Witness Name: Amanda Beesley
Statement No.: WITN1090027
Exhibits: None
Dated: 18 August 2021

INFECTED BLOOD INQUIRY

SECOND WRITTEN STATEMENT OF AMANDA BEESLEY

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 27 July 2021.

I, Amanda Beesley, will say as follows: -

Section 1: Introduction

1. I was employed as a Houseparent at Lord Mayor Treloar College from September 1979 to August 1981. I worked for one academic year in Pike House, followed by a year in Gasston House with the youngest of the students. I later returned to work as Unit Leader in Burnham House from September 1985 to October 1988. (I was later employed at the school from January 1991 to October 2007 as an Occupational Therapist.)

2. As a Houseparent I was employed to care for the students who resided in the boarding house. I worked with all the students, being assigned to work on one of three "Units" each shift. I worked under the direction of a Unit Leader, a Senior Houseparent and a Housemaster.

3. Within this role, I was privy to limited information other than that which was pertinent to the daily care and independence training required by individual

students. In some cases, this may include medical information to inform care procedures that were linked to medical needs.

4. Training on disabilities and medical conditions was very limited at the time I joined Treloar's. I remember there being a textbook which gave a very good outline of disabilities. I think it was written for teachers. I read that to learn more.

5. I have prepared this statement to the best of my ability from the recollections I have; the only documents available to me which are relevant to this statement are those provided to me by the Inquiry and those which I have seen during the course of Inquiry hearings.

Section 2: Provision of medical treatment at the School

6. All students had ready access to the school Sick Bay for general medical needs e.g., for headaches, coughs and colds etc. Children with specific medical needs would attend the Sick Bay for their medical care, unless they could be managed in the boarding house by the care team.

7. The Sick Bay was run by a Charge Nurse with several other nurses on the team. A local GP visited regularly to hold a clinic in Sick Bay for general medical issues. Generally the houseparents would not attend the GP clinics unless requested to do so to provide information or receive instruction on additional care. Usually, nurses would attend and feedback to the house staff.

8. Medication was dispensed by the nursing staff. They mainly did this by doing a drugs round at mealtimes in the main communal school dining room. However, some students would need to attend Sick Bay at other times of the day. If students with haemophilia were on any prescribed medication, this would be given by the nurses. From memory, I believe we had some pain relief medication in the house which we could give to students as required, provided we had first called the nurse on duty for permission.

9. I do not know what information was provided to parents but believe that, if their child had a medical issue, the nursing staff would contact parents by 'phone to let them know and inform them of the GP's opinion/diagnosis/prescribed treatment.

10. I remember counselling being provided by psychotherapist, Val Hatswell, (now deceased) but I do not remember when this was first offered, nor how students accessed it. Attendance was confidential so house staff would not necessarily know that a student was receiving counselling.

11. I do not know what the process of giving consent for medical treatment was. I do not remember seeing consent forms (including the example sent provided to me by the Inquiry [TREL0000165_053]). I believe these would have been posted to parents and returned to the Sick Bay at the start of the academic year.

12. As a Houseparent, my only involvement would have been to inform nursing staff if I was, or any of the care team were, concerned about a student's well-being and to accompany them to any medical appointments off site, in order to manage their care needs e.g., assisting them to go to the toilet.

Section 3: The Haemophilia Centre ('the Centre')

13. The Haemophilia Centre was sited at the College site (approximately 4 miles from the school site where I was employed). I knew nothing about the move there, nor how it was funded.

14. I have no memory of Dr Rainsford. Any contact I had with the Centre staff was with Dr Wassef or one of the nurses. Any of the doctors would have been allowed to enter the boarding houses but, as with any other visitor, would have been expected to speak to house staff upon arrival, and would not have gone into the dormitories.

15. I was not aware of the school having any influence on how the Haemophilia Centre was run. It was very separate. It appeared they had the main influence upon the medical care of the boys with haemophilia.

16. When a boy had a bleed, he would attend the Centre as soon as possible and would attend again once, or twice a day until the bleed was resolved. The Centre held daily clinics, first thing in the morning and after lessons in the afternoon but boys would go up at any time of the day or night if a bleed started and they reported it to school staff. The clinics were referred to as being "On the van" as there was a specific van to take them up to the college site and back afterwards. The boys would leave breakfast as soon as they had finished eating and the van would leave as soon as all the boys due at the clinic were present. They would return when all the boys had been seen. If there were a lot of boys "On the van" they would be late back to lessons. In the evenings they would sometimes be late into supper.

