Witness Name: Ian Reid SCOTT

Statement No.: WITN5314001

Exhibits: Nil

Dated: 24 / 3 /2021

INFECTED BLOOD INQUIRY

WRITTEN WITNESS STATEMENT

of

IAN REID SCOTT

I provide this statement in response to a request made under Rule 9 of The Inquiry Rules, 2006 dated 26th January, 2021.

I, Ian Reid Scott, will say as follows:

1. My full name is Ian Reid Scott and I was born on GRO-C, 1950. I currently live with my wife at an address known to the Infected Blood Inquiry in GRO-C Lincolnshire.

2. In 2011, I retired from a longstanding position as a Care Manager for the Lord Mayor Treloar School in Hampshire. Although now retired, I still work, and am engaged as a teaching assistant for a local comprehensive school. On 16th April, 1981 I was appointed to the role of Housemaster by the Treloar Trust. This job title later changed to that of Care Manager.

3. 'Treloar' or 'Treloars' is a name which has been used over the years to refer to a number of organisations which arose from the work of a former Lord Mayor of London, Sir William Purdie Treloar. This can lead to some confusion.

4. I was employed by the Lord Mayor Treloar Trust, which became the Treloar Trust and worked at the Lord Mayor Treloar School, but there was also a Lord Mayor Treloar College, at one time a Florence Treloar School for Girls, and a hospital and haemophilia centre, any one of which could have been referred to as 'Treloar' or 'Treloars.'

5. The Lord Mayor Treloar School was located in the village of Upper Froyle and the Lord Mayor Treloar College in the village of Holybourne, about two and a half miles apart.

6. Some, the school and college, and pre-amalgamation, the girls school, were operated through the trust, the remainder having been services provided by the National Health Service, but all were located in relatively close proximity to one another.

7. The Lord Mayor Treloar Trust was located on the Upper Froyle site.

8. I feel that communication between the various elements of 'Treloar' was good and included the appropriate exchange of information where beneficial to the pupils. As time progressed, inter-departmental communication was increasingly good with the lead for medical care being led through our in-house medical centre, and in the case of pupils with haemophilia, through the Treloar Haemophilia Centre (an on-site facility at the college but operated by the NHS rather than the school, college or trust).

9. Where a medical issue arose, it was addressed through the relevant medical facility, if not our own medical centre then a nearby clinic or hospital. In the case of pupils with haemophilia, monitoring and review of a student's condition was undertaken by the Treloar Haemophilia Centre.

10. As a Housemaster / Care Manager, my role meant that I was responsible for the quality of care provided by my staff group for the student residents of Burnham House.

11. Burnham House was located within the grounds of the Lord Mayor Treloar School, in Upper Froyle and initially (in 1981) housed about forty to forty four pupils. It was a co-educational facility for boarding students.

12. There were four houses at that time, one additional junior house called Gasston and three senior houses, Pike, Jephson and Burnham. Pupils were allocated to houses on age and not as a result of any given disability – there was no segregation other than by age.

13. In so far as pupils with Haemophilia was concerned, the proximity of the Haemophilia Centre to any given house did not have any bearing upon them being allocated to any given residence – the only difference was that at the end of school year nine, they moved from the school site to the college site (where the haemophilia centre was located) whereas other pupils moved at the end of year eleven.

14. The location of any given house to transport facilities had no bearing upon the allocation of accommodation, including the residential placement of boys with haemophilia.

15. The trust / school and college aims were to promote the independence of individual students, encompassing all elements of their lives. Other than supporting students, I was not involved in the educational aspects of their time at the school / college. Residentially, my staff and I worked with our students with a view to enabling them to become as independent as may have been possible in light of their particular situation.

16. The overall aims and objectives of both school and college were broadly the same, irrespective of age, broadly speaking to enable each individual to maximise their independence and potential, both educationally and personally.

17. The primary task of my staff group was pastoral, but training was also received enabling pastoral staff to carry out certain procedures as found necessary, for example, administering suppositories to students or supporting pupils with incontinence problems, etc.

18. The recruitment process which led to my taking up this role saw my having applied, been shortlisted and then invited in for formal interview before a selection panel. The panel consisted of school governors, the head of the school, and the overall head-teacher of the school and college.

