

Witness Name: Sharon JEFFREYS
Statement No. WITN4726001
Exhibits: WITN4726002 – WITN4726014
Dated: ____ / ____ / 2021

INFECTED BLOOD INQUIRY

WRITTEN WITNESS STATEMENT OF SHARON JEFFREYS

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006, dated 14th June 2021.

I, Sharon Jeffreys, will say as follows:-

Section One - Introduction

1. My full name is **Sharon Jeffreys** and I was born on GRO-C **1966** in Swansea, Wales. I still live in the area at an address which is known to the Infected Blood Inquiry.
2. I am the mother of three children, all now adults, and am employed as an Administration Manager for my local health board.
3. Within this statement I will tell the Inquiry of my mother, **Anne Morris Davies**, a lady who was infected with Hepatitis C (also referred to as Hep' C and / or HcV) as a result of the NHS use of contaminated blood. In particular I will describe how she became infected, the nature of her illness and how it impacted upon her, the treatment she received and its impact upon her family and friends.

4. Whereas I am providing this statement as her daughter and an affected person, my mother was present with me, providing information, when we met with representatives of The Infected Blood Inquiry to prepare my witness statement.

Section Two **How Affected**

5. My mother was also born in Swansea, her date of birth being GRO-C, 1940. She married (now divorced), and had two daughters of which I am the youngest. She currently lives alone, but fairly close to me.
6. My mother was an office worker and is now retired, but spent a lot of time as a housewife.
7. In the summer of 1975, whilst getting ready to go on holiday, my mother was suddenly taken ill. She experienced severe abdominal pain and found that she had no option but to take to her bed. Her local National Health Service (N.H.S.) General Practitioner (G.P.) at that time, a Dr. Robert Price (who was based in The Mumbles) attended her, but it was clear from the outset that she would not be able to take her holiday as planned.
8. Dr.Price made several home visits, as my mother remained bed-bound and in considerable pain and discomfort, but couldn't get to the bottom of the problem himself. Blood, and I believe urine, samples were taken and tested, which my mother willingly consented to in order to find out what was going on and deal with it.
9. Following the test results, my mother was told that one of her kidneys was infected and that she needed to go into hospital for a Pyeloplasty, surgery to remove any blockage and to remove the infected part of the affected kidney itself.
10. She was given no alternative forms of treatment and was told that surgery was urgent and needed to take place as soon as possible.

11. The G.P. was able to recommend a Consultant Surgeon who dealt with problems like this, a Mr. Gingell who was based at the St. Mary's Hospital in Bristol. This was a private hospital offering private patient treatment. Apparently, the G.P. and consultant had been at medical school together.
12. Dr. Price had been our longstanding family G.P. and my mother trusted him implicitly. My parents therefore made the decision to follow the doctor's recommendation and to fund the operation my mother required themselves. Knowing that surgery was urgent, they believed that this was the best way of ensuring that she was seen as soon as possible and her problems dealt with. As the consultant had been highly recommended by Dr. Price, my mother's trust extended to Mr. Gingell, she trusted him because of her G.P.'s recommendation.
13. My parents made all of the arrangements for the trip to Bristol, and the whole family went, my grandparents travelling with us to look after my sister and I. We stayed in a hotel close to the hospital whilst my mother was admitted.
14. Anne Davies was detained in the hospital for about two weeks while we stayed in the hotel nearby. Our G.P. was so supportive that he had even offered to attend the hospital himself, but in the end he didn't.
15. The Pyeloplasty operation took place on **13th August, 1975** and a large part of her right kidney was removed. She was left with a very large scar which runs around her body onto her back from this invasive form of surgery, and during the course of the operation, she was given a blood transfusion.
16. Post-operatively, my mother experienced complications as an in-patient, including a high temperature and pain in the loin. Further problems were experienced with the removal of a splint, and in all this led to her having had to be detained in hospital for as long as she was, but any further surgery was not found necessary.

