

Witness Name: Alison Sibley

Statement No.: 1

Exhibits: None

Dated: 12 May 2025

## THE UK COVID-19 INQUIRY – MODULE 6

---

### WITNESS STATEMENT OF ALISON SIBLEY

---

I, Alison Sibley make this statement as a member of the Covid-19 Bereaved Families for Justice Cymru ("CBFJ Cymru"). This statement is in response to the UK Covid-19 Public Inquiry's request for evidence under Rule 9 of the Inquiry Rules 2006 dated 25 March 2025 in respect of Module 6. The Rule 9 request sets out seven issues to be addressed which I have taken in turn below.

#### Background

1. My mother, Rosalind Mary Brockbank was born on 17 June 1920, and she died from a Covid-19 infection two months short of her hundredth birthday, on 17 April 2020, at a residential home in Wales.
2. My mother and father were from the Manchester area. They married in 1956. Dad had been at university as a young man, but left his studies to serve in the army during the second world war, after which he became a civil engineer. We moved to [Irrelevant & Sensitive] in Wales as a family in 1962 because dad was working on the construction of the [Irrelevant & Sensitive] new town, and we remained there ever since.
3. While me and my sister were growing up in [Irrelevant & Sensitive] mum was focused on family life and bringing us up. Once we were teenagers she started to work as a bookkeeper at a local firm of solicitors for approximately 15 years until her retirement.
4. My father retired in the 1980s but died while still relatively young in 1991 from Alzheimer's which was particularly sad because mum and dad had plans for their retirement which they never got to realise.

5. After dad passed, mum lived alone, in the family home, for almost 30 years. She regularly attended the Irrelevant & Sensitive Methodist Church and slowly built up her social life with friends from the community – they would meet for lunch twice a week, and go on trips to places such as the Cotswolds, and wine tasting outings.
6. Mum loved animals and had cats and dogs all her life, and a pet tortoise for over 50 years!
7. Mum enjoyed good health for most of her life. She had a hip operation in the late 1980s, and then in 2016 she experienced a fall in her garden at home and broke her wrist, following which my husband, Wayne, and I arranged for a stairlift to be installed at her home and we also put some home care support in place.
8. Mum established a great bond with her carers. She had great trust in them, and they went above and beyond their core role. There were about 4 or 5 regular carers, and mum was particularly close to a carer called Maria, who has given her consent for her name to be published in this statement.
9. Inevitably as mum got older, into her 90s, she started to need more medical treatment. However, even at this point she enjoyed excellent health for her age. Mum's routine in the few years prior to the pandemic was that her carers would help her up in the mornings and provide breakfast, lunch would be either meals on wheels or attendance at one of her social clubs with friends, and in the evenings the home carers would help mum with bedtime.
10. At the outset of the pandemic, Wayne and I were making plans to move in with mum so we could look after her better and allow mum to remain at home, rather than her move into residential care. Mum always said to me, "don't ever put me in a home", and I promised her that I never would (a promise that I wasn't able to keep).
11. The catalyst for our decision to move in with mum was that in January and February 2020 mum had a couple of falls that required medical attention (and although not particularly serious, the February fall resulted in hospital admittance for a couple of days following which she was discharged on 27 February).
12. Before we could finalise the move, mum had another fall on 4 March 2020 and was again admitted to hospital, where some xrays were taken to make sure there were no serious injuries, particularly in light of mum's previous hip operation. There was also a concern at

the recent number of falls and it was decided that mum's care package needed to be reassessed, and if necessary, a new package put in place before she could be discharged.

