that people  
 19 were discharged from hospitals and dates that people  
 20 were admitted to care homes, that was something that we  
 21 could do, potentially. But it's quite challenging,  
 22 because of issues around the data. What I would say is  
 23 that this particular report preceded my involvement.  
 24 **Q.** Yes. So do I take it from that that when we come on to  
 25 look at what access to data Vivaldi had, it did not

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1 include hospital discharge notes?

2 **A.** No.

3 **Q.** So you didn't know patient A left with this medication,

4 these care needs, they've been in and had that treatment

5 done? Nothing like that at all?

6 **A.** Sadly, that information does not exist in an accessible

7 format.

8 **Q.** At page 6 of this document there is reference to

9 "large scale implementation of testing in care homes".

10 And it's said there that it's:

11 "... central to preventing and managing outbreaks.

12 Testing can only support reduction of infection rates if

13 coupled with actions to reduce contacts with positive

14 cases and infection control more generally."

15 Then, if one looks, there's bullet points, and I'm

16 going to summarise them as recommendations as to how to

17 potentially address that problem: testing clearly

18 high-risk care homes that had not reported an outbreak,

19 testing residents and staff, weekly regular testing.

20 Looking at those bullet points there, Professor, do

21 you agree that those recommendations are necessary and

22 that we need to know the answers to those particular

23 outcomes?

24 **A.** So I think, broadly speaking, we needed testing in care

25 homes, and some of these points are around trying to

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1 very quickly [up and running] with strong project

2 management ... However, there was a lack of clarity

3 about how the commissioning and funding processes would

4 work for the study."

5 Can you just give us an idea of what you meant

6 there?

7 **A.** Yeah, and I guess I should preface this with it was just

8 such an unusual situation to be in, it's not normal that

9 you set up a research study in this way. So we started

10 the work. I was very lucky that UCL were quite willing

11 to be supportive, and there were financial implications

12 that were just put up with by the university. But

13 I think as time wore on, it became clear that this was

14 not going to be a six-month project, and so we were

15 funded for 12 months in the first instance and we had to

16 then rebid for funding which meant writing business

17 cases which meant -- and this was quite -- it was time

18 consuming in a sense. We had to justify certain

19 requests for, you know, computers or for additional

20 laboratory testing. Those kind of things. And it

21 didn't feel seamless.

22 I think when you're working with organisations that

23 are used to interacting with universities, a lot of this

24 is understood. We were working quite often with

25 consultants who had been brought in from other companies

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1 prioritise the kinds of testing, recognising that

2 testing capacity was very limited at this point in the

3 pandemic.

4 **Q.** We're going to come on to that when we look at some of

5 the results of Vivaldi in a moment.

6 You attended, I think, in due course, 31 of

7 38 meetings of the Social Care Working Group, and

8 presumably you also attended a similar number of the

9 DHSC debrief group. Can I ask you this in relation to

10 DHSC, how helpful did you consider DHSC to be in helping

11 get Vivaldi up and running?

12 **A.** So in terms of the project management support we

13 received, it was excellent. So I really felt that we

14 were able to move very quickly. We were able to

15 problem-solve, so to do things at a pace that is not

16 usually possible for research. So examples being

17 ethical approvals would usually take six weeks. We were

18 able to get this done in a couple of days. We needed to

19 problem-solve around things like accessing PPE, how do

20 we dispose of PPE in care homes that are taking part in

21 the study, and all of these were solved quickly by

22 working in partnership with DHSC. So that -- those

23 elements of the study worked really well.

24 **Q.** You say in your statement, though:

25 "We were able to get the survey and the cohort study

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1 and so it took up a lot of time. So I think it could

2 have been more streamlined in how we were working

3 together from a commissioning and funding perspective.

4 That was particularly in relation to the cohort

5 study.

6 **Q.** All right, well, we're going to come on to the cohort

7 study in a moment.

8 But just standing back for a moment, you said sort

9 of the pace was good at the beginning. Can you give us

10 an idea of how long normally it takes to set up a study

11 and how long it took to set up Vivaldi?

12 **A.** Well, normally you would -- well, in terms of funding,

13 it could take 12 months. So that's the -- and writing

14 protocols, you would take two months, perhaps, to write

15 a protocol. We were writing protocols in 24 hours.

16 Everything was being done at blistering pace because we

17 recognised there was a desperate need for information

18 and we were trying very hard to support that.

19 **Q.** Can I -- please disagree with this if I've got it wrong,

20 but if the, sort of, bureaucratic nature of perhaps some

21 of things that needed to be gone through were lifted,

22 does that help speed up the process but in normal time,

23 I'm afraid bureaucracy reigns?

24 **A.** Yes, that's absolutely right, and we've definitely seen

25 the return of bureaucracy post-domestic, yes.

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1 Q. Can I ask you, please, about your paragraph 9,  
2 Professor, and the Vivaldi Study itself, and why you say  
3 it was necessary to set up this study.

4 A. Yes, so I think the striking -- when I started doing  
5 this work, I'm sure everybody in this room is very aware  
6 of the newspaper headlines about deaths in care homes  
7 and the tragedies that were unfolding, but what was very  
8 clear was that there just wasn't any data to support  
9 that and so if you can't measure infections or measure  
10 outbreaks or find out what's happening to people who  
11 have been infected, it's very difficult to know how to  
12 try and help.

13 So there was a real need for data and evidence to  
14 try and understand what was going on, and as you said  
15 earlier, to try and identify the kinds of strategies  
16 that might work to try and reduce the spread of  
17 infection and outbreaks.

18 Q. I think up on our screen is, at the start of your  
19 paragraph 9, where you say:

20 "There are no systems which routinely monitor  
21 infections or hospital admissions in individual care  
22 homes, residents, or staff."

23 Obviously there are the notifications to the public  
24 health teams when there's an outbreak --

25 A. Yes.

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1 are always going to be under-ascertaining the number of  
2 people who have an infection and obviously when you have  
3 a pandemic like Covid, you have a very big proportion of  
4 the home that are infected.

5 So that was the set up at the start of the pandemic,  
6 and that was how public health agencies were able to try  
7 and understand what was going on, but once mass testing  
8 was brought in, it gave a much clearer picture of the  
9 burden of symptomatic and asymptomatic infection, and  
10 the extent of those infections and outbreaks.

11 Q. Can I see if I've understood that correctly. So clearly  
12 if there is an outbreak, public health team are  
13 notified.

14 A. Yes.

15 Q. They will test perhaps five of 50 residents, let's say?

16 A. That's right.

17 Q. Five might test positive, there will be five recorded  
18 cases. There could be 45 other people in the home that  
19 are positive, and that would not be recorded in the  
20 health reporting data?

21 A. So I anticipate in that situation they would assume that  
22 many people had been infected but there wouldn't be any  
23 testing data to support that.

24 Q. But you wouldn't know the precise numbers of the  
25 remaining 45 people --

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1 Q. -- but you say:

2 "Establishing a research study was arguably the  
3 quickest way to address the gap in evidence on the  
4 burden of Covid-19 in staff and residents ..."

5 All right. So this was needed to be done, otherwise  
6 we weren't going to know routes of transmission and how  
7 best to potentially -- what measures might mitigate  
8 transmission?

9 A. Exactly. And also the ability to respond to the  
10 emerging questions.

11 Q. Can I ask you this: clearly there was the public health  
12 teams that were notified when there was an outbreak of  
13 infection. Are you able to explain in what ways the  
14 reporting of infections to public health teams was an  
15 effective means of managing outbreaks in the first  
16 instance, and what difference testing might have made to  
17 the managing of outbreaks in care homes?

18 A. So the standard way this operates, so pre-Covid, and  
19 obviously that was still the system in place at the  
20 beginning of the pandemic, is that care homes are  
21 requested to notify their local health protection teams  
22 when they suspect they have an outbreak. That's usually  
23 done by phone call. Then those health protection teams  
24 will go in and they will do some testing and it's  
25 usually up to around five cases that get tested. So you

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1 A. Yes, that's right.

2 Q. -- who were positive and who was negative?

3 A. That's right.

4 Q. Hence you say there could be significant  
5 under-reporting.

6 A. Yes.

7 Q. The study, as you have alluded to a moment ago, was  
8 split into two different workstreams, if I can call them  
9 that: a survey and the cohort study, and can I look at  
10 each in turn and if we may start, please, with the  
11 survey and if it helps you, Professor, I'm at your  
12 paragraph 12. Just tell us, what was the survey  
13 designed to do and who was it designed to survey?

14 A. Yes, so it was designed to answer two key questions. So  
15 the first was how many people had been infected with  
16 Covid, care home staff and residents in wave 1? And the  
17 second was to try to get insights into the kinds of  
18 strategies that might help to reduce outbreaks and  
19 infections in those homes.

20 And we did this by surveying care home managers, so  
21 that was the population.

22 Q. I think you say in your statement that the care homes --  
23 it was a one-off questionnaire of care home managers?

24 A. That's right.

25 Q. We that have, I think, at your tab 7, a summary of the

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1 project.

2 Can I ask, please, to call up on screen INQ000544939

3 and go to page 2, please, of the document.

4 But set out there are the aims and objectives of the

5 survey. So by speaking to the care home managers, who

6 were going to collect data on the number of staff and

7 residents in each care home to record care home

8 characteristics.

9 What is meant by the characteristics?

10 A. So this is really trying to address those data gaps as

11 quickly as possible. So the first is to say we don't

12 know how many people are in these care homes so we can't

13 estimate the proportion infected because we don't have

14 the denominator. And the second around the

15 characteristics, are things like is it a for-profit care

16 home or a not-for-profit care home; what kinds of

17 disease control measures, IPC measures are being used in

18 these homes to try and help us understand what seems to

19 be working and what's not working to inform policy on

20 how to limit the spread of infection.

21 Q. Were there any particular care homes that were included

22 or excluded?

23 A. So eligible care homes were those providing care to over

24 65s or providing dementia care.

25 Q. And I think in due course the survey took about 30

161

1 because of the question that we'd been set. So we were

2 trying to say how many people have been infected in

3 wave 1 and hence we need to go back in time, recognising

4 that the testing data wasn't in place so we couldn't get

5 this information easily from other sources, from testing

6 data itself.

7 Q. We'll come on to the specifics in a minute.

8 But can I go through paragraph 27 of your statement,

9 Professor, which gives a little more detail to how the

10 survey was conducted. You can see the dates there.

11 "Early findings were communicated online by the ONS on

12 3 July", and then if you can see, Professor, the main

13 findings from the survey was an estimate of the

14 proportion of care home residents and staff who tested

15 positive based on the number of cases reported by the

16 care home managers.

17 A. That's right.

18 Q. So this relied in part on any records or memory that

19 they had of the residents and staff that had returned

20 a positive test?

21 A. That's right. And the reason we did it like that is

22 because at that time people were getting tested in all

23 sorts of different locations, and if they were tested in

24 the care home, they might get recorded as a staff member

25 or a resident, but if they went to a mass testing centre

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1 minutes to conduct?

2 A. That's right.

3 Q. It was conducted by Ipsos MORI, and there were attempts

4 to contact 8,634 of the eligible care homes. They were

5 analysed and in due course it came out that there were

6 5,126 care homes that were included in the study.

7 A. That's right.

8 Q. And can you help us, is that a large number of care

9 homes to survey, medium? Give us a sense of the scale

10 of that survey.

11 A. So for a survey, that's large.

12 Q. Right.

13 A. And I think that you may suggest that a 56% response

14 rate is not very good, but given the pandemic, given the

15 other pressure on care homes, in my view that is

16 actually a pretty good response rate.

17 It was a lot of care homes that we were able to

18 collect data on.

19 Q. The survey itself was conducted over 26 May to

20 19 June 2020 --

21 A. That's right.

22 Q. -- is that right? And it was asking, though, the care

23 home managers about things that had happened before that

24 date range. Have I got that right?

25 A. You have got that right. And the purpose of that was

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1 outside the care home, we would miss them.

2 Q. Ah, okay.

3 A. So it was the best way to try and get that comprehensive

4 assessment.

5 Q. And the survey found there was 10.5% of care home

6 residents who tested positive?

7 A. Yes.

8 Q. And 3.8% of staff who tested positive.

9 A. (Witness nodded).

10 Q. But I think you say at the bottom of that paragraph

11 there that it was important to emphasise testing

12 capacity in care homes was very limited during the first

13 wave of the pandemic.

14 A. (Witness nodded).

15 Q. So many individuals who were infected with Covid did not

16 undergo PCR testing.

17 A. That's right, yes.

18 Q. So did you -- can you help us, were the care home

19 managers asked any questions about whether people had

20 the symptoms of Covid or was it literally did they test

21 positive or did they not test positive?

22 A. So we did ask about those things but because of the

23 challenges of trying to ascertain what's Covid, what's

24 flu, we were interested in who had tested positive. So,

25 of course, this is an underestimate but we were trying

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1 to get some kind of baseline quickly to give us an idea  
2 of the sort of minimum proportion of people who'd tested  
3 positive.

4 **Q.** Can I ask you, please, though about something in the  
5 middle of that paragraph where you say that "Survey  
6 responses were linked to individual level PCR test  
7 results between 30 April and 13 June, through the  
8 National Testing Programme."

9 Can you help us with how the survey responses were  
10 linked to the PCR tests?

11 **A.** Yes. So when we -- as you can appreciate, we were  
12 setting up all these studies very quickly and lots of  
13 things were changing in the background. So when we  
14 started talking about this study, one idea was that we  
15 would use the testing, the mass testing data as our  
16 outcome so that we would not be asking care home  
17 managers, we would be using the PCR test results. But  
18 as things evolved, we realised the testing data wasn't  
19 going to be there in time. And so we had a rollout of  
20 one-off testing per care home and so we used that  
21 alongside asking the care home managers.

22 But whenever you design a research study you have to  
23 say what your primary outcome is. So our primary  
24 outcome was asking the care home managers, and then our  
25 secondary way of trying to look at this was looking at

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1 this point, I believe was defined as just one positive  
2 in the care home, because everybody was making the  
3 assumption there were lots of other cases that weren't  
4 being tested, versus a large outbreak.

5 **Q.** Based on that, you concluded that almost half or all  
6 care homes remain vulnerable to Covid in July 2020  
7 because they had not had cases in the first wave. And  
8 can you explain, Professor, the significance of that  
9 finding, please, and -- as far as policy might be  
10 concerned?

11 **A.** So it's really recognising that the problem was going to  
12 continue, that all of these care homes we could just  
13 potentially see a repeat of what we saw in wave 1 if we  
14 were not able to instigate effective control measures to  
15 try and reduce the spread of infection.

16 **Q.** A warning shot, then, for the waves that then came --

17 **A.** Yes.

18 **Q.** -- afterwards?

19 To paragraph 31, please. Clearly the other aspect  
20 of the survey was to look at use of disease control  
21 measures as you call them --

22 **A.** (Witness nodded).

23 **Q.** -- to reduce transmission? And the conclusions were  
24 that reduced transmission of Covid from staff was  
25 associated with adequate sick pay, minimal use of agency

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1 the testing data, recognising that it was going to be  
2 even more limited than asking care home managers.

3 **Q.** Let's come to the findings in your paragraph 30, please,  
4 Professor. We'll perhaps have it on screen and I'd like  
5 to take this perhaps a little more slowly that I have  
6 been to date.

7 You had data from over 160,000 residents and nearly  
8 250,000 staff members across the 5,126 care homes.  
9 Clearly, the proportions of testing positive are the  
10 ones we've just looked at.

11 For the reasons you've explained, it would be an  
12 underestimate because it was based on the managers'  
13 recall, the number of people infected of course were not  
14 necessarily tested in the first wave.

15 But there were 53% of care homes that reported  
16 outbreaks and 469 care homes reported large outbreaks  
17 which are defined as what, please?

18 **A.** So we defined them, and this was an arbitrary definition  
19 that we created, because there isn't one, to the best of  
20 my knowledge, so we defined this as homes with more than  
21 a third of the total number of residents and staff  
22 combined testing positive or those with more than 20  
23 residents and staff combined testing positive.

24 And this was really just to try to get an assessment  
25 of the difference between having an outbreak which, at

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1 staff, and increased staff-to-bed ratio, so more staff  
2 than beds, presumably.

3 **A.** Yes.

4 **Q.** And staff cohorting with either infected or uninfected  
5 residents?

6 **A.** Yes.

7 **Q.** Can you help us with how Vivaldi came to those  
8 conclusions, please?

9 **A.** Yes. So we looked in Vivaldi at four different  
10 outcomes. So we looked at the infections in residents,  
11 infections in staff, outbreaks and large outbreaks. And  
12 then in our questionnaires, we asked about those kinds  
13 of measures, so things like: Do you use agency staff?  
14 Do you never use them? Do you sometimes use them? How  
15 often do your staff work across care homes? Very  
16 frequently? Not very frequently? And so forth.

17 So we were able to look at the homes reporting in  
18 each of those categories and then compare that to the  
19 number of infections or the number of outbreaks in those  
20 care homes, and then by doing our epidemiological  
21 analysis, that gives us a sense of which of those  
22 factors seemed to be most strongly associated with the  
23 risk of infection and outbreaks, and -- yeah, that's  
24 how.