19. Initially my role was as previously stated, pastoral with some necessary basic care elements. Burnham House was a boarding house occupied by residential pupils of the Lord Mayor Treloar School and I organised staff in order to provide for high quality care delivery for the boarders and day pupils within this house.

20. This included such things as careful timetabling to ensure sufficient staff were on duty at peak times and in particular around 0700 hours, morning break and then lunchtime, at 1600 hours and from 1730 hours onwards – whilst allowing for an overlap between day staff finishing work and night staff commencing (day staff commenced working shifts at either 0930 hours or 1015 hours; night staff commencing at 2100 hours).

21. Where I was not personally engaged myself, I organised staff to help and support pupils, working closely with them supported by our physiotherapists, occupational therapists, speech therapists, medical staff and others.

22. Those with whom we operated were an integral part of the overall care team, and were represented at staff meetings. The varying conditions each pupil faced were addressed using a multi-disciplinary approach in which the educators, medical staff, therapists and those like me who were engaged with their residential care and welfare, working together to achieve the best possible outcome for the student.

23. At first, I mostly worked in a 'hands-on' manner directly alongside my staff. I ran a weekly staff meeting, and attended a weekly housemasters meeting. Initially my line manager was the head of the Lord Mayor Treloar School above whom was the overall head of the school and college (combined).

24. Sometime later, I cannot now recall when, a Head of Care was appointed, but I believe that this most probably happened at a time when the children and young persons with the medical condition of haemophilia were no longer pupils of the school / college.

25. I do not know the rationale behind the creation of this position, but it did not occur until after haemophiliacs who may have posed an infection risk had moved on. I believe that it may have been brought in as a result of a rise in inspections and to ensure consistency, possibly at some time between 1995 and 2000.

26. The purpose of the weekly staff meeting I held for Burnham House personnel was to pass on general information from management; to consider the needs of any specific pupils (e.g. regarding their progress); or to provide for a high quality of care through sharing information with others, such as physiotherapists, occupational therapists, speech and language specialists, and other medical staff.

27. The weekly housemasters meeting, which was separate to the above, involved all housemasters, and the head of school and the overall head of school and college. This saw general information being passed on, discussed, and was aimed at maintaining a consistent approach across all personnel across both sites in all matters.

28. When I first took on the responsibility for Burnham House boarders and staff, most of the pupils were aged between twelve and fifteen to sixteen years of age who had such conditions as Spina Bifida, Haemophilia, Muscular Dystrophy, and Cerebral Palsy but there were also a few with Cystic Fibrosis, Juvenile Chronic Arthritis and other ailments.

29. In April 1981, Burnham House housed some ten to twelve boys with haemophilia in residence, an average number which was maintained for some time but which diminished as time progressed, as described later within this statement.

30. Many of our students became totally physically dependent upon the assistance we were able to provide. A high proportion with cerebral palsy became reliant upon staff for basic issues such as washes, baths, getting dressed, feeding and changing incontinence pads.

31. To the best of my memory, my staff group initially (i.e. in 1981) consisted of a mixture of part-time and full time personnel (approximately twelve to fourteen staff) which grew as the disabilities of the students and their resultant care needs increased in their complexity to a point where there were approximately thirty five members of staff caring for fourteen fewer pupils by 2011, thirty years later.

32. Over the years of my employment at the Lord Mayor Treloar School my role changed considerably, in keeping with the level of disability amongst our students becoming increasingly more complex, e.g. some pupils were non-verbal, had eating difficulties, lacked mobility and / or required 100% physical care support. As student needs increased, so too did the size of the staff group I managed.

33. With an increase in needs and consequent staffing levels came the need for a more formal staff supervision and appraisal system than had existed previously where I had worked more often alongside them. This saw more management meetings to attend, a formalised risk assessment procedure (with annual reviews being introduced), and the introduction to the school / college of external inspection through OFSTED. As management requirements increased, my hands-on activities reduced to only about 19 hours of my working week.

34. To the best of my knowledge, most of the pupils boarding at the school had been placed there with the assistance of local educational and / or health authority funding, or occasionally by that of the social services. I believe that a small number were jointly funded, i.e. by their local authority and local health authority, whilst there were also a few privately funded students (i.e. those placed there and funded by parents or guardians). They were all children and young people with physical disabilities and associated health and welfare problems.