### **Hospital treatment and transfer to residential care**

13. Mum was originally admitted to the Emergency Department on 4 March, and on 5 March she was moved to a single side-room for 5-6 days before being transferred to a shared bay on a ward. I suspect that mum was transferred out of a single room because the hospital was starting to see admissions of Covid-19 patients and they needed the side rooms for the isolation of Covid-19 patients.
14. I am employed by a Health Board in Wales and my work is concerned with testing for infections, so I had some early insight into the potential seriousness of the situation. My understanding is that the first patient with Covid-19 was admitted to the hospital at which mum was staying, on 9 March 2020.
15. I discussed mum's treatment and care with her clinicians and we agreed that it was not appropriate for a 99 year old to receive CPR (I was well aware of the physical trauma that this would cause for someone of my mum's age). However, I did make it very clear that I expected that mum would continue to receive appropriate care, treatment, and medication (which as events transpired, did not occur).
16. Towards the end of mum's stay in this first hospital (which was for 10 days between 4 and 14 March 2020) I spoke with a cleaner who mentioned that Covid-19 patients were being admitted to the ward and she expressed her personal concerns in light of her condition of Chronic Obstructive Pulmonary Disease (COPD) and she said that she didn't think she should be working on a ward with Covid-19 patients. At this time there was no PPE in general use, and the main precaution being taken was hand washing. However, I did notice that outside some of the side-rooms there were trolleys with aprons, gloves, and surgical masks, to be worn when entering the room. I was concerned at these developments, particularly that Covid-19 patients were being admitted to wards of predominantly elderly patients.
17. While at the first hospital, there was a meeting with mum's social care workers, who recommended a period of respite and physiotherapy in order to fully assess mum's ongoing care needs, and mum was transferred for this purpose to a nearby County Hospital, on 14 March 2020. This second hospital is a community hospital that receives patients for rehabilitation and convalescence, and also for patients awaiting placement into

residential care. It was much quieter than the first hospital and mum seemed happier. She was initially admitted to a ward for women only.

18. Concern about the pandemic was growing by the day and the last day that I was able to be physically present with my mum prior to her transfer to a residential home, was 20 March 2020, because family visits were not allowed from this date onwards. Although it was heartbreaking to leave mum on this day not knowing when I would see her again, she was well, in good spirits, had a good appetite (which she was known for) and was able to eat and drink herself. However, mum did have a tickly cough in the few days prior to 20 March 2020, which she mentioned was bothering her.
19. On 23 March 2020 I received a phone call from a doctor to inform me that mum wasn't very well, that they suspected Covid-19, and had taken a sample and sent the swab off for testing (mum's medical records from this date record that mum's temperature was spiked and that she had a dry cough).
20. The next day, 24 March 2020, the same doctor called back to inform me that mum had tested positive for Covid-19 and that she had been transferred to a ward where Covid-19 patients were being isolated. I was told that this was a mixed ward of men and women, and I informed the doctor that my mum would find this distressing and I asked that it be noted in her records. During this phone call I again agreed that CPR was not appropriate, but I repeated (as I had previously made clear) that I expected she would continue to receive appropriate medication, treatment and fluids etc., as required.
21. My mother's medical notes on 24 March 2020 record that she was initially transferred to a cubicle before a further transfer to the mixed ward and that "AEP" was to be put into place because of my mother's frailty. I believe that the reference to AEP is to the Appropriateness Evaluation Protocol.
22. There is a note in mum's records dated 25 March 2020 that there was a DNACPR in place (which had been agreed). There is also a Treatment Escalation Plan dated 27 March 2020 that makes clear that ward based care would be provided but that this would not be escalated to acute, or critical care. The Treatment Escalation Plan records my mother's condition at this time as suspected Covid-19 even though she had tested positive three days earlier.
23. When I was given the news of my mother's infection I was consumed with dread, but I was unable to visit and comfort my mum because of the visiting restrictions, and the hospital is

an old building with no accessible windows that you could look through. However, we were still attending regularly (a few times a week) to drop off mum's laundry.