17. After every clinic, the Sick Bay, house and, I believe, the teaching staff would be provided with a sheet that listed all the boys who had attended clinic. It detailed the bleed site. I think it may have listed the treatment given but it would not have meant anything to me at that time to read a treatment name or percentage. As House parents, we were most interested in the advice listed regarding any restrictions prescribed e.g., use of a wheelchair, elbow sling etc. and when the boy was to attend clinic again. There was a system of badges introduced – green, yellow with a black star, and red. The boys were meant to wear a badge at all times to indicate what level of restriction applied to them. Green indicated there was no restriction, yellow, some restriction, and red meant they should be using a wheelchair or wearing a sling full time. The boys were forever losing their badges or leaving them on their jumpers when they were laundered so the system was not very successful.

18. I don't remember hearing anything at all about the risks of treatment, other than the risk of a boy developing inhibitors if given too much treatment. We had two boys in Pike House who had inhibitors, one of whom had many bleeds and often had to use a powered wheelchair as he had lost his ability to

walk, due to knee bleeds, and could not push a manual chair when his elbow or fingers had bleeds. I therefore knew this was a serious risk.

19. I was not aware of any specific research. I do remember having vague knowledge of the boys being involved in research projects, but the information would have come from the boys themselves, I don't remember any information coming from the Haemophilia Centre. My memory is thinking the research was into aspects of treatment such as the use of different splints, physiotherapy routines etc. I was not aware of the boys being subjected to any risks. This would have been unthinkable to school staff whose main objective was to provide the students with the care and support required to develop their independence. We would never knowingly subject them to life-threatening risk.

20. It was possible to report concerns. In the first instance, if I had any concerns about Centre staff, I would have spoken to the Senior Houseparent, or possibly the Housemaster directly. The Housemaster was not someone I found easy to speak to. It is possible he would have dismissed any concerns, but, if he felt they warranted investigation, he would have taken the matter further – possibly to the Housemasters' Meeting to see if anyone else shared my concerns.

Section 4: Pupils with haemophilia

21. A boy having a bleed would report it to the house staff, or, if elsewhere in school, to the teacher or therapist he was with and would be sent up to Sick Bay to report to the nurses there. The driver on the haemophilia duty would collect the boy and take him to the Centre for treatment. (The Centre would have been informed that he was on his way.) Sometimes, boys would report a bleed in the night. They would report it to the night nurse who was on duty all night in the boarding house. They could alert her that they needed help by pulling an alarm cord by their bed, by going to find her in the staff room, or by waiting for her to do her regular rounds.

22. The boys would go to the Centre on their own, unless they needed to be accompanied. This would have been rare – I can only imagine this would have been if a boy was in distress, or if there was an issue about behaviour but I don't remember this happening. Often younger care staff would travel on the haemophilia van with the boys, but this was only to get a lift to the college site, from where we could walk into town.

23. I am referred by the Inquiry to [TREL0000036_053] and asked if I recall a ban on pupils playing football and the reason for any such ban. I remember Dr Wassef visiting the house and talking to me when I was working in Gasston House. He wanted to ask the house staff to stop the boys playing football. I don't remember him referencing the cost of treatment. From memory, I believed his concern was for the welfare of the boys and his desire to keep their joints in good condition. As far as I was aware, the boys were encouraged by school staff to take part in all other activities – except for horse riding which would have caused painful bleeds. I believe they went sailing, did archery, played table tennis, snooker and cricket and went swimming, as well as taking part in other sports and activities.

24. I remember that we were expected to discourage the boys from playing football but I do not think there was an outright ban. In any case, the boys did play football. We were not always aware of where they were during their leisure time. We did not police them 24/7. On summer evenings in particular, many of the students would be playing outside, with only those who needed more lengthy care routines being attended to in the house by the house staff. We would have tried our best to stop boys playing football if they were supposed to be restricting their activity, but Treloar's was not run on draconian lines and students had freedom to move around the extensive grounds. We did not always know what they were doing every moment of the day. They were expected to tell us where they were going, and check when we wanted them to be back in the house. Generally, we were able to trust them. If we had any concerns, we would go out to look for students to check what they were doing.

25. I do not have any specific memories of any of the boys receiving branded good from the pharmaceutical companies, although I do have a very vague recollection of them receiving "freebies".

Section 5: Communications with parents

26. Some parents attended school every week when they collected their child for the weekend and then again when returning them on a Sunday evening. Others never ever came to school. Their children would be transported by drivers arranged by the local authority, or some were taken by school coach to London and then met by parents or escorts who would take them the rest of the way home (sometimes by train).

27. Parents could talk to house staff very easily without appointment. If they specifically wanted to speak to the Housemaster this could be arranged – at short, or even no, notice if necessary. The house staff developed close relationship with many of the parents.

28. Parents could also speak to nursing staff in the Sick