35. Students were attracted to the school / college from all across the country in 1981, with a small number coming from overseas. There was a formal application and interview process with staff engaged in general care, therapy, medical care and education providing reports and recommendations. The physical disability of a prospective student was the primary consideration, but associated additional difficulties were also taken into consideration, e.g. behaviour, learning difficulties, and so on.

36. The school / college did not decline to accept any pupils based on any particular health issue they may have been facing.

37. Prior to my appointment, in April 1981, I had been the person in charge of a children's home in Yorkshire, and prior to that a school for behaviourally disturbed children and I had also worked in a national children's home. My qualification was a Children and Young Persons CRCCYP in Residential Care.

38. The training I had undertaken and experience gained prior to joining the Lord Mayor Treloar School was such that the roles and responsibilities I undertook were in many respects ones which I had previously experienced, but I needed further training specifically as regards children with a physical disability.

39. Upon appointment, I had immediately received training by way of an induction course which included input from various specialists, including therapy, medical, educational and residential staff. Thereafter, training was an ongoing process throughout my period of employment, and as the disabilities and needs of the student boarders became more complex, training was continually being revised and updated.

40. Our training was in some cases provided by internal school / college staff, e.g. feeding training, instruction in the use of communication aids (both high and low tech.'), and there were regular updates on such subjects as safeguarding and first aid, but we also received input from outside contributors.

41. In general terms I would consider the training which I received to have been 'fit for purpose' in its time, but with the benefit of hindsight, I feel that it was perhaps lacking as regards supporting those with HIV and / or AIDS.

42. Clinical staff from the Treloar Haemophilia Centre attended to explain medical information as regards HIV / AIDS to staff, such issues as its means of transmission, safe disposal of clinical waste and in particular care that had to be taken around blood, so we did receive some useful instruction, but there was a lack of training which would have enabled staff to offer psychological support to infected students.

43. This particular requirement was beyond anything which my past experience and training had prepared me for, and I found myself ill equipped to address individual concerns when they were suddenly presented with an HIV diagnosis and confronted with questions as to what HIV / AIDS could mean for them.

44. If a situation arose which posed potential difficulties for a student with haemophilia, house staff could refer them to the haemophilia centre to which the school / college operated regular transport, and where this occurred outside of scheduled transport journeys, a driver was always 'on call' to assist.

45. Where a boy with haemophilia was treated at the haemophilia centre, we were informed of the care he had received and any treatment given together with any recommendations for his care moving forwards thereafter, e.g. restricted use of wheelchairs.

46. Dr. Wassef was the haemophilia centre lead for our school / college boarders during my time at the school. Over this period there were several different heads of the school / college medical centre.

47. Details of any treatments given were communicated from the medical centre to other departments with written feedback being provided for residential staff. The medical centre was represented at house staff meetings and there was also a visiting General Practitioner (G.P.) available to assist and / or advise pupils and staff where necessary.

48. I have been asked if medical staff held positions in more than one establishment at the same time, e.g. were contracted to work for both the school and the haemophilia centre. I do not know if this may have occurred.

49. In so far as the issue of consent is concerned, where the treatment of pupils was required whilst they were 'on site' and accordingly under our care, I believe that the school / college held written parental consent allowing staff to act *in loco parentis* as regards each student.

50. As a housemaster / care manager, where needs arose I would communicate directly with a pupils parent(s) / guardian(s) as did, to the best of my knowledge, staff of our school / college medical centre *and* the haemophilia centre.

51. Relevant medical information for each pupil was held by the medical centre at the school / college and where applicable also at the haemophilia centre.

52. All school / college pupils with haemophilia were monitored and treated through the Treloar Haemophilia Centre. This included treatment with the blood product Factor VIII when a spontaneous bleed occurred and included some prophylaxis treatment to prevent bleeding.

53. Medical staff operating within the haemophilia centre decided upon the treatment régime to be adopted in each case, and actively encouraged students to manage their condition striving to become independent and self-caring, e.g. their learning when to rest and use a wheelchair or to self-administer injections. Other school / college staff groups also actively promoted their becoming able to 'look after' themselves better.

54. Scheduled transport which existed between the school / college and the haemophilia centre had been established for use by regular haemophilia patients of the centre. For those who presented with an immediate medical need, the centre could be accessed throughout the day or night with assistance (referral) from boarding house staff (on duty and accessible twenty-four hours per day, every day) or medical centre staff (again staffed twenty-four hours per day, every day) and transport was always available through the on-call driver.

