Witness Name: Linda Oliver
Statement No.: WITN5363001
Exhibits: **WITN5363002 - 005**
Dated: 09 June 2022

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF LINDA ANN OLIVER

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 23 May 2022.

I, Linda Ann Oliver, will say as follows: -

Section 1. Introduction

1. My name is Linda Oliver. My date of birth is GRO-C 1957 and my address is GRO-C.

2. I am retired, having worked as a midwife and latterly a senior midwife until being forced to retire aged 55 in order to care for my husband. I live alone and have two children from my previous marriage and two step-children.

3. I intend to speak about my late husband Richard John Oliver, who worked initially as a teacher, then re-trained as an engineer and ultimately his last job was as a health and safety consultant.

4. Richard was a moderate to mild haemophiliac who died of lung cancer, with contributory complications caused by hepatitis C ("HCV"). Richard also had cirrhosis when he died.

5. The anonymity process has been explained to me and I do not wish to be anonymous. Richard would have wanted his name at the top of this statement and to honour him, so do I.

6. I am giving my account as best I can from memory without reference to any of the documents that I have regarding Richard's illness and treatment.

7. This process and the civil litigation claim, initiated by my husband before his death and still ongoing, brings back such awful memories, so much so that I do not want to go over all of the documents in order to just remember dates. There are 3 boxes of Richard's records. They are with my solicitor. I will cover the civil claim in sections 5 & 8 of my statement and the documents that I present, from the small quantity that I have, will provide greater detail.

Section 2. How Affected

8. My relationship with Richard is in 2 parts with 30 years in between. I first lived with Richard when I was aged 20, in 1977. Richard was born on GRO-C GRO-C 1947 and was ten years older than me. We parted about 3 years later.

9. I was well aware that Richard was a haemophiliac and I remember he regularly went to John Radcliffe Hospital, Oxford for treatment and Kettering General Hospital to collect factor VIII products. He kept prophylactic doses of factor VIII in the fridge and I would often administer the factor product to him, having just qualified as a nurse. I would estimate that I administered factor VIII twice, either fortnightly or monthly.

10. Richard's consultant haematologist at that time was Dr Eric Craven at Kettering General Hospital. I recall that he had a specialist interest in haemophilia and he took a keen interest in Richard's care. Dr Craven prescribed significant quantities of factor VIII for Richard to keep at home for prophylactic doses and for whenever he needed it. I reiterate that this was about 1977-1980. We separated in 1980. Richard and I both ended up getting married to other people and went about our own completely separate family lives.

11. During our first 3 year relationship, I knew nothing about the risk of infected blood products. We took no precautions whether sexually or just generally around the house.

12. From memory, I became aware of infected blood products not long after Richard and I separated. I know that Richard would have been aware as soon as it emerged; he was very on the ball with affairs in the haemophiliac community and how it may affect him personally.

13. When concerns started to emerge about infected blood products and haemophiliacs being particularly infected with HIV, I began to be concerned about Richard and whether I too could have contracted HIV through our previous physical relations. I was after all a midwife and in a position whereby I could infect someone if I had been infected somehow by Richard. The chief concern in those days was HIV/AIDS.

14. A few years later, I can't say when, Richard informed me, through a friend, that he had tested negative for HIV (and I believe also HCV). It was constantly on my mind so it was a relief to hear this. Richard was mindful of the fact that I would be aware and he felt that it would be important to tell me, not just on a personal but a professional level also, given my profession. After hearing this, I was able to carry on working as a midwife with confidence that it was safe. I should also state that I was a regular blood donor.

15. I divorced from my first husband in the late 80s. Richard and I rekindled our relationship in 2007 when I was aged 50. When we got back together one of our first big conversations was about HCV and HIV given the issues for haemophiliacs. Richard assured me that he had been tested for both HCV and HIV and was negative. He also had a repeat test 6 months later that found he was negative. I am unsure when these tests were but Richard was sufficiently convinced that he was ok, to assure me of the same.

16. Richard and I married in 2013. He was fit and healthy with a positive outlook. I remember being surprised at how physically well he was, when we met up again, in spite of his haemophilia and his age. He had a few problems with his knees as a result of haemophilia and also had renal stones but no major issues.

17. In late 2014 or early 2015, Richard went to see his GP because he thought he was getting another kidney stone. Whilst he was there, he asked the GP to look at a lump on his neck. The GP was sufficiently concerned about the lump that he arranged for him to have a scan the next day.

18. Following the scan, Richard was referred to the Ear Nose & Throat (ENT) team at Kettering General Hospital. The ENT team and other departments carried out numerous tests on Richard, including a PET scan. In the course of investigations around this period, Richard was told that he had HCV. He was also diagnosed with cancer of the neck and head. The PET scan results showed no other cancer 'hot spots'.