17. She remained throughout in the care of Mr. Gingell and his team, and it was whilst an inpatient that she was told, by hospital staff, that she had required a blood transfusion. She cannot now remember if this was during the course of the surgery, when she was anaesthetised, or immediately thereafter, nor does she recall any detail as to how many units of blood she may have been given, but there was / is no doubt as to her having been given blood.
18. Whereas she was treated as a private patient in a private hospital, this was as a result of the recommendation made by an NHS GP, and I understand that whereas it may have been a privately operated hospital, the blood they would have used could only have been sourced through the NHS.
19. Following her discharge, although the post-operative complications she experienced settled, it took many years for her to actually recover – it was an extremely worrying time for us all as My she just never seemed to be right.
20. My mother was a person who trusted doctors so she didn't ask many questions of them and didn't challenge anything they may have said – she accepted that 'they knew best' and that whatever they may do or suggest would be for the best. She just wanted to be able to get ^{on} with her life and get better, in particular to feel better. She didn't want to be given any unnecessary details and didn't really want to think too much about it, she had understood that surgery was necessary and had accepted that without question.
21. In particular she would not have wanted to dwell on any risk. Nor would she have asked about the blood transfusion, she trusted the people caring for her and wouldn't have asked anything like 'where did the blood come from,' or 'how safe it was,' they simply wouldn't have entered her mind.

22. My mother had only been thirty-five years old at the time of the operation, and it came as quite a shock to her, especially as everything happened so quickly – one minute she was going on holiday, the next she was in extreme pain and bed bound, then she had part of a kidney removed and was given a blood transfusion. She had had no notable previous medical history, was young, fit and active, it came completely 'out of the blue' especially as the need for surgery was urgent.
23. At the time of the operation, my sister was aged eleven and I was just nine. All the same, I can distinctly remember her having been confined to bed and in the most excruciating pain, screaming as it was so severe. It scared all of us and there was no question that she needed help, and quickly.
24. Following the operation, as stated, my mother's recovery seemed to drag on for years, which none of us had expected. It was a very slow process and she experienced health problems for many years after the surgery, often being unwell with the doctors treating her being at a loss as to 'why' this may have been.
25. It wasn't until **2011** that she was tested for Hepatitis C and found to have this awful disease. The news came as a great shock to all, my mother and doctors alike. It had been present since 1975 and in the interim its impact had had the most damaging physical and psychological impact upon her.
26. My mother had placed her trust in both Dr. Price and Mr. Gingell whom she referred to as having been 'wonderful,' but she had ended up with life-long health issues as a result.

Section Three - Other Infections

27. My mother has never been told that she has been exposed to or tested for any other infections, e.g. HIV or vCJD. In fact, despite her Hepatitis C diagnosis, neither HIV or vCJD have ever been mentioned. I hold it in the back of my mind, but none of the doctors have ever discussed it with my mother or her family.

28. My mother had been told and understood that she was to undergo major surgery. She had not been told that she would or that she might require a blood transfusion. She only found out about the transfusion as an inpatient, post-operation. She had therefore given consent for surgery but not to anything else, such as a blood transfusion.
29. It wasn't until late 2011 when her blood was tested for Hepatitis C, but she hadn't been told beforehand that this is what her blood was being tested for by the doctor concerned. The fact that her blood was to be tested for Hep' C had been written on the form accompanying the sample. My mother saw it when it was handed to her at her GP's surgery and she was directed to the blood clinic at the Singleton Hospital for blood to be taken and tested.
30. My mother had accepted that having been generally unwell over such a protracted period meant that she had to submit to blood tests at regular intervals, and hadn't really thought too much of it, but HcV had never been mentioned, just things like 'related kidney issues' and / or 'thyroid problems.' In fact, at the time she didn't even know what Hepatitis C was, so thinking it was just another routine test, she kept it to herself.
31. Once the GPO had been told of the positive test result, my mother wasn't called into the surgery, sat down and told what they had found or of its implications for her, she was instead sent as an 'urgent referral' back to the Singleton Hospital. At the time, she didn't even know why she was being referred.
32. As a result of the urgent referral, in early **2021** my mother was given an appointment to see Consultant Hepatologist / Gastroenterologist Dr. Ch'ng at the Singleton Hospital.