25 **Q.** So they were the findings that helped reduce the

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1 transmission of Covid.  
 2 Looking at the findings in relation to increased  
 3 transmission, did Vivaldi find, from residents, that was  
 4 associated with an increased number of new admissions to  
 5 the facility?  
 6 **A.** Yeah.  
 7 **Q.** Can I just pause there, does that mean admissions from  
 8 either the community or hospitals?  
 9 **A.** Yeah, yes.  
 10 **Q.** And poor compliance with isolation procedures?  
 11 **A.** Yes.  
 12 **Q.** So if you didn't have good IPC and there were a large  
 13 number of admissions, there was a likelihood of  
 14 increased transmission of Covid in the care home?  
 15 **A.** That's right. I think the phrasing of the question was  
 16 about the difficulty in isolating residents and --  
 17 because obviously with residents with dementia, it can  
 18 be extremely challenging to try to ask residents to stay  
 19 in their rooms.  
 20 **Q.** If we just stay with your paragraph 31, you can see  
 21 there that you reported the results to the data debrief  
 22 committee on 11 June, the 18th and then I think the  
 23 25th, and I'll come on to the different meetings  
 24 themselves in a moment, and the taskforce, and then to  
 25 final conclusions in July?

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1 over time and see what happens, and that gives you  
 2 a better chance of being able to understand cause and  
 3 effect.  
 4 **Q.** Right. But you weren't able to do that?  
 5 **A.** No, not in this kind of study.  
 6 **Q.** All right. Thank you very much. That can come down.  
 7 I think you said then, obviously you were reporting as  
 8 the findings emerged. There was a main message on  
 9 11 June to the Data Debrief to highlight the risk that  
 10 staff working across multiple sites posed a risk to  
 11 residents.  
 12 On 18 June, again findings suggested that staff  
 13 working across multiple sites might increase residents'  
 14 risk of Covid-19, and that staff working across the  
 15 sites increased the risk of outbreaks.  
 16 And on 25 June, you highlighted that regular use of  
 17 agency staff was likely to be an important risk factor  
 18 for infection in residents and staff.  
 19 **A.** Yes.  
 20 **Q.** And so there we are now at the end of June 2020.  
 21 Can I just ask you about those meetings. Obviously  
 22 you were reporting to the Data Debrief and then into  
 23 SAGE as well. Was there any difficulty in you attending  
 24 the SAGE Care Home Working Group in June 2020 to present  
 25 those various findings?

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1 Were the findings being refined, if I can put it  
 2 like that, as the study progressed?  
 3 **A.** Exactly. So we were accumulating data all the time. As  
 4 the questionnaires were being rolled out across care  
 5 homes by Ipsos MORI, data was coming across to NHS  
 6 Foundry and we were analysing that in real time, and  
 7 then looking at that data and trying to share them as  
 8 widely as we could, because we recognised it was our job  
 9 to try to inform policymaking.  
 10 **Q.** Now, you say:  
 11 "It is ... important to note that the Vivaldi survey  
 12 was a cross-sectional survey, which can identify  
 13 associations between risk factors for infections and  
 14 outcomes, but cannot be used to infer causality."  
 15 Would you help put that in layman's terms, please.  
 16 **A.** Yes. So what that means is that, in a cross-sectional  
 17 study, you are asking questions about things like your  
 18 exposure. So what I mean by that are things like: did  
 19 you use agency staff? How many new admissions you had.  
 20 So the factors that you are interested in as being  
 21 potentially important, and your outcomes, but you're  
 22 asking those questions at the same time, which means  
 23 that you don't know if A causes B or if B causes A.  
 24 Other kinds of studies let you start off by looking  
 25 at your agency staff and then you would follow people

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1 **A.** So my recall of this was that once we had findings to  
 2 present, it was -- there was an expectation on us that  
 3 we would report in each week. So not difficulties  
 4 associated with that, that I recall.  
 5 **Q.** And can I just conclude with dealing with the survey by  
 6 looking at your paragraph 37, and I think, Professor,  
 7 there's something you want to correct in paragraph 37.  
 8 **A.** Oh, yes. Yes --  
 9 **Q.** Well, we'll pull it up on the screen because then  
 10 I think people will be able to follow and make the  
 11 correction in their own minds, but you said:  
 12 "The ... survey he had a significant impact on  
 13 policy because [you could] generate [the] results  
 14 quickly, and at the time there was an absence of  
 15 evidence ... [the] findings [suggested] that staff were  
 16 more likely to infect residents than vice versa ...  
 17 [which] informed the decision to focus limited testing  
 18 capacity for [Covid] in the first wave on residents,  
 19 rather than staff. The set-up of the ... Social Care  
 20 Infection Control fund was supported by two of the  
 21 recommendations from ... Vivaldi ... to minimise [Covid]  
 22 transmission ... that movement of care workers between  
 23 sites should cease and that care worker sick pay should  
 24 be topped up by [the] government."

25 That's the nuts and bolts of that paragraph, but

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1 help us with the correction you'd like to make.

2 **A.** Yes, and apologies for this. So that in the sentence

3 that begins "Our preliminary findings", I've

4 accidentally reversed, so it should be -- so I'll read

5 the whole sentence for clarity:

6 "Our preliminary findings suggesting that staff were

7 more likely to infect residents than vice versa informed

8 the decision to focus limited testing capacity for

9 SARS-CoV-2 in the first wave of the pandemic on [staff],

10 rather than [residents]."

11 So those two words have been reversed, and apologies

12 for that.

13 **Q.** So that does tend to suggest that it was staff that were

14 more likely to infect residents than the other way

15 around?

16 **A.** That's right.

17 **Q.** Have I got that right?

18 **A.** That is correct.

19 **Q.** Yes. That's not to say that that was an intentional

20 infection by them.

21 **A.** No.

22 **Q.** Quite the opposite. Hence why you then made the

23 recommendations that sick pay should be topped up and

24 there needed to be more work done in relation to

25 movement of care workers between sites --

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1 beginning, there was -- were we treading on toes

2 a little? There were organisations whose job it is to

3 provide this kind of data and perhaps we were filling

4 a gap that maybe it shouldn't have existed.

5 But I think very quickly everybody was focused on

6 trying to get the data that was required, and so people

7 just wanted data to inform policy.

8 **Q.** I'd like to ask you about the Vivaldi findings and the

9 extent to which they impinge on the discharge policy to

10 expedite hospital discharges to care homes.

11 And can I ask you, please, Professor, to look at

12 your paragraph 38. I think as with most surveys and,

13 indeed, studies, there are caveats that needed to be

14 applied to this, and I think you say in your statement

15 that the questionnaire that was devised, some of the

16 questions were poorly completed by care home managers,

17 only 80% of the 5,126 care homes responded to the

18 question about the number of admissions since 1 March,

19 ie that's the question about admissions from hospital.

20 Is that the question you mean?

21 **A.** Yes, that's right. Yes.

22 **Q.** Right. And only 40% of care home managers answered the

23 question on the number of residents who returned from

24 hospital, and the subset with Covid-19. Do those

25 perhaps unanswered questions by some of the respondents

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1 **A.** Correct.

2 **Q.** -- as a way of helping reduce the risk of transmission

3 of Covid?

4 **A.** Correct.

5 **Q.** Now, clearly you made the findings. Can you help with

6 what was supposed to happen with the findings thereafter

7 and the extent to which you were aware that they were

8 used to inform policy?

9 **A.** So my understanding is that they were very much used to

10 inform policy. We were presenting this data everywhere,

11 all the time, and often at very short notice.

12 And I think that the credit for this really goes to

13 my colleague in DHSC, who was really trying extremely

14 hard to make sure that everybody who needed to know

15 about these findings knew about them.

16 But I think -- I think we were able to get the

17 information under the noses of the people who were able

18 to make decisions, and that was a very serious priority

19 for us.

20 **Q.** Given that on any view there were rather bleak findings

21 coming from the Vivaldi Study, did you get any sense

22 that people didn't want to hear the results that Vivaldi

23 was producing?

24 **A.** I don't know that it's not -- that they didn't want to

25 hear the results. I think that perhaps at the

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1 in your view undermine or mean that the Vivaldi findings

2 don't hold water?

3 **A.** So we deliberately didn't report on the latter of those

4 two. So we included new admissions because it was 80%

5 complete and that seems like a fairly reasonable amount

6 of data, and we also did multiple imputation on those as

7 well, I believe, in our work, which is where you try to

8 account for the missingness in that data.

9 But we didn't use the other datasets because it was

10 such a large proportion of missingness. We just --

11 I strongly felt it was too risky to try to draw

12 conclusions based on that data.

13 And I was thinking about this again, and I think one

14 of the reasons why it was incomplete is because those

15 questions were added in late into the questionnaire.

16 **Q.** Thank you.

17 I think it's important to remember, in any event, as

18 I think you've said before, we were relying on the

19 managers' recall of who had come back into the care home

20 and whether they'd come back from hospital, and whether

21 they'd come back from hospital with Covid-19. And of

22 course at the time, certainly between 1 March and about

23 15 April in England, testing for Covid-19 was extremely

24 limited.

25 **A.** Yes. I think there's also this risk of reverse

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1 causality, which is where the direction is the wrong way  
 2 round and if you -- if people are very worried and  
 3 concerned that discharge from hospital into care homes  
 4 is causing this problem, then they may be more likely to  
 5 remember it. And so this is a real challenge with  
 6 asking people to remember what happened.

7 **Q.** You make the point at the bottom of your paragraph 39  
 8 you were unable to account for other routes of  
 9 transmission, such as ingress from staff or visitors.  
 10 Can you help us with what you mean by there and why we  
 11 need to potentially factor that into the Vivaldi  
 12 findings?

13 **A.** Yeah, I wonder if the easiest way to think about this is  
 14 the diagram that's in the --

15 **Q.** Yes.

16 **A.** -- I think it's Figure 1 in the CMO Technical Report.

17 **Q.** Yes, could we have up on screen, please -- it's your  
 18 tab 5, Professor, thank you -- INQ000203933, and I think  
 19 it's the one with all the routes into --

20 **A.** That's right.

21 **Q.** Is that the one you're talking about?

22 **A.** Yes.

23 **Q.** Just pause a moment while we bring it up on screen.  
 24 INQ000203933\_0298. Thank you. It does appear in the  
 25 technical report as well, but I think in fact we've

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1 example, perhaps we saw different patterns with ingress  
 2 of infection in London early in the pandemic relative to  
 3 some other parts.

4 So the challenge is that if you really want to  
 5 understand which of these routes is most important, you  
 6 need to collect data on all of them. And that requires  
 7 very good testing across all of these different  
 8 mechanisms which we never had. And so in Vivaldi there  
 9 are some of these that we are able to say something  
 10 about, particularly the role of staff, something about  
 11 people coming in, new admissions, but we didn't collect  
 12 data on visitors, we didn't collect good data on people  
 13 coming in from hospital, and so we can't say -- we  
 14 cannot give accurate information on the relative  
 15 contribution of these different mechanisms.

16 **Q.** And so to be able to say, for example, that core staff  
 17 were the main route of transmission, you would  
 18 nonetheless need to test all of the other people on here  
 19 to be able to work out that that was the main route?

20 **A.** Yes, that's my view.

21 **Q.** Right. So essentially you'd have to test everyone?

22 **A.** Yes.

23 **Q.** And would a one-off testing regime tell you which was  
 24 the main route of transmission?

25 **A.** It's going to probably depend at different times of the

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1 taken it out of a slightly different document.  
 2 298 at the bottom.

3 There we are. Thank you very much.

4 This is a schematic showing all the different routes  
 5 of Covid-19 into care homes: staff, visiting  
 6 professionals, visitors of residents, residents leaving  
 7 the care home, for whatever reason, new admissions from  
 8 the community, residents coming back from hospital, and  
 9 indeed new admissions from hospital. So there's seven  
 10 potential routes by which Covid can enter the care home.

11 **A.** That's right.

12 **Q.** Can you help us then by when you say, "We were unable to  
 13 account for the other routes of transmission", why this  
 14 document helps explain why you couldn't account for  
 15 those other routes?

16 **A.** Yeah, I think this is a very helpful diagram because  
 17 what it does is illustrate all the different ways in  
 18 which infection can get into a care home, but I think  
 19 it's also important to realise that these changed. This  
 20 was a dynamic thing. So early in the pandemic, when  
 21 people could still visit, for example, visitors could  
 22 potentially bring infection in. Later in the pandemic,  
 23 that was no longer a mechanism. So this is changing all  
 24 the time and it also probably played out differently  
 25 across different regions in the country, you know, for

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1 pandemic. So it's a very difficult question to answer.

2 **Q.** So you can say what is a route, but not necessarily what  
 3 is the main route --

4 **A.** Correct.

5 **Q.** -- or routes?

6 **A.** Based on data from Vivaldi, yes.

7 **Q.** That brings me on, Professor, if I may, to a question  
 8 that you were asked by the Inquiry, and I think could we  
 9 have up on screen your paragraph 43.

10 I think you are aware of comments made by Mr Matthew  
 11 Hancock in his Module 2 witness statement and,  
 12 Professor, you should know he's due to give evidence  
 13 tomorrow, but he said in Module 2 -- could I have up on  
 14 screen, please, INQ000613177\_21, paragraph 43, where  
 15 we've set out in the middle there what Mr Hancock said  
 16 in that statement.

17 He said in his Module 2 statement, and it's in the  
 18 middle of the page:

19 "... a widespread concern has been that patients who  
 20 were discharged from hospitals were the main cause of  
 21 infections in care homes. While I understand why so  
 22 many people hold this view, we now know that this is not  
 23 the case. During the summer of 2020 I was made aware of  
 24 initial evidence showing that movement of staff between  
 25 care homes was the main source of transmission, and

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1 I asked for urgent work to be undertaken to place  
2 restrictions on such movements."

3 Now, you were asked to comment on that, Professor,  
4 and I think you set out below, and you say:

5 "Whilst it's accurate that Vivaldi provided evidence  
6 supporting the important role of staff in transmission  
7 of infection, and the risks associated with movement of  
8 staff ... the survey did not [for the reasons you've  
9 just told us] provide evidence on the relative  
10 importance of different modes of transmission."

11 Is that correct?

12 A. That's correct. So based on data from Vivaldi -- and  
13 I'm aware there are obviously other sources of data on  
14 this point too, but based on data in Vivaldi, yes,  
15 that's correct.

16 Q. So it's going beyond what can be concluded properly from  
17 Vivaldi --

18 A. Yes.

19 Q. -- to say that movement of staff between care homes was  
20 the main source of transmission?

21 A. Yes.

22 Q. If I were to substitute "a source of transmission",  
23 would that be accurate?

24 A. Yes.

25 Q. Right. Thank you.

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1 Q. "... and outbreaks, hospital discharge does not appear  
2 to have been the dominant way in which Covid-19 entered  
3 care homes".

4 Is Vivaldi able to opine on that or not?

5 A. No, but I think this is such a -- it's a challenging  
6 issue, so I think the conclusions in this are comparable  
7 with Vivaldi. For the reasons outlined with this  
8 diagram, we have these seven routes of transmission.  
9 There are various studies that are cited in this  
10 evidence and I think it would be fair to say that there  
11 is no -- we don't have a perfect study addressing this  
12 question, but based on the data that we do have, it does  
13 highlight the role, important role, of transmission from  
14 staff.

15 Q. Can I just look at the cohort study with you and perhaps  
16 then after that, my Lady, it might be a convenient  
17 moment for a break.

18 The cohort study was very different from the survey.

19 A. Yes.

20 Q. Can you tell us how the cohort study was set up, please,  
21 and I'm back in your statement, if it helps you, back to  
22 paragraph 12 and then various other paragraphs  
23 thereafter.

24 A. So the cohort study was set up at the same time as the  
25 survey, but it was recognised it was going to take

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1 I think you are aware that in due course there was  
2 a SAGE consensus statement --

3 A. Mm-hm.

4 Q. -- published. Would you just give me one moment,  
5 Professor, to see if I need to go to it. It was not  
6 published until 26 May of 2022.

7 Can we call up on screen, please, it's your tab 4,  
8 if it helps, INQ000215624\_2. In fact, if we just flick  
9 over to page 4, you'll see that diagram again. But if  
10 we have that in mind, the consensus statement, and go  
11 back to page 2, please, the consensus statement found  
12 that studies showing that at least some care home  
13 outbreaks were caused or partly caused or intensified by  
14 discharges from hospital. Did the Vivaldi findings  
15 support that or not?

16 A. I think Vivaldi -- we don't make a major contribution on  
17 that, but yes, we are definitely compatible with that  
18 statement, yes.

19 Q. "However, based on the very much larger associations  
20 between care home size ..."

21 Which is a proxy for all footfall.

22 A. Yes.

23 Q. Does that mean the bigger it is, the more people are  
24 coming in?

25 A. Exactly.

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1 longer. And the initial questions we wanted to answer  
2 in this was to get a more accurate statement on the  
3 proportion of care home staff and residents who'd been  
4 infected in wave 1 and to do this with blood testing and  
5 antibody testing, and this is because we recognised that  
6 a very big proportion of people were not tested by PCR.

7 And so we set out initially to do this study in  
8 around 100 care homes that were owned by Four Seasons  
9 Health Care and this was serial blood sampling in care  
10 home staff and residents to understand who had been  
11 infected.

12 Q. Professor, can I just make sure I understand, and those  
13 that are following understand, even though you may not  
14 have had a Covid positive test at the time, a blood  
15 sample taken later would tell you whether you had the  
16 Covid antibodies --

17 A. That's right.

18 Q. -- and ergo be able to say that even if you didn't have  
19 the test, we know that you've had Covid; have I got that  
20 right?