19. At the same time as his HCV diagnosis, Richard had a liver scan that showed cirrhosis of the liver. The hepatology consultant, whose name I cannot recall, said that this indicated that Richard had had HCV for a long time.

20. Richard asked the consultant if he could do a biopsy to show him the extent of the liver disease but the doctor told him that the risk was too great for a haemophiliac.

21. At the time, Richard didn't query why he hadn't tested positive for HCV much earlier. He spoke privately with me about this but he never discussed this with the doctors. The cancer was his absolute priority.

22. Richard's cancer, HCV and cirrhosis diagnoses all came at around the same time, all due to Richard presenting with his cancer symptoms. It shocked us both. I remember Richard asking the hepatologist about HCV treatment. The hepatologist explained that he should have the cancer treatment first before even discussing HCV treatment any further.

23. I remember at this same appointment Richard was informed about a fund to apply for compensation (I now know this to have been Skipton). He asked the hepatologist about all the years he must have been living with it (to get cirrhosis) and if there was compensation for that. The consultant hepatologist seemed to agree with this. He gave him a form to fill out.

24. In order to locate the primary site of Richard's throat cancer, he had a tonsillectomy. Richard went home after 2 to 3 days in hospital. He was sat in the bungalow and I remember an awful smell coming from Richard's mouth.

25. I took him for a check-up at the hospital the next day and on the way to the ward he said that he was experiencing chest pain. The doctors thought he had an infection and he was kept in to be administered intravenous antibiotics. He was told that he needed to start taking oral antibiotics if he wanted to get home. When he first took one of these he coughed and spluttered until a swab ('gauze') came out of his nose, which was found to have been left in during the tonsillectomy operation. This aspect forms part of the civil litigation, with the NHS Trust.

26. With regard to his cancer treatment, Richard was unable to have chemotherapy because of his HCV diagnosis. He should have received

combined chemotherapy and radiotherapy but instead he solely underwent radiotherapy.

27. Richard had radiotherapy 3 times a week for what was meant to be a 6 week period. However, after the 3rd week he was admitted to Northampton General Hospital because he was struggling to eat and drink. They kept him in for another 6 weeks during which he was just about able to complete the radiotherapy.

28. Ordinarily, a patient being treated for what Richard had would have been fitted with a stomach tube to feed him fluids directly into his stomach, however this was decided against because it would require an invasive procedure. The doctors were concerned about his HCV and the risk of infection to staff and also that he was a haemophiliac, so instead he was given a nasal gastric tube. At this time the doctors also said that there was a risk that Richard could have vCJD, again an infection risk to others.

29. Richard was eventually allowed home to recuperate. At this point they didn't know if the radiotherapy had been successful. He couldn't be properly examined until the 'burns' and swelling around his neck and throat had healed.

30. Richard continued to be fed at home through the nasal gastric tube. I believe this was only allowed because as a qualified nurse, I was able to check on him. This lasted for 6 weeks or so.

31. Around this period, Richard had an appointment with the hepatologist at Kettering General Hospital. The consultant said that he didn't think Richard was well enough after the cancer therapy, to cope with the treatment. He also explained that they were in the middle of changing over treatment methods from interferon and ribavirin to a newly-approved tablet, which would be a better way forward for Richard.

32. The consultant said that Richard should wait until the new treatment was up and running and this would allow him some more time to recover from his cancer treatment.

33. Around 6 to 8 weeks later, Richard began a 6 week course of treatment for HCV. This consisted of a tablet, the name of which I cannot recall, taken once a day. A nurse from the hospital would call him but I don't believe he was tested during the course of treatment. By the end of the 6 week course, Richard had cleared the HCV.

34. The medication made Richard tired all the time. He was virtually bedbound. Prior to the HCV treatment, he had been showing signs of getting better. He was talking and eating more easily, still mainly soft food. After clearing the HCV, in the summer of 2016, we were all beginning to feel much more positive about Richard's outlook. His cancer check-ups were equally positive and they were hopeful that it was in remission.

35. Richard's health improved to the extent that in the November, we were able to fly to Las Vegas to visit my son, who was stationed in the RAF there. We had a wonderful time and I am so glad that we were able to do this together. That said, Richard was not his old self and had to pace himself, though he still enjoyed it.

36. After returning from holiday Richard's throat cancer was confirmed as cleared. Richard had a flu jab before Christmas 2016. Just after Christmas he began to feel unwell. We thought it may have been the flu jab or a chest infection that was related to the swab that was stuck in his throat.

37. Richard had an x-ray on his chest, which we thought could mean he had scarring from pneumonia. He went home for a couple of days having been given oral antibiotics but I had to bring him back in. That day he had a further x-ray, a CT scan and blood tests.

38. There were 6 or 7 doctors surrounding a screen showing Richard's lungs. I knew that this couldn't be good news and told Richard as much. The consultant then came up to us and he said he was very sorry to inform us that Richard had lung cancer.

