

Witness Name: Debra Pollard

Statement No.: WITN3094052

Exhibits: **WITN3094054-055;**

WITN3094127- 128

Dated: 2023-08-18

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF DEBRA ANNE POLLARD

I provide this statement on behalf of The Royal Free London NHS Foundation Trust in response to the notification under Rule 13 of the Inquiry Rules 2006 dated 22 August 2022 and the request under Rule 9 of the Inquiry Rules 2006 dated 10 May 2023.

I, Debra Pollard, will say as follows: -

Section 1: Introduction

1. I am employed by the Royal Free London NHS Foundation Trust ("the Trust") as Lead Nurse Specialist within the Haemophilia and Thrombosis Centre ("the Centre"). I have been in this role since May 2014. Prior to that I worked for the Trust as a Clinical Nurse Specialist since February 1992. I have therefore worked at the Centre for 29 years. I retired from this full time role in October 2020 and returned part time in December 2020. My job title remains Lead Nurse Specialist.

2. As Lead Nurse Specialist, my responsibilities include leading and managing a team of specialist nurses and allied health professionals. I am also responsible, together with the Centre Director, for the strategic development and management of the department. In my role as Lead Nurse Specialist, I have been responsible on a number of occasions for answering questions from the Infected Blood Inquiry ("the Inquiry"). As a result I am aware of some of the issues surrounding the Inquiry and know how to investigate matters arising within our archives and systems.

3. I have been asked to write this witness statement on behalf of the Trust to respond to certain criticisms raised in the witness statement of W1673 dated 29 March 2019.

4. For the purpose of preparing this witness statement I have reviewed the records held by the Trust in relation to W1673 and provide this statement on the basis of those records. Where matters within this statement are not directly within my own knowledge, I believe them to be true.

5. The Inquiry has requested that the Trust respond to the following comments made by W1673:

a. At paragraph 20 W1673 states the following:

"I found out later during one of Dr Lee's clinics that when I first attended The RFH on 31 GRO-B 1984 they took fresh samples of blood from me which they frozen. The results were negative when they first tested me for HIV. After February 1984 I left the RFH, as my wound had healed and I was at no risk of bleeding. My blood test results turned positive some time in April."

b. At paragraph 25 W1673 states the following:

"I do not know if my blood has been used for research; I have no idea. Dr Lee had previously told me that I was HIV negative when I first arrived. I asked her how she knew and she told me that when I had first arrived at the RFH they had taken a blood sample and it was then frozen. It was from the sample of blood which they had stored that they knew. She said that this was for research."

6. I attach to this statement exhibits WITN3094054-055. These are extracts from the Trust's records detailing various aspects of W1673's care which are relevant to the criticisms made in her statement.

Section 2: Background Information

7. W1673's first exposure to clotting factor concentrate was during her catastrophic bleeding after surgery in Turkey in GRO-B 1984. In the referral letter dated GRO-B (attached at WITN1673003), GRO-B confirmed that although there was short supply of Factor Concentrates in Turkey at that time, she had indeed received Factor VIII concentrate 1000iu every 6 hours, after readmission to hospital with further bleeding and this continued for several days. GRO-B confirmed he also arranged to treat her with a dose of FVIII

concentrate prior to her flight to London. The Factor VIII Concentrate described, was a commercial brand by a German pharmaceutical company, Behringwerke.

8. W1673's first treatment at the Royal Free Hospital was on [GRO-B] and she was treated until [GRO-B] – she received cryoprecipitate and Vitamin K. Subsequently, on [GRO-B] she received a test dose of Desmopressin (DDAVP), a synthetic drug not made from blood products

Section 3: Response to Criticism of W1673

9. In response to W1673's criticism at paragraph 20 of her statement, the Trust confirms that, as can be seen in the Virology General Report (see WITN3094054), [GRO-B] asked for frozen samples from her original admission to be retrospectively tested for HIV. The samples demonstrated a negative test when taken on [GRO-B] when W1673 first arrived at the Royal Free and a positive result when she returned for follow-up on [GRO-B], however it appears these were not tested for HIV until 1989. As W1673 had only just been exposed to Factor VIII in Turkey prior to her arrival at the Royal Free in 1984, it is possible that there was a "window period" before the HIV antibody could be detected. In the clinical details on the form, [GRO-B] has written "*Now anti-HIV pos. ?time of seroconversion*". This suggests that these samples were retrieved and tested after the positive test in 1989.