55. In general terms, where necessary, and dependent upon the specific need presented, students were either treated through our own medical centre (who could cater for most eventualities that did not require hospitalisation, including access to various in house therapists) or taken to hospital.

56. Pupils with haemophilia were different from the other students in so much as, when they presented with bleeds or as general 'outpatients' requiring treatment and / or monitoring, their needs were addressed through the Treloar Haemophilia Centre.

57. The Treloar Haemophilia centre was located on the trust site at Holybourne, within its grounds, where specialist staff were led by Dr. Wassef – this was an NHS facility with whom the school / college enjoyed a positive working relationship with regular, in some cases daily, communication.

58. When I started working at the school in 1981 there were some ten to twelve haemophilia patients boarding in Burnham House, a number which was maintained for some years thereafter. These pupils each stayed in 'my' house for about three years (dependent upon their age, some for longer, some less) before they moved on into the college and consequently moved house.

59. I cannot now recall specific individuals this may apply to, but the residents with haemophilia I was responsible for over that period of time were all treated through the Treloar Haemophilia Centre.

60. I have been asked if I have any knowledge of the existence of a research laboratory or research scientist on any 'Treloar' site. I have no knowledge of any such facility or person and was wholly unaware of any research having been undertaken which involved students in my care.

61. One house (the Junior House) was operated for pupils aged from seven to eleven or twelve. I believe that throughout the time when the school / college accommodated students with haemophilia there were three additional Senior Houses. Haemophiliacs moved to the college site at the age of fourteen or fifteen years, the end of school year nine, whereas all other students moved on at the end of year eleven.

62. At that time, each house operated with separate dormitory style bedrooms, each accommodating between two and four students. I spent the majority of my time in direct contact with the pupils under my care, taking an active role in the physical care of those who needed it. I ate all of my meals with the pupils whilst on duty, and would play games with them. At the same time, I also had to reprimand them where necessary and / or support and encourage them at other times, each in equal measure.

63. I tried to develop a rapport with the students by making the effort to spend time in their company and get to know them as individuals. As time progressed and relationships developed, with some more than with others, pupils matured and many moved on to join the college, but would return to visit on occasions which I took as an encouraging sign that efforts to develop a sound working bond with them had seen a positive effect.

64. I maintained contact with one former student in particular, but felt that this should always have been something which had been initiated by the student and not by my colleagues or myself, but I was happy when former pupils visited.

65. The specific pupil mentioned above was someone who kept in contact after he had progressed through school, into the college and beyond. He was one of the boarders who had haemophilia. He always made a point of calling me when one of his peers passed away, in particular former pupils whom I knew and had cared for within the house. Along with several other former pupils with haemophilia, I attended his wedding, then subsequently attended his funeral having attended the funerals of other former pupils with haemophilia, with him. His name was David Cooper and he later went to live in Rotherham.

66. I also adopted the practise of developing positive relationships with the parents / guardians of 'my' pupils, as I found that this was also to the benefit of the student. This way of going about things necessarily included the parents / guardians of students with haemophilia but it also meant that I later spoke with many at the funerals of their children.

67. I believe that most of the pupils with haemophilia who had at one time or another been in my care as residents of Burnham House became infected with HIV / AIDS as a result of the use of contaminated blood and / or contaminated blood products. The majority, if not all of these children and young people, as I knew them, are now dead as a result of the infection(s) they were given.

68. I cannot now be sure of the numbers involved, but I have either learned of, or attended, the funeral services of at least ten to fifteen former students of mine who died under these circumstances. It amounts to a very high percentage of the pupils with haemophilia who had been under my care.

69. I believe that some of these young people may have become infected whilst they were resident within Burnham House, but in the main only found out once they had all moved up into the college. They had all been treated through the Treloar Haemophilia Centre and once diagnosed as having been infected, continued to receive their treatment there.

70. Staff, myself included, were told that they had been found to have been infected with HIV and that there was a possibility that this condition could develop into AIDS. I cannot now recall by whom they had been diagnosed as having HIV, but the information came from the Treloar Haemophilia Centre.

71. I believe that news of the diagnosis was given to the pupils and their parent(s) / guardian(s) by medical staff of the centre, but I was not involved in this activity and do not know this for certain – nor do I know *how* any such news was delivered or of any supportive information or guidance they may have been given at that time.