21 A. That's exactly right, yes.

22 Q. So you were looking at the blood sampling to try and not  
23 get round the fact that there was no PCR testing, but  
24 just to see if we could have different numbers of people  
25 now with the Covid-19 antibodies?

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1 A. Yes, that's right.

2 Q. And how easy or otherwise was it to obtain samples from

3 people in care homes because presumably you need someone

4 to go and take the blood sample?

5 A. So immensely challenging for lots of reasons but we were

6 very fortunate because we worked very closely with the

7 care sector on this and we were able to find a way to

8 make it work within that setting. So some of the

9 challenges are obviously many people in care homes are

10 cognitively impaired, conditions like dementia, and so

11 informed consent for blood sampling is not

12 straightforward and so we had to talk to next of kin or

13 nominated consultees, staff members, but we primarily

14 worked with next of kin, and to do that we were very

15 reliant on staff within those care homes to support that

16 process because we couldn't go into care homes as

17 a research team because all care homes were locked down

18 at that point.

19 Q. So you're really reliant on the staff going above and

20 beyond to ring next of kin --

21 A. Yes.

22 Q. -- to say, "Would you mind if I took a blood sample from

23 your relative, your loved one?"

24 A. Yes, exactly.

25 Q. And are you able to give us a sense of if there was any

185

1 the blood testing in the residents to PCR test results

2 where they were available, and you wanted to link it to

3 NHS datasets that were held in the NHS Foundry. How

4 easy or otherwise was it to be able to make those

5 linkages?

6 A. So there were two barriers. So the first is, if you

7 want to do those linkages, you have to have an

8 identifier, you have to have the NHS number, and lots of

9 carer provider organisations don't hold that

10 information. Most of them do now but pre-pandemic they

11 didn't. And so there were real challenges around how

12 you get accurate identifiers, and then there's the

13 challenge of data linkage and that really is about

14 putting the datasets in the same location, and having

15 the permissions in governance around that, and

16 subsequent changes with the COPI notice that I imagine

17 we'll come on to, it enabled us to find a way round that

18 that was much more effective longer term.

19 LADY HALLETT: Professor, sorry to interrupt, how long do

20 antibodies stay in the blood?

21 A. How long do they stay for? It depends. So we could be

22 confident we would have them for four to five months.

23 LADY HALLETT: Thank you.

24 MS CAREY: So we're conducting this study, it started in

25 May, I think, it was, so it would still capture people

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1 resistance from the care home staff in the instance?

2 Secondly, was there any resistance from next of kin to

3 participating in the study?

4 A. So we were really fortunate because right at the

5 beginning of the study we spoke to the Minister for

6 Social Care and had a meeting with her. I met with her,

7 and the chief executive of Four Seasons Healthcare, and

8 we talked about the study, we talked about why it was so

9 important, but we also highlighted that this was going

10 to create additional workload for staff and so we had

11 that organisational buy-in and they were hugely

12 supportive and we were able to fund people to act as

13 project managers within their organisations.

14 So actually, we didn't really encounter resistance.

15 It was -- I think everybody understood why this was

16 important, and it was very much a shared endeavour.

17 I cannot speak to what it was like being a frontline

18 carer trying to negotiate that, but that was the

19 feedback that we had, and people wanted to know their

20 results, which also helped a lot --

21 Q. Yes. Notwithstanding that it added to the burden of the

22 workload on the staff --

23 A. Yes.

24 Q. -- I think you said that there was a further challenge

25 not just on them but you wanted to link the results of

186

1 who were discharged in March.

2 A. Yes.

3 Q. Yes. In fact, it would go back almost to the beginning

4 of the 2020.

5 A. I think our biggest challenge is that not everybody

6 survived to be available, so again, we have the

7 underestimation problem. And there is variability in

8 the duration of antibodies as well.

9 Q. Right. So there's those two caveats to apply to the

10 cohort study --

11 A. Yes.

12 Q. -- as well. You mentioned there COPI notices, Control

13 of Patient Information, which essentially provides

14 a legal basis for research teams to access data. How

15 valuable was it to have the COPI notices in place to

16 enable the access to that data?

17 A. Incredibly valuable. So it changed us from being

18 a study where we could only include care home residents

19 who had consented to blood sampling, which was very

20 challenging for the reasons we've just discussed, to

21 being able to collect data on everybody in those care

22 homes, so all staff and all residents. So that took us

23 from a study of the sort of order of magnitude of

24 thousands, to ultimately we had over 70,000 care home

25 residents and staff in our study. And clearly the power

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1 of our analyses and conclusions is much greater if we're  
2 able to enrol many more people.  
3 **Q.** Can we look, please, then, at the key findings from the  
4 Vivaldi cohort study and your paragraph, I think, 44 is  
5 where it starts, Professor.

6 And it might be useful if we could call it up on  
7 screen. It's INQ000613177\_021.

8 Thank you.

9 The cohort study alongside the survey was to get an  
10 accurate estimate of the proportion of surviving staff  
11 and residents who'd been infected, based on the  
12 antibodies, and you wanted to be able to track what  
13 happened to the resident staff over successive waves.

14 I think you explained that although it started out  
15 as 100 care homes -- did you say it went to 700?

16 **A.** So ultimately we had, I think it was, 346.

17 **Q.** 340. Forgive me. Thank you.

18 Then there was the issues with linking it that we've  
19 looked at.

20 But if we go on to paragraph 45:

21 "... the first priority in the cohort study was to  
22 estimate the proportion of staff and residents who had  
23 been infected ... Using ... [the] NHS Foundry and blood  
24 samples ... we estimated that 33% of surviving residents  
25 and 29% of staff had antibodies showing they had been  
189

1 [the PCR positive infection rates] in residents and care  
2 home staff who had evidence of a previous infection up  
3 to ten months earlier ... with those who had not ..."

4 And what did you find, please?

5 **A.** So the reason we did this -- so this was before vaccines  
6 were available, and one of the key questions was whether  
7 people could get Covid more than once. And, you know,  
8 how worried did you need to be if you hadn't had it,  
9 essentially?

10 So what we did was we looked at antibody test  
11 results referring to wave 1, so people could be positive  
12 or negative, and then we looked among those positives  
13 and negatives: what was their chance of getting a new  
14 infection? And we found that it was very significantly  
15 lower in those who had had a prior infection,  
16 highlighting that if you'd had it previously, you had  
17 immunity.

18 Obviously that changed with the emergence of  
19 variants, but at that point in time that was a really  
20 key finding because it did provide some reassurance that  
21 there was some protection.

22 **Q.** So effectively if you'd had it and survived, if you were  
23 at lower risk of infection?

24 **A.** Yes.

25 **Q.** And therefore, help inform policy to look at the places  
191

1 infected in the first wave."

2 So quite higher numbers than we looked at in the  
3 survey.

4 **A.** Yeah.

5 **Q.** And would you expect there to be higher numbers --

6 **A.** Yes.

7 **Q.** -- based on the antibody cohort testing?

8 **A.** Yes, absolutely.

9 **Q.** So that was not a surprise to you?

10 **A.** It was not. I think we were all surprised at how high  
11 it was, bearing in mind these were survivors, but we  
12 absolutely expected it to be higher than the PCR  
13 testing, because we were very aware that that was very  
14 limited in the first wave.

15 **Q.** Or to put it another way, it shows you how much of an  
16 underestimate it was from the survey results?

17 **A.** Yes.

18 **Q.** "The estimate for residents was approximately three-fold  
19 higher than [in the] ... survey ..."

20 You say it's not surprising.

21 It shows that many people who were infected in the  
22 first wave did not have access to PCR testing ..."

23 Then help us, please, really with the next few  
24 sentences, Professor. You say:

25 "To investigate rates of ... infection, we compared  
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1 where there wasn't that amount of immunity, they might  
2 need more protection, if I can put it like that --

3 **A.** Yes.

4 **Q.** -- or different forms of protection, but to give you an  
5 idea of how many people in care homes might nonetheless  
6 be protected by the fact they'd had it the first time  
7 around?

8 **A.** And I think also, importantly, providing some  
9 reassurance to people in the care sector about the risk  
10 of -- at least if you have had it and survived, then  
11 potentially your future risk is diminished.

12 **Q.** Now you mentioned just a moment ago, that was before  
13 there was the variants as they emerged. Can I ask you,  
14 please, about your paragraph 46. Can you help me with  
15 what Vivaldi found in relation to I think it was the  
16 Alpha variant that emerged in the autumn of 2020?

17 **A.** Yes, so -- and this is a really good example of why data  
18 and data linkage was so important.

19 So what we were able to show is that, as this  
20 variant emerged, because of a peculiarity about how the  
21 PCR testing worked, we were able to track the emergence  
22 of this variant across the south east of England, and  
23 there was good data on how it had spread across in the  
24 general population, but no data on the care home  
25 population. The hope at the time was because we had  
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1 a lot of control measures in place, care homes were  
 2 protected and it wouldn't get in, but we were able to  
 3 show that the variant had got into care homes, and the  
 4 potential risks associated with that.

5 **Q.** And just finally, I think in due course Vivaldi was  
 6 asked to look at vaccines against viruses, because there  
 7 was a concern that Covid vaccines might not provide  
 8 residents with adequate protection, but what did Vivaldi  
 9 find when you were able to factor the vaccines in?

10 **A.** So there was a lot of concern because, for example, with  
 11 influenza vaccine, you know, it's less effective in  
 12 these older age groups. The clinical trials that were  
 13 done of the vaccines excluded care home residents, so we  
 14 didn't have any data. We were able to show that the  
 15 vaccines were actually working very effectively in this  
 16 population and substantially reducing the risk of  
 17 infection. And so, again, that provided a lot of early  
 18 reassurance, and also to support the rollout of uptake  
 19 of vaccination in that population.

20 **Q.** I think it showed that there were -- vaccines did work,  
 21 they were effective for three months after dose 2, but  
 22 thereafter protection declined?

23 **A.** Yes.

24 **Q.** Is that a fair summary?

25 **A.** And we saw that pattern repeatedly because we kept doing  
 193

1 data being referred to during the course of those  
 2 meetings?

3 **A.** Yes. So from memory, every week we would have a series  
 4 of presentations, Vivaldi would present, PHE would also  
 5 present, and they would present on the outbreak data  
 6 usually.

7 **Q.** Right. Did the Vivaldi survey use any PHE data that  
 8 you're aware of?

9 **A.** No.

10 **Q.** What about the Vivaldi cohort study, did that rely on  
 11 any PHE data?

12 **A.** So the -- Vivaldi relied, the cohort study relied very  
 13 heavily on the testing data. Testing data was quite  
 14 complex because there were different routes, they were  
 15 called pillars, and from memory, Pillar 1 was largely  
 16 PHE led, data collection, and this included the testing,  
 17 the five samples per care home that they used at the  
 18 beginning. But then there was mass testing, which  
 19 I believe, was Pillar 2, and so a lot of the data we  
 20 used initially was Pillar 2. Over the time, we also got  
 21 access to Pillar 1 data. So we will have had some  
 22 tested data, I think, via PHE.

23 We also had access to datasets like the national  
 24 immunisations dataset which I believe is jointly held by  
 25 NHSE and PHE.

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1 these kinds of studies. So we saw, after booster  
 2 vaccinations, within a period of approximately  
 3 three months, you start to see that waning, hence the  
 4 need for boosters. And so our data was also useful for  
 5 the Joint Commission on Vaccination and Immunisations  
 6 when trying to think about the timing and need for  
 7 boosters in this population.

8 **MS CAREY:** My Lady, a lot of data there, a lot to take in.  
 9 Would that be a convenient moment?

10 **LADY HALLETT:** Yes, it is, and I think the stenographer had  
 11 quite a tough morning.

12 **MS CAREY:** Yes, I appreciate that, I'm sorry.

13 **LADY HALLETT:** If you'll forgive us, we will take a break.  
 14 I promise you we will finish your evidence this  
 15 afternoon. I shall return at 3.40.

16 **MS CAREY:** Thank you, my Lady.

17 (3.26 pm)

18 (A short break)

19 (3.40 pm)

20 **LADY HALLETT:** Ms Carey.

21 **MS CAREY:** Thank you, my Lady.

22 Professor, you told us earlier this afternoon that  
 23 the data was shared both with the DHSC debrief group and  
 24 the Social Care Working Group. And during your time at  
 25 the Social Care Working Group meetings, did you see PHE  
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1 **Q.** Right. I will tell you why I ask, Professor. There is  
 2 some evidence before the Inquiry that the quality of PHE  
 3 data was lacking. Two things: firstly, whether you  
 4 experience that; but secondly, if that is right whether  
 5 that in any way affects the Vivaldi cohort study  
 6 findings. Can I deal with that firstly.

7 Did you, when you were in the meetings, look at the  
 8 PHE data and come to realise it had some limitations to  
 9 it, and if so, what were then?

10 **A.** So is this thinking of this as separate to Vivaldi?

11 **Q.** Yes, separate to Vivaldi.

12 **A.** So I think the challenge with outbreak data is that it's  
 13 based on reporting of outbreaks which is largely care  
 14 homes reporting outbreaks into PHE or UKHSA, and so that  
 15 is never going to be comprehensive information because  
 16 it requires somebody to pick up the phone and report  
 17 data in. This did change during the pandemic to an  
 18 extent because of the mass testing. But as a mechanism,  
 19 you are always going to be under-reporting the number of  
 20 outbreaks and the number of cases if you're relying on  
 21 a care home to phone in data to a local health  
 22 protection team.

23 **Q.** And was that caveat or limitation, call it what you  
 24 will, well recognised by the people that were in the  
 25 SAGE Care Home Working Group?

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1 A. I would say so. I think almost everybody in that group,  
 2 a lot of people in that group, had a public health  
 3 background and so will have had a familiarity with  
 4 HPZone, which is the system that's used for that.

5 Q. Right.

6 A. Just on some of the other datasets, so on the  
 7 vaccinations dataset, there was never any suggestion  
 8 that the quality of that data wasn't pretty good.

9 Q. So to go back to the second part of that question, which  
 10 was: notwithstanding the caveats that have to be applied  
 11 to the PHE data, do you think that impacts on the  
 12 validity of the findings of Vivaldi or not, in the  
 13 cohort study?

14 A. No, I don't, because we were -- the innovative thing we  
 15 were able to do in the cohort study was to use the  
 16 testing data which linked individuals in a care home to  
 17 their care home, so we had their NHS number on the swab  
 18 linked to their Care Quality Commission ID, their care  
 19 home ID, and that gave us a registry of everybody in  
 20 a care home and so we knew everybody in the care home,  
 21 all staff, all residents. So that's the key difference  
 22 between adopting that approach to define your  
 23 population, versus having these care homes phoning in  
 24 about outbreaks.

25 Q. You told us before the break that perhaps at the

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1 Q. One might have got the sense from your evidence,  
 2 Professor, that there was a great deal of collaboration  
 3 during the pandemic, expediency and urgency being at the  
 4 forefront of the mind. Are you able to comment on  
 5 whether that same sense of collaboration exists now  
 6 in 2025?

7 A. So I think that we don't have the same impetus. So, as  
 8 you know from the statement, we have a project called  
 9 the Vivaldi Social Care project that we've been able to  
 10 set up. We started working on this from around 2021.  
 11 And it was really recognising that we need to make sure  
 12 this kind of situation can't unfold again, and what  
 13 needs to be in place to prevent that.

14 And I think that we are making great progress  
 15 towards that, but the priority that it is afforded now  
 16 versus during the pandemic is different. That's  
 17 understandable, but I do think that we really do need  
 18 different organisations to continue working in that same  
 19 way if we want to make sure we're better prepared for  
 20 future pandemics and that we have the infrastructure we  
 21 need to be able to respond in a timely way.

22 Q. Now you mentioned the Social Care project. It's at your  
 23 paragraph 63, for you and anyone else following.

24 Just help us though, what is the Social Care project  
 25 designed to try to achieve?

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1 beginning there was a feeling that you might be treading  
 2 on toes a little, to use your phrase, and there were  
 3 organisations whose job it was to provide the data, and  
 4 perhaps you were filling a gap that shouldn't have  
 5 existed. And can I ask you about that answer, please.  
 6 Which department or organisation was it who should have  
 7 filled the gaps that Vivaldi stepped into?

8 A. So I think in an ideal world, obviously we don't live in  
 9 an ideal world, we would have great surveillance on care  
 10 homes, and we don't have great surveillance on care  
 11 homes and that's why the situation unfolded in the way  
 12 that it did, and why we didn't have the data that we  
 13 needed. So I think that Vivaldi came in to fill or, at  
 14 least, partially fill that gap, and perhaps that's not  
 15 ideal for a public health agency.

16 Q. So really it's UKHSA as it now is, or PHE, as it then  
 17 was --

18 A. Yes.

19 Q. -- who had responsibility for surveillance of the care  
 20 homes?

21 A. Yes. And what I would say is that we did work  
 22 collaboratively and that our -- the ability to use that  
 23 data and work together, I think was very good throughout  
 24 the pandemic but I think yes, we were filling a gap that  
 25 ideally wouldn't have existed.

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1 A. So it's really building on what we learnt about what  
 2 works in Vivaldi Study. So the reason Vivaldi worked  
 3 was because it was a partnership between the care  
 4 sector, academics and policymakers, and because we were  
 5 able to use routine data. So we really very rapidly  
 6 recognised that the care sector was under huge pressure.  
 7 They did not have time to collect data for us. So how  
 8 can we use routine data to enable better surveillance  
 9 but also research, the kinds of research we need?