39. I am of the opinion that Richard's HCV treatment significantly weakened his immune system, which allowed some lasting cancer cells to roam and trigger the lung cancer. Richard had a PET scan in early 2015 that showed no hot spots. Richard had been quite a heavy smoker in the past but had given up at least 10 years before we had got back together. So, smoking was probably the primary cause of the lung cancer.

40. The consultant explained that the lung cancer was too far advanced for successful treatment. He had terminal cancer and they were unable to say how long he had left to live. The tumour was near to the pulmonary artery and almost attached to it. Richard was terrified that the artery would blow and he would bleed out and die in seconds.

41. Richard had a biopsy in February 2017 that confirmed this prognosis. After this I brought him home and he was essentially given palliative care. He slept most of the time. Richard said that he wanted to die painlessly at home asleep next to me. This is exactly what happened on 01 November 2017.

Section 3. Other Infections

42. I do not believe that Richard had any infections other than HCV as a result of receiving infected blood products.

43. One of the doctors said that he was 'at risk' of being infected with vCJD although this was never confirmed or diagnosed. It wasn't after his death either.

Section 4. Consent

44. Obviously, there was a long period when I had no contact with Richard but as far as I can be sure, I know that he always consented to the testing and treatment that he received, when asked. He was by nature inquisitive and positive about all the treatment he had. Of course, if he wasn't told about something, he wouldn't know if he had consented or not but I am not aware if this ever happened.

Section 5. Impact

45. In retrospect, I believe Richard's fatigue and exhaustion over the years can be attributed to his HCV infection. He carried on working despite of this and at the time I thought it was because of his long hours. He also suffered from 'brain fog' in hindsight. The thing is, that you just attribute the symptoms to other factors going on at the time.

46. I am angry because we didn't have the time together that we should have had. Richard enjoyed driving fast cars, narrow boat holidays and holidays abroad. We lost the opportunity to do this together. We should still be enjoying life together now.

47. I believe that if Richard had received HCV treatment when the first signs appeared, it would not have led to his subsequent lung cancer. I think his suppressed immune system allowed the cancers cells to thrive.

48. I mentioned civil litigation earlier in this statement; I am exhibiting (**WITN5363002**), a letter addressed to me from my solicitor Danielle Young of Nelsons, dated 21 June 2021. This letter includes a Summary of Response from the Defendants (NHS Trust) to my complaints, as presented by my solicitor.

49. Within this summary, it is admitted by the NHS Trust that there was a positive HCV antibodies test for Richard in 2001 and that they failed to

investigate it further at that time. It is also admitted that there was another failure to act on a positive HCV RNA test, which should have resulted in Richard being referred to Hepatology and offered treatment at that time.

50. It is further admitted that had Richard received such treatment in 2001 or 2003 and it had been successful, which it states on the balance of probabilities, it would have been, Richard would not have developed cirrhosis, also avoiding long term hepatology monitoring, along with him being able to receive chemotherapy for his cancer treatment. On the 2nd set of cancer treatment, it may have extended our time together before he passed away.

51. Within this letter it is reported that the Trust apologises for the care Richard received in 2001 and 2003 regarding his HCV tests, saying that it fell below expected standards.

52. There is a suggestion within this letter that Richard may have been diagnosed with HCV as early as 1999, according to expert evidence supplied by Haematology expert Dr Hart. This is denied by the Trust. I am afraid I do not have this evidence available to me but I believe that it relates to abnormal liver function. In which case he should have been tested for HCV, thereby finding that he was positive.

53. I exhibit (**WITN5363003**) the letter containing the original full detailed responses by the NHS Trust to Danielle Young, my solicitor (the summary of which, I explained along with exhibit **WITN5363002**). This letter is dated 18 June 2021.

54. I cannot stress enough, the impact that these failures have had; Earlier diagnosis of HCV would have led to treatment prior to any cancer diagnoses, allowing the use of chemotherapy, enhancing the success and ultimately in his 2nd cancer treatment, would have likely extended his life. It would have also prevented cirrhosis, and the reductions in quality of life caused by the HCV over an extended period.

55. I was forced to retire early to care for Richard towards the end of his life. Even now I cannot bear the thought of going back into that hospital. I have lost all faith in the NHS system after this. The fact that he contracted HCV, the fact that he wasn't told he had HCV, the fact he only found out when he was being treated for serious cancer. All of this is wrong. He shouldn't have gone through what he did. If he had been treated when he should have been, then I think he may still be here now.

56. All my siblings are nurses so there was never any stigma surrounding HCV. We told friends and family and they weren't bothered at all. No one drew a link between HCV and HIV.

57. I am not the same person since Richard passed away. I went on antidepressants for the first time after Richard died and have remained on them ever since.