33. This happened to be ^here I worked and where I have a good working knowledge of the various hospital personnel and departments. It was only once her appointment came through that I realised that her issues weren't kidney or thyroid related but something else, but she'd received no information in advance.
34. I accompanied my mother to this consultation where Dr. Ch'ng told us that my mother had Hepatitis C. The diagnosis came as great shock to her.
35. I was extremely angry on hearing this news – at the time, my mother had never had to have any other surgery, be that before or after the Pyeloplasty in 1975. She has never been promiscuous, never used intravenous drugs or had tattoos, she was (and is) a clean-living woman with none of the risk factors usually associated with Hep' C.
36. By 2012, more was known of the transmission of HcV and I understood that the only possible source of her infection had been the blood transfusion given so many years before - how had it not been found beforehand, in particular as she had been poorly over such a long period of time? How had she been given contaminated blood?
37. My mother had only ever been hospitalised previously for childbirth and on neither occasion had she required blood.

Section Five - Impact

38. Hepatitis C and its aftermath fundamentally changed my mother. Before her kidney operation and its associated blood transfusion, she had been a fit and healthy, confident, independent, active and cheerful person, but ended up a fragile lady in poor health who remained in pain and discomfort for many, many years. She became inactive, not keen to mobilise, initially for fear of opening her wound then latterly as she withdrew from things.
39. She became a very cautious and careful person, often feeling unwell and warning others to be careful of her and in particular not to go near her side for fear of being 'knocked.'

40. Initially, following the operation, she tried to carry on as usual but things became very different for her. My sister and I would seek to help, but she didn't want to become reliant upon her children to get things done. She tried to 'soldier on' as she felt that she didn't really have much choice not to.
41. Shortly after the operation, whilst she was still trying to recover – which she never really did – she went through a difficult divorce from my father which left her caring for my sister and I on her own. My grandparents (her parents) stepped in to help out, and had to do a lot for us although she tried to do as much as she possibly could herself.
42. Growing up, my sister and I came to accept the changes in our mother, there was nothing that we could do about it, she was just often unwell, full of aches and pains and lethargic, and although we helped out as best we could, it never got any better. She just seemed to be forever picking up infections or falling foul of viruses, whatever may have been 'going around' at the time. More often than not she experienced itchy skin and was occasionally jaundiced, evident in her skin or eyes.
43. I eventually left home in 1992 when I married, my elder sister having left a short while before. My mother's parents continued to help her and fortunately, as an only child, she had always been close to them. Although I'd moved out, I still lived locally so I tended to 'pop-in' as and when I could to see that she was ok.
44. Because the recovery from surgery was so slow, my mother became very reticent at seeking help for any other medical issues as she has a strong fear of her situation post-operatively being repeated.
45. She won't push herself as regards seeking medical assistance or recovery following any. As an example, she recently broke her hip and required surgery to fit a prosthetic replacement. The whole thing scarred her a great deal and she worried about it before surgery then had difficulty coping and getting back onto her feet following it – all largely due to anxieties brought about by her experiences following her kidney surgery.

46. Mother found herself very tired and lethargic, always wanting to rest or sleep. She told me that it felt as if she'd been "hit by a bus." She always seemed to be in pain, mainly abdominal pain hence her relating it to her kidneys, whilst also often being found to be in a low mood or worst still, depressed.
47. As time progressed from the time of the kidney operation, the symptoms I have described gradually worsened and became more frequent. She always seemed to be attending her G.P.'s for some problem or another.
48. My mother still keeps things back from my family and I. As an example, she doesn't discuss her liver function with me, but it is known to be cirrhotic. She does not have biopsies, but its condition is monitored using fibroscans. I am unaware of Hepatitis C having affected any other organs, but that's not to say that it hasn't just that either I don't know, she hasn't told me, or that she herself hasn't been told.
49. Once she understood a little more about Hep' C, my mother felt ashamed that she had it. She was very worried that people would jump to the wrong conclusions as to how she had contracted the disease, especially with the public perception of HcV being directly linked to drug abuse or promiscuity. She is a very private person who doesn't like sharing personal, private information with others, no matter how close to her they may be – she'd rather keep things to herself and carry on regardless.
50. As a result, whatever the issues may be that she faces at any given time, she tries not to think about them, to dwell on them and as best as she can puts them to the back of her mind; for if she didn't, as she has told me she'd "go mad."
51. She wouldn't tell her friends or family about the Hepatitis C infection, not even her own mother, as she didn't want her to worry. My grandmother lived until ninety-eight years of age and passed away only a few years ago – she simply wouldn't have understood it even if she had been told.