10 So we've worked together since 2023 to codevelop  
 11 this project called Vivaldi Social Care. We've got  
 12 700 care homes that have signed up, or thereabouts, to  
 13 take part. We've been able to get a new data platform  
 14 created by NHS England which allows us to have data on  
 15 residents and link data on residents. And our ambition  
 16 to is to build on that to start doing studies to reduce  
 17 the impact of all kinds of infection, but ensuring that  
 18 we have that agility to respond to new and emerging  
 19 threats.

20 Q. I think you say at the bottom of your paragraph 63  
 21 there:

22 "... demonstrate the value for care providers and  
 23 policymakers of ... data by benchmarking rates of  
 24 infection ..."

25 So any infection?

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1 A. Yes.

2 Q. "... and hospital admission across care homes."

3 Can you help me about that aspect of the Vivaldi

4 Social Care project?

5 A. So it's the similar to the main Vivaldi, to the cohort

6 study. So in the cohort study I mentioned we created

7 this registry of care home residents, and what we were

8 able to do was then link to data on vaccinations,

9 hospitalisations, deaths, and there's potential to link

10 to other kinds of datasets. So using that same model,

11 we're able to link to data on hospitalisations in care

12 home residents now, post-Covid, and look at

13 hospitalisations for a whole range of causes.

14 So it doesn't give us anything that we would like to

15 know by any stretch but it starts to give you a sense of

16 what's happening in that population, where the

17 priorities might lie, and a huge potential for

18 surveillance but also for policy and planning moving

19 forward.

20 Q. I think you say in your statement you anticipate sharing

21 the first set of results, I think in September 2005, or

22 is that perhaps now a bit later than September?

23 A. Yes, yes. We've had some challenges with our data

24 linkage with NHS England, but I -- yes, this year.

25 Q. Can I go back, please, and perhaps to a wider point that

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1 off-putting, so there's a whole language and cultural

2 change around this that we need if we want to start

3 delivering the kind of research that we need to see in

4 this setting and that people in the setting want to do.

5 Q. If you're able, and it's not an impossible question to

6 answer, who or how do we go about changing that culture?

7 Is it training? Is there a department or a body that

8 might be able to promote it? Can you help at all with

9 how we might ameliorate that position?

10 A. Yes, so the National Institute for Health and Care

11 Research has a big focus on trying to support more

12 research in social care. I think it's partly about

13 trying to understand what the barriers are and

14 recognising that it's not the same as the NHS, and so

15 this is about partnership working, so we're trying to

16 work towards research that is led by social care. It

17 can't be academics like me marching in and saying, "This

18 is what we should do." You know, it's the wrong way

19 round.

20 So a lot of it is about understanding the setting,

21 partnership working, and then providing that training

22 and capacity building, and providing the financial

23 resource and incentive so that people have their time

24 bought out so they can participate in research studies.

25 Q. You make the observation in your paragraph 53 that

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1 you make in your statement, that you say that there is

2 no established culture of research in care homes. Can

3 you help us with what impediment or otherwise that was

4 during the pandemic and whether, if at all, that has

5 changed now?

6 A. So I think the starting point here is research is part

7 of the NHS Constitution, so it's expected that this will

8 happen in hospitals.

9 In social care, because social care is not one

10 organisation, it's a much, much bigger challenge, and so

11 there is not the same familiarity with research, and

12 there aren't people who are funded to support the

13 delivery of research. And so it's not reasonable to

14 expect people to add in a huge amount of extra work to

15 their jobs when they're already overstretched, to take

16 on the delivery and design of research studies.

17 So we need to overcome that problem by funding

18 people to do the research, but also we need to provide

19 the training and capacity building for staff in those

20 care homes.

21 And this really -- some of this is not -- is quite

22 simple stuff. Even terms like the word "research", this

23 doesn't mean the same thing to everybody. In the NHS

24 this is understood to an extent but in social care some

25 of these words are potentially really intimidating and

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1 a major barrier to the research was the inability to

2 reliably identify care home residents or staff in the

3 datasets because there is no national registry of

4 residents and staff. Why was that such an impediment?

5 A. So if you can't -- I think one thing that became really

6 obvious to me in Vivaldi quickly was the power of

7 statistics. So you have to be able to measure things to

8 highlight where issues lie, and to be able to get

9 investment and support to it, to address those

10 challenges. And in the care sector we don't have -- or

11 in care homes we don't have a registry of care home

12 residents or staff.

13 So if you want to look at things like, say, you

14 wanted to say how many people aged over 65 have gone

15 into hospital for flu. You can look at our hospital

16 episodes statistics data, a routine dataset that exists,

17 and you can get the answer to that question, but if you

18 want to ask the same question for care home residents,

19 you can't, because you can't work out which records

20 relate to care home residents.

21 And this just seems like such an important barrier.

22 We don't even have a registry of the population. So

23 it's not that surprising that when a crisis like Covid

24 hits, we're not able to quickly get the answers to the

25 questions about that population and what's happening to

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1 be able to inform policymaking.  
 2 **Q.** You say we need a new way to develop and maintain a care  
 3 home registry. Do you have any views about who should  
 4 maintain that registry and how easily or otherwise it  
 5 might be maintained?

6 **A.** I think it has to be held as a central resource and as  
 7 national data infrastructure, because it's not  
 8 a research study. It's something that would have value  
 9 across so many different settings. It would be valuable  
 10 for surveillance, it would be valuable for policy  
 11 planning, commissioning. It's also valuable for  
 12 research. So it feels like something that it's fairly  
 13 fundamental.

14 But I think this also speaks as to sort of a bigger  
 15 question about vulnerable populations and how you make  
 16 the most vulnerable people in society visible, and we  
 17 have so many challenges around this.

18 So we spoke about the COPI notice, but now the COPI  
 19 notice is no longer. If we want to do this kind of work  
 20 in care homes we have to have approval from the Health  
 21 Research Authority Confidentiality Advisory Group. To  
 22 do that, you that have to make the case for why you can  
 23 use data without consent from this population.

24 And the way that's assessed is by demonstrating the  
 25 population support it. But of course in a vulnerable  
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1 because sometimes if you start detecting infections for  
 2 which there is no treatment, you can sometimes create  
 3 more work and more problems, and certainly one thing --  
 4 another thing we learnt in Covid was around the balance  
 5 of risk and harms of isolating people, quality of life,  
 6 making sure care homes remain open to visitors, and so  
 7 forth.

8 So I do think we need more work in that area but  
 9 I think it needs to be looking at it not just from  
 10 a health perspective but also from a social care  
 11 perspective, so you're considering benefits and harms,  
 12 but definitely from the resident and the family  
 13 perspective, not just health.

14 **MS CAREY:** Professor, those are all the questions I ask  
 15 before -- I know there are some Core Participant  
 16 questions --

17 **LADY HALLETT:** Yes, just before Mr Weatherby asks  
 18 a question. You've described the Vivaldi project and  
 19 the data. When you talk about the data, are we talking  
 20 English data?

21 **A.** Yes.

22 **LADY HALLETT:** Do you know whether some of the principles  
 23 you've described apply to the devolved nations or is  
 24 that beyond your expertise?

25 **A.** I know a little about these, so the data infrastructure  
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1 population who lack capacity, that is immensely  
 2 difficult. So what you're actually doing is taking  
 3 a vulnerable population and then making it really,  
 4 really difficult to have data on them, so that they then  
 5 become more invisible.

6 And I think there are some real challenges around  
 7 this, about advocating for these kinds of populations.

8 **Q.** They will be questions for the DHSC and the UKHSA.

9 Can I just finally ask you this, please, Professor:  
 10 obviously we looked at, earlier, the diagram showing all  
 11 the various routes of ingress into care homes, and  
 12 you've explained, I think clearly, how very difficult it  
 13 would be to work out which of them was the most dominant  
 14 route, but do you think there needs to be any research  
 15 done on any particular one of the number of seven routes  
 16 in that would help in the event of a future pandemic?

17 **A.** I think there's a lot of discussion about how we might  
 18 use point-of-care testing, so lateral flow devices,  
 19 these kind of tests, in an effective way. And you could  
 20 envisage a scenario where these are used more widely in  
 21 care homes, potentially to test staff, potentially to  
 22 test residents, or even to test visitors. So I think  
 23 there is definitely the scope to do quite a lot of work  
 24 in that area.

25 There are some real challenges around it, though,  
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1 is very different in each of the devolved nations.  
 2 Certainly in Wales they have the SAIL dataset where  
 3 a lot of the linkages are already in place. In Scotland  
 4 they have different issues. I don't think any of the  
 5 nations have solved the problem of how you identify care  
 6 home residents and do all these linkages, but ...

7 **LADY HALLETT:** So some of the principles you have expressed  
 8 would apply around the devolved nations although they  
 9 might have slightly different problems or challenges?

10 **A.** I think that's right. I think they would apply to an  
 11 extent but in different ways.

12 **LADY HALLETT:** Yes. Thank you.

13 Sorry, Mr Weatherby.

14 **Questions from MR WEATHERBY KC**

15 **MR WEATHERBY:** Not at all.

16 I think in fact, Professor, you've covered all of  
 17 the questions that I was going to ask you but there's  
 18 one point I just want to clarify, just to make sure that  
 19 I've understood it.

20 And Ms Carey took you to your paragraph 9, where you  
 21 said that there are no systems which routinely monitor  
 22 infections or hospital admissions in individual care  
 23 home residents or staff. Have I understood your  
 24 evidence to date correctly that that has been addressed,  
 25 but there is still no ongoing systems to make sure that  
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1 that happens?

2 **A.** So it was addressed during the pandemic --

3 **Q.** Yes.

4 **A.** -- but now, if we wanted to measure cases of influenza,

5 for example, in care home residents, we couldn't do

6 that.

7 **Q.** You couldn't. So is that something that you would

8 invite the Inquiry to address in recommendations?

9 **A.** Yes, and that's something that we're trying to address,

10 albeit in a smallish way in the Vivaldi social care

11 project.

12 **Q.** In the social care project. That's what I'd understood.

13 Just finally on that, would one way of doing it be

14 to make it a regulatory requirement through the CQC?

15 **A.** I think the challenge is it's this difference between

16 having data at care home level versus the individual

17 level data. So there are systems like Capacity Tracker

18 which collect data direct from the care homes on things

19 like the total number of people who have been

20 vaccinated, and that's very helpful, but if you have

21 a pandemic and you want to know how well is the vaccine

22 working --

23 **Q.** Yes.

24 **A.** -- ideally, you need to be able to track individuals.

25 You get vaccinated, do you get infections? And that's

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1 want to know who is in a care home on a given day. It's

2 just that denominator, because if you know that then you

3 can link to other routine datasets like hospital

4 admissions, like vaccinations, ideally primary care

5 data. But that's your starting point, and we've

6 approached it in this way because we want to build

7 trust, we don't want to go too fast, we want to

8 demonstrate the value of doing this to the care sector,

9 but beyond that, there is huge scope to pull in all

10 different kinds of data. I'm particularly thinking

11 about quality of life data, which we know is so

12 important, but is actually really hard to get.

13 There would need to be work to think about how you

14 record that, how you have the capacity to record that

15 across lots of residents, but ideally, you record that

16 annually or every six months and you're able to pull

17 that into your electronic care records and then that

18 becomes part of your centralised data collection.

19 So I think there is huge scope for us to use routine

20 data to really fill in this gap and with a lot of the

21 advance -- recent advances in data science, particularly

22 ChatGPT, large language models, there are ways that we

23 will be able to start pulling data from care records

24 that doesn't require lots of additional work from care

25 home staff themselves.

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1 the kind of data we don't have at the moment because we

2 can't identify those care home residents in routine

3 data.

4 **MR WEATHERBY:** I see. Thank you very much indeed.

5 **LADY HALLETT:** Thank you, Mr Weatherby.

6 Ms Jones. Over that way.

7 **Questions from MS JESSICA JONES**

8 **MS JONES:** My Lady.

9 Professor Shallcross, you have also answered most of

10 what I was going to ask you about today, as well, but

11 just to follow on from the points you made in your

12 evidence about the lack of pre-existing data that you

13 found about care homes, the lack of data linkage and the

14 gaps that you described Vivaldi as filling, including

15 the need, as you see it, for a centralised database of

16 information about those who live and work in care homes,

17 can you help us at all with what kind of data about

18 those people a centralised database would need to

19 contain in order to be useful for future research and

20 policy making on the experiences and support that people

21 in care homes require?

22 **A.** Yes, so I think at the start this could be extremely

23 limited. So what we've been doing in the Vivaldi social

24 care project is just the NHS number and the care home ID

25 and the reason we're doing that is because we simply

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1 So yeah, I think it could be very simple, initially.

2 **Q.** Thank you. When you refer to quality of life data, can

3 you help us understand precisely what you mean by that?

4 **A.** Yes. This is not my area but colleagues of mine have

5 done a lot of work looking at social care-related

6 quality of life, so measures that you can use to assess

7 quality of life in care home residents. There have been

8 some projects, there's a study called DACHA that looked

9 at this I think in around 60 care homes, and so it is

10 collecting that data and then making modifications to

11 the digital care records so that it gets recorded in

12 those care plans and then if it's in there, using

13 mechanisms like we're using in Vivaldi social care, you

14 can then pull that into your centralised data collection

15 and that could be used for a variety of purposes.

16 So there are existing tools to measure that. The

17 challenge is you need a workforce who have time to be

18 able to go and do those measures on residents and it

19 needs to get recorded in the care records so we can pull

20 it out at the other end.

21 **Q.** Thank you. And finally, I know your experience with

22 Vivaldi was with through care homes specifically.

23 **A.** Yes.

24 **Q.** But you, of course, know and recognise that the care

25 sector is much wider than that. Do you have any

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1 insights about the collection of data and how that could  
2 usefully be done or centralised in respect of people in  
3 other kinds of settings or who receive care at home?  
4 **A.** Yeah, so I should apologise also because I'm sure I have  
5 referred to "social care" when I should have said "care  
6 homes" throughout this afternoon.  
7 I think some of the principles could apply. I think  
8 particularly if a domiciliary care -- digital care  
9 records are used across domiciliary care, and so that is  
10 potentially a way into improving our understanding of  
11 that sector. How comprehensive the kinds of data that  
12 are in those systems, I really don't know, but I do  
13 think as a principle, the idea of using routine data as  
14 the way in is something that should be explored across  
15 domiciliary care as well.  
16 **MS JONES:** Thank you very much.  
17 **LADY HALLETT:** Thank you, Ms Jones.  
18 That completes all the questions we have for you,  
19 professor. Vivaldi has been an extraordinarily  
20 worthwhile project, so thank you for all that you've  
21 done and are continuing to do, and thank you also to  
22 your university for taking the financial hit at the  
23 beginning.  
24 **THE WITNESS:** Thank you.  
25 **LADY HALLETT:** I hope they haven't had to continue taking

