

Witness Name: Dr David Goff

Statement No.: WITN5423002

Exhibits: None

Dated: 21 April 2021

INFECTED BLOOD INQUIRY

SECOND WRITTEN STATEMENT OF DR DAVID GOFF

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 22 March 2021.

I, David Kenston Goff, will say as follows: -

Sunderland as an associate Haemophilia Centre

1. In your response to question 7(b) of the initial Request dated 20 January 2021 ("the Initial Request") you state that "There was no Haemophilia Unit in Sunderland. Any patient presenting or newly diagnosed was immediately referred to Newcastle Haemophilia Centre for further care. Acquired bleeding disorders were a regular presentation or complication of treatment. Appropriate treatment was administered as necessary". Please explain:

a. Your understanding of the relationship between the Sunderland hospitals and the Newcastle Haemophilia Centre.

1.1. My understanding was that any cases of hereditary bleeding disorder diagnosed in Sunderland were to be transferred to Newcastle for treatment. If it were the case that Newcastle considered Sunderland

as an associate treatment centre, then it was only on the basis that any cases of hereditary bleeding disorders were on presentation to be referred to Newcastle without treatment in Sunderland. I recall cases presenting in this way being referred to Newcastle.

b. Whether any of the Sunderland hospitals at which you worked were associate centres to Newcastle, if so which hospitals;

1.2. Upon my appointment in 1978 there were six hospital units in Sunderland, but none had a clinical haematology unit. I was responsible for the creation of a clinical haematology unit at the Royal Infirmary. Over time and with amalgamation, this unit was eventually transferred to a new build becoming the Sunderland Royal Hospital. As far as I was aware, having never seen earlier papers produced pre 1978 there was no sub regional haemophilia unit in Sunderland.

c. Whether any haemophiliac patients and/or patients with bleeding disorders were treated in Sunderland hospitals at which you worked, including immediate treatment prior to transfer to Newcastle.

1.3. In my mind there is a clear distinction to be drawn between hereditary and acquired bleeding disorders. I was not aware of any treatment being given to the former category, because as explained above these cases were all transferred and dealt with in Newcastle especially emergencies.

d. What treatment was administered to patients presenting with bleeding disorders in the Sunderland hospitals at which you worked, and e) What involvement, if any, you had in the treatment of patients with bleeding disorders in the Sunderland hospitals at which you worked.

1.4. No treatment was given to any cases of hereditary bleeding disorders. Any acquired bleeding disorders which were usually complications of other disease or of treatment regimes, were always treated in Sunderland with platelets, FFP, cryoprecipitate, as necessary. I was intimately involved with these cases both from a laboratory diagnostic view and with clinical treatment.

2. In a letter dated 23 February 1988 from Dr. Jones to Dr. Donaldson, Dr Jones provided a record of factor concentrate issued in the Northern Region between 1969 and 1986 (BPLL0002848_001). From 1975 the figures included use of Factor VIII preparations in associate centres in Sunderland, Middlesbrough and Whitehaven. In response to question 30 of the Initial Request you state that no factor concentrates were ever given in Sunderland. Please explain.

a. Whether you recognise the figures quoted by Dr Jones;

2.1. I cannot recall ever having seen the letter of February 1988 and I had no input into any of the figures. I believe there is some confusion due to the apparent assumption that the eight patients recorded in Sunderland had been seen and/or treated in Sunderland rather than in Newcastle. I was never personally, nor was my department asked, to take over the care of any haemophiliac patients residing in the Sunderland Hospitals catchment area.

b. The proportion of factor VIII preparations used in Sunderland hospitals compared to total usage in the northern region;

2.2. Nil so far as I am aware for the reasons mentioned above.

- c. **Whether you used any factor concentrates in the treatment of any category of patient as a consultant at the Sunderland Hospitals where you worked.**

2.3. I am not aware of any factor concentrates being administered in Sunderland to any category of patient and did not administer it myself to any category of patient to the best of my knowledge. It would seem that the nil return letter of 1988 would bear this out for that year, and presumably, although I cannot specifically recall this, there were similar nil returns for other years.

Treatment of HIV/AIDS in Sunderland

3. **Please consider the attached interim guidelines on Acquired Immune Deficiency Syndrome (AIDS) from the Advisory Committee on Dangerous Pathogens (ACDP), where it is stated that all patients with AIDS or suspected AIDS should “only be admitted to the Royal Infirmary or Sunderland District General Hospital” [TYWE0000380]. In response to question 45 of the Initial Request, you state that you were not aware of any patient having been infected with HIV. Please respond to the following:**

- a. **Were you aware of the ACDP guidelines in 1985?**

3.1. I was well aware of the ACDP Guidelines. It was vital for the safety of all hospital staff, particularly for laboratory personnel handling hundreds of blood samples per day.

- b. **Were any patients admitted to the Sunderland hospitals where you worked for treatment for HIV/AIDS? If so, how many patients were admitted?**

3.2. Patients admitted to Sunderland Hospitals and found to be HIV positive were supposed to have their care provided by the Clinical Haematology unit. I can recall only two such patients but was also aware that some patients were transferred immediately to Newcastle, after being seen in Casualty.

c. Of the patients so admitted, how many were infected with HIV as a consequence of use of blood and blood products?

3.3. I repeat that no patients that I knew of were infected with HIV because of the use of blood or blood products.

d. Did you treat any patients diagnosed with HIV/AIDS?

3.4. Of the two patients mentioned above in 3.2 above, one discharged herself after twelve hours (without treatment), and the other was seen by me at the Havelock Isolation Hospital in Sunderland again without any treatment having been given.

Statement of Truth

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

Signed.....

GRO-C

Dated

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