52. My grandmother also lived in the same village for her entire life – had she been told, she would have told others, people who wouldn't have needed to know, not out of malice but in all innocence, thus my mother not wanting the village to know didn't tell her. Only I knew which made it just as difficult for me.
53. My mother's social life changed dramatically. She simply didn't have the energy to go on long shopping trips or do any of the other things she'd enjoyed doing before surgery. She didn't want to socialise and frequently cancelled plans or turned people down if they asked to see her. She still doesn't really socialise to this day.
54. My mother having had HcV has had a huge impact on my life. My elder sister only has a little contact with my mother or I and doesn't even know of the hepatitis infection – we haven't told her. As a result, her care has largely fallen to me and I have to be there for her. It is a situation which has impacted upon my own relationships and can be quite difficult especially as she can, and does, call me at any time of the day or night. She's very dependent upon my help.
55. Having said that, my mother has done a lot for me over the years, for example she looked after my children for me, so I look on it as having been a 50-50 arrangement. But it's not an easy situation as she struggles to make decisions, no matter what it may concern, and lacks confidence at doing so. I have to help her a lot in a many different ways.
56. I have said that my mother helped look after my children, but this in itself became an issue when we found out that she had Hepatitis C. She would regularly look after the children for me, but once her diagnosis was known became paranoid about passing the disease on to them – as a consequence she became anxious about any form of close contact and would not kiss or hug them, which isn't normal in a grandmother and must have been very hard for her and odd for them. She worried about them using crockery she may have used and was forever anxious in their company.

57. Although she is now clear of Hep' C, she continues to struggle socially and a lot of her former friends have effectively given upon her as a result of her having in their eyes 'let them down' over the past years. She now only has a handful of friends.

58. I lived with my mother until I was twenty-six years old and it was also a worry that I may have caught it from her. I have never knowingly been tested, but it is in my mind to do so,, as I just don't know and it is a concern. I have also worried about my having passed it on to my children, but like my mother, I have placed these fears to the back of my mind and am carrying on.

Section Six - Treatment / Care / Support

59. My mother suffers from thyroid problems, so when she presented with hepatitis symptoms, the doctors seemed to have concentrated on the thyroid as opposed to looking for or considering anything else. They also found out that she had some kidney stones, after years of recurrent kidney infections, as following the surgery they concentrated on her kidneys, again without looking for anything else such as Hepatitis C – for years they were looking in the wrong places for the wrong thing.

60. My mother underwent regular blood and urine tests, at one stage every couple of months over several years, but whatever they looked at or for, her ailments just continued – it made me very cross at times and I simply couldn't see the point of her submitting to it with no result, it just went on and on.

61. In 2011 her GP finally looked at her liver and conducted a liver function test which returned an abnormal result. This apparently alerted them to the risk of hepatitis and she underwent the blood test I have previously mentioned. Until this test, no form of hepatitis, let alone HcV, had ever been mentioned.

62. Dr Ch'ng was wonderful – when he presented us with the diagnosis of Hepatitis C, he gave us a lot of information and asked a good number of questions of my mother as we did of him. He took a full medical history from her, and told us that without any doubt, the source of her infection had been the 1975 blood transfusion but the information he provided left my mother in shock and she was truly horrified at what she had been infected with, for so long, and how she had come by it.
63. On the same day, Dr. Ch'ng arranged for a Fibroscan and told us that she had Cirrhosis of the Liver. In so far as Hep' C was concerned, my mother was told that her HcV was of Genotype 1 which meant that there was no treatment available for her.
64. Everything was 'doom-and-gloom,' no good news at all, Hepatitis C, Cirrhotic Liver, no treatment plan and then we were told that her condition was life-threatening.
65. Although there was no viable treatment plan, there was a management plan which was that she'd be sent for an endoscopy and would have a follow-up consultation following which they would continue to monitor her condition.
66. A few years later following nothing more than monitoring, and completely out of the blue, Dr. Ch'ng approached me at work and told me that he had some good news – this was a chance meeting in our canteen, he'd seen me there and came over to chat. He told me of a new treatment which had only just become available and which may suit my mother's case. However, he also told me that only a limited number of people would be able to have it because of its cost.
67. I told my mother, and then we just had to sit back and wait, hoping to be chosen to have the new treatment whilst knowing that as time passed the condition was only ever getting worse. This anxious wait went on for months.