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1 a financial hit.  
2 **THE WITNESS:** No.  
3 **LADY HALLETT:** But we were very fortunate the number of  
4 universities who were prepared to take the hit at the  
5 beginning and allow their academics like you to give us  
6 your expertise, so thank you very much indeed.  
7 **THE WITNESS:** Thank you.  
8 **LADY HALLETT:** And thank you for helping the Inquiry. It  
9 has been a really interesting afternoon. I'm not that  
10 good with data sometimes but you made it seem extremely  
11 interesting. Thank you very much.  
12 I shall return for 10.00 tomorrow.  
13 **MS CAREY:** My Lady.  
14 **(4.05 pm)**  
15 **(The hearing concluded until 10.00 am the following day)**  
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214/15<br><b>heart [1]</b> 34/15<br><b>Hearts [6]</b> 33/23<br>34/16 36/2 36/10<br>36/13 36/25<br><b>heavily [1]</b> 195/13<br><b>heavy [2]</b> 7/7 101/9<br><b>held [5]</b> 12/2 19/6<br>187/3 195/24 205/6<br><b>Helen [3]</b> 96/16 97/1<br>215/12<br><b>help [56]</b> 1/22 5/2<br>8/19 27/24 30/1 30/24<br>32/23 36/15 41/17<br>47/6 49/3 52/19 55/4<br>62/9 65/18 65/18<br>67/13 67/21 71/15<br>78/2 93/23 95/13 96/7<br>99/24 127/6 127/6<br>127/6 127/22 138/1<br>141/17 141/18 143/16<br>152/6 156/22 157/12<br>160/18 161/18 162/8<br>164/18 165/9 168/7<br>170/15 173/1 174/5<br>177/10 178/12 190/23<br>191/25 192/14 199/24<br>201/3 202/3 203/8<br>206/16 210/17 212/3<br><b>helped [8]</b> 8/10 62/15<br>63/9 68/2 75/13 98/25<br>168/25 186/20<br><b>helpful [6]</b> 15/17<br>53/25 60/11 154/10<br>178/16 209/20<br><b>helpfully [1]</b> 97/11<br><b>helping [4]</b> 29/25<br>154/10 174/2 214/8<br><b>helps [7]</b> 63/23 127/2<br>149/24 160/11 178/14<br>182/8 183/21<br><b>hence [4]</b> 160/4<br>163/3 173/22 194/3<br><b>her [264]</b><br><b>here [20]</b> 1/13 2/7<br>6/14 58/25 61/3 63/6<br>63/8 71/13 76/24<br>92/18 97/13 101/19<br>103/24 106/2 122/22<br>126/7 131/8 142/1<br>179/18 202/6<br><b>herself [3]</b> 27/8 64/25<br>65/4<br><b>high [4]</b> 143/7 144/12<br>153/18 190/10<br><b>high-impact [1]</b><br>143/7<br><b>high-risk [1]</b> 153/18<br><b>higher [4]</b> 190/2<br>190/5 190/12 190/19<br><b>highlight [3]</b> 171/9 | 183/13 204/8<br><b>highlighted [2]</b><br>171/16 186/9<br><b>highlighting [1]</b><br>191/16<br><b>him [62]</b> 26/12 32/16<br>33/13 33/13 33/20<br>34/10 34/12 34/14<br>34/17 34/21 34/22<br>35/1 35/2 35/2 36/1<br>36/11 36/23 36/24<br>37/8 37/22 37/25 38/9<br>38/22 38/23 39/9<br>39/10 40/4 40/4 44/21<br>45/3 45/4 45/5 49/8<br>49/18 49/25 50/10<br>50/19 51/23 51/24<br>52/11 54/24 57/24<br>58/7 58/8 58/9 60/24<br>62/17 64/20 73/19<br>73/19 73/22 90/5<br>117/23 127/8 127/22<br>130/24 130/25 131/2<br>137/13 139/24 140/3<br>140/6<br><b>himself [4]</b> 33/15<br>46/18 90/4 140/22<br><b>his [56]</b> 32/7 32/7<br>32/12 32/15 32/21<br>33/4 33/5 33/9 33/11<br>33/19 33/21 34/14<br>34/15 34/17 34/25<br>35/3 36/7 39/3 40/5<br>40/7 40/11 40/12 45/5<br>45/17 46/1 49/4 49/21<br>52/5 53/16 53/20 54/2<br>54/9 55/19 56/4 56/8<br>56/10 56/16 58/16<br>59/14 73/8 73/18<br>101/13 101/13 101/15<br>117/22 130/16 137/14<br>138/9 138/9 138/18<br>138/21 139/9 140/18<br>140/19 180/11 180/17<br><b>hit [6]</b> 68/7 70/21<br>73/2 213/22 214/1<br>214/4<br><b>hits [1]</b> 204/24<br><b>hm [2]</b> 8/8 182/3<br><b>hmm [2]</b> 52/12 52/12<br><b>hold [5]</b> 132/7 142/25<br>176/2 180/22 187/9<br><b>holder [1]</b> 145/20<br><b>holding [1]</b> 12/6<br><b>holiday [1]</b> 99/12<br><b>home [277]</b><br><b>homeowner [1]</b><br>110/17<br><b>homes [102]</b> 27/18<br>31/15 31/16 31/17<br>31/21 38/17 61/9<br>61/11 61/13 61/23<br>62/6 93/7 106/3<br>107/13 110/7 110/12 |
|----------|--|---|--|---|

|   |  |  |   |   |
|---|--|--|---|---|
| <b>H</b>  | <b>hospitalisations [3]</b> 201/9 201/11 201/13  | <b>huge [13]</b> 4/25 7/1 7/7 12/24 27/22 58/25  | <b>I call [1]</b> 142/8   | <b>I go [2]</b> 86/9 86/10  |
| <b>homes... [86]</b> 117/24 117/25 129/8 139/5 139/8 141/17 143/17 144/7 144/13 144/21 145/6 149/13 150/14 150/18 151/20 152/20 153/9 153/18 153/25 154/20 157/6 157/22 158/17 158/20 160/19 160/22 161/12 161/18 161/21 161/23 162/4 162/6 162/9 162/15 162/17 164/12 166/8 166/15 166/16 166/20 167/6 167/12 168/15 168/17 168/20 170/5 175/10 175/17 177/3 178/5 180/21 180/25 181/19 183/3 184/8 185/3 185/9 185/15 185/16 185/17 188/22 189/15 192/5 193/1 193/3 196/14 197/23 198/10 198/11 198/20 200/12 201/2 202/2 202/20 204/11 205/20 206/11 206/21 207/6 209/18 210/13 210/16 210/21 212/9 212/22 213/6 | <b>hospitals [10]</b> 106/3 107/13 108/11 109/6 120/17 129/3 152/19 169/8 180/20 202/8   | <b>human [2]</b> 29/8 94/15  | <b>I came [1]</b> 131/22  | <b>I going [1]</b> 76/8   |
| <b>hope [13]</b> 9/1 10/19 14/20 25/22 30/25 63/5 79/17 86/22 110/12 141/18 142/17 192/25 213/25  | <b>hot [3]</b> 23/6 48/4 48/8  | <b>humanity [1]</b> 27/21  | <b>I can [11]</b> 4/20 6/20 12/21 14/8 80/21 86/10 91/24 103/16 160/8 170/1 192/2   | <b>I got [7]</b> 10/6 57/15 77/3 108/19 118/1 162/24 173/17   |
| <b>hoped [1]</b> 110/23   | <b>hotspot [1]</b> 47/10   | <b>humans [1]</b> 103/2  | <b>I can't [6]</b> 13/1 92/4 117/24 127/6 130/18 141/5  | <b>I guess [2]</b> 20/14 155/7  |
| <b>hopefully [1]</b> 74/2   | <b>Hough [6]</b> 96/16 97/1 97/10 140/7 140/24 215/12  | <b>humour [4]</b> 3/5 32/7 32/9 33/5   | <b>I cannot [1]</b> 186/17  | <b>I guided [1]</b> 62/14   |
| <b>hopes [1]</b> 61/1   | <b>hounded [1]</b> 32/13   | <b>hundred [2]</b> 79/5 120/1  | <b>I certainly [1]</b> 41/13  | <b>I had [11]</b> 10/21 14/6 14/23 23/10 23/14 51/20 60/24 87/18 92/15 110/19 135/16  |
| <b>hoping [1]</b> 79/14   | <b>hour [6]</b> 17/6 18/11 81/9 93/10 97/4 136/18  | <b>hundred per cent [1]</b> 79/5   | <b>I come [1]</b> 92/16   | <b>I hand [1]</b> 1/16  |
| <b>Hopkins [2]</b> 144/24 146/18  | <b>hours [15]</b> 23/18 23/20 23/25 57/8 71/1 94/14 121/14 123/5 123/8 130/24 131/1 135/25 137/9 137/18 156/15   | <b>husband [11]</b> 23/11 24/10 34/23 36/21 51/18 51/20 51/24 97/15 97/19 100/3 136/15 | <b>I could [12]</b> 14/13 15/16 17/7 21/4 21/6 23/8 23/12 26/9 28/1 56/9 65/2 94/19   | <b>I have [7]</b> 18/24 60/5 83/17 150/1 166/5 180/13 213/4   |
| <b>horrific [3]</b> 127/19 127/21 139/20  | <b>house [4]</b> 1/13 66/7 91/23 138/24  | <b>husband's [2]</b> 101/2 141/4   | <b>I couldn't [8]</b> 15/1 16/7 23/11 25/17 26/7 36/20 79/13 126/11   | <b>I heard [2]</b> 41/13 88/19  |
| <b>Horrifically [1]</b> 127/25  | <b>houses [2]</b> 90/24 91/8   | <b>hygiene [2]</b> 50/3 60/18  | <b>I deal [1]</b> 196/6   | <b>I held [2]</b> 12/2 19/6   |
| <b>horrified [1]</b> 128/17   | <b>housework [1]</b> 64/24   | <b>hyper [1]</b> 130/18  | <b>I did [24]</b> 8/22 9/4 9/4 11/24 21/24 23/16 26/20 26/20 29/9 41/14 47/19 52/22 53/5 60/13 62/13 62/19 62/19 110/11 110/22 113/25 117/15 121/23 131/6 139/25  | <b>I helped [1]</b> 8/10  |
| <b>hospital [47]</b> 9/25 35/7 50/10 52/15 53/2 54/7 64/19 65/11 66/13 91/15 107/22 108/3 108/11 108/15 109/19 109/24 110/1 129/19 130/3 130/25 131/5 131/9 132/13 132/19 132/24 152/5 152/7 152/11 152/15 153/1 157/21 175/10 175/19 175/24 176/20 176/21 177/3 178/8 178/9 179/13 182/14 183/1 201/2 204/15 204/15 208/22 211/3   | <b>how [106]</b> 1/23 6/14 6/21 7/20 9/6 11/20 12/2 12/21 13/1 15/2 15/13 18/9 18/12 18/23 19/7 20/8 20/22 21/20 24/23 25/3 25/3 25/25 46/20 51/5 52/2 53/23 60/9 61/15 63/4 74/25 76/3 76/5 86/7 87/2 87/7 87/8 88/1 95/20 100/16 100/17 111/4 111/5 117/9 117/11 117/25 126/2 128/1 128/18 131/12 134/13 137/11 140/13 141/3 141/5 147/21 148/13 149/12 149/17 151/16 153/16 154/10 154/19 155/3 156/2 156/10 156/11 157/11 158/6 159/6 160/15 161/12 161/20 163/2 163/9 165/9 168/7 168/14 168/24 170/19 183/20 185/2 187/3 187/11 187/19 187/21 188/14 190/10 190/15 191/8 192/5 192/20 192/23 200/7 203/6 203/9 204/14 205/4 205/15 206/12 206/17 208/5 209/21 211/13 211/14 213/1 213/11 | <b>hypoxia [1]</b> 55/2  | <b>I didn't [17]</b> 15/1 15/3 20/11 20/23 29/10 37/16 39/12 44/5 51/5 55/1 74/14 79/15 88/11 92/16 101/5 120/18 133/20   | <b>I hope [6]</b> 14/20 63/5 110/12 141/18 142/17 213/25  |
|   | <b>however [3]</b> 54/3 155/2 182/19   | <b>hypoxic [1]</b> 52/6  | <b>I do [13]</b> 1/23 16/16 21/19 31/14 97/25 104/13 124/17 142/19 142/22 145/7 199/17 207/8 213/12   | <b>I immediately [1]</b> 74/3   |
|   | <b>HPZone [1]</b> 197/4  | <b>I</b>   | <b>I don't [37]</b> 10/7 10/19 12/3 13/10 18/23 18/25 30/3 42/6 42/22 42/23 43/16 47/24 48/24 56/5 59/21 61/22 63/4 88/2 94/2 94/12 95/4 95/5 95/14 95/17 108/25 109/21 109/21 110/22 117/25 131/4 139/13 139/13 145/16 150/7 174/24 197/14 208/4 | <b>I just [21]</b> 14/14 20/25 21/17 22/7 26/12 27/3 51/23 88/20 105/7 105/14 122/15 127/8 131/15 141/13 142/22 151/25 169/7 171/21 184/12 206/9 208/18 |
|   | <b>hub [2]</b> 45/7 45/13  | <b>I absolutely [1]</b> 13/15  | <b>I anticipate [1]</b> 159/21  | <b>I kept [2]</b> 61/17 61/19   |
|   | <b>hug [1]</b> 59/7  | <b>I actually [1]</b> 76/23  | <b>I appreciate [2]</b> 140/7 194/12  | <b>I knew [12]</b> 5/2 6/11 22/2 35/4 52/19 53/5 56/3 79/16 79/17 110/1 117/20 129/17   |
|   |  | <b>I agree [1]</b> 62/8  | <b>I approached [1]</b> 68/1  | <b>I know [13]</b> 3/10 14/2 28/25 30/1 31/3 46/7 62/19 77/10 78/5 82/25 141/2 141/23 207/25  |
|   |  | <b>I also [1]</b> 87/25  | <b>I ask [12]</b> 35/13 41/2 44/18 63/19 145/2 149/10 154/9 175/11 192/13 196/1 198/5 207/14  | <b>I learned [1]</b> 95/18  |
|   |  | <b>I am [3]</b> 29/10 97/17 141/5  | <b>I asked [6]</b> 18/24 38/22 42/16 75/9 133/13 181/1  | <b>I left [1]</b> 8/2   |
|   |  | <b>I assume [1]</b> 18/4   | <b>I assumed [1]</b> 42/19  | <b>I look [1]</b> 160/9   |
|   |  | <b>I assumed [1]</b> 42/19   | <b>I barely [1]</b> 51/23   | <b>I lost [1]</b> 26/11   |
|   |  | <b>I became [1]</b> 103/6  | <b>I began [1]</b> 103/22   | <b>I made [1]</b> 53/19   |
|   |  | <b>I believe [7]</b> 29/9 46/7 56/24 142/23 176/7 195/19 195/24                        | <b>I bought [1]</b> 118/4   | <b>I managed [2]</b> 52/23 132/3  |
|   |  |  |   | <b>I may [18]</b> 4/5 21/17 24/5 28/9 28/10 102/19 105/7 105/15 120/3 121/4 122/15 123/17 124/18 125/6 128/5 129/20 133/3 180/7                         |
|   |  |  |   | <b>I mean [11]</b> 10/19 12/2 16/6 22/12 48/23 95/22 101/6 111/18 113/16 152/14 170/18  |
|   |  |  |   | <b>I mentioned [1]</b> 201/6  |
|   |  |  |   | <b>I met [1]</b> 186/6  |