24. My mother's medical records state that an 8 day Covid-19 assessment took place on 31 March 2020 and record, "Patient...discussed with microbiology, microbiology agreed low risk of spread. Patient deemed low risk of spread of infection. End of isolation protocol...medical stable for discharge and transfer". On 1 April 2020 there is also an entry that records that mum had been returned to the women only ward from the Covid-19 isolation ward. There is no mention of a Covid-19 test at this point, to ensure that mum was no longer infectious and that infection was not spread more widely within the hospital.
25. An indication that my mother had not recovered from the Covid-19 infection by this time is an entry in the medical notes on 3 April 2020 that states, "occasional dry cough".
26. My understanding is that from this point steps were being taken to transfer my mum out of hospital into residential care because the hospital needed bed space for other Covid-19 patients and that because of her age my mother wasn't considered to be a priority for medical care.
27. The original plan was to transfer mum to a care home which was approximately 5 miles from our home. However, with the assistance of a friend I was able to identify a care home that was much closer (less than a mile) from our home.
28. While mum was still in hospital there was liaison with the care home about her suitability for transfer. The care home's criteria for admittance was that a patient/resident needed 20 metres mobility.
29. On 6 April 2020 (the day of my mother's transfer into residential care) the hospital physiotherapist stated within the medical records that my mum was **not** fit for discharge to a care home because she only had 3 metres of mobility, whereas the requirement for discharge was mobility of 20 metres. However, despite this lack of mobility, the residential home indicated that they would accept the transfer. The physiotherapist was sufficiently concerned to record within the notes that they did not recommend discharge. However, a doctor signed off discharge that same day and mum was taken to the residential home.
30. I had no communication whatsoever with my mother while she was in hospital between the end of visiting on 20 March 2020 and the discharge to a care home on 6 April 2020 (a period of over two weeks while mum suffered with Covid-19), including by phone or video



call, and there were no patient liaison services available. While I appreciate that the health service was experiencing an unprecedented medical emergency, I felt that my mother was not a priority, that the hospital was seeking to discharge her as quickly as possible to free up hospital space/beds, and that there was a lack of consultation with me about the decision to transfer to a care home, and the availability of appropriate medical treatment at the care home.

### **Experience of residential care**

31. It is difficult for me to comment on the extent of infection prevention and control measures at the residential home because apart from two occasions between 15 and 17 April 2020, for a short period, I was not allowed access to the residential home. However on these occasions I was provided with an apron, a surgical mask, and gloves.
32. I would also comment that the strict visiting restrictions were adhered to except in exceptional circumstances (which I describe below).
33. My mother was not provided with PPE to my knowledge.
34. Staff largely wore PPE (more often than not), including an apron, gloves and a surgical mask. However, there were some occasions when they were present in my mother's room without PPE. For example, I have a photograph from the date of my mum's admission on 6 April 2020 that shows the staff in her room providing care and assistance without PPE. I do not propose to exhibit this photograph because mum's condition had significantly deteriorated by this time which is distressing to see, and I also do not wish to identify the social care workers concerned.
35. On the issue of testing there is an odd comment within my mum's medical records from 15 April 2020 (just two days before her death), made by the district nurse that states that mum had a negative test for Covid-19 on discharge from hospital. I can find no record of such a test having occurred in the hospital notes, and as referenced above, I do have the notes from the day of discharge on 6 April 2020 on which date the physiotherapist and the doctor gave conflicting views as to the suitability of my mum for discharge, and there is no record of a Covid-19 test on or around this date.
36. Further, a doctor with whom I spoke on 16 April 2020 (on the day before my mother died) confirmed that they could find no record within mum's notes of a negative test on discharge from hospital (see below).

37. In respect of the changes to my mother's health while at the care home, I strongly disagree with the decision to discharge my mother to a residential home on 31 March 2020 just eight days after her Covid-19 infection was confirmed. From this point, it took a further week to effect the transfer on 6 April 2020, in which time my mother's condition continued to deteriorate to the point she had no better than 3 metres mobility.
38. During this period I was told by healthcare workers that mum was doing well. However, when I saw her at the care home on 6 April 2020 (for the first time since 20 March 2020), I was shocked at how ill she looked and at how much she had deteriorated.
39. From the 6 April onwards mum wasn't eating or drinking, and she was provided with no intravenous fluids. Her health continued to rapidly deteriorate over the next eleven days until she died on 17 April 2020.