10. In response to W1673's criticism at paragraph 25, that her blood sample had been frozen for research purposes, the Trust has reviewed W1673's records and confirms that there is no evidence that W1673's blood was used for research purposes. Samples were taken, frozen and stored as described above.

Section 3: Other Issues

11. At paragraph 17 W1673 recalls a conversation with Dr Lee and an elderly lady, who she thinks was a social worker. W1673 states she found a particular discussion with the social worker to be '*extremely inconsiderate and obviously very disturbing*' for her. In 1989 and beyond, Mrs [GRO-D] was the Centre Social Worker and AIDS Counsellor. She would see most patients at their regular clinic reviews. On review of W1673's records, I can see documentation by Mrs [GRO-D] on 21 May 1991 where she states that she discussed who might look after W1673's baby if her health deteriorated. ([GRO-D] Consultation Notes 1991 ([see WITN3094128])). We assume this is the conversation described at paragraph 17. Whilst we

cannot comment on exactly what was said at this meeting, at a time when HIV/AIDS was a life limiting disease, it would have been part of Mrs [GRO-D]'s role to have difficult conversations such as these and ask questions to help prepare people for difficult situations that were likely to arise, and it is regrettable that W1673's experience was not positive and we are very sorry that this caused W1673 so much distress.

12. At paragraph 18 of her statement, W1673 states she was not given any information about the risk of infection from the blood treatment she received. She recalls having been told by [GRO-B] that there were no risks to her having a baby and felt she should have been notified as soon as the HIV infection risk came to the knowledge of staff. In early 1984, it is not clear what [GRO-B] knew about the risks of HIV. He did, however, discuss the risks of transmission of non-A non-B hepatitis through blood products and included a summary of this in his letter dated 16 May 1984 (see **WITN3094055**). We note that in 1984 W1673 and her husband were not residents in the UK and returned to Turkey until bringing their baby back for investigations in 1989, in which time she had not attended for regular follow up appointments.

13. At paragraph 24 of her statement, W1673 states that she believes she was '*treated without being given adequate or full information beforehand*'. On review of her records, I can see that [GRO-B] discussed risks of non-A non-B hepatitis and risk reduction methods of treatment for the future, such as the use of DDAVP and small pool freeze-dried concentrate. This is documented in his letter to the Consultant Haematologist in Istanbul, in which it is confirmed that a copy of the letter has also been given to W1673.

14. W1673 states at paragraph 42 of her statement that no counselling or psychological support has ever been offered or made available to her. As discussed above, I can see that W1673 saw Mrs [GRO-B], the Centre Social Worker and AIDS Counsellor on a number of occasions ([GRO-B] Consultation Notes 1991 and [GRO-B] Consultation Notes [see **WITN3094127- 128**]).

15. At paragraph 49 of her statement, W1673 notes that she has '*never received any financial assistance from any of the Trusts and Funds set up to distribute payments to infected people*'. In this case it was judged that the HIV transmission had occurred with the Factor Concentrate administered in Turkey. The existing Trusts are to support those infected in the UK. It is clear that Dr Lee did try to help by supporting an application to the Macfarlane Trust in 1991 and in her handwritten notes of 21/5/1991 when she wrote "*need to explore Macfarlane welfare rights with* [GRO-B]. Mrs [GRO-B] was the Centre Welfare Rights Officer at that time. The Macfarlane Trust made the final decisions on eligibility, not Royal Free Hospital.

16. Finally, at paragraph 54, W1673 states that she has not seen a full copy of her treating records and that her husband had asked that Royal Free Hospital release all of them. From my review of her records, I can see that any requests for hospital records have been acted upon. If the records have not been received, we are very happy to provide a full copy.

Statement of Truth

I believe that the facts stated in this witness statement are true.

Signed

GRO-C

Dated __18th August 2023_____

Table of exhibits:

Notes/ Description	Exhibit number
Letter to <div>GRO-B</div> from <div>GRO-B</div> <div>GRO-B</div> dated <div>GRO-B</div>	<div>WITN1673003</div>
Virology General report for W1673	WITN3094054
Letter to <div>GRO-B</div> from <div>GRO-B</div> <div>GRO-B</div> dated 15 May 1984	WITN3094055
<div>GRO-B</div> Consultation Notes	WITN3094127
<div>GRO-B</div> Consultation Notes dated 1991	WITN3094128