|                               |                                |                               |                               |                              |
|-------------------------------|--------------------------------|-------------------------------|-------------------------------|------------------------------|
| <b>I</b>                      | <b>I strongly [1]</b> 176/11   | 113/6 115/15 118/8            | 84/19 92/21 92/22             | 121/19 121/20 122/15         |
| <b>I might [1]</b> 92/4       | <b>I subsequently [2]</b>      | 124/19 135/20 180/21          | 96/6 96/14 96/19 97/2         | 123/17 124/18 125/6          |
| <b>I must [2]</b> 14/7        | 79/12 79/19                    | <b>I understand it [2]</b>    | 102/19 110/21 120/3           | 128/5 129/20 130/18          |
| 133/18                        | <b>I supported [1]</b>         | 11/17 95/23                   | 123/17 133/24 142/20          | 130/18 132/13 132/14         |
| <b>I need [7]</b> 93/20       | 117/22                         | <b>I understood [1]</b>       | 145/16 149/14 153/15          | 132/15 132/24 133/3          |
| 125/24 126/14 126/15          | <b>I suppose [2]</b> 69/9      | 208/23                        | 156/23 157/5 160/11           | 134/22 135/15 136/23         |
| 126/16 126/16 182/5           | 88/19                          | <b>I use [1]</b> 121/24       | 181/13 183/21 194/12          | 138/15 142/1 143/12          |
| <b>I needed [1]</b> 6/12      | <b>I take [1]</b> 152/24       | <b>I used [1]</b> 7/23        | 211/10 213/4 214/9            | 145/10 149/24 150/8          |
| <b>I never [3]</b> 11/9 32/16 | <b>I think [130]</b> 2/1 13/9  | <b>I very [1]</b> 96/5        | <b>I've [13]</b> 9/22 10/4    | 152/3 152/18 153/12          |
| 94/19                         | 16/11 18/4 20/15               | <b>I want [9]</b> 3/12 3/12   | 20/22 25/13 29/22             | 153/15 156/19 156/20         |
| <b>I noticed [1]</b> 125/17   | 21/23 22/24 25/7               | 53/10 59/1 88/1               | 63/10 96/21 109/23            | 157/9 159/11 159/12          |
| <b>I now [1]</b> 133/3        | 25/18 25/23 29/18              | 110/25 121/4 125/6            | 137/20 156/19 159/11          | 160/8 160/10 160/11          |
| <b>I obviously [1]</b> 23/4   | 29/24 30/15 32/10              | 136/15                        | 173/3 208/19                  | 163/12 163/23 163/25         |
| <b>I phoned [3]</b> 19/1      | 41/4 42/10 43/8 43/8           | <b>I wanted [8]</b> 14/10     | <b>ID [3]</b> 197/18 197/19   | 167/13 169/12 169/20         |
| 21/24 81/19                   | 43/16 43/18 44/22              | 14/22 40/7 40/8 44/7          | 210/24                        | 170/1 170/23 170/23          |
| <b>I please [1]</b> 1/19      | 45/1 46/10 48/6 51/11          | 88/9 88/15 108/17             | <b>idea [11]</b> 18/24 20/22  | 177/2 177/2 177/13           |
| <b>I printed [1]</b> 12/1     | 52/22 61/2 61/13               | <b>I was [63]</b> 5/14 6/14   | 25/24 48/21 95/23             | 179/4 180/7 181/22           |
| <b>I probably [2]</b> 72/8    | 62/13 71/24 78/7 80/9          | 7/13 7/14 8/3 9/13            | 155/5 156/10 165/1            | 182/5 182/8 182/8            |
| 74/8                          | 85/3 86/16 91/9 95/9           | 9/23 10/4 10/7 12/7           | 165/14 192/5 213/13           | 182/9 183/21 184/18          |
| <b>I promise [1]</b> 97/3     | 140/23 140/24 144/23           | 12/22 14/9 14/14              | <b>ideal [3]</b> 198/8 198/9  | 184/24 185/22 185/25         |
| <b>I promised [1]</b> 26/11   | 146/2 146/14 146/20            | 14/16 14/20 14/20             | 198/15                        | 187/6 189/1 189/6            |
| <b>I pushed [1]</b> 14/17     | 147/7 148/7 149/3              | 15/3 18/18 22/1 22/2          | <b>ideally [4]</b> 198/25     | 189/20 191/8 191/16          |
| <b>I rang [5]</b> 77/12 86/25 | 149/7 149/16 149/21            | 23/2 23/14 23/16              | 209/24 211/4 211/15           | 191/22 191/22 192/2          |
| 87/24 88/15 126/12            | 151/14 151/18 153/24           | 23/18 23/24 23/25             | <b>identified [2]</b> 12/25   | 192/10 194/13 196/4          |
| <b>I read [1]</b> 102/23      | 155/13 155/22 156/1            | 25/18 29/11 35/2 35/5         | 151/15                        | 196/9 196/20 199/19          |
| <b>I really [1]</b> 116/16    | 157/4 157/18 160/22            | 36/20 42/16 43/2              | <b>identifier [1]</b> 187/8   | 202/4 203/2 203/5            |
| <b>I received [2]</b> 76/22   | 161/25 162/13 164/10           | 47/21 49/1 51/1 52/22         | <b>identifiers [1]</b> 187/12 | 204/5 204/13 204/17          |
| 76/22                         | 169/15 169/22 171/7            | 54/17 60/2 60/13              | <b>identify [5]</b> 157/15    | 205/19 207/1 209/4           |
| <b>I recognised [1]</b>       | 172/6 172/10 174/12            | 60/18 60/25 63/7 73/6         | 170/12 204/2 208/5            | 209/20 211/2 212/12          |
| 151/23                        | 174/16 174/25 175/5            | 73/16 78/5 79/6 79/14         | 210/2                         | 213/8                        |
| <b>I referred [1]</b> 53/22   | 175/12 175/14 176/13           | 91/24 95/17 98/24             | <b>identifying [1]</b>        | <b>ill [1]</b> 23/17         |
| <b>I remember [6]</b> 6/8     | 176/17 176/18 176/25           | 102/23 102/23 103/6           | 151/19                        | <b>illnesses [1]</b> 129/25  |
| 6/12 10/9 19/19 26/10         | 177/16 177/18 177/25           | 103/7 110/6 110/10            | <b>ie [1]</b> 175/19          | <b>illustrate [1]</b> 178/17 |
| 39/12                         | 178/16 178/18 180/8            | 110/10 149/18 155/10          | <b>if [195]</b> 1/14 1/25 3/1 | <b>image [1]</b> 30/4        |
| <b>I remind [1]</b> 1/11      | 180/10 181/4 182/1             | 176/13 180/23 210/10          | 4/5 4/20 6/12 6/20            | <b>images [1]</b> 38/16      |
| <b>I requested [1]</b> 22/5   | 182/16 183/5 183/6             | <b>I wasn't [4]</b> 18/20     | 8/11 10/21 13/24              | <b>imagine [5]</b> 61/24     |
| <b>I retired [1]</b> 5/16     | 183/10 186/15 186/24           | 48/20 48/20 58/5              | 14/14 14/16 15/1              | 92/4 92/25 141/19            |
| <b>I said [27]</b> 13/19      | 188/5 189/4 189/14             | <b>I went [5]</b> 5/14 23/7   | 15/16 15/18 17/7 19/2         | 187/16                       |
| 22/24 25/14 26/8              | 189/16 190/10 192/8            | 24/2 99/5 131/6               | 19/3 19/5 19/25 20/11         | <b>immediate [5]</b> 10/5    |
| 30/11 53/10 73/17             | 192/15 193/5 193/20            | <b>I were [1]</b> 181/22      | 20/23 21/17 24/4 27/3         | 10/6 69/11 85/11 91/4        |
| 73/22 75/12 82/25             | 194/10 196/12 197/1            | <b>I will [2]</b> 88/3 196/1  | 28/9 28/10 30/3 31/1          | <b>immediately [5]</b> 9/7   |
| 85/6 86/10 87/5 87/25         | 198/8 198/13 198/23            | <b>I won't [1]</b> 143/8      | 36/5 36/20 41/10              | 21/17 35/11 57/9 74/3        |
| 92/21 108/20 108/25           | 198/24 199/7 199/14            | <b>I wonder [1]</b> 177/13    | 41/10 42/4 42/6 42/16         | <b>immensely [2]</b> 185/5   |
| 122/2 125/23 125/24           | 200/20 201/20 201/21           | <b>I worked [1]</b> 149/15    | 43/13 43/14 44/7 46/1         | 206/1                        |
| 126/3 126/13 139/13           | 202/6 203/12 204/5             | <b>I would [16]</b> 8/11      | 46/5 46/19 47/23 49/1         | <b>immobile [1]</b> 6/18     |
| 140/3 140/6 140/12            | 205/6 205/14 206/6             | 8/17 11/23 14/13              | 50/12 51/1 52/19 54/2         | <b>immoral [1]</b> 29/8      |
| 140/15                        | 206/17 206/22 207/9            | 60/17 61/24 87/25             | 54/3 54/7 56/1 61/24          | <b>immunisations [2]</b>     |
| <b>I saw [1]</b> 56/8         | 208/10 208/10 208/16           | 88/4 108/15 109/12            | 63/11 63/12 63/22             | 194/5 195/24                 |
| <b>I say [5]</b> 22/7 122/18  | 209/15 210/22 211/19           | 146/23 147/23 148/2           | 66/3 66/5 66/6 67/18          | <b>immunity [2]</b> 191/17   |
| 133/15 135/6 145/7            | 212/1 212/9 213/7              | 152/22 197/1 198/21           | 70/12 71/12 73/12             | 192/1                        |
| <b>I see [2]</b> 159/11       | 213/7                          | <b>I'd [21]</b> 2/12 7/25     | 74/3 74/6 75/20 78/2          | <b>impact [21]</b> 1/6 9/21  |
| 210/4                         | <b>I think funeral [1]</b>     | 8/12 8/14 14/22 15/15         | 78/4 78/16 78/20              | 21/7 58/23 58/25 59/2        |
| <b>I set [1]</b> 5/4          | 27/17                          | 16/6 18/16 18/21 21/4         | 79/17 80/22 82/7              | 59/11 62/3 62/4 80/16        |
| <b>I shall [3]</b> 62/21      | <b>I thought [8]</b> 19/5      | 25/7 26/13 34/22              | 86/10 87/8 87/12 88/1         | 81/22 133/4 134/12           |
| 142/3 214/12                  | 20/22 25/20 41/16              | 52/24 56/23 74/17             | 89/4 90/5 91/24 94/2          | 136/15 137/13 143/7          |
| <b>I should [3]</b> 155/7     | 61/1 79/15 103/23              | 133/1 149/23 166/4            | 94/11 94/14 95/4              | 149/17 151/7 151/12          |
| 213/4 213/5                   | 140/19                         | 175/8 209/12                  | 95/14 96/16 101/22            | 172/12 200/17                |
| <b>I spent [2]</b> 27/25 76/5 | <b>I took [4]</b> 7/3 23/4     | <b>I'll [5]</b> 30/3 45/18    | 101/23 102/8 102/15           | <b>impacted [1]</b> 25/4     |
| <b>I spoke [5]</b> 21/24      | 99/1 185/22                    | 96/14 169/23 173/4            | 102/19 103/16 105/7           | <b>impacting [1]</b> 12/22   |
| 49/18 83/15 83/18             | <b>I tried [4]</b> 10/19 10/20 | <b>I'm [42]</b> 1/24 4/5 5/18 | 105/15 108/2 108/5            | <b>impacts [2]</b> 3/11      |
| 117/23                        | 11/24 60/13                    | 11/15 15/5 23/19 24/4         | 108/16 109/21 110/17          | 197/11                       |
| <b>I start [1]</b> 19/5       | <b>I turn [1]</b> 143/15       | 30/5 31/2 34/25 51/16         | 111/14 113/16 113/17          | <b>impaired [1]</b> 185/10   |
| <b>I started [1]</b> 157/4    | <b>I understand [9]</b>        | 58/7 58/11 60/21              | 113/18 113/21 120/3           | <b>impediment [2]</b>        |
|                               | 17/12 17/18 102/2              | 62/11 76/11 78/13             | 121/1 121/4 121/18            | 202/3 204/4                  |

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| <b>I</b>   | 145/5 145/19  | <b>ingress [3]</b> 177/9<br>179/1 206/11  | <b>intense [1]</b> 137/7  | <b>involving [3]</b> 97/15<br>123/18 130/5  |
| <b>impetus [1]</b> 199/7   | <b>independently [1]</b><br>145/24  | <b>inhumane [1]</b> 11/11   | <b>intensified [1]</b> 182/13   | <b>iPad [3]</b> 16/5 80/8<br>80/9   |
| <b>impinge [2]</b> 150/10<br>175/9   | <b>indication [1]</b> 85/1  | <b>initial [3]</b> 11/16<br>180/24 184/1  | <b>intensive [2]</b> 100/22<br>100/22   | <b>iPads [1]</b> 16/2   |
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| <b>importance [1]</b><br>181/10  | <b>individuals [7]</b> 47/17<br>108/10 134/4 146/10<br>164/15 197/16 209/24   | <b>innovative [1]</b> 197/14  | <b>interested [3]</b> 102/7<br>164/24 170/20  | <b>Ireland [4]</b> 64/6 91/11<br>91/11 95/15  |
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| <b>importantly [2]</b><br>123/10 192/8   | <b>infect [3]</b> 172/16<br>173/7 173/14  | <b>INQ0002039333 [1]</b><br>177/24  | <b>interests [3]</b> 3/20<br>5/10 32/15   | <b>is strong [1]</b> 150/16   |
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| <b>including [6]</b> 1/8 1/10<br>134/3 140/1 148/20<br>210/14  |   | <b>insights [2]</b> 160/17<br>213/1   | <b>investigate [2]</b> 30/8<br>190/25   | <b>it's [92]</b> 2/2 2/3 3/17<br>9/25 16/11 18/12<br>28/25 29/1 31/20<br>34/25 37/13 37/19<br>40/3 42/7 49/6 52/7<br>53/24 55/15 58/25<br>62/4 63/14 63/22<br>86/17 86/17 87/5<br>94/16 103/25 104/5<br>111/12 114/4 116/9<br>121/19 122/17 123/25<br>126/22 127/17 128/7<br>131/7 140/6 141/2<br>141/10 141/18 141/19<br>141/20 145/17 146/20<br>149/24 151/19 151/20<br>152/21 153/10 153/10<br>155/8 157/11 158/24<br>167/11 174/24 176/17<br>177/16 177/17 177/19<br>178/19 179/25 180/1<br>180/17 181/5 181/16<br>182/7 183/5 189/7<br>190/20 193/11 196/12<br>198/16 199/22 200/1<br>201/5 202/7 202/10 |
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|  |   | <b>Institute [4]</b> 142/24<br>143/1 145/21 203/10  |   |   |
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| <b>Ms Jones [2]</b> 210/6     | 40/25 44/3 45/2 45/25        | <b>nearly [1]</b> 166/7      | 157/6                        | 107/20 108/12 110/9        |
| 213/17                        | 47/11 49/3 51/20             | <b>necessarily [4]</b> 15/15 | <b>newspapers [1]</b>        | 110/19 111/12 111/12       |
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| <b>Ms Kilbee [3]</b> 35/14    | 61/1 61/25 62/10             | 153/21 157/3                 | 30/22 43/8 47/5 49/5         | 121/25 122/5 123/12        |
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| <b>Ms</b>                     | 63/1 63/18 64/18             | 31/1 33/10 38/12             | 89/25 90/12 91/9             | 127/18 128/8 128/10        |
| <b>Wier-Wierzbowska</b>       | 64/25 65/24 66/3 67/6        | 52/17 63/11 65/18            | 91/16 96/13 102/15           | 128/13 128/25 129/9        |
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| 154/17 156/13 156/14         | 143/24 148/16 160/12        | 44/7 44/9 44/13 47/17        | <b>that I [31]</b> 5/15 5/18  | 145/12 145/22 148/1         |
| 166/5 183/25 185/4           | 179/23 183/20 184/15        | 108/13 109/19 113/16         | 6/11 8/13 12/8 13/22          | 158/21 169/19 172/11        |
| 194/8 194/13 200/13          | 196/1                       | 113/18 113/21 114/10         | 14/16 14/21 16/14             | 186/13 186/19 191/13        |
| 202/15 214/4                 | <b>telling [1]</b> 94/1     | 114/14 120/3 120/5           | 18/17 21/2 23/2 26/12         | 197/17 197/17 197/18        |
| <b>taken [20]</b> 10/1 11/21 | <b>temperature [4]</b>      | 120/12 120/19 121/11         | 49/19 53/19 62/14             | 197/18 202/15 203/23        |
| 20/7 20/24 38/8 50/12        | 125/18 130/14 130/15        | 122/6 122/12 122/12          | 62/16 77/12 78/15             | 214/5                       |
| 51/22 54/7 56/7 60/20        | 130/23                      | 135/14 148/20 150/20         | 79/10 79/24 85/1 88/8         | <b>them [85]</b> 7/24 29/15 |
| 66/13 66/13 78/9             | <b>temporary [2]</b> 41/19  | 153/9 153/12 153/17          | 94/1 110/1 110/23             | 32/10 37/5 39/9 39/13       |
| 85/23 90/17 102/11           | 41/21                       | 153/19 153/19 153/24         | 118/21 151/24 172/4           | 40/8 42/6 47/9 48/7         |
| 132/12 132/19 178/1          | <b>tempt [1]</b> 8/12       | 154/1 154/2 155/20           | 187/16 208/17                 | 48/23 60/15 63/11           |
| 184/15                       | <b>ten [8]</b> 11/10 26/9   | 158/16 158/24 159/7          | <b>that's [106]</b> 2/11 4/12 | 65/4 65/24 66/4 70/6        |
| <b>takes [2]</b> 123/8       | 59/18 71/2 90/20 91/1       | 159/23 163/4 163/5           | 4/23 5/4 9/21 19/17           | 70/23 73/13 75/21           |
| 156/10                       | 120/1 191/3                 | 163/25 164/11 164/16         | 21/10 25/12 28/12             | 82/8 88/8 92/18 94/25       |
| <b>taking [20]</b> 5/7 16/2  | <b>ten minutes [1]</b> 71/2 | 165/8 165/15 165/15          | 31/11 31/19 31/25             | 100/18 101/2 101/7          |
| 20/3 20/15 28/3 38/8         | <b>ten months [2]</b> 11/10 | 165/18 165/20 166/1          | 32/1 37/22 38/7 38/10         | 101/21 102/3 102/5          |
| 39/11 65/3 88/18             | 191/3                       | 166/9 166/22 166/23          | 43/24 50/17 53/25             | 102/10 102/11 102/13        |
| 88/20 89/21 127/14           | <b>tend [1]</b> 173/13      | 172/17 173/8 176/23          | 55/2 62/13 64/5 64/16         | 105/13 105/15 110/18        |
| 131/8 134/22 135/4           | <b>tension [3]</b> 148/5    | 179/7 179/23 184/4           | 68/5 70/2 71/9 77/17          | 110/24 111/14 111/16        |
| 149/5 154/20 206/2           | 148/25 149/2                | 184/5 184/23 187/1           | 78/22 80/20 82/15             | 113/7 114/17 115/1          |
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| <b>talk [8]</b> 23/16 31/23  | 187/18                      | 192/21 195/13 195/13         | 92/18 92/21 93/2 96/4         | 118/20 119/13 119/14        |
| 32/5 59/12 80/16             | <b>termed [1]</b> 69/10     | 195/16 195/18 196/18         | 96/4 97/12 100/12             | 119/15 119/18 121/23        |
| 141/24 185/12 207/19         | <b>terminal [1]</b> 5/2     | 197/16 206/18                | 106/6 110/17 116/5            | 122/1 126/13 128/4          |
| <b>talked [2]</b> 186/8      | <b>terms [49]</b> 2/9 6/4   | <b>tests [4]</b> 120/14      | 117/25 125/14 128/18          | 131/22 131/24 132/7         |
| 186/8                        | 6/21 7/19 8/4 8/10 9/5      | 121/3 165/10 206/19          | 129/1 129/2 132/10            | 133/12 133/14 135/17        |
| <b>talking [6]</b> 51/16     | 10/16 15/13 16/16           | <b>than [27]</b> 23/22 41/11 | 140/23 140/24 142/2           | 138/3 138/4 138/6           |
| 95/21 150/19 165/14          | 19/10 20/5 24/13            | 48/3 49/12 55/19             | 143/3 143/11 143/23           | 138/15 138/17 138/18        |
| 177/21 207/19                | 24/22 25/25 25/25           | 60/18 73/25 74/4 81/4        | 144/14 145/1 145/21           | 138/19 143/8 149/18         |
| <b>tap [1]</b> 40/8          | 48/2 65/21 72/7 79/20       | 111/17 115/9 123/5           | 145/24 145/24 146/17          | 153/16 160/8 164/1          |
| <b>taskforce [1]</b> 169/24  | 95/16 99/7 100/1            | 166/2 166/20 166/22          | 147/11 147/17 151/21          | 166/18 167/21 168/14        |
| <b>tasks [1]</b> 42/18       | 100/9 100/15 101/11         | 168/2 172/16 172/19          | 156/13 156/24 158/22          | 168/14 170/7 173/20         |
| <b>taught [1]</b> 32/12      | 104/2 104/10 105/21         | 173/7 173/10 173/14          | 159/16 160/1 160/3            | 174/15 179/6 186/25         |
| <b>tea [13]</b> 8/17 8/18    | 106/11 109/6 112/25         | 190/2 190/12 190/19          | 160/24 162/2 162/7            | 187/10 187/22 206/4         |
| 8/18 38/3 65/1 67/19         | 114/17 115/24 117/6         | 191/7 201/22 212/25          | 162/11 162/21 163/17          | 206/13                      |
| 72/15 72/16 72/17            | 118/10 118/23 119/22        | <b>thank [89]</b> 1/4 1/17   | 163/21 164/17 168/23          | <b>themes [1]</b> 1/8       |
| 72/19 72/21 72/24            | 120/11 123/19 129/11        | 1/22 2/4 2/6 5/19 13/3       | 169/15 172/25 173/16          | <b>themselves [6]</b> 67/19 |
| 73/13                        | 129/18 134/12 137/11        | 29/20 29/25 30/9             | 173/19 175/19 175/21          | 67/24 115/8 124/7           |
| <b>teabags [1]</b> 72/21     | 139/23 154/12 156/12        | 30/10 30/11 30/18            | 177/14 177/20 178/11          | 169/24 211/25               |
| <b>team [16]</b> 22/4 22/5   | 170/15 202/22               | 30/20 30/24 31/5             | 179/20 181/12 181/15          | <b>then [136]</b> 5/2 5/20  |
| 41/15 41/16 53/12            | <b>terrible [1]</b> 80/16   | 35/16 37/9 59/23 60/5        | 184/17 184/21 185/1           | 6/20 9/16 10/20 11/15       |
| 53/14 54/3 84/23 85/4        | <b>terribly [1]</b> 5/24    | 60/7 62/9 62/10 62/19        | 197/4 197/21 198/11           | 15/6 15/9 15/24 16/17       |
| 87/1 87/6 142/1 145/8        | <b>terrified [4]</b> 14/16  | 62/20 63/1 63/15             | 198/14 199/16 205/24          | 17/12 17/14 19/25           |
| 159/12 185/17 196/22         | 134/14 134/20 135/5         | 63/19 64/1 64/3 90/12        | 208/10 209/9 209/12           | 23/17 24/2 27/3 28/3        |
| <b>teams [9]</b> 41/6 41/11  | <b>test [31]</b> 43/8 43/11 | 92/6 94/5 95/7 95/10         | 209/20 209/25 211/5           | 28/3 35/12 39/10            |
| 42/5 157/24 158/12           | 47/1 109/10 120/22          | 95/11 95/13 96/9             | <b>Theatre [1]</b> 118/12     | 40/24 46/15 53/12           |
| 158/14 158/21 158/23         | 120/22 121/1 121/2          | 96/10 96/10 96/11            | <b>their [75]</b> 12/20 27/19 | 57/6 65/10 65/17            |
| 188/14                       | 121/7 121/24 123/7          | 96/16 97/6 97/7 97/8         | 41/20 43/1 43/16 44/3         | 65/19 65/20 66/2            |
| <b>teatime [1]</b> 138/12    | 125/1 125/4 137/24          | 97/10 97/17 120/2            | 44/23 45/8 46/10              | 66/14 67/14 67/25           |
| <b>technical [2]</b> 177/16  | 139/4 159/15 159/17         | 123/17 131/14 133/3          | 46/11 48/2 48/5 48/10         | 72/19 72/19 73/15           |
| 177/25                       | 163/20 164/20 164/21        | 140/24 140/25 141/7          | 59/19 59/19 66/4              | 75/6 81/10 84/20            |
| <b>technology [2]</b> 15/19  | 165/6 165/17 179/18         | 141/13 141/21 142/2          | 67/20 86/2 87/8 87/23         | 86/25 89/12 89/19           |
| 80/11                        | 179/21 184/14 184/19        | 142/12 142/14 145/14         | 87/24 94/13 101/2             | 89/21 90/17 91/8            |
| <b>tee [2]</b> 48/4 48/9     | 187/1 191/10 206/21         | 146/1 146/9 146/13           | 101/22 102/13 105/21          | 95/21 98/23 100/3           |
| <b>teenage [1]</b> 42/11     | 206/22 206/22               | 151/25 171/6 176/16          | 108/22 111/18 111/19          | 101/17 102/9 103/22         |
| <b>telephone [3]</b> 106/15  | <b>tested [23]</b> 25/8     | 177/18 177/24 178/3          | 113/15 113/16 114/3           | 105/22 106/11 108/8         |
| 107/1 120/9                  | 44/16 44/16 47/22           | 181/25 187/23 189/8          | 114/4 114/17 115/1            | 109/21 110/18 111/20        |
| <b>tell [29]</b> 3/1 26/20   | 51/8 109/16 110/2           | 189/17 194/16 194/21         | 115/3 115/4 115/14            | 112/22 113/17 113/19        |
|                              | 120/25 123/15 135/18        | 208/12 210/4 210/5           | 115/17 115/20 119/14          | 113/22 115/5 115/14         |