72. I believe that school / college staff were made aware of the diagnoses during the course of a whole school / college staff meeting at some time in 1983 or 1984, I cannot now recall exactly when, and am unsure of the timing as to when the remaining school population (i.e. those with different conditions or those with haemophilia but who were then not known to have become infected) and their parent(s) / guardian(s) were told, how or by whom.

73. I do not know how long may have passed between any school / college pupil with haemophilia having been given contaminated blood or a contaminated blood product, and then their having been diagnosed as having HIV (or any other disease with which the blood / blood product used may have been contaminated).

74. I do not know what the children and young people who had been infected, or their parent and guardians may have been told of the infection(s) they had contracted and the health implications this posed for them and others as my staff and I were not party to any conversations which took place in this regard. My staff and I were not involved in having to 'break bad news' to the students, their parents or guardians, once the diagnosis was known – we operated in a more supportive role, addressing emotional need once the bad news had been given.

75. I have already commented regarding training received and the training need which, with the benefit of hindsight, became apparent as a result of the situation which arose, placing my colleagues and I in roles supporting young people recently diagnosed as having HIV. I would say that at this time, *information* regarding HIV was provided for staff *rather than* any specific training regarding HIV or how we could best support those who had become infected. There was nothing specific to assist the infected pupils, no one brought in to assist, and nothing to better equip those who had to look after them.

76. The students who had received an adverse diagnosis had by that time mostly left the school for the college. Those who remained presented as being anxious at times, and also displayed misbehaviour which indicated anger. There was a clear understanding amongst some that they would die, in their late-teens or early twenties. We provided what I would describe as having been a good level of support, but our experience was with pupils whose prognosis was, and always had been, known to them.

77. By contrast to 'the norm,' the students with haemophilia were suddenly presented with an infection that could, and most probably would, kill – it was completely different, impacted upon multiple pupils, and stood outside of the past experience of my staff and I.

78. I do not believe that any form of counselling was brought in to benefit any of the school / college staff affected by this situation, in so far as I am aware, there was none. I do not know if anything of this nature was made available to any of the boys, their families, or those of their guardians.

79. To this day I do not know how this happened or was allowed to happen, nor can I recall what may have been known at the time. All I can now remember from that time is my having heard that the source of the infection(s) was believed to have been blood sourced in the United States of America from paid donors.

80. The situation which arose did not adversely impact upon my relationship with others, such as the pupils, parents, my employer, medical staff or the haemophilia centre. Practically, my staff and I had to operate with more caution, ensuring that we were careful when dealing with clinical waste and adopting a high level of hygiene and general cleanliness, but then we had always endeavoured to operate this way.

81. We all understood that the problems we then faced had arisen as a result of a previously unknown issue with blood products, did not apportion blame, and tried as best as we were able to support where necessary – students, parents and colleagues alike.

82. Once the diagnoses of HIV had been made, not a great deal had to change, we understood the practical precautions which needed to be taken so nothing had to be altered in order to accommodate pupils with HIV. This was also the position when pupils were diagnosed as having HcV, here again nothing changed, you just had to be aware and act accordingly, but no 'special arrangements' had to be made.

83. In so far as vCJD was concerned, when this was revealed as a possibility, sometime later, a common sense approach was adopted and the only real difference to day-by-day operations was an increased awareness of the likely need for emotional support, if it were to be found necessary.

84. This does not mean to say that we took this situation in our stride. Personally, of all of the issues which arose whilst I was working at the Lord Mayor Treloar School, this one has had the greatest impact, both for me, my colleagues and for the broader school / college community. Of all of the things I have experienced over my working life, including the deaths of other pupils, I have to say that this is the most difficult for me to talk about, even now, many years later, without becoming emotional.

85. No supplies of blood or blood products were held in the boarding house – all were kept by the Treloar Haemophilia Centre. I was not involved at any time with the administration of blood or blood products to any pupil and am unaware of any of my house staff colleagues ever having done so. In so far as I am aware, all needs of this nature were dealt with at the Treloar Haemophilia Centre.

86. I do not know for sure, but assume that the personal medical records of each pupil / patient were held by the school / college medical centre and where applicable in the haemophilia centre. Where a pupil was treated at the haemophilia centre, they sent as record of his treatment to the school with the main record being retained in the haemophilia centre. The house in which the student was resident was informed of his having been treated and advised of any additional action that was required or advised (e.g. restricted wheelchair use / rest / and any prophylaxis treatment that have been required thereafter, etc.).

