

Witness Name: Marie Paterson

Statement No.: 1

Exhibits: MP/01 - MP/10

Dated: 4 June 2025

**UK COVID-19 INQUIRY - MODULE 6**

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**WITNESS STATEMENT OF MARIE PATERSON**

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1. My name is Marie Paterson. I am employed by the Care Inspectorate as the Chief Inspector, Adults. I hold the following qualifications: - Preliminary Certificate in Social Care, Diploma in further education and teaching of adults with a mental handicap, Diploma in Social Work, Degree in Social Work, Open University, Regulation of Care Award, Anglia Ruskin University, Management of Health and Social Care Award, Open University, Local Authority Management Award, and a Diploma in Executive Business Coaching.
2. Prior to coming to work in the Care Commission, the legal entity responsible for the regulation of social care services, including care homes, prior to the creation of the Care Inspectorate, I worked in local government social work departments. My last post was Residential and Day Care Officer with line management responsibilities for adult day care centres and residential care homes across South Lanarkshire Council for adults. Previous posts I held were Care Home Manager, Depute Manager and various other social care and social work posts.
3. I joined the Care Commission in 2002 as an inspector and was promoted to the post of Team Manager. I transferred to the new organisation, the Care Inspectorate, in 2011 as team manager for a multi professional team of inspectors. Since 2011, I have held various posts including Team Manager, Dementia Practice Lead, Methodology Lead, National Complaints Manager, Acting Head of Quality and Improvement, Service Manager Adults, and my current post of Chief Inspector Adults with responsibility for adult regulated care teams.

4. The Care Inspectorate is the independent body in Scotland for the scrutiny and regulation of care services. Please refer to the statement provided to the Inquiry by my colleague Kevin Mitchell, Executive Director of Scrutiny and Assurance at the Care Inspectorate [MP/01 INQ000475130] for information about the remit, legislation, and role of the Care Inspectorate.
5. This statement relates to actions taken by the Care Inspectorate in relation to the issue of visiting relatives in care homes, between April and December 2020, as recalled by me. I will also explain later in my statement about "Near Me" virtual meetings and inspections undertaken by the Care Inspectorate, in relation to my involvement with a care home known as [Irrelevant & Sensitive] the duplication of data collection, new framework learning from the pandemic and the unintended consequences of visiting guidance. This statement is based mainly on my own notes and recollections as opposed to the minutes of any meetings I attended, or which are referred to in the body of my statement. I either do not hold copies of the relevant minutes or in some cases, some of the meetings I attended were not minuted.

#### **April 2020**

6. At a Care Inspectorate Gold Group meeting on 9 April 2020, our Chief Executive Peter Macleod confirmed he had spoken to [NR] at Scottish Government and had been advised there would be no visits to care homes agreed at this time. On 14 April at a subsequent Gold meeting, the position was unchanged. Kevin Mitchell's statement to the Inquiry explains the role of the Care Inspectorate Gold Group.
7. At a National Contingency Planning Group meeting on 22 April 2020, which I attended, I advised the Group of calls the Care Inspectorate had been receiving from distressed relatives who were not able to visit loved ones in care homes. Maria Rossi of Public Health Scotland (PHS) said they did not agree that visiting was appropriate or the way forward.

#### **May 2020**

8. At a Directors of Public Health (DsPH) meeting on 1 May 2020 which I attended, I raised concerns over residents suffering isolation, issues for people living with dementia not receiving visitors and peoples' rights. It was suggested that this was the result of a "culture clash" between PHS and the Care Inspectorate. When I raised the