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|----------|---|---|--|---|
| <b>T</b> | <b>they're [12]</b> 19/5<br>41/14 71/12 110/19<br>111/17 111/21 121/25<br>127/16 130/18 130/18<br>148/13 202/15<br><b>they've [3]</b> 122/1<br>123/15 153/4<br><b>thickener [2]</b> 8/16<br>8/18<br><b>thicker [1]</b> 118/10<br><b>thing [13]</b> 33/14<br>33/22 45/4 126/13<br>126/22 140/6 149/9<br>178/20 197/14 202/23<br>204/5 207/3 207/4<br><b>things [56]</b> 5/17 7/19<br>8/7 8/12 9/13 12/6<br>46/16 46/19 46/20<br>56/8 56/9 60/8 60/23<br>61/19 62/14 69/13<br>69/16 70/11 71/10<br>71/19 72/9 72/9 73/11<br>73/12 73/23 74/19<br>75/14 87/12 94/7<br>95/18 100/10 101/18<br>101/20 102/3 102/9<br>118/4 133/7 137/16<br>148/11 150/5 154/15<br>154/19 155/20 156/21<br>161/15 162/23 164/22<br>165/13 165/18 168/13<br>170/17 170/18 196/3<br>204/7 204/13 209/18<br><b>think [167]</b> 2/1 10/7<br>12/20 13/9 16/8 16/11<br>18/4 20/15 21/23<br>22/24 25/7 25/18<br>25/23 27/17 29/18<br>29/24 30/15 32/10<br>41/4 42/10 42/22<br>42/23 43/8 43/8 43/16<br>43/18 44/5 44/22 45/1<br>46/10 48/6 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137/11<br>138/8 146/11 146/21<br>148/21 151/17 153/20<br>153/21 153/22 154/22<br>155/20 158/23 159/10<br>160/19 161/10 161/23<br>164/22 166/22 168/7<br>168/12 168/18 168/19<br>168/21 170/22 171/21<br>171/25 173/11 175/24<br>176/3 176/6 176/14<br>178/15 184/12 185/15<br>187/4 187/7 188/9<br>188/21 191/3 191/12<br>191/15 195/1 202/19<br>204/9 207/14 210/2<br>210/16 210/18 212/12<br>212/18 213/12<br><b>though [14]</b> 133/19 | 143/15 145/2 145/19<br>146/7 147/20 151/9<br>151/25 154/24 162/22<br>165/4 184/13 199/24<br>206/25<br><b>thought [16]</b> 19/5<br>20/22 25/20 41/16<br>43/6 43/19 61/1 72/8<br>74/15 74/16 74/21<br>79/15 80/25 103/23<br>113/22 140/19<br><b>thousands [1]</b><br>188/24<br><b>thread [1]</b> 119/13<br><b>thready [1]</b> 34/25<br><b>threat [2]</b> 23/13 26/8<br><b>threats [1]</b> 200/19<br><b>three [15]</b> 35/7 69/15<br>74/4 91/14 95/22<br>95/23 99/5 112/9<br>112/12 130/24 131/1<br>144/9 190/18 193/21<br>194/3<br><b>three hours [2]</b><br>130/24 131/1<br><b>three months 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|                               |                               |                                |                              |                              |
|-------------------------------|-------------------------------|--------------------------------|------------------------------|------------------------------|
| <b>T</b>                      | 197/25                        | 179/17 179/24 180/25           | 85/15                        | 79/6 94/12 95/23             |
| <b>time...</b> [88] 52/18     | <b>tomorrow</b> [3] 35/1      | 181/6 181/10 181/20            | <b>TV</b> [4] 38/17 138/23   | 102/2 113/6 115/15           |
| 54/20 56/14 57/12             | 180/13 214/12                 | 181/22 183/8 183/13            | 138/25 139/2                 | 118/8 124/19 135/20          |
| 57/16 60/14 62/5              | <b>tonight</b> [1] 126/8      | <b>transport</b> [2] 6/11      | <b>twice</b> [2] 34/6 36/19  | 144/12 144/16 144/19         |
| 64/10 65/5 66/2 66/4          | <b>too</b> [19] 4/23 8/15     | 132/24                         | <b>two</b> [39] 5/15 17/18   | 157/14 159/7 161/18          |
| 67/11 68/15 68/16             | 10/3 13/10 14/14              | <b>trauma</b> [2] 19/18        | 17/19 45/10 49/12            | 171/2 179/5 180/21           |
| 69/4 74/1 74/16 76/17         | 14/17 19/5 25/24 63/5         | 27/16                          | 63/8 64/15 65/18 66/9        | 184/10 184/12 184/13         |
| 81/16 81/17 85/12             | 80/25 93/11 100/4             | <b>travel</b> [1] 47/13        | 66/17 70/20 74/4 75/5        | 203/13 212/3                 |
| 86/4 88/2 88/8 89/10          | 102/12 121/23 125/4           | <b>travelled</b> [1] 46/9      | 83/22 84/20 85/12            | <b>understand it</b> [1]     |
| 89/20 90/2 90/8 93/12         | 137/5 176/11 181/14           | <b>travelling</b> [1] 47/6     | 88/7 90/4 91/9 93/15         | 15/22                        |
| 95/20 97/18 98/4              | 211/7                         | <b>treading</b> [3] 14/5       | 99/16 99/20 111/14           | <b>understandable</b> [1]    |
| 98/23 98/24 99/1 99/6         | <b>took</b> [30] 7/3 11/16    | 175/1 198/1                    | 111/15 132/6 132/10          | 199/17                       |
| 100/3 102/17 103/1            | 23/4 33/20 42/4 51/23         | <b>treat</b> [1] 138/18        | 137/7 137/18 144/2           | <b>understandably</b> [1]    |
| 103/3 103/11 103/15           | 65/15 68/14 68/21             | <b>treated</b> [1] 141/3       | 147/8 156/14 160/8           | 27/10                        |
| 105/11 107/11 109/5           | 72/22 81/2 82/19              | <b>treating</b> [1] 109/25     | 160/14 172/20 173/11         | <b>understanding</b> [6]     |
| 109/13 109/14 111/18          | 85/15 89/25 99/1              | <b>treatment</b> [7] 53/11     | 176/4 187/6 188/9            | 37/16 89/17 151/9            |
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| 22/7 27/3 40/17 53/9         | 167/7 167/13 172/18          | 140/10                      | <b>weren't [34]</b> 19/22 | 32/13 91/13 157/10          |
| 53/10 59/1 87/25 88/1        | 173/9 184/4 190/1            | <b>week [19]</b> 5/15 34/6  | 20/2 20/5 21/2 36/15      | 161/19 164/23 164/23        |
| 99/2 105/7 105/14            | 190/14 190/22 191/11         | 36/2 36/19 36/19            | 38/7 38/13 47/13          | 201/16 204/25               |
| 109/1 110/1 110/18           | <b>wave 1 [3]</b> 163/3      | 36/20 40/13 52/25           | 47/14 50/2 62/6 67/3      | <b>whatever [4]</b> 48/11   |
| 110/25 114/3 114/4           | 184/4 191/11                 | 65/14 74/14 83/22           | 75/20 76/14 76/21         | 138/11 138/19 178/7         |
| 116/16 121/4 122/15          | <b>waves [2]</b> 167/16      | 92/18 99/5 135/16           | 77/2 83/10 84/15 89/8     | <b>WhatsApp [2]</b> 61/17   |
| 125/6 129/7 131/15           | 189/13                       | 139/6 149/24 150/3          | 89/9 90/11 90/25 95/3     | 61/18                       |
| 132/9 133/3 136/15           | <b>waving [2]</b> 78/24      | 172/3 195/3                 | 95/3 103/9 110/23         | <b>wheelchair [2]</b> 66/12 |
| 149/12 150/12 172/7          | 79/6                         | <b>weekend [2]</b> 121/19   | 114/5 131/3 131/11        | 102/15                      |
| 174/22 174/24 179/4          | <b>way [45]</b> 8/24 13/23   | 121/19                      | 135/15 140/8 158/6        | <b>wheeled [2]</b> 85/21    |
| 187/7 199/19 203/2           | 14/8 18/19 31/21 40/6        | <b>weekly [2]</b> 108/4     | 167/3 171/4               | 90/18                       |
| 203/4 204/13 204/18          | 46/19 62/15 73/8             | 153/19                      | <b>what [164]</b> 3/2 3/9 | <b>when [123]</b> 5/13 5/19 |
| 205/19 208/18 209/21         | 73/18 80/21 96/17            | <b>weeks [10]</b> 6/3 7/5   | 3/13 4/5 5/2 5/4 8/4      | 6/20 8/4 11/6 12/4          |
| 211/1 211/6 211/7            | 102/25 108/15 134/5          | 35/7 66/1 74/4 74/22        | 8/9 9/12 10/8 10/16       | 18/15 21/3 21/19            |
| 211/7                        | 144/11 144/17 152/16         | 92/7 92/18 119/16           | 11/3 14/5 17/17 18/12     | 21/24 22/8 24/2 26/11       |
| <b>wanted [30]</b> 12/23     | 155/9 158/3 158/18           | 154/17                      | 20/2 21/6 21/10 23/21     | 26/15 32/14 32/23           |
| 13/1 14/10 14/21             | 164/3 165/25 173/14          | <b>weight [1]</b> 139/16    | 25/10 26/21 29/15         | 33/9 37/5 38/20 38/25       |
| 14/22 18/21 32/23            | 174/2 177/1 177/13           | <b>welfare [1]</b> 12/20    | 30/6 32/7 38/7 38/10      | 39/5 41/13 42/10            |
| 38/18 40/7 40/8 40/18        | 183/2 185/7 187/17           | <b>well [79]</b> 2/24 3/8   | 38/16 38/21 39/17         | 44/20 45/6 45/23            |
| 43/9 44/7 66/5 67/19         | 190/15 196/5 198/11          | 3/11 4/12 4/14 6/9          | 40/21 42/14 42/21         | 45/24 49/16 49/18           |
| 78/16 88/9 88/15             | 199/19 199/21 203/18         | 6/25 8/11 8/19 8/20         | 43/14 43/16 43/19         | 53/11 53/14 55/3            |
| 101/3 101/20 101/22          | 205/2 205/24 206/19          | 9/20 11/21 14/24            | 44/2 44/6 45/15 45/25     | 55/15 58/20 59/9 60/8       |
| 108/17 175/7 184/1           | 209/10 209/13 210/6          | 32/16 37/3 41/13            | 47/20 52/13 53/5          | 61/19 64/11 65/17           |
| 186/19 186/25 187/2          | 211/6 213/10 213/14          | 46/10 48/11 48/20           | 55/11 56/21 56/23         | 66/20 67/1 67/3 67/15       |
| 189/12 204/14 209/4          | <b>way to [1]</b> 177/13     | 49/18 59/14 64/23           | 58/19 59/21 60/1          | 68/7 68/12 68/20            |
| <b>wanting [1]</b> 60/4      | <b>ways [6]</b> 3/8 11/13    | 74/14 75/10 76/11           | 60/11 60/13 60/15         | 69/11 69/13 70/3            |
| <b>ward [2]</b> 3/24 109/25  | 158/13 178/17 208/11         | 78/5 78/7 80/13 80/20       | 61/16 61/22 61/24         | 70/17 71/16 72/16           |
| <b>warm [3]</b> 17/8 58/7    | 211/22                       | 83/19 85/9 85/20            | 62/7 62/11 63/10 67/7     | 72/23 73/2 74/19            |
| 58/9                         | <b>we [476]</b>              | 86/20 87/5 88/21            | 69/9 69/16 74/6 75/25     | 74/19 74/20 77/12           |
| <b>warned [1]</b> 31/1       | <b>we do [1]</b> 1/23        | 92/15 93/5 94/11 96/5       | 80/24 85/18 88/2          | 77/14 81/18 82/16           |
| <b>warning [1]</b> 167/16    | <b>we'd [8]</b> 22/3 51/20   | 98/9 98/20 100/19           | 89/17 91/12 91/25         | 82/22 84/8 85/1 85/5        |
| <b>was [850]</b>             | 62/2 115/5 127/9             | 101/16 101/25 103/3         | 92/4 93/16 95/5 98/23     | 86/20 88/22 88/25           |
| <b>was considered [1]</b>    | 135/14 138/6 163/1           | 103/23 106/21 108/20        | 100/17 101/12 102/21      | 90/3 90/6 92/11 93/13       |
| 152/4                        | <b>we'll [9]</b> 53/21 60/23 | 113/23 120/18 121/18        | 105/16 108/13 109/9       | 93/14 93/16 94/22           |
| <b>was quite [1]</b> 17/1    | 62/20 74/1 97/3 163/7        | 126/3 126/7 129/16          | 110/9 113/14 113/22       | 95/15 98/24 101/16          |
| <b>wash [6]</b> 40/4 40/7    | 166/4 172/9 187/17           | 130/21 135/13 137/14        | 114/20 114/22 117/16      | 102/4 109/7 109/9           |
| 40/11 40/11 48/4 48/8        | <b>we're [31]</b> 10/23      | 138/23 139/8 140/10         | 117/25 121/16 122/2       | 109/11 109/13 111/21        |
| <b>washing [3]</b> 46/12     | 37/18 40/23 45/19            | 140/18 144/2 147/1          | 122/24 123/10 125/15      | 113/18 115/1 116/9          |
| 48/7 65/2                    | 59/10 60/23 75/16            | 149/3 149/14 154/23         | 132/14 133/12 133/18      | 116/13 117/17 117/21        |
| <b>wasn't [48]</b> 5/24 8/11 | 94/23 94/24 94/24            | 156/6 156/12 156/12         | 133/20 138/21 139/2       | 121/7 130/15 132/25         |
| 13/20 13/22 18/15            | 96/22 103/23 107/4           | 171/23 172/9 176/7          | 139/12 140/4 141/8        | 137/19 139/2 139/3          |
| 18/19 18/20 20/13            | 110/14 110/15 115/11         | 177/25 188/8 188/12         | 141/19 142/21 143/21      | 141/4 144/23 145/7          |
| 24/1 26/23 33/6 36/6         | 140/4 140/12 141/23          | 196/24 209/21 210/10        | 143/24 144/3 144/16       | 148/2 148/25 149/20         |
| 36/19 46/19 48/20            | 150/19 154/4 156/6           | 213/15                      | 144/19 144/19 148/8       | 152/10 152/24 154/4         |
| 48/20 53/7 53/7 55/12        | 187/24 189/1 199/19          | <b>well-established [1]</b> | 148/16 149/2 152/14       | 155/22 157/4 157/24         |
| 55/13 56/10 57/23            | 201/11 203/15 204/24         | 149/3                       | 152/22 152/25 155/5       | 158/12 158/22 159/2         |
| 58/5 64/24 69/1 69/11        | 209/9 210/25 212/13          | <b>wellbeing [4]</b> 8/10   | 157/7 157/14 158/7        | 165/11 165/13 178/12        |
| 71/22 72/2 72/13             | <b>we've [18]</b> 95/7 95/9  | 19/8 29/6 36/8              | 158/13 158/16 159/7       | 178/20 193/9 194/6          |
| 73/13 74/9 78/15 80/2        | 116/19 125/3 126/15          | <b>Welsh [1]</b> 139/7      | 160/12 161/9 161/16       | 196/7 202/15 204/23         |
| 82/2 83/2 83/17 93/11        | 156/24 166/10 177/25         | <b>went [46]</b> 5/13 5/14  | 161/18 165/23 166/17      | 207/19 212/2 213/5          |
| 103/2 103/12 107/2           | 180/15 188/20 189/18         | 14/11 23/7 24/2 26/20       | 167/13 170/16 170/18      | <b>whenever [1]</b> 165/22  |
| 125/24 129/16 135/9          | 199/9 200/10 200/11          | 32/14 33/7 34/5 34/16       | 171/1 174/6 177/6         | <b>where [50]</b> 6/9 12/4  |
| 157/8 163/4 165/18           | 200/13 201/23 210/23         | 35/17 45/12 49/10           | 177/10 178/17 180/2       | 16/17 22/3 22/20 34/1       |
|                              | 211/5                        | 62/11 62/11 64/11           | 180/2 180/15 181/16       | 37/1 37/2 38/12 45/7        |



