

Witness Name: Jane Eades
Statement No.: WITN7748001
Exhibits: none
Dated: 01 March 2024

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF JANE EADES

I provide this statement in response to the request under Rule 9 of the Inquiry Rules 2006 dated 17 November 2023.

I, Jane Eades of Marie Curie, One Embassy Gardens, 8 Viaduct Gardens, London, SW11 7BW, will say as follows: -

Introduction

1. I am the deputy director of nursing and quality at the end of life charity Marie Curie. I am preparing this statement pursuant to a Rule 9 request dated 17 November 2023, in response to concerns raised by witness W2264.
2. I took up office as the deputy director of nursing and quality in May 2022 and have been in post since that time, acting up for part of that period as the acting director of nursing and quality. I have been a registered nurse since 1987 and employed by Marie Curie since 1997.
3. I had no involvement in the care of the patient whose care is subject to concerns by witness W2264. I have however had an opportunity to review the summary records held by Marie Curie. Enquiries have been made of the staff member involved in the delivery of care and she has no specific recollection of the care provided. I have not had access to the full care records, which are held by primary care providers, which Marie Curie staff would have had access to at

the material time and made entries in. Marie Curie requested copies of the primary care records from the Inquiry legal team on receipt of the Rule 9 request but these have not been received and I have been advised that they do not hold copies. To avoid further delays in this response, I have prepared this statement with reference to the summary records of Marie Curie.

4. As an organisation, Marie Curie is committed to assisting the Inquiry and in doing so I have tried to include as much information as is reasonably possible.
5. Marie Curie takes any concerns and complaints about patient care and support extremely seriously. As a specialist provider of palliative and end of life care, we are committed to delivering high quality care to tens of thousands of people every year. We are acutely aware how distressing it can be for family, friends and carers to support a dying loved one and we always aim to do our very best to understand and meet the changing needs of individual patients and offer emotional support to those facing grief and loss. I was therefore saddened to read the concerns raised in the statement of witness W2264. I would like to express my condolences to the witness and their family and apologise for the upset that has been experienced.

Response to criticism by Witness W2264

General description of the nature of the home-based care provided by Marie Curie

6. Marie Curie is a UK end of life charity commissioned by local NHS commissioning bodies in many locations throughout the UK to provide hospice and hospice at home care to people at the end of life.
7. Our home-based services are dependent upon local commissioning arrangements but include both planned and unplanned care. Planned overnight home visits are undertaken between the hours of 22.00 and 07.00. The purpose of planned overnight home visits is to support people at the end of their lives and provide respite for their families and carers. Where commissioned, Marie Curie also operates a 'rapid response' service. These unplanned visits are undertaken by Marie Curie Registered Nurses (RNs) and Healthcare Assistants (HCAs) and arise from a referral from a primary care provider (for example a GP or district nurse) or from a member of Marie Curie staff undertaking a

planned visit who identifies the need for additional support or assistance. In the particular location covered by this statement, Marie Curie was commissioned to provide both planned overnight home visits and rapid response services, and patients could be referred to either one or both services.

8. Our overnight planned service is generally provided by HCAs. Our rapid response service is a two-person response and is generally staffed by an RN and an HCA undertaking visits together. An HCA is trained to provide the fundamentals of care. This includes supporting with mobility and position changing, hygiene needs, toileting, nutrition and hydration, and emotional support to patients, their families and carers. HCAs can support with the administration of some prescribed medication. All of our HCAs can support a patient with capacity to take their prescribed medicines, by acting as a pair of hands. Some of our HCAs are trained to a higher level and can administer medication to a patient who does not have capacity, but only where the medication has been prescribed and there is a clear plan dictating precisely what medication is to be administered at certain times. Where there are multiple medication options on an “as required” basis (such as different analgesics), HCAs cannot make decisions as to which of these to administer. HCAs are also not permitted to administer injectable medication. In these circumstances, the rapid response team would be called for the RN to administer prescribed medication. If there are alternative analgesics prescribed on an “as required” basis, the RN could make a decision about which prescribed medication to administer where the indication is clear. The RN can support other concerns around medication. The rapid response team may also be called to provide more general support and assistance with the delivery of care. Marie Curie encourages HCAs conducting planned visits to call out the rapid response team as required, to support the delivery of safe and responsive care to the patient.
9. Marie Curie is committed to providing high quality and compassionate hospice at home care in communities where we are commissioned to provide services. Our community services in Scotland are registered with Care Inspectorate Scotland. Marie Curie HCAs and RNs undergo a period of induction, which is combination of taught sessions delivered virtually, taught sessions delivered in person, and shadowing shifts of existing staff. HCAs and RNs then follow a

programme of ongoing mandatory training while employed by Marie Curie, to ensure their continuing professional development.

Care described by Witness W2264

10. From my review of the summary records held by Marie Curie, the patient had been referred to Marie Curie for a planned overnight visit commencing at 22:00 on 22 July 2020 and ending at 07:00 on 23 July 2020. This was Marie Curie's first and only involvement in care. From the summary records held by Marie Curie, an experienced HCA who had been working with Marie Curie since 2015 undertook the visit. They documented *"1 x to move safely. Meds in home, SLIDE SHEET, HOSPITAL BED. ABLE TO EAT AND DRINK SMALL AMOUNTS SYRINGE DRIVER IN PLACE. ASSISTANCE TO DRINK AND WITH TOILETING. HG 22/7/20emcmilian 23/07 Unsettled night. Rapid response called out x2 02.15 and 04.00 pain relief given on both occasions second time to good effect. PT deteriorated considerably during my shift. RR will contact DN to inform them, [W2264] (wife) is exhausted."*
11. The summary record confirms that the HCA requested the assistance of the Marie Curie rapid response team twice during the visit, who attended and administered pain relief medication on both occasions. As set out in paragraph 8, Marie Curie encourages HCAs to call the rapid response team where support is required with the delivery of care and the administration of medication. It would not be unusual for the rapid response team to visit on more than one occasion to achieve optimum pain relief in an incremental and safe way.
12. I am sorry if W2264 had not been aware that HCAs routinely call on additional support from the rapid response team and was upset and distressed waking to find additional healthcare professionals in attendance. The HCA is unfortunately unable to recall the details of this visit due to the passage of time, however, our summary record states that the HCA in attendance noted that witness W2264 was "exhausted". Marie Curie's aim is that our planned overnight service should allow carers to sleep.
13. I acknowledge the concerns raised in W2264's statement regarding the timing of the administration of pain relief medication to their husband, and in particular that medication was only administered after attempting to move him up the bed.

Our summary records do not contain details of positional changes, but they state that pain relief medication was given twice by the rapid response team during the night, the second time to good effect.

14. I am sorry that W2264's experience of Marie Curie home-based care was not a positive one for her. The concerns that have been raised have been shared with the team involved.

Statement of Truth

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

Signed

GRO-C

Dated 01.03.24