87. As a practical necessity, houses were aware of pupils with medical appointments to attend, including those at the haemophilia centre – we knew the date, time and reason for any planned appointment in advance and needed this information to ensure attendance which included attendance at the haemophilia centre for regular prophylaxis treatment by some of the students.

88. In general terms, pupils with haemophilia were predominantly treated by appointment as a matter of routine. Outside of this, one student I am aware of was prone to suffering severe nose bleeds, which could not be anticipated so he was seen as an emergency as and when this occurred, and others who suffered with other spontaneous bleeds (usually into a joint) also went in as emergency referrals, but most attended as pre-booked, regular attendees. In 1981, when I arrived at the school, a working system was already in place to address the needs of students with haemophilia which operated well and was retained.

89. I am wholly unaware of any student with haemophilia having been given any form of experimental treatment, including the use of any blood product or other medical preparation nor do I know of any pupil having taken part in medical research as to haemophilia or its treatment. In this regard I was not asked to maintain any particular records of pupils experiencing a haemophilic bleed, their treatment, or anything else – and am unaware of any of my house staff ever having done so.

90. I specifically recall having attended the funerals of five boys who had once been residents of my boarding house. All had been pupils with haemophilia who had been treated, become infected with HIV, and died as a direct result. As I have stated, I sought to broker good working relationships with the pupils of the house and their parents / guardians alike, as it was mutually beneficial. Once they had moved on, I only maintained contact which had been initiated by a student, one in particular whom I have described. I met with others at his wedding and managed to stay in touch with him from about 1982 / 1983 until his eventual death.

91. He had been infected with HIV which developed into AIDS. Whereas I knew that he had haemophilia, and was treated at the Treloar Haemophilia Centre for his condition, all of his records would have been kept by the centre and not by me in his house. All the same, in his case I know that he was given blood clotting agents, in particular Factor VIII, at the haemophilia centre.

92. Of the five funerals I attended, the first was for the youngest of the students with haemophilia to have become infected that I am aware of – I went to his funeral together with other members of staff from across all areas of the school / college. I believe he may have been aged around sixteen or seventeen, and passed away whilst still a college pupil.

93. The second was for a pupil who had left the school / college – he had been one of two boys from the same family, brothers, each of whom had been a haemophiliac, each of whom had been infected with HIV and each of whom had died as a result; the third was that of a young man who had progressed through the school into the college and left – I attended his funeral with the pupil I remained in touch with; and finally I went to the funeral of that former student, then a young man, a husband and a father.

94. All were haemophiliacs, all were treated with blood or blood products as children, all had become infected with HIV which develop into AIDS, and all had died as a result.

95. At one funeral I attended, one of the parents, a child's mother, expressed her anger to me, anger directed at the Treloar Haemophilia Centre whom she accused of having misinformed her as to the true risks involved by their treating her son. This was the only issue of this nature which arose, and I can clearly recall her openly stating her feelings to me. Others, although clearly devastated by their loss, didn't show any feelings of having been 'let down' in any manner or form.

96. Students who became infected as a result of their use of contaminated blood or blood products were given their diagnosis by haemophilia centre staff, not the staff of the school or college. Whereas they may have been infected whilst pupils of the school, they were either pupils of the school or college (where they had moved up into the same) when told – and they were told that they had contracted HIV. Once a diagnosis had been confirmed, school / college staff then sought to support them.

97. In terms of impact upon the students it is difficult for me to provide any informed information based on personal knowledge as most boys would have left the school at the end of academic Year 9 (i.e. when approximately 14 - 15 years of age) and as a consequence had left Burnham House before the full impact became apparent.

98. However, in general terms I did hear of some of them once they had moved on, and know that the primary impact of their infection became focussed upon their deteriorating health.

99. The one student I remained in contact with, tried to live his life as best as was possible under the circumstances of his having haemophilia, then HIV and haemophilia and later in his life, AIDS. At times he displayed anxiety and even talked to me on one occasion about my attending his funeral, but he married and fathered a child (following medical advice).

100. I am not aware of any student of the school / college having been infected with anything other than HIV or Hepatitis or having been exposed to vCJD.

