

Witness Name: Caroline Leonard  
Statement No.: WITN3449107  
Exhibits: WITN3449108 - WITN3449110  
Dated: 19 May 2023

## **INFECTED BLOOD INQUIRY**

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### **WRITTEN STATEMENT OF CAROLINE LEONARD ON BEHALF OF THE BELFAST HEALTH & SOCIAL CARE TRUST**

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I provide this statement in response to a request from the Infected Blood Inquiry for a written statement under Rule 9(2) of the Inquiry Rules 2006 dated 6 March 2023.

I, Caroline Leonard, will say as follows:

#### **Section 1: Introduction**

- 1.1 My name is Caroline Leonard. My date of birth is known to the Inquiry. My professional address is BHSCT HQ, 2nd Floor, Non-Clinical Support Building, Royal Victoria Hospital, 274 Grosvenor Road, Belfast, BT12 6BA.
- 1.2 I am the Director of Cancer and Specialist Services at Belfast Health and Social Care Trust (BHSCT); as such, I have responsibility for services provided at NI Cancer Centre, some medical specialities, renal transplant surgery, laboratories and pharmacy. The Regional Haemophilia Comprehensive Care Centre falls within my Directorate, and as such, I was nominated by my Chief Executive, Dr Cathy Jack to undertake a coordinating role in support of the Infected Blood Inquiry on behalf of BHSCT.

#### **Section 2: Response to Criticism by W3927**

***The criticism has been made by a witness with Inquiry reference number W3927 in relation to her sister's treatment at the Royal Victoria Hospital, Belfast and the Royal***

***Victoria School of Dentistry in or around 1995. The criticisms are in the following paragraphs: 84-94, 95-98 and 99***

- 1.2 In order to address the criticisms of BHSCT referenced in the Rule 9 request of 6 March 2023, I have spoken with Obstetric, Midwifery and School of Dentistry colleagues and reviewed the available medical records for Witness W3927's sister. I have attempted to answer the criticisms as far as I can based on the information I have been able to obtain from the sources indicated and from my own knowledge and experience of BHSCT.
- 1.3 In drafting this statement, I have also referred to previous statements and exhibits supplied to the Inquiry. In particular, I would refer to my statement to the Inquiry WITN3449028 dated 1 October 2021 and exhibits WITN3449040 and WITN3449041 therein. This outlines an account, as then requested, of the BHSCT Infection Prevention Control (IPC) guidance that was followed during this time.
- 1.4 Regarding the experience of W3927's sister in accessing maternity care, the obstetric record relating to the birth of Witness W3927's nephew in 1995 records that W3927's sister was recorded as having Hepatitis C upon booking to the Royal Maternity Hospital.
- 1.5 Exhibit WITN3449108 is a letter to Dr Elizabeth Mayne from Dr David Boyle dated 23 December 1994, the Consultant Obstetrician Witness W3927's sister was booked with, seeking advice on what significance her Von Willebrand's disease and Hepatitis would have on her pregnancy. Dr Mayne replied on 23 January 1995. Exhibit WITN3449109 is a copy of that letter containing advice and stating that her Hepatitis C would not be anticipated to cause any clinical problem with the pregnancy and she also advised sensible precautions were all that was required as "Hepatitis C is not noted for its capability to be infectious in comparison to either Hepatitis B or HIV".
- 1.6 The IPC guidance at that time recommended that mothers with a known risk of viral transmission be accommodated in a single room with en-suite facilities and universal precautions engaged, which includes wearing a mask, apron, goggles and gloves due to the risk of splashing, splatter etc. and the safe disposal of contaminated waste. In the Royal Maternity Hospital, these rooms were located in Johnstone House (G Ward) a ward where patients paid for their single room accommodation. Payment was waived

in the case of mothers who had a clinical requirement for single en-suite rooms, as was the case with Witness W3927's sister.

- 1.7 Johnstone House contains a nursery wherein babies were placed under the supervision of midwives in order to provide post-natal mothers with the opportunity to rest at night or attend to their personal hygiene. The hospital operates a rooming-in policy, whereby the default is that babies remain with their mothers to encourage bonding and successful feeding, except in circumstances outlined above. The entrance to this nursery is located behind the nurse's station off the main ward corridor. Given the policy to ensure the safety and security of babies in Royal Maternity Hospital, I am advised it is unlikely the baby was placed in the main corridor.
- 1.8 Exhibit WITN3449110 is a copy of the feeding record for Witness W3927's nephew during his episode of care in Royal Maternity Hospital following his birth. The record illustrates the time of each feed and nappy change for each 24-hour period of admission. It would appear from the record that the baby was regularly attended to, with the longest recorded time gap in the notes being 4 hours on Day 3 between 00:45 and 04:05hours.
- 1.9 The antenatal booking record in the obstetric record relating to the birth of Witness W3927's nephew in 2011 has an annotation that W3927's sister was PCR negative for Hepatitis C for 7 years at the time of booking to the Royal Jubilee Maternity Service on 8 March 2011. As such, I am informed that no specific IPC guidance would have been enacted during this episode of care.
- 1.10 In the absence of any specific annotation in the medical records of Witness W3927's sister, I can confirm that BHSC is unable to undertake any meaningful investigation of events alleged to have occurred over 25 years ago and therefore cannot verify the factual basis of the criticisms made. However, it would be extremely disappointing if any patient or family member had been treated in the manner described in the statement submitted to the Inquiry by Witness W3927.
- 1.9 With regard to care provided at the School of Dentistry, the Trust would advise that the extant Infection Prevention Control guidance was followed at this time. This guidance (previously submitted as Exhibit WITN3449040) advised the use of single-use disposable instruments as far as possible for patients with a known risk of viral transmission or that non-disposable instruments be quarantined or incinerated after use. Universal precautions are recommended for all patients (Exhibit WITN3449041

previously submitted refers) which includes wearing a mask, apron, goggles and gloves due to the risk of splashing, splatter and aerosol generated from dental procedures.

- 1.8 It is now common practice to use single use instrumentation in dentistry. The Trust regrets the upset caused to Witness W3927 and her sister in following the regional guidance as instructed at this time.

### **Section 3: Other Issues**

- 3.1 Whilst treatment and care were delivered in keeping with extant guidance at the time, the Trust accepts that some aspects therein may have resulted in Witness W3927 and her sister having a poor patient experience. The Trust hopes that the additional information contained in this statement goes some way to address the concerns raised.

### **Statement of Truth**

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

Signed 

**GRO-C**

Dated \_\_\_\_ 19 May 2023 \_\_\_\_

### **Table of exhibits:**

Date	Notes/ Description	Exhibit number
23 Dec 1994	Letter from Dr D Boyle to Dr E Butler	Exhibit WITN3449108
23 Jan 1995	Letter from Dr E Mayne to Dr D Boyle	Exhibit WITN3449109
19 July 1995	Infant feeding chart	Exhibit WITN3449110