- issue again at a subsequent meeting on 8 May 2020, there was no response. I do not hold copies of minutes of any DsPH meetings. However I do have a copy of a DsPH action record which covers meetings for the period 15 April 2020 to 21 May 2020 [MP/02 - INQ000618041].
9. At a DsPH meeting on 12 May 2020, a paper about people living with Alzheimer's and the impact of restrictions, was discussed. I again raised concerns about isolation, the harm this was doing to people and asked how long this would continue to have an impact. The DsPH said it was likely restrictions would be in place for 12 months. I spoke to the group about the human perspective and suggested that with proper use of personal protective equipment (PPE) and robust infection prevention and control (IPC) measures, visiting could take place. NR then Chair of DsPH and some other Directors present agreed. However, others, including, Graham Ellis (Professor, National Clinical Lead for Older People, Scottish Government) called for caution. As a result, it was decided that as visiting constituted a significant risk, it could not be supported at this time.
  10. I also raised the issue of visiting at the Scottish Government National Contingency Planning Group Meeting which I attended on 27 May 2020, and the impact restrictions were having on peoples' rights. I was supported in this by Donald Macaskill of Scottish Care.
  11. On 25 May 2020, Peter Macleod updated the Care Inspectorate Gold Group to the effect that the Cabinet Secretary and CNO (Chief Nursing Officer) wanted us to look at staffing and IPC practice when inspecting. I expressed the view that it was important we also looked at wellbeing, including contact with loved ones, and this was agreed by the Gold Group. It was also agreed that I would bring a paper to the Gold Group relating to this issue. This paper eventually led to the introduction of inspection Key Question 7 [MP/03 - INQ000320090] (see paragraphs 559 – 563 of the statement provided to the Inquiry by Kevin Mitchell [MP/01 [INQ000475130] for further information about Key Question 7).
  12. On 27 May 2020 at the National Contingency Planning Group meeting, Donald Macaskill of Scottish Care raised the issue of rights for people in care homes during lockdown. I agreed with Donald Macaskill. I also raised the issue of there being no permitted visits, restrictions and people's rights not being upheld. I was only supported

by Donald Macaskill. I have a copy of a minute of this meeting [MP/04 – INQ000300838]

13. On 29 May 2020, I met with Scottish Government officials about the Safety Huddle Tool which captured daily data for care homes. I gave my opinion that while the tool captured data, the language it used was not in line with relevant legislation and the National Health and Social Care Standards (there is more information about this in paragraphs 104-105, 115-116, 118, 126-127, 136, 616, 620, 622 and 642 of the statement provided to the Inquiry by Kevin Mitchell) [MP/01 [INQ000475130]. It was health focussed and used NHS language. I asked if the tool could be used to capture data about visiting and some changes were agreed, for example to capture data about supporting contact with people. However, changes to include capturing data regarding the number of face-to-face visits as opposed to the number of virtual contacts, were not agreed. I raised the issue of visiting and wellbeing for people and families; NR NR a Professional Adviser at the Scottish Government Nursing Directorate, advised that the Minister responsible had stated there would be no care home visiting.

#### June 2020

14. On 2 June 2020, our Gold Group discussed a letter sent by Fiona McQueen the Scottish Government Chief Nursing Officer (CNO) which stated that care home visits were still not to take place (I no longer have access to a copy of this letter). The Gold Group agreed that the Care Inspectorate position was that we did not agree with the stance taken by the CNO around visiting.
15. At our Gold group meeting on 4 June, Peter Macleod shared an update from Scottish Government's Pandemic Response Adult Social Care Group (PRASCG) where visiting had been raised. At the meeting, Graham Ellis had stated that care homes were not near opening for visiting and the First Minister was not indicating this could happen. The Gold Group agreed this was concerning.
16. At the Clinical and Professional Advisory Group on care (CPAG) on 11 June 2020 [MP/05 INQ000260017], a proposed approach to the phased opening of care homes [MP/06 – INQ000520601] was discussed. This approach had not been approved by CPAG, but we had provided comments. Heather Edwards, Allied Health Professional (AHP) Consultant with the Care Inspectorate, raised the Care Inspectorate's view that phased opening did not sufficiently address the issues of the rights of older people.

This was with particular reference to the following Health and Social Care Standards [MP/07 - INQ000320086]: -

“1.2: - My human rights are protected and promoted and I experience no discrimination.

1.3: - If my independence, control and choice are restricted, this complies with legislation and any restrictions are justified, kept to a minimum and carried out sensitively.

1.6: - I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential.”

Heather Edwards told me that she was not being heard or supported at the meeting and needed assistance to be heard.

17. At the Care Inspectorate Gold Group meeting at 9am on 12 June 2020, Peter Macleod provided feedback from CPAG where they had had an open discussion on visiting. CPAG had agreed to look at scientific evidence at their next meeting on 26 June, but they were only considering visiting in Covid free homes. At 4pm that day, there was further discussion around care home visiting as there were differing views from people. Peter updated the Gold Group that David Williams (Director of Delivery Health and Social Care Integration Scottish Government), and Diane Murray (Deputy Chief Nurse) stated that it was not the intention that all care homes should be closed to visitors, despite the fact this was Scottish Government guidance at the time.