101. I am not aware of any pupil whose blood may have been tested without their consent. To the best of my knowledge, no pupils were treated with blood or any blood product without their consent. I am not aware of any scientific research programme, medical research activity or observations having taken place at the school or college which may have involved school / college students, be that with or without their consent. I am equally unaware of any external bodies who may have been engaged in medical research activities or the funding of any medical research activities which involved pupils of the school / college during my tenure.

102. In so far as any issues of 'stigma' associated with HIV / AIDS, Hepatitis and / or vCJD was concerned, as factual information had been given to school / college staff regarding transmission and the care required when dealing with blood and clinical waste (by haemophilia centre staff), I felt that appropriate action was taken within the school and that this served to negate any form of stigma being an issue within the school community itself, in society, beyond the school, and in particular beyond my own boarding house, I cannot comment.

103. I am unable to comment upon the financial impact which infection may have had upon students once they had left Burnham House aged fourteen to fifteen as at that time they were too young for this to have become an issue for them..

104. I believe that the school / college reacted well to the sudden impact which the diagnoses of HIV amongst students had. Information on the management of HIV was provided and our training was as up-to-date as could have been possible in all aspects of care, not just for the condition which was new to us, but *all* of those we had to address on a daily basis.

105. What could have been provided was specific training to equip staff to provide emotional and / or psychological support to those students with previous good life expectation who suddenly found themselves facing a life-shortening situation.

106. At the relevant time, the head teacher of both school and college was a Mr. A. MacPherson with a Mr. B. Maitland having been the head of school. The school medical centre was led by a Mr. P. Talbut and Dr. A. Wassef was the lead clinician at the haemophilia centre. Pastoral care was provided for through the school / college housemasters. There were four of us, including myself.

107. From my recollection, from the mid' to late 1990's the overall number of students with haemophilia gradually reduced. In 1981, approximately 35% to 40% of the pupils resident in Burnham House had haemophilia. Their number gradually declined, although a small number did take up residency later, students who were not and who did not become infected, as by then blood and blood products were being treated differently.

108. I had assumed that the reason for this marked decrease in the number of students with haemophilia was due to the local education authorities no longer having wanted to place children with haemophilia outside of their own county areas, believing that they could then be just as well served within their own facilities. To the best of my recollection, I do not believe that the reduction in the number of haemophiliacs adversely affected the school / college.

109. I can recall having seen news coverage of various infected blood inquiries, and believe that I saw some former students of the school / college appearing in them, in particular I recall having seen Steven Nicholls and Adrian Goodyear. Steven Nicholls was a resident of Burnham House from April until July 1981. I had seen Adrian Goodyear on many occasions until I retired from Treloars in 2011, as although having left, he lived locally and used to return to provide disco's.

110. The school / college had always been able to attract celebrities, even royalty, in support of its fundraising activities, and I do not think that the problems which arose with the infection of our students had an adverse impact upon this.

111. Over the course of my thirty years at the Lord Mayor Treloar School, the school population altered dramatically. I believe that most, if not all, of the media coverage concerning pupils having become infected, occurred post-event, and that although our overall student numbers did fall, I believed that much of this was due to LEA's tightening their belts as opposed to any lack of demand for places or concerns for the welfare of students being sent to our school.

112. I still think about several of the students who became infected, pupils I had cared for whilst they were resident within Burnham House and find the whole issue quite saddening. Even now, when I may speak to 'new' colleagues who ask of my past experiences, one issue continues to play on my emotions – what could these young men have achieved if they had only not become infected.

113. For the past ten years I have been living and working some distance from the school, and have not maintained contact with staff other than through an occasional letter or card.

114. I have never provided any form, of witness statement concerning these issues and have given no evidence to any previous inquiry or in litigation proceedings.

115. I would wish to conclude by emphasising that during my time at the Lord Mayor Treloar School, I found the standard of care throughout the organisation to have been of the highest standard. I believe that the information provided for staff, and the staff themselves, did everything possible to ensure that the care of students with haemophilia was not compromised and that when tragedy struck, no one wished or sought to distance themselves from them, we only ever sought to help.

116. The only shortcoming, in my view, rests with the organisation not having recognised that more help could have been provided in terms of addressing the psychological impact of being diagnosed as having HIV / AIDS.

Statement Of Truth

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

Signed: GRO-C

Ian Reid SCOTT

Dated: 25.3.2021