#### **Treatment and care while in residential care**

40. Without wishing to criticise the staff at the care home who were doing their best in tremendously difficult circumstances, I am in no doubt that it was inappropriate for my mother to be transferred to a care home in her condition (and in this regard the written objection of the physiotherapist is telling). As I have mentioned, I believe it was done to free up bed space in the hospital for other Covid-19 patients, having regard to my mother's age, i.e. she was not a priority. In my view my mother should not have been transferred to a care home having regard to her condition and her deterioration from the Covid-19 infection while in hospital.
41. The care home was not equipped to look after someone who was so ill. Mum was still suffering from the effects of the Covid-19 infection and the residential home had neither the equipment, medication, nor trained staff to treat her properly, including no means of administering fluids.
42. While the district nurse attended on a small number of occasions I am not aware of any medical interventions or treatments that were provided.
43. On 15 April 2020, mum became very distressed and this continued into the following day (Thursday 16 April) with mum visibly uncomfortable and flailing her arms. I cannot remember whether it was on the 15 or 16 April, but the care home allowed me to enter the home for a short period so that I could try to comfort mum, because she was so distressed. I wore PPE (mask, gloves and an apron). Mum was unable to speak at this point.

44. On the evening of 16 April 2020 at approximately 22:00 I received a call from a doctor who told me that end of life care had commenced. This was the same conversation during which the doctor indicated that they could find no record of a negative Covid-19 test on discharge. I have no recollection of seeing a syringe driver being administered, and the medical records record that pain relief was given by injection at 22:40 on 16 April, and again at 06:00 on 17 April 2020.

### **Experience of visiting restrictions and remote contact**

46. Together with my husband, Wayne, I attended the residential home every day between 6 and 17 April 2020 and stood outside of my mother's room (which had a window on the ground floor) in all weathers for the majority of each day (morning through evening). Despite standing outside of the window for the majority of each day I did not see mum eating or drinking, and I would buy mum cream cakes in a desperate attempt to get her to eat something.
47. On the first day in the care home (6 April 2020) mum beckoned to me through the window to go into her room to see her, and I had to try and explain that I wasn't allowed to enter the building. Mum made further requests over the next couple of days but eventually gave up.
48. The staff did their best and would push mum's bed towards the window so that we could better see each other.

### **The circumstances of my mother's death**

49. My mother died on Friday 17 April 2020, after eleven days of deterioration following her transfer from hospital on 6 April 2020.
50. I now believe that I probably unknowingly witnessed my mother die through the care home window whilst I was stood outside. From my position outside I managed to get the attention of a member of staff because mum was not showing any signs of life. The member of staff took my mum's pulse and ran to get help, and I was quickly ushered into the care home and told that mum was slipping away. Once I had donned the PPE I entered the room and held my mum's hand which was cold and a care home assistant subsequently confirmed that she had passed.



51. My husband, Wayne, and my nephew, who were also in attendance outside the home on 17 April, were also allowed to enter. Everyone was required to wear PPE. We were all very upset and we were allowed to stay in the room for as long as we needed.
52. As said, I believe my mum passed away before I was able to attend her side. I don't blame the staff for this, but I have been left with tremendous feelings of guilt.
53. My mother's family GP attended the care home to certify mum's death, which was of some comfort. He had been close to my mum, and used to regularly visited her while she lived at home.

### **Long-term impacts**

54. My mum was a proud independent woman. She and my father (who served in the army throughout the war) made a significant contribution to this country, and I feel that mum was badly let down during the pandemic. At the end she was alone and frightened, and all she wanted was for me to hold her hand and talk to her. I wasn't allowed to do this and I am haunted with the thought that I failed her, and it is not something that I will ever get over.
55. Following my mother's death, the undertaker came, and mum's body was placed in a bag that couldn't subsequently be opened. I didn't know this at the time, and had I known I might have been able to obtain some clothing for mum to wear before the bag was sealed. This also meant that mum couldn't be washed and prepared, which was distressing.
56. As a family we were able to write some letters which we gave to the undertaker to be placed with mum, together with some photographs.
57. The funeral was held on 19 May 2020. Only 5 people were allowed to attend and the coffin had to be sealed. We were told that if anybody tried to attend the funeral in addition to the 5 person limit the service would be stopped. The arbitrary and unnecessarily restrictive nature of these rules (with some nearby areas allowing the attendance of 10 to 20 people) made me angry and prompted me to write to the First Minister by email, as follows:

- a. 18 May 2020 – *"I hope you don't mind me contacting you, I have contacted local councillor & a friend of mine contacted local MP.*

*I am clutching at straws & can't seem to get an answer to my questions, My Mother passed away on 17th April 2020 in a nursing home , she had tested positive to COVID -19 on 23/03/2020, after being discharged from hospital into their care, she did not have a negative test before being transferred, the hospital also informed the nursing home she could walk 20 yards (unfortunately she couldn't). I telephoned the hospital morning & evening to see how she was getting on, I was told she was doing well & also told by one member of nursing staff that they hadn't seen her for a week ( same day I last saw her) & my Mum was exactly the same. This continued until she was discharged.*

*We had kept my mother at home & saw her every day, she was very independent & lived in a four bedroom house, she had fallen (not broken anything ) & went in [hospital] for checks. She was then transferred to [another hospital], I was visiting every day until last time which was on 20/03/2020, she was in good health, humour and eating well. My mother had a DNR. Not denial of basic health care ie:- hydration through IV drip or antibiotics, something which couldn't be done in Nursing home, but should have been continued in hospital!!! UNFORTUNATELY this did NOT happen. The next time I saw my Mother through a window at Nursing Home she was nothing like I had been led to believe, being told the truth would not have gone amiss. Looking at your Mother through a window & seeing the fear in their eyes I can assure you is this most distressing thing I have ever had to do, I cannot sleep & will never get over this.*

*It's my Mother's Funeral tomorrow 19/05/2020 at [the crematorium], we are allowed 5 at my beloved Mothers Funeral, other Crematoriums in Wales are allowing 10-20 mourners... Why is it not the same across the board???? I have 8 members of close family. I fully understand social distancing & the importance of it as I am a member of the NHS myself.*

*Sorry this email may seem a little all over the place unfortunately this is due to my current distress. Hopefully someone will get back to me, unfortunately it will be too late for my beloved Mother."*

- b. 19 May 2020 – "Thank you for getting back to me. Unfortunately any decisions made will be too late for my beloved Mother, as she will be cremated at 13.00 on 19/05/2020, being denied the presence of her few grandchildren. Do you

*realise these people are not just numbers ?? There are families and histories that go beyond them! I feel that my mother was not given appropriate treatment, as I was told by the hospital they had to clear there wards. My mother had a DNR . But as far as I'm concerned that didn't include being denied being given fluids & IV Antibiotics, which to me is basic health care!!! I fully understand basic healthcare & treatment. So tomorrow my beloved Mother will be denied her grandchildren to say goodbye to her, even though ten people are allowed at different Welsh Crematorium. Thank you for your sympathies, it's not sympathies I need at this time, it's answers !! I will carry on until somebody has the guts to give them & give me an explanation, my Mother was hung out to dry because of her age!! My Mother died two months before her 100th Birthday her GP said she was healthier than a lot of 20 yr olds, before she went into hospital & contracted COVID-19 !! Please feel free to contact me on [Tel:-](tel:) I would like to speak to someone who made the decision NOT to give my Mother basic healthcare , that she was entitled to!"*

58. As will be apparent from my email of 19 May 2020, I received a response to my email of 18 May 2020, later the same day, from the private secretary to the First Minister. The reply reads:

*"I am very sorry to hear of your loss. This must be a very difficult time for you and your family and I would like to take this opportunity to convey my condolences.*

*Guidance on the regulations as they apply in relation to funerals can be found here: <https://gov.wales/attending-funerals-during-coronavirus-pandemic>*

*The guidance states that the 2m rule must be observed at funerals. The number of attendees permitted at funerals therefore varies according to the size of the premises."*

59. I then received a subsequent response on behalf of the First Minister in July 2020 which reads:

*"Thank you for your e-mails of 18 and 19 May, addressed to Mark Drakeford MS, First Minister of Wales regarding your concerns about your late mother's care. I have been asked to reply on this occasion*

*Please accept my sincerest condolences for the loss of your mother. However, I do hope you understand that neither the Minister, nor his officials, are able to intervene in individual cases as these must be dealt with by those that were responsible for your mother's care..."*

60. On the day of the funeral, the hearse drove through the local neighbourhood on the way to the crematorium, and local people that mum had known were able to pay their respects in this way.