## **July 2020**

18. At a meeting on 6 July 2020 Diane Murray confirmed to us that care homes were to remain closed to visitors due to the clinical needs of people.
19. On 7 July 2020 at the Care Home Huddle meeting, concerns about visiting and isolation were raised by me at the meeting, but there was no response.

## **August 2020**

20. On 4 August 2020, we met with [NR] (Director of Delivery Health and Social Care Integration Scottish Government), [NR] (Scottish Government – role unknown), [NR] (Sponsorship Manager for Care Inspectorate Scottish Government), and [NR] (Care Inspectorate Sponsorship team Scottish Government). Present from the Care Inspectorate were one of our Directors, Edith Macintosh, Peter Macleod and me. I raised the issue of visiting, the wellbeing of residents and their families, and the need to reinstate visiting. I was told this was not possible. However, at our Gold group meeting on 5 August 2020, Peter Macleod advised that the Cabinet Secretary wanted us to work with Scottish Government to support visiting.
21. At a meeting with DsPH on 13 August 2020 relating to the development of a tool for care home visiting, I stated the tool ought to incorporate a consideration of people's human rights, and the distress caused to residents from being separated from relatives. The DsPH did not agree that these considerations should be included, and the tool was agreed without this information being added.
22. At a DsPH meeting on 19 August 2020, [NR] Scottish Government, stated that outdoor visits of up to three people were going to be permitted, but there would be no indoor visits unless these were agreed by local public health teams. I again raised the issue of people's rights and the impact on people of not seeing loved ones.
23. At a DsPH meeting on 20 August 2020, it was noted that the Safety Huddle information indicated that 85% of services said that they supported visiting. The CNO agreed to take visiting forward. We agreed to support visiting but raised the point that the information gathered in the safety huddle did not distinguish between indoor or face-to-face visiting and virtual contact and that as a result, many "visits" may in fact have been virtual but still recorded as a visit. We raised again the importance of visiting and the rights of people and distress caused by the decision not to allow visits in homes.
24. On 25 August at a meeting with [NR] a Scottish Government Nursing Directorate Professional Advisor, we were advised that written guidance [MP/08 – INQ000323244] on visiting had been signed off by the Cabinet Secretary and would be issued the following week. There had been no consultation with the sector, and the Care Inspectorate had not seen the guidance. I raised concerns about the lack of consultation. We explained we had offered to support the development of guidance and were concerned this had not happened. We were then given a copy that day to

comment on. We made comments and some were accepted. However, the deadline to publish set by CNO meant the sector and the Care Inspectorate had limited input to this document to support the sector. [NR] explained Ministers were being very cautious as they were concerned visiting could lead to outbreaks. He said the issue had been raised with the CNO and he had been told Ministers were aware of the Care Inspectorate's concerns. We again shared details of the number of calls we were taking from distressed relatives and our concerns about the outcomes for people being isolated. [NR] said he was aware of this, and that was why he had written the guidance. I asked for confirmation that the guidance would apply to all care homes, including those for older people and people with learning disabilities, and was advised that it did. However, we reiterated that we should have been consulted as we are experts in social care and that this lack of consultation was not acceptable.

### October 2020

25. At a meeting with Donna Bell, [NR] and David Williams of Scottish Government on 6 October 2020, we again discussed visiting concerns. Donna Bell said they were aware of our concerns but did not comment further and moved the meeting on.
26. At a meeting with DsPH on 8 October 2020, a "Visiting Flowchart" prepared by DsPH to support visiting was presented. However, it was not agreed as those present expressed the view it was too complicated. I said it should be linked to peoples' rights, but DsPH did not agree and stated that if a care home had an outbreak it would have to remain closed to visitors. We no longer have access to a copy of the Flowchart.
27. At a Safety Huddle meeting on 9 October 2020, we discussed information gathered through the Safety Huddle Tool. I expressed the view that visiting needed to be a focus area thereby ensuring connection with families and loved ones was happening. Diane Murray agreed and said care home doors should be opening, and this must be a focus area.
28. On 27 October, Scottish Government issued their Root Cause Analysis into care home visiting. It made a recommendation around visiting guidance and stated the need for local and national visiting. The Analysis raised issues we had been raising with Scottish Government since the beginning of the pandemic.