68. Eventually, Dr. Ch'ng called my mother in to his clinic and told her that she was eligible. I can't help but think that this may only have happened as a 'favour' to me, as a fellow hospital employee and as I knew some of the doctors who were aware of the difficulties my mother and I faced. I know that this shouldn't be the case, and I hope she was found suitable in her own right, but whatever the case may have been I am nonetheless extremely grateful.
69. It was also something of a relief, not only as it may have addressed the problems my mother was facing medically, but also to move her beyond prejudices she'd experienced. For example, when attending for the endoscopy, a staff member told my mother not to take any alcohol after the procedure – they'd assumed that her liver's condition was in some way alcohol related. This wasn't the only occasion something like this had occurred, and wouldn't be the last, and whereas I always try to put the people concerned right, as it angers me to hear it, they of all people should know better.
70. The new treatment regime was quite complicated. The medication was given in tablet form, and you were given more than one box of them at a time#. It was also time critical as to when it had to be taken and my mother found it difficult to get her head around its administration, finding it complex and stressful and as a result I found myself being called upon to help.
71. The treatment course was also lengthy, about twelve months, possibly longer in duration. An added issue was the fact that the medication was delivered to her door, at regular intervals and for months on end, and she worried that someone may take note and ask what was going on.
72. Overall she found it psychologically difficult to cope with it all, a situation not helped by the fact that one side effect of the medication was its impact upon her mood, with her becoming irritable, suffering mood swings and making excuses not to leave the house.

73. Physically it also affected her nails and hair, and again she had itchy skin which necessitated her seeing a dermatologist. Her legs and ankles became swollen, which meant that she had to start taking water tablets and they in turn posed problems as she needed to use the bathroom more frequently.
74. She 'ballooned' in size, with her mobility suffering as a result, and she found it difficult, if not impossible to leave the house and certainly couldn't get out on shopping trips as she had before. I now had to do more and more for her, and it also impacted upon her social life, she wouldn't go out and was now tea-total.
75. Family members, hitherto kept wholly in the dark, started to take notice, especially as she wouldn't even have a single glass of wine at Christmas, and it made people suspicious – she felt that she was living a lie and found it a horrible position to be in , especially with her own mother.
76. She was closely monitored with a Fibroscan every six months with a hepatitis nurse from Dr. Ch'ng's clinic always available at the end of a 'phone, which we both found very helpful.
77. Eventually, Dr. Ch'ng told my mother that the treatment had been successful, but although the Hepatitis C had been cleared, the cirrhotic liver remained.
78. At the present time, my mother gets angry about the things which have happened and can become very low in mood and depressed. She hasn't been treated for depression, but she has spoken to her GP about it, although she has not been offered any counselling or any other form of mental health support.
79. Had it been offered, I believe this kind of assistance would have been beneficial to her as she has most definitely been psychologically affected by it all and her having kept it all to herself has taken its toll.

Section Seven - Financial Assistance

80. My mother and I found out about financial assistance being available to her through Dr. Ch'ng who felt that my mother had a good case for a payment. He suggested that we contact a Consultant Haematologist, **Dr. Al-Ismail**, which we did. Both doctors confirmed that the only source of infection had been the blood used in 1975.
81. I completed application forms to **The Skipton Fund** for my mother with some assistance from Dr. Al-Ismail and submitted them in mid' to late 2021. In **March, 2013** The Skipton Fund responded to the application, rejecting it on the grounds that in their opinion the form of surgery my mother underwent was not one that necessitated a blood transfusion, and as we didn't have any records, we had no supporting evidence.
82. My mother and I have no copies of her medical records and in particular anything related to the blood transfusion she was given. Apparently the records of both the hospital and blood bank concerned have been destroyed. In 2014 I wrote to Mr. Gingell, as I had discovered that he was still practising, but he has never responded.
83. Both my mother and I found the rejection of the Skipton Fund hard to accept. It felt as though they had made a snap decision and hadn't looked into her claim beyond a cursory reading of the application and an instant decision. The letter we received appeared pre-drafted, a standard letter no doubt sent to many others.
84. My mother has never received any form of financial compensation or financial assistance. She may have been of retirement age when she was diagnosed as having Hepatitis C, but had suffered for many years before and was to suffer to the current time, being supported merely on a state pension – she has no other means of income or pension.

