Witness Name: Nia Wyn Morris
Statement No.: WITN4171001
Exhibits: Nil
Dated: 20th May 2022

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF NIA WYN MORRIS

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 11 March 2021.

I, Nia Wyn Morris, will say as follows: -

Section 1. Introduction

1. My married name is Nia Wyn Morris. Previously, I was known as Nia Wyn Jones. DOB GRO-C 1964. My professional qualifications are as follows: BA Hons in Biblical Studies PGCE, CQSW, MA

2. Between 1989-90 I worked as a Social Worker for Gwynedd County Council based at the Meirionnydd Social Services department working with the visually impaired and those with physical restrictions. After qualifying in 1991 I was based at the same location from 1991-92 working as part of a multidisciplined EMI team. Upon moving to Cardiff to live I worked as a Senior Social Worker at the University Hospital of Wales covering a range of

specialities until I was appointed as a dedicated Haemophilia Social Worker in 1994 (I cannot give an accurate date). I worked part-time – job sharing with my colleague – Tim Hunt. I left in 1996 to take up post at the DipSW department at the University of Wales Bangor.

3. Whilst in my post as a Haemophilia Social Worker I was part of the Birchgrove Group – supporting and facilitating group meetings with Tim Hunt.

4. I have not presented any evidence related to any other formal proceedings i.e. inquiries, investigations, criminal or civil litigation in relation to Human Immunodeficiency Virus ("HIV") and/or hepatitis B virus ("HBV") and/or hepatitis C virus ("HCV") infections and/or variant Creutzfeldt-Jakob disease ("vCJD") in blood and blood products.

Section 2: Your role as a Haemophilia Social Worker

5. Regrettably I cannot remember the names of the staff members at the Haemophilia unit during my time working there. Although based at the Haemophilia Unit I was a member of the social work team at UHW and my manager was Mrs Posy Akande – Principal Social Services Officer.

I was job-sharing with Tim Hunt. We worked closely but both of us had caseloads where we worked independently with individuals and families. We worked together supporting e.g. The Birchgrove Group.

6. From my understanding my post was funded by the Welsh Office – the money becoming available, and the post created in response to the Infected Blood crisis.

7. The post was an all-Wales post and although the majority of individuals and families affected were in South Wales – I travelled as far as Carmarthen. I spent time working with individuals and families in their homes rather than at the hospital and I would attend the Birchgrove Group meetings regularly. I also spent time working closely with the Haemophilia staff at Singleton Hospital, Swansea – and some of their patients.

8. My role involved supporting individuals and families. By the time I came to the post our predecessors had covered much of the areas as regards information sharing.
Advice on: available support, benefits, available grants and services. Liaising with other agencies ensuring best care and support. Assessment of care needs and establishing packages of care. Supporting whilst in hospital.

9. I provided counselling and psychological support in as much as I could with my given training. Tim and I secured funding to attend a week's course which led to a Certificate in HIV/AIDS Counselling at The City University, London. This provided the basis of some key skills to help the individuals and families I was involved with. Working with a very good multidisciplinary team – both at UHW and at Singleton Hospital – we were in a key position to seek advice and to refer people on to expert counselling if needed.

10. I am not aware that I worked with patients exposed to vCJD nor of any provision to provide support at UHW for the condition.

11. I do believe that the Centre provided good and adequate social work support, professional counselling and psychological support. This would necessitate referring the person(s) on to other departments or agencies.

12. As regards to Dr Simon Davies - I was not involved when patients were informed re HIV, HCV, HBV. This was before my time working as part of the Centre's team. I honestly cannot comment with clarity re the policies and practices at the Haemophilia Centre – only to say that I felt that I was part of a professional and caring team who were genuinely concerned about their patients and their families.

Section 3: Impact on people infected and affected

13. My memory fails me to be specific. I will share generally what I remember. I was involved with some very young people – under 20, and then mostly men in their 20's, 30's and 40's. As regards treatment I had nothing to do with the medical side of things and I don't recall any particular difficulties that arose from that side. As mentioned, my role was primarily to provide support.
HIV ruined their lives and the lives of their families. It impacted on all aspect of life – and initially I understand that all were informed that they had limited time to live.

14. The impact of this was devastating for them and their families – and yet one young man who was a teenager at the time – has now a family himself and is living a fulfilled and healthy life.

I worked with an elderly mother who grieved for her son as he faced death and then having to cope with the reality of death. A teenager's life was shattered when he received the news. By the time I was involved – the family were trying their best to cope with the situation – but mum and dad were dealing on different levels and this caused tensions that didn't help at all.

Many young men and their families were upset and concerned re the stigma of HIV and didn't want anyone to know.

Professional young men were worried how they would manage financially when they were no longer able to work and needed care. They worried about how their family would cope without them and the financial implications for those left behind. Another aspect that was cruel was the fear set, in respect of physical intimacy due to the risk of infection. This was a very difficult issue for young couples. I can recall an instance where we organised a weekend away for some of the wives and partners, including some who had been infected through sexual contact.

Section 4: Trusts and Schemes established to provide financial support

15. I was involved in applying for funds from the MacFarlane Trust but I can't recall there being any literature that was provided to patients. There may have been posters or information at the centre itself but I can't be certain.

16. There were occasions when advice would be requested but as for assistance in completing the forms it was limited and normally only for a few who had difficulty either in reading or understanding the document. Some people would try to take advantage and try to get you to complete it on their behalf but in the main they were completed by the applicants.

17. I am not sure what others did but there would be times when I endorsed applications to confirm circumstances. On occasions I would be in contact with the trust to establish an outcome or a projected time for a decision on behalf of an applicant.

18. From recollection I don't remember any problems with the application process in general. I have no memory of any actual rejections or of claims I was involved with being turned down. Neither do I know of any complaints or observations being made about the criteria although I am sure that not everyone was happy with their outcome. Applications could be made for practical assistance such as help at home and for grants involving necessary repairs or enhancements to property depending on personal circumstances e.g. a stairlift or new bathroom. I don't recall any instances of long delays as it was understood that normally a request would not be made unless it was for a necessity.

Section 5: Effect on clinical staff

19. By the time I came to post the horror of the discovery that the blood they had administered to their patients, had happened and the clinical staff by now

were dealing as best they could with a situation that was delicate and difficult. I don't recollect any policy changes. We were all aware of the risk but it had dissipated to an extent and there wasn't the same fear of transmission that there was when HIV first came to light. They had to get on with the day-to-day work at the Centre.

20. I myself had no concerns over patient safety and I am not aware of any complaints regarding it being made during my time there.

21. I do believe that some members were struggling but focused on what had to be done. From my perspective it was difficult seeing so may young people affected by the infections and the damage caused to their lives. There was a degree of anger that Government did not take responsibility and it was hard to witness the vulnerability, often of a financial nature. I learned that there is only so much that you can do.

Section 6; Other Issues

22. I regret that my report isn't more detailed and more accurate. It is now 25 years since I left the Centre and the UHW. I am not the best at remembering names and details – for this I apologise to all the people and families I was privileged to work with. I met with some very beautiful people who were robbed of their lives, livelihood, self-respect (at the time of such cruel attitudes of people to HIV), the possibility of meeting a partner and having a family (but I have shared a happy story already).

Statement of Truth

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

Signed GRO-C

Dated 20th May 2022