**November 2020**

29. On 11 November 2020, we attended a Safety Huddle Tool meeting with Scottish Government and their Nursing Directorate. By this time they had added questions to the tool around visiting that had required further detail, including details of onsite visits. I shared intelligence from inspections that included visiting and contact with families. We had been asking for this to be added since the introduction of the Safety Huddle Tool.
30. At a meeting with the Care Home Relatives Group on 16 November 2020, we discussed our mutual concerns and peoples' distress at visiting restrictions.
31. At a Scottish Government Pandemic Response Meeting on 19 November 2020, there was discussion about adding a new question to the Safety Huddle Tool around the refusal of some services to allow visiting. Diane Murray said she had instructed oversight teams to follow this up with individual care homes. Care home providers had apparently advised that they had concerns about testing, the impact of visiting on staffing and the police investigation into deaths in care homes from Covid-19, which were contributing to make them risk averse. We offered support and explained that we were following up visiting issues when we became aware of them.
32. On 19 November 2020 at a meeting of the Scottish Government Pandemic Response Group, we discussed visiting and the impact on people not seeing those important to them. Diane Murray acknowledged this and said that they knew people wanted to visit loved ones in care homes. We again raised concerns about residents' wellbeing and the impact on them. Diane Murray said they were working on this urgently. We highlighted that providers had raised concerns over testing arrangements, the impact on staffing and visiting, Diane acknowledged this and said **NR** was looking at this and was discussing with DsPH as there was a range of views and not everyone agreed visiting should take place.
33. At a DsPH meeting on 19 November, DsPH were asked by Scottish Government to share their visiting assessment, but DsPH refused. **NR** from the Nursing Directorate gave an update on visiting and the guidance he had developed. He advised the meeting he had asked for a relaxation of visiting rules over Christmas, but this had been refused, and he had been told by the First Minister it would not be a "free for all". **NR** of DsPH said they did not want to stop visiting, this would only be

when there was an outbreak. [NR] said she had raised concerns over visiting restrictions in all homes to Scottish Government, but her concerns were not accepted by the CNO and Chief Medical Officer (CMO). At the same meeting, I expressed concern for people if they could not see loved ones on Christmas Day and asked the group to do all they could to support this.

34. At a PHS meeting on 24 November 2020 involving Abigail Mullings (Clinical Lead for Community Health and Care ARHAI Programme ARHAI Scotland NHS National Services Scotland) we discussed visiting restrictions causing distress for people. Whilst PHS agreed it was not appropriate that people were distressed, they stated they had written further guidance which was with the Cabinet Secretary for approval.

### December 2020

35. At a PHS meeting on 1 December 2020 both we and DsPH wanted to support Christmas visiting but DsPH fed back that they had been overruled by the CNO and the CMO who were not present at the meeting, on this issue.
36. At a Scottish Government Clinical Advisory Group meeting on 1 December 2020 which I attended, Scottish Government said they would be looking to support families with visiting from January 2021. I gave an update on the enhanced support we had put in place to ensure both essential visiting (for end of life care and for people who were distressed) and virtual connection over Christmas, were taking place.
37. On 1 December 2020 we met with [NR] (Specialist Advisor Infection Prevention & Control, ARHAI Scotland). We raised and discussed visiting, and [NR] agreed the current situation was not acceptable. She said PHS had been overruled by the CMO and CNO who made the decision. DsPH wanted to support visiting where there was no outbreak. She also said that PHS had written new IPC guidance which had been with Scottish Ministers for 28 days.
38. On 21 December 2020, a meeting was chaired by the Cabinet Secretary. The Care Inspectorate, Scottish Government, DsPH, CNO, the Care Home Relatives Group, Scottish Care and the Coalition of Care and Support Providers in Scotland were present. I gave an update on our inspection work and outcomes for people experiencing care. I told the meeting a rights-based approach was required with no barriers. I expressed the view that as care providers were worried about the police

- investigation and mixed message guidance, that all parties should work together to develop guidance for the sector, sharing good practice and supporting care homes to implement it. The Cabinet Secretary agreed this was the way forward. The guidance discussed at this meeting was to become “Open with Care”.
39. Also on 21 December 2020, at our Gold Group meeting, we discussed the fact that Donna Bell of Scottish Government had advised us that as tier 4 restrictions were to be put in place, there would be no care home visiting in affected areas.
40. At a PHS meeting on the same day involving Abigail Mullings, we raised the continued impact of restrictions and no visiting in care homes. Abigail stated she did not agree with Scottish Government’s decision to suspend visiting due to tier 4 restrictions. She advised she had carried out a risk assessment and developed guidance for affected care homes and presented this at CPAG, but this was not what they wanted.