85. Had my mother received a payment, no matter how small it may have been, it would have made a great difference to her life and how she'd have lived it, having had to struggle for many years with ill health. She was not only ill, but a single parent bringing up two children, which alongside her ailments impacted upon her employability and ability to earn. Financially she has found life very challenging, so any help which may have been available would have been beneficial.

Section Eight - Other Issues

86. In order to assist the Infected Blood Inquiry in their understanding of my mother's circumstances, I now produce as documentary exhibits a number of letters which support the information provided within this witness statement.

EXHIBIT WITN4726002

87. A letter dated 25th June 1975 written by a Mr J. C. Gingell (Clive) to my mothers' General Practitioner, Dr. R. J. Price (Bob). This letter shows the G.P. having referred my mother to Mr Gingell a Consultant Kidney Specialist at the St. Mary's Hospital, Bristol and to his having examined her, resulting in a preliminary diagnosis of an obstruction to her right kidney with associated infection. As stated previously within this statement, my mother's G.P. and the consultant were each known to one another prior to her having been referred to him with apparent 'kidney problems.'

EXHIBIT WITN4726003

88. A letter dated 2nd July 1975 written by Clive Gingell to Bob Price following the consultant having held a further consultation with my mother and performed a cystoscopy procedure. This resulted in a diagnosis of "*right retrograde ureteropyelography*" with the consultant suggesting further exploration of her right kidney being advisable and for the obstruction to be dealt with by way of pyeloplasty.

EXHIBIT WITN4726004

89. A letter dated 13th August 1975 written by Clive Gingell to Bob Price following the consultant having "*explored*" my mother's right kidney that day, in a surgical procedure undertaken at the St Mary's Hospital in Bristol where my mother was a private patient of Mr Gingell.

90. This letter shows his having operated on my mother and having found a "... *grossly dilated renal pelvis commensurate with a primary pelvi-ureteric obstruction.*" He also found that my mother had "... *considerable fibrous tissue binding the upper ureter and the pelvis together, kinking the junction.*" Mr Gingell additionally noted that "... the pelvic and upper ureteric mucosa was rather hypertrophied and nodular commensurate with previous recurrent episodes of pyelitis."

91. In concluding his letter, the consultant told the G.P. that. "She withstood the operation extremely well ..." The letter did not detail *how* the operation had been performed, and made no reference whatsoever to the fact that she had been given a blood transfusion. It merely notes that the surgery was a Hynes-Anderson Pyeloplasty procedure.

EXHIBIT WITN4726005

92. This is a further letter of Mr Gingell to Dr Price in which he states that my mother remained a hospital in-patient following the Hynes-Anderson Pyeloplasty, and was not discharged until 26th August 1975, the day before the letter was written. The consultant shows some post-operative issues my mother faced, including pain in the loin and a high temperature, but did not expand on the procedural details previously given and again no mention is made of her having had to receive a blood transfusion.

EXHIBIT WITN4726006

93. A letter dated 16th March 1976, written by Clive Gingell to Dr Bob Price informing the latter of the outcome of a consultation held with my mother, Anne Morris Davies. The consultant thanked the GP for his having referred my mother to him, and suggested that no further consultations or action were necessary thereafter. Again there is no mention of a blood transfusion having been administered.

EXHIBIT WITN4726007

94. A letter dated 15th March 1978, written by Mr Gingell to Dr Price following a review of my mother's condition. She was then complaining of continuing pain in the loin and in her abdomen. In so far as her kidneys were concerned, the specialist was of the view that 'all was well' and no further intervention (at least, not by him) was required.

EXHIBIT WITN4726008

95. By the date of this letter, 1st February, 2012, my mother had been diagnosed as having Hepatitis C (also known as HcV and / or Hep' C) and was under the care of a Consultant Haematologist, Dr. S. Al-Ismail of the Singleton Hospital in Swansea, South Wales.