61. The day of the funeral was also the day on which people started to be allowed to attend garden centres, and there was a garden centre just over the road from the funeral location, at which many people were gathered, which made the restrictions imposed all the more upsetting and nonsensical.

62. I understand that the Welsh Government has undertaken a national investigation into nosocomial infections of Covid-19. However, my mother's infection was undoubtedly nosocomial, and I am not aware of any investigation into the circumstances of her death. This despite the death certificate certifying that the cause of death was "Coronavirus Infection".

63. I would also like to add that both my husband and I were ill with coughs, body aches and temperatures from late March 2020 which we attribute to Covid-19 infection acquired from our regular hospital visits in this period.

64. My daughter Amanda Harris, and my niece Amy Roden, have provided the following impact statements about the experience of losing their grandmother during the pandemic, which I hope the Inquiry will be able to take into account:

- a. **Amanda** – *"During the COVID-19 pandemic, I wasn't able to attend my Grandma's funeral - a woman who played an important role in my life. I had an extremely close relationship with her growing up and loved to hear all the stories she had to tell and the facts she had to share. As soon as she started to speak whilst having a cup of tea, you knew it was going to be interesting and it would have you hooked. I would regularly sleep over at her house as a child, and she would often encourage me to join her on trips with the Church or the community groups she loved to be part of.*

*As I got older, that bond only grew stronger. We were adventurous together,*

*and despite her being in her 80s during our adventures, she was still full of life, curiosity, and had a mischievous spark that made every moment feel special. We created countless happy - often hilarious - memories together. Some of those stories were shared at her funeral... stories I never got to hear.*

*On the day of her funeral, I had to drive behind the hearse to the cemetery, completely on my own. I wasn't allowed to gather with my family beforehand. I sat by myself in my car, outside the cemetery, watching people walk freely into the garden centre opposite - able to browse plants and shop, while I wasn't allowed the dignity of mourning my Grandma with my family. I felt a deep sense of isolation and exclusion. It felt surreal and cruel - being so close, yet deliberately left out. My grief was real, but in that moment, it felt invisible.*

*My Grandma had two children and only the two eldest grandchildren, one from each side of the family could attend. I chose to give up my place so that my cousin could go instead. I knew how much she needed to be there. But still, sitting there in silence, watching strangers come and go while I waited in mourning, left a deep and lasting scar. I lost not only my Grandma, but also the chance to say goodbye, to honour our memories, to feel part of the farewell she so deeply deserved.*

*Since then, I've struggled to mourn properly. There's not a day that passes where my Grandma doesn't pop into my mind. Last year, while on a family holiday to St Ives, I saw the very hotel and beach where my Grandma and Grandad had honeymooned. It should have been a beautiful moment of connection, but it hit me unexpectedly hard. As we drove away, the One Voice Children's Choir song that covered Maroon 5's 'Memories' song played on the radio. I started to cry and genuinely felt like I wouldn't be able to stop. In that moment, the weight of unprocessed grief came crashing down. Grief doesn't always follow rules or timelines, and it has been particularly hard not being able to mourn in the ways we need to."*

- b. **Amy** – *"When I lost my Grandma on April 17<sup>th</sup> 2020 I lost more than a grandparent – I lost the one person always able to fix any problem I had with a kind word and cup of tea, I lost a mother, a safe space and unconditional love.*



*My Grandma and I had a special relationship, as a child I was fortunate to live within rolling skating distance of my grandparents' home – when things were difficult for me growing up, she was always there, ready to comfort me and look after me. I would often arrive unannounced to spend an afternoon in their garden where they would let me plant radish seeds, and then later to just sit alongside my grandad as his Alzheimer's took hold and grandma cared for him at home.*