|                              |                               |                                |                              |                               |
|------------------------------|-------------------------------|--------------------------------|------------------------------|-------------------------------|
| <b>W</b>                     | 12/23 13/1 15/3 20/18         | <b>widespread [1]</b>          | 167/22 180/11                | 200/2                         |
| <b>where... [40]</b> 46/3    | 21/3 23/21 23/25              | 180/19                         | <b>witnesses [2]</b> 1/5 1/6 | <b>workstreams [1]</b>        |
| 46/4 51/18 53/24             | 26/21 27/11 27/24             | <b>Wier [4]</b> 1/20 1/21 2/7  | <b>witnessing [1]</b> 29/2   | 160/8                         |
| 65/11 66/16 68/5             | 30/15 36/10 41/17             | 215/3                          | <b>woman [4]</b> 3/2 3/22    | <b>world [3]</b> 16/11 198/8  |
| 71/12 74/17 80/7             | 49/10 50/21 50/23             | <b>Wier-Wierzbowska</b>        | 25/15 127/19                 | 198/9                         |
| 82/10 85/23 91/16            | 55/24 56/3 62/6 64/6          | <b>[3]</b> 1/20 1/21 215/3     | <b>won't [4]</b> 31/4 74/2   | <b>worn [1]</b> 45/21         |
| 93/8 94/18 102/6             | 65/1 67/1 68/1 69/14          | <b>Wierzbowska [4]</b>         | 139/7 143/8                  | <b>worried [8]</b> 7/14       |
| 109/25 112/19 114/21         | 70/8 70/24 71/4 73/7          | 1/20 1/21 2/7 215/3            | <b>wonder [1]</b> 177/13     | 20/17 54/21 81/24             |
| 121/2 126/5 130/9            | 75/5 76/20 81/13 82/2         | <b>will [36]</b> 1/7 1/9 10/25 | <b>wonderful [1]</b> 3/5     | 82/3 135/8 177/2              |
| 131/4 132/11 135/20          | 82/6 82/19 82/21 83/5         | 21/10 30/15 30/16              | <b>wondering [1]</b> 76/5    | 191/8                         |
| 136/7 157/19 165/5           | 87/2 90/4 91/17 96/16         | 58/21 73/18 74/16              | <b>woods [1]</b> 60/23       | <b>worry [2]</b> 10/25 45/17  |
| 176/7 177/1 180/14           | 102/7 102/11 108/25           | 77/11 85/10 86/22              | <b>word [7]</b> 32/17 68/3   | <b>worse [2]</b> 88/2 92/25   |
| 187/2 188/18 189/5           | 109/23 115/8 118/18           | 88/3 96/12 105/24              | 74/18 83/14 90/6 99/2        | <b>worst [1]</b> 25/7         |
| 192/1 201/16 204/8           | 120/21 120/22 121/20          | 106/12 123/3 126/7             | 202/22                       | <b>worthwhile [1]</b>         |
| 206/20 208/2 208/20          | 124/20 124/24 126/12          | 140/1 140/2 141/24             | <b>words [10]</b> 3/2 58/18  | 213/20                        |
| <b>whereas [3]</b> 44/22     | 130/2 131/9 133/12            | 152/8 158/24 158/24            | 58/21 66/4 82/23             | <b>would [219]</b>            |
| 71/16 110/19                 | 134/21 138/2 138/2            | 159/15 159/17 172/10           | 100/24 139/9 152/14          | <b>wouldn't [18]</b> 23/9     |
| <b>wherever [1]</b> 102/16   | 138/8 146/10 146/25           | 194/13 194/14 195/21           | 173/11 202/25                | 35/11 38/8 40/16 53/3         |
| <b>whether [20]</b> 20/6     | 155/25 157/10 159/2           | 196/1 196/24 197/3             | <b>wore [3]</b> 48/10 68/23  | 67/23 71/15 72/8              |
| 20/24 30/13 61/7 61/9        | 160/2 160/2 160/13            | 202/7 206/8 211/23             | 155/13                       | 72/20 74/8 79/11 82/8         |
| 76/9 84/8 88/23 104/5        | 161/5 163/14 164/6            | <b>willing [1]</b> 155/10      | <b>work [40]</b> 28/12       | 84/11 89/10 159/22            |
| 151/11 164/19 176/20         | 164/8 164/15 164/24           | <b>window [17]</b> 11/17       | 36/21 43/18 60/3             | 159/24 193/2 198/25           |
| 176/20 184/15 191/6          | 174/13 174/14 174/17          | 11/23 11/24 12/1 14/9          | 113/1 113/4 119/17           | <b>wrapped [2]</b> 30/4       |
| 196/3 196/4 199/5            | 175/23 176/19 180/19          | 23/3 49/11 51/22               | 134/16 135/2 135/20          | 58/8                          |
| 202/4 207/22                 | 184/10 188/1 188/19           | 78/11 78/21 79/8               | 137/24 140/17 140/18         | <b>Wrexham [1]</b> 97/19      |
| <b>which [87]</b> 3/14 7/1   | 189/22 190/21 191/2           | 85/14 85/16 85/21              | 149/17 150/11 155/4          | <b>wrist [1]</b> 49/13        |
| 11/13 12/2 12/21             | 191/3 191/15 198/6            | 85/24 86/11 127/7              | 155/10 157/5 157/16          | <b>write [2]</b> 126/3        |
| 19/20 20/10 21/15            | 198/19 202/12 203/6           | <b>windows [2]</b> 116/4       | 168/15 173/24 176/7          | 156/14                        |
| 26/24 29/12 34/4             | 205/3 206/1 209/19            | 116/9                          | 179/19 181/1 185/8           | <b>writing [6]</b> 41/15 76/1 |
| 34/17 37/6 40/20             | 210/16 211/1 212/17           | <b>winter [3]</b> 30/5 30/5    | 193/20 198/21 198/23         | 108/17 155/16 156/13          |
| 40/25 41/7 43/20 49/4        | 213/3 214/4                   | 116/7                          | 202/14 203/16 204/19         | 156/15                        |
| 51/3 53/22 57/6 58/25        | <b>who'd [5]</b> 101/1        | <b>wise [1]</b> 115/10         | 205/19 206/13 206/23         | <b>written [3]</b> 108/16     |
| 71/25 72/12 76/7             | 134/21 165/2 184/3            | <b>wished [1]</b> 96/6         | 207/3 207/8 210/16           | 109/15 122/1                  |
| 77/25 78/1 87/15 92/9        | 189/11                        | <b>wishes [2]</b> 1/14         | 211/13 211/24 212/5          | <b>wrong [7]</b> 6/14 34/24   |
| 94/21 99/12 103/1            | <b>whoever [1]</b> 94/17      | 143/12                         | <b>worked [16]</b> 3/24      | 145/12 145/13 156/19          |
| 103/2 104/6 107/2            | <b>whole [4]</b> 109/5        | <b>withdrawn [1]</b>           | 31/15 31/17 61/9             | 177/1 203/18                  |
| 108/10 111/19 128/21         | 173/5 201/13 203/1            | 120/14                         | 70/24 98/20 134/14           | <b>wrote [2]</b> 79/12 122/6  |
| 131/15 136/11 144/8          | <b>whose [2]</b> 175/2        | <b>within [40]</b> 6/23 6/24   | 135/1 135/6 149/15           |                               |
| 144/9 146/4 147/9            | 198/3                         | 9/23 11/2 18/7 19/12           | 154/23 185/6 185/14          | <b>X</b>                      |
| 147/14 147/15 148/6          | <b>why [42]</b> 13/8 16/7     | 21/8 21/18 28/12               | 192/21 200/2 200/10          | <b>X-ray [2]</b> 66/13 66/14  |
| 150/10 151/25 155/16         | 23/13 23/19 23/20             | 28/17 41/20 47/25              | <b>worker [6]</b> 28/17      | <b>Y</b>                      |
| 155/17 157/20 163/9          | 23/22 38/12 41/25             | 61/5 98/20 100/4               | 65/20 68/1 93/25             | <b>yeah [84]</b> 6/19 6/25    |
| 166/17 166/25 168/21         | 44/23 48/19 49/2 50/2         | 100/17 102/2 102/20            | 93/25 172/23                 | 11/5 16/23 19/9 26/20         |
| 170/12 170/22 172/17         | 53/3 53/6 53/25 58/25         | 105/5 105/10 107/15            | <b>workers [4]</b> 136/9     | 32/24 54/19 63/13             |
| 174/7 175/9 176/7            | 79/3 79/3 84/15 86/14         | 111/25 112/8 112/23            | 136/9 172/22 173/25          | 64/21 77/20 77/23             |
| 177/1 178/10 178/18          | 94/23 94/25 94/25             | 115/24 115/24 117/2            | <b>workforce [3]</b> 94/7    | 89/18 104/7 104/9             |
| 179/5 179/8 179/23           | 95/1 120/18 123/23            | 123/18 124/3 126/21            | 119/6 212/17                 | 105/21 106/1 106/5            |
| 182/21 183/2 186/20          | 144/12 157/2 173/22           | 129/12 131/21 136/16           | <b>working [37]</b> 5/14     | 106/7 106/10 106/16           |
| 188/13 188/19 195/18         | 176/14 177/10 178/13          | 139/21 148/4 152/1             | 28/13 82/6 98/25             | 106/22 107/10 107/14          |
| 195/24 196/13 197/4          | 178/14 180/21 186/8           | 185/8 185/15 186/13            | 102/23 135/24 135/25         | 108/6 108/9 110/4             |
| 197/9 197/16 198/6           | 186/15 192/17 196/1           | 194/2                          | 136/18 137/7 139/14          | 110/8 111/3 112/10            |
| 200/14 204/19 206/13         | 198/11 198/12 204/4           | <b>without [17]</b> 10/3       | 146/12 146/14 146/16         | 112/14 112/16 114/9           |
| 207/2 208/21 209/18          | 205/22                        | 10/3 19/9 45/20 58/14          | 146/24 147/6 147/15          | 115/13 116/2 116/18           |
| 211/11                       | <b>wi [4]</b> 107/3 125/20    | 74/10 75/15 77/10              | 149/22 154/7 154/22          | 118/22 119/7 120/7            |
| <b>whichever [2]</b> 85/25   | 125/22 133/16                 | 77/11 81/4 81/7 92/13          | 155/22 155/24 156/2          | 121/6 121/13 121/15           |
| 126/5                        | <b>wi-fi [4]</b> 107/3 125/20 | 109/2 111/13 127/16            | 161/19 161/19 171/10         | 122/8 122/11 122/14           |
| <b>while [12]</b> 26/18 28/1 | 125/22 133/16                 | 130/20 205/23                  | 171/13 171/14 171/24         | 122/23 123/2 123/4            |
| 63/6 67/4 73/16 74/23        | <b>wide [1]</b> 116/9         | <b>witness [24]</b> 1/9 2/16   | 193/15 194/24 194/25         | 124/23 124/25 125/2           |
| 80/12 81/22 113/17           | <b>widely [2]</b> 170/8       | 4/16 21/9 30/22 31/10          | 196/25 199/10 199/18         | 125/5 125/8 125/10            |
| 116/14 177/23 180/21         | 206/20                        | 41/8 63/1 74/24 89/16          | 203/15 203/21 209/22         | 127/23 128/4 128/4            |
| <b>Whilst [1]</b> 181/5      | <b>wider [3]</b> 122/12       | 89/22 89/24 96/13              | <b>workload [4]</b> 137/14   | 128/18 128/18 129/4           |
| <b>whisky [1]</b> 138/20     | 201/25 212/25                 | 97/2 97/11 98/15               | 138/21 186/10 186/22         | 129/21 130/11 131/17          |
| <b>who [101]</b> 9/13 9/14   | <b>wider-scale [1]</b>        | 102/20 105/8 120/10            | <b>workmen [1]</b> 92/12     | 131/20 133/6 133/12           |
|                              | 122/12                        | 120/13 164/9 164/14            | <b>works [2]</b> 109/23      |                               |

| Y   | Z   |  |  |  |
|---|---|--|--|--|
| <b>yeah... [18]</b> 135/23<br>136/14 136/19 137/8<br>138/21 139/19 140/3<br>143/5 144/22 155/7<br>168/23 169/6 169/9<br>177/13 178/16 190/4<br>212/1 213/4<br><b>year [3]</b> 142/18 144/9<br>201/24<br><b>years [14]</b> 3/25 9/9<br>14/23 33/2 34/3 34/6<br>64/10 64/15 64/23<br>70/20 99/4 104/7<br>107/23 128/11<br><b>yes [441]</b><br><b>yesterday [1]</b> 9/24<br><b>yet [1]</b> 38/24<br><b>yoghurt [1]</b> 72/9<br><b>yoghurts [1]</b> 73/11<br><b>you [915]</b><br><b>you may [1]</b> 3/1<br><b>you'd [11]</b> 102/3<br>108/2 115/4 121/9<br>121/18 123/22 136/22<br>173/1 179/21 191/16<br>191/22<br><b>you'll [2]</b> 182/9<br>194/13<br><b>you're [24]</b> 2/7 21/23<br>28/22 31/20 39/14<br>40/23 40/23 40/24<br>63/19 95/21 97/2<br>110/12 131/8 146/19<br>155/22 170/21 177/21<br>185/19 195/8 196/20<br>203/5 206/2 207/11<br>211/16<br><b>you've [35]</b> 5/20 13/4<br>15/11 24/5 28/10<br>29/23 31/10 31/15<br>31/17 31/23 61/1 61/4<br>63/4 63/6 63/6 63/10<br>64/3 69/24 80/7 97/11<br>103/25 110/17 133/4<br>141/1 141/6 141/8<br>166/11 176/18 181/8<br>184/19 206/12 207/18<br>207/23 208/16 213/20<br><b>young [2]</b> 134/20<br>135/11<br><b>younger [1]</b> 4/1<br><b>youngsters [2]</b> 42/9<br>42/10<br><b>your [292]</b><br><b>your experience [1]</b><br>106/8<br><b>yours [3]</b> 124/16<br>130/9 132/17<br><b>yourself [3]</b> 52/21<br>97/22 117/14 | <b>zone [8]</b> 112/13<br>112/15 113/13 113/14<br>113/23 114/1 114/7<br>114/16<br><b>zones [5]</b> 112/12<br>112/19 112/22 113/2<br>113/4 |  |  |  |