

Colin Wasson  
Statement No.: WITN3349001  
Exhibits: None  
Dated: 29 May 2019

## INFECTED BLOOD INQUIRY

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### WRITTEN STATEMENT OF COLIN WASSON

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I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 8 May 2019.

I, Colin Wasson, will say as follows: -

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

1. My name is Colin Wasson of Stockport NHS Foundation Trust, Stepping Hill Hospital, Poplar Grove, Stockport, Cheshire SK2 7JE. My date of birth is GRO-C 1968. My professional qualifications are BSc, MBChB, FRCA, FFICM.
2. My current role is Medical Director at Stockport NHS Foundation Trust. I have been in post since April 2016. My responsibilities are to provide advice to the Chief Executive and Board of Directors on all professional medical issues, and taking lead on medical engagement within the organisation through the leadership and management of the medical work force in its provision of a quality service to patients.
3. I have not been a member past or present, of any committees or groups relevant to the Inquiry's Terms of Reference.
4. My response pertains to the care given to Mr. Perter Burney by Stockport NHS Foundation Trust in 2010.

#### **Section 2a: Response to Question 3 of the Rule 9 request**

5. I have been asked to respond to question 3 of the Rule 9 request which pertains to the 'do not resuscitate' order.

6. In paragraph 17 of Mr Burney's statement, it is stated that; *A do not resuscitate' (DNR) was put against my name while I was in Stepping Hill Hospital on 16 December 2010. I found out in January 2011 while I was having a scan with a view to getting TIPPS. No mention was made to me about the DNR. I was discharged on Christmas Eve, 24 December 2010, yet seven days before I was in such a bad state that they could not discuss this DNR with me. The DNR is signed by Dr [GRO-D] Senior Registrar under the consultant Dr [GRO-D] he was not my consultant. It says verbal consent given by my consultant but it is not signed or dated. It also says the DNR was being discussed with my next of kin and in the notes; it says DNR being considered by family. Where it asks if a review date is required it says no.*
7. I can confirm that within Mr Burney's health records there is a DNAR form which is dated the 16 December 2010.
8. I can confirm that the consultant identified as being the patients' consultant on the form is Dr [GRO-D] is correct in this instance. Although Mr Burney had been under the care of Dr Das on previous admissions, Dr [GRO-D] was the consultant under whom Mr Burney was admitted when he came into Hospital on 10 December 2010.
9. The DNAR form states: SECTION ONE (B) The clinical reason for assessing patients DNAR status states: "Futile, poor prognosis, Poor quality of life."
10. The DNAR form states SECTION ONE (C) Setting a review date: The box "no" has been ticked.
11. I can confirm that there are no reasons supplied as to why a review of the DNAR is unnecessary. I would like to offer my apologies to Mr Burney that the completion of the form fell below the standard expected.
12. In the section relating to discussion with the patient / patient aware; the box "no" is ticked. There is no apparent reason why a conversation could not have been held with Mr Burney around the completion of a DNAR. There is no documented lack of capacity throughout this admission. I would like to offer my apologies to Mr Burney that this was not discussed with him.
13. In the section relating to the decision discussed with next of kin / family aware of decision: the box "yes" has been ticked; "Wife". As Mr Burney states, the medical records states that the family were considering the DNAR form.

14. I can confirm that the form has been signed by Registrar Dr **GRO-D** The box "verbal consent given by consultant" has been ticked. There is no date or time against this section.
15. I would like to offer my apologies to Mr Burney for the poor completion of the DNAR form and for the lack of conversation and explanation of the decision making process surrounding this.
16. Since 2010 the Trust has improved the standard of the completion of DNAR forms through training and audit. Compliance with the guidance of completing the forms is audited and monitored by the Quality Governance Group, which I chair. Poor compliance is managed with individual staff members.
17. In paragraph 19 of Mr Burney's statement it is stated that *"I smelled something fishy and knew the DNR was questionable. What made me suspicious about my DNR was the fact that my medical notes never mentioned HCV or my history of transfusions, though by that stage it was commonly known by the people treating me. I exhibit a medical note made on the 16 December 2010 (WITN006102) which outlines my progress and conditions; however there is no mention of HCV"*
18. I can confirm that on the letter to Dr **GRO-D** and Dr **GRO-D** on the 16th December, the Foundation Year 1 doctor writes "He has end stage liver failure secondary to Hepatitis C and possibly an 8 year period of alcohol dependence in the 1990's."
19. The reference to HCV is made as Hepatitis C is a liver infection caused by the Hepatitis C virus. To this effect the HCV is made reference to.
20. However, the source of the infection is not referenced in the letter of the 16<sup>th</sup> December, which, at this stage, was considered likely to be due to a previous blood transfusion. There are two entries in the health records to this fact. I offer my apologies that this detail was not communicated on the letter from the Foundation Year 1 doctor.
21. Later in paragraph 19 Mr Burney states; *The second page of the note is written by a nurse, verifying my condition, who was present in the room when the DNR was discussed with my family. Again no mention of the HCV here. I also exhibit a hand written letter from the same nurse who was present with my family when the DNR was discussed, to Dr **GRO-D** and Dr **GRO-D** (MRI) dated 16 December 2010 (WITN006103). The letter clearly states cirrhosis plus HCV, and requests that they*

*urgently transfer me to the MRI as I was dying. I believe the doctor and nurse did not mention HCV in exhibit (WITN006102) because had I died and not been resuscitated, the DNR documents would have gone to the coroner, who would have registered my death as alcohol related cirrhosis. There would have been no mention of the HCV on my death certificate. This is in keeping with the cover up of where the UK has had a spike of alcohol-related cirrhotic deaths, where in the rest of Europe there has been a drop. People in the UK were drinking less alcohol but dying twice as fast from alcohol related conditions. Finally, I exhibit a letter from my GP in November 2013 after I asked him to have the DNR removed from my file (WITN006104)*

22. The second page of Exhibit 2 WITN006103 is the entry into the health records made by Foundation Year 1 Dr [GRO-D] on 16 December 2010, and not a nurse. It is correct that there is no reference made to the HCV within this entry, however we do know that Dr [GRO-D] is aware of the HCV as it was she did the urgent referral to Dr [GRO-D] and Dr [GRO-D] as described above.

#### **Section 2b: Response to Question 4 of the Rule 9 request**

23. I have been asked to respond to question 4 of the Rule 9 request which pertains to Mr Burney not being helped by doctors despite being in terrible pain.
24. In paragraph 24, Mr Burney states he was admitted to Stepping Hill Hospital in September 2010 because his liver was failing. He states that on one occasion, the pain was particularly bad and he was crying out in pain, soaked in sweat and vomiting. According to Mr Burney, this occurred in the middle of the night and he was surrounded by doctors looking at him but not helping him. He believes this was borne out of the doctors not knowing what to do with him and believing that it was "all over for him"
25. I can confirm that Mr Burney was admitted to Stepping Hill hospital on 16th September 2010 for insertion of an ascetic drain and investigations.
26. Following a review of the health records, over this period of time, there is no documentation of the event described by Mr Burney, therefore I am unable to comment on it. Mr Burney was discharged from the hospital on 20 September 2010.
27. I would like to apologise to Mr Burney if the care provided did not meet the standards he expected.

**Statement of Truth**

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

**GRO-C**

Signed \_\_\_\_\_

Dated \_\_\_\_29 May 2019\_\_\_\_\_