*Myself and my cousin Amanda spent many happy hours playing at our grandparents house when we were children, building a den in their shed, dressing up and twirling around the living room in something from the dressing up box while watching *The Slipper and the Rose*, or sitting with our Grandma in her sewing room listening to her wonderful stories of her own mother and brothers, and of where she grew up in Manchester, of how she had travelled by train to collect Pip the dog, and best of all of how she met my Grandad on the bus to work.*

*Later when I became unwell whilst expecting my first child, and her first Great Grandchild, I was unable to live by myself – my Grandma opened her home to me along with the daily bedlam of visits from the GP and midwives often multiple times a day, without hesitation or expectation of anything in return, which, when I reflect is remarkable as at this time she was 80 years old. Without this act of kindness and invasion upon her home, I would have been confined to a hospital ward and I am so thankful for this time that we shared, quiet evenings sat together, sharing meals, laughing together. Even though it was a frightening and difficult period in my life, she made it bearable and brought a sense of calm I wouldn't have got elsewhere.*

*As my son grew and was later joined by his brother, I would visit my grandma often to enjoy a breakfast or for help constructing an Easter bonnet, or costume for a school play. I hope she enjoyed these times as much as I did.*

*The last time I saw my Grandma was the first weekend of March 2020, she had been admitted to [hospital] following a fall. Covid restrictions meant that I was unable to visit after this. During this visit my Grandma didn't recognise me and thought I was a carer come to administer her medication – my heart broke that day, and has not recovered since, because I knew she would have been better at home, with my aunt and uncle with her. I try not to reflect on this weekend*

*because I know she was unhappy and confused and this is my last memory of her.*

*My Grandma was moved to [a] care home in April 2020, and when I was informed that end of life drugs had been administered to my Grandma I had the choice of attending the care home and to stand outside and look at her through the window – I made the difficult decision not to attend, because to have been so near to her and not be able to hold her hand would have been impossible for me. I will never know if this was the right decision, and this is something I must live with – did I let her down at the end?*

*I had always taken for granted that having lived so long and independently in her own home for many years, that when the time came to say goodbye, Grandma would have had all of her family around her, telling her how much we loved her, how privileged we were to have had her for so long, and how proud we were to call her our Grandma – this was denied to us. The day that my Grandma passed consisted of me being at home waiting and then finally receiving a telephone call from my brother at around 2pm telling me simply “Grandma has gone.” I don’t remember anything else, which I believe to be due to the trauma of the day - a form of self-preservation perhaps?*

*The day of the funeral I can only describe as surreal – I was unable to hug or be hugged by my closest family. There was no family car to travel to the crematorium, instead we had to travel behind the hearse carrying Grandma alone in our own cars. Upon arrival at the crematorium the coffin carrying my Grandma was wheeled in on a trolley by strangers. The five of us who were allowed to enter the crematorium were made to sit a pew apart from each other, because even at the worst time in our lives, we had the threat that if any social distancing rules were broken, the funeral would be stopped and we would have to leave. While I recognise the incredibly difficult circumstances in which the crematorium and its staff were operating, this instruction felt like a threat, and the rules, uncaring - especially considering there was a garden centre opposite where people were able to shop and mingle.*

*I am forever grateful to my cousin Amanda for sacrificing her place in the funeral for myself, it was a selfless act on her behalf and one she should never have had to make.*

*I don't feel like I have been able to grieve as I should have. My Grandma had been involved in local clubs and her chapel for many years, and had many, many friends, her funeral should have been a celebration of a long life, that was filled with love, with people being able to pay their respects to her (the respect that she was due) and sing the hymns that she loved for her – instead five of us attended and music was played due to no singing being permitted.*

*I feel cheated out of being able to say goodbye to my Grandma in the way that we should have. Grandma is not a footnote or statistic in the Covid pandemic, she was a mother, a grandmother, a smart and intelligent woman and deserved so much more at the end of her life than she received.*

### **Statement of Truth**

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

Signature:

**Personal Data**

Name: Alison Sibley

Date: 12 May 2025