96. This letter was written by Dr Al-Ismail acting on my mother's behalf, to Ashley Livesey, the General Manager of the Nuffield Health Hospital in Bristol (formerly known as St Mary's – the hospital where my mother's kidney operation had taken place).

97. Dr Al-Ismail stated that my mother had received two units of blood when the operation had been performed in 1975, and had written seeking information as to this having taken place.

EXHIBIT WITN4726009

98. In furtherance of the enquiries being made on behalf of my mother by Dr Al-Ismaïl, on 15th March 2012 he wrote to a Dr Janet Birchall, a Consultant Haematologist at the Southmead Hospital in Bristol, again seeking information as to the blood transfusion she had been given, to support her claim for compensation and to allow for the Blood Transfusion Service to 'back-track' to the source of her infection.

99. In writing, the doctor said, *"Mrs. Anne Davies underwent kidney surgery at St Mary's Hospital on the 13th August 1975 under Mr Clive Gingell. She had two units of blood transfused perioperatively, which was also cross-matched at Southmead Hospital. I will be grateful for information in relation to this as she has developed HcV ..."*

EXHIBIT WITN4726010

100. A letter dated 5th April, 2012 written by Elaine Collins of the Nuffield Health, Bristol Hospital (St Mary's) where she was the head of Clinical Services. This was written to Dr Al-Ismaïl in response to earlier enquiries made concerning my mother's blood transfusion (as set out within documentary exhibit WITN4726008).

101. Elaine Collins stated that *"... unfortunately have been unable to trace the records for the above named patient."* In explaining why she was unable to assist, she stated that in August 1975, pathology had been undertaken at the Southmead Hospital but that enquiries had revealed that their records *"do not go back 37 years."*

102. Consequently there was no written or computer record held of my mother having been given a blood transfusion held by either the hospital where the operation which necessitated its use was undertaken or the pathology laboratory through whom it had been processed.

EXHIBIT WITN4726011

103. This is a letter dated 12th April 2012 in which Dr Janet Birchall, a Consultant in Transfusion Medicine working in the North Bristol NHS Trust's Haematology Department (Pathology Services Laboratory) wrote to Dr Al-Ismael stating that they held no records for 13th August 1975, the date of my mother's surgery.

EXHIBIT WITN4726012

104. Dr Al-Ismael, my mother's haematology consultant wrote on 11th May, 2012 to The Skipton Fund seeking advice as to how my mother could claim compensation.

105. In so doing the doctor explained that, *"She was found to have HcV and the only risk factor she has had was a blood transfusion at St Mary's Hospital, Bristol in 1975 for a kidney operation I have contacted St Mary's Hospital and the Blood Transfusion Service but the records from then have now been destroyed The patient has progressive liver cirrhosis ..."*

EXHIBIT WITN4726013

106. This is a letter of 13th March 2013 showing that my mother's application to The Skipton Fund had been rejected by their panel and that we were considering an appeal not to award compensation. Our understanding is that the application was not rejected for want of supportive medical records, but because a panel member or members did not accept that the surgical procedure my mother required was one that necessitated a blood transfusion.

107. This was an adjudication made in late 2012 / early 2013, I cannot now be sure which, but I believe it to have been based on contemporary medical knowledge and practise as opposed to the situation as existed in August 1975, over thirty years before. Had the hospital records and / or the Blood Transfusion Service records still been available, to support her account, I do not believe this award would have been so readily dismissed.

EXHIBIT WITN4726014

108. On 19th April 2014 my mother wrote to Mr Gingell seeking his support and assistance with her claim as the surgeon who had actually conducted the operation. This wasn't done until such time as other avenues of enquiry had been tried, and exhausted with the various establishments concerned (hospital, blood transfusion centre, and assistance of Dr Al-Ismael), it was very much a last resort.
109. She explained how she had initially fallen ill in 2012 and that after some months of ill health, blood tests had revealed that she had Hepatitis C which had led to progressive liver cirrhosis.
110. My mother, in writing, had hoped that the doctor may have had some recollection of the event, or could at least explain that blood transfusions were used with such procedures as he had carried out, in direct contrast to the beliefs of the Skipton Fund panel. She never received any form of reply.

Statement of Truth

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

Signed:

GRO-C

Dated:

01/03/2022