58. The 2nd chance of a life together was cut short by HCV and cancer and in my eyes the two are linked.

Section 6. Treatment/Care/Support

59. Richard's cancer treatment was impacted by his HCV infection. Whilst in hospital, he was unable to have a stomach tube fitted owing to the risk of infecting others, as well as the apparent risk of vCJD. Instead, he had a nasal gastric tube fitted. This made it especially difficult for him to eat food and it had to be monitored constantly to ensure it did not enter his windpipe.

60. Richard was prevented from undergoing combined chemotherapy and radiotherapy for his throat cancer because of the damage to his liver caused by HCV. Further to this, his HCV treatment was delayed by his radiotherapy treatment.

61. Richard was never offered counselling or psychological support in consequence of his HCV infection. Neither have I been.

62. I was given the opportunity to apply for counselling by the English Infected Blood Support Scheme ("EIBSS") a year or two ago. I think I could possibly benefit from this, though I did not take it up.

63. I feel that providing this statement has helped me process things, as has the legal case, even though it is very painful to do. I worry how I will feel when I have lost these focuses in my life.

Section 7. Financial Assistance

64. Richard knew all about the Skipton Fund, as he did most matters relevant to haemophiliacs and infected blood. He said that if he had tested positive when he should have been, he would've received money at a much earlier stage.

65. I have an undated document from the Skipton Fund to Richard written by Nicholas Fish. It suggests that Richard's application was 3 July 2015 and he had been accepted and payments were to be commenced. This letter was included with a cheque for £2,379 which represented the payments he should receive from the date of his application to the 31 August 2015 which I believe represents when his monthly payments were due to start. The regularly monthly payment at this time was £1,229. Richard received a stage 1 payment of £20,000 and a stage 2 payment of I think £30,000 owing to his cirrhotic liver.

66. When Richard died, I immediately phoned the Skipton Fund to inform them of this. The payments stopped straight away. After 2 years I began to receive a payment of £111 a month because my income was under the threshold but on the borderline because of my NHS pension. The next year the payments stopped as my pension increased. I had been 'means tested'.

67. At the end of last year (2021), I started to receive the equivalent monthly payment to what Richard would have received if he was still alive, which

amounts to around £1,800. I was informed that this level of payment would last for 12 months, after which it would be reduced to 75%. I was informed of this in a letter from EIBSS which arrived completely out of the blue.

68. Not long after this, I received a backdated payment of £60,000 which was made to bring payments in line with those received by applicants in Scotland. I think this sum also included the payments that Richard would have received every month if he was still alive, backdated to the date of his death. I phoned EIBSS twice to confirm this, as I did not want to start spending money that I would end up being asked to pay back.

69. I get the impression that the government/NHS who run EIBSS are running scared, which is why they have paid more now to alleviate criticism further down the line, at the end of this Inquiry.

Section 8. Other Issues

70. My ongoing claim is against Kettering General Hospital for clinical negligence. It is a claim that was instigated by Richard for injuries and financial losses incurred as a result of the negligent treatment which occurred in 2003 in respect of him not being informed of his positive diagnosis of HCV and in respect of the failure to remove the surgical gauze ('swab') within the operation in 2015 (this part of my claim has been settled).

71. I exhibit a timeline Medical Report by Dr Belinda Smith as **WITN5363004**. This shows that Richard was first noted to have an abnormal liver function in January 1999. This in my opinion, and also that of experts, represents the earliest time when further testing for HCV should have taken place, thus identifying Richard for earlier treatment, preventing his cirrhosis. Richard was left unaware of this.

72. It is also identified that in March 2003 Richard tested positive for HCV antibodies, which should have triggered a full HCV test to establish if he

definitively had HCV. In the subsequent test just over 2 months later, it is stated; "result phoned to Dr Kelsey"; "not to be filed in patient's notes". I have no idea why this was not to be filed but this should be read in conjunction with Richard apparently being kept in the dark about his HCV status for a further 12 years.

73. The Inquiry investigator contacted my solicitor with my permission and this morning was able to show me what appears to be the original document from which the reference to Dr Kelsey and it not being placed within Richard's medical file is taken. I exhibit this as **WITN5363005**.

74. The investigator taking my statement explained that my solicitor had explained to him in an email this morning that the line "not to be filed with patient's medical record" appears on many similar documents. The question still remains in my mind "why is this"?

75. This does not alter the fact that Richard was never told about this and as important if not more, nothing was done about it at a stage that may have a) prevented cirrhosis and b) would have allowed Richard's HCV treatment to have cleared his HCV and so would not have inhibited his two cancer treatments.

76. The main reason that I am providing this statement is because Richard would have wanted it. I could do without rehashing all of this to be honest. However, he would have been the first person to write in once the Inquiry was announced. I am doing this for him, so that he still has 'a voice'.

Statement of Truth

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

Signed GRO-C

Dated 9.6.22.