#### **“Near Me” Technology**

41. “Near Me” is a platform which was used by Scottish Government and also by health boards. It allowed GPs to see some of their patients remotely for example. We engaged with every care home in Scotland to ensure they had access to the platform and we helped to train care home staff to ensure they could use it.
42. Virtual meetings enabled us to meet with services, including managers and staff and adhere to Covid restrictions. It enabled us to provide input, training and to provide support to services. We were able to meet not only with services, but with HSCPs to ensure that services received the support they needed. We were able to attend meetings with public health and health boards about care services, including outbreak management meetings and oversight groups chaired by HSCPs for care homes. It enabled us to have face to face discussions which were important and to meet with providers, HSCPs, staff in services, people who use services and families.
43. One of the disadvantages of virtual meetings is that if we were looking at the environment in a care home the service would be in control of the electronic equipment to show us around. To ensure we had some control of this we developed a procedure for inspectors where, if we were looking at aspects of the environment, we used the plan of the service before the meeting to familiarise ourselves with the layout. The

inspector then directed the manager or staff member where to take us virtually and this was not led by the service.

44. One of the positives from virtual meetings has been the feedback from families who have said they prefer this method of speaking to inspectors as they are not seen by the service speaking with the regulator. It also enabled family groups to interact with the inspector and provide feedback in an environment they were comfortable with and out with the service. We have retained virtual meetings as part of our methodology.

**NR** Care Home

45. Me and my team were concerned that the provider of **NR** care home, **NR** had not been open and transparent with us regarding the Covid-19 outbreak at **NR**. **NR** There had been a failure of the provider to take action and in contact with the manager they had informed us they were following and implementing Health Protection Scotland (HPS) guidance for care homes. They could describe this and what should be in place, but when we inspected **NR** we found this was not the case.
46. Me and my team had looked at all the intelligence we had on the **NR** care homes registered with us supported by our intelligence team. We considered outbreaks, intelligence from other professionals, and previous evaluations/gradings to inform our decision to inspect. We also included what we believed to be a well performing home to ensure we looked at the provider approach to see if there were further concerns.
47. The statement to the Inquiry by Kevin Mitchell MP/01 [INQ000475130] contains more detailed information about **NR** in particular paragraphs 456 – 516.

**Duplication of Data Collection**

48. I was involved in some meetings regarding the development of the Care Home Safety Huddle Tool (SHT) and I raised concern about duplication. I do not know whether any of these meetings were minuted as one of my colleagues led on this group for the Care Inspectorate, but I do not have copies of any minutes. Ingrid Gilray the Care Inspectorate Intelligence and Analysis Manager was involved in earlier discussions prior to the development of the Care Home Huddle Tool regarding social care data and was involved with the Care Home SHT.

49. The Care Home SHT involved the Scottish Government Nursing Directorate and data teams from Scottish Government and NHS Education Scotland (NES) who were building the technical platform. In the early stages, we made sure they were using the Care Inspectorate's register of care homes as the basis for the tool. The SHT collected data on outbreaks of Covid-19, which is an example of duplication as care services were already required to notify us of potential outbreaks (before confirmation through testing) and confirmed outbreaks. We had enhanced the notifications services had to provide to us, to be Covid related and we provided this information to Scottish Government. However, the Care Home SHT team proceeded to ask services to tell them about cases of Covid-19 on a daily basis in the SHT. The staff absence information the SHT required services to input, was also duplication as we had already put in place weekly staff absence reporting at the request of Scottish Government. At meetings, providers and provider organisations raised the duplication of information and the impact on services at a time when they needed all their resources to care for people and were experiencing significant staffing issues. Sometimes the duplication was around what Health and Social Care Partnerships (HSPCs) were also asking care homes for, so the SHT requests were not the only duplication. One of the issues is that each body was sometimes asking for similar, but slightly different data according to their needs, but to the services this felt like duplication.

50. We continued to engage in the ongoing development of the SHT and continued to meet with Scottish Government including discussions around a mapping exercise of SHT and Care Inspectorate Data. Despite acknowledgement of duplication, this continued to remain in place during the height of the pandemic. We did some other work later on to see if the SHT could use some of the Care Inspectorate data about other outbreaks (flu, norovirus etc). This would have been useful as the SHT was a good way of reporting data back to care homes, HSPCs and Scottish Government, but that ended up not being possible to implement. My understanding is that at present, the SHT has been redesigned to remove the duplication with other collections.

### **New Inspection Framework Learning from the Pandemic**

51. We had looked at learning from Covid-19 and heard feedback on our current care home Quality Frameworks. We had two frameworks for care homes, one for adults and one for older people. Many homes cared for both and feedback was that we should have one framework for all care homes as our expectations and outcomes for

people should be the same. We accepted this and brought both frameworks together into one called Quality Framework for Care Homes for Adults and Older People.

52. Learning from Covid and from enforcement action was used to update and enhanced the new framework. For example: -
53. Core Assurances – these are core checks done at every inspection based on the Hull Early Indicators of Harm [MP/09 – INQ000618043]. We did not have these as part of our framework, so we reviewed this and added the Indicators to the framework. We also developed self-assessment tools for providers to use as part of their quality assurance systems. This supported providers in understanding the key areas that are essential to a service being safe and we received very good feedback from providers regarding this.
54. Infection Prevention and Control – we always looked at Infection Prevention and Control (IPC) as part of the core assurances at inspection. As well as keeping this core assurance we added a new Quality Indicator 1.5 that focussed on the prevention and management of outbreaks of infectious diseases and reflected the introduction of the infection-prevention and control manual for older people and adult care homes issued by Public Health Scotland during the pandemic. I cannot provide a copy of this document as it is hosted online.
55. Meaningful Connections Including Visiting - We changed the focus of quality indicator 1.4 to reflect the importance of meaningful connections, contact and relationships for people and the impact on their wellbeing. This included visiting. Some of the good work on the importance of this to people had been lost in the pandemic with restrictions put in place.
56. Scrutiny Improvement and Support Toolbox – this was updated to include better identification of scrutiny support and improvement actions including access to documents to support improvement.
57. New Live Link to HUB Resources – we created a live link to our HUB (which is an online resource to support services) to allow services to obtain improvement support and suggestions. This was previously in the framework itself which hindered keeping it up to date.

58. To launch the new framework, we consulted with the sector, published the framework, and held webinars with the sector. We provided significant support to the sector to use self-evaluation tools and the feedback has been positive.

### **The Unintended Consequences of Visiting Guidance**

59. The unintended consequences for not allowing people to see loved ones had a profound effect on them. In May 2023, we published a Literature Review on the impact on restrictions in care homes bringing together the research in this area [MP/10 – INQ000618044].

60. It is acknowledged that people living in care homes have been disproportionately affected by Covid-19 (Bethell et al., 2021). Restrictions to keep people safe from the virus did not consider the wider impact on people. People experienced social isolation, loneliness, and were cut off from support systems this had a detrimental impact on individuals health and wellbeing (Sweeney et al., 2022). This affected whole families, and many family members were left with trauma as they were unable to visit and support loved ones many of whom died during this period. Further information is in our publication on the profound effect on people in care homes.

### **Statement of Truth**

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

**Personal Data**

Marie Paterson

**EXHIBIT SCHEDULE MARIE PATERSON**

| <b>PARAGRAPH NUMBER</b> | <b>EXHIBIT NUMBER</b> | <b>INQUIRY ID</b> |
|-------------------------|-----------------------|-------------------|
|                         |                       |                   |
| 4                       | MP/01                 | INQ000475130      |
| 8                       | MP/02                 | INQ000618041      |
| 11                      | MP/01                 | INQ000475130      |
| 11                      | MP/03                 | INQ000320090      |
| 12                      | MP/04                 | INQ000300838      |
| 13                      | MP/01                 | INQ000475130      |
| 16                      | MP/05                 | INQ000260017      |
| 16                      | MP/06                 | INQ000520601      |
| 16                      | MP/07                 | INQ000320086      |
| 16                      | MP/08                 | INQ000323244      |
| 47                      | MP/01                 | INQ000475130      |
| 53                      | MP/09                 | INQ000618043      |
| 59                      | MP/10                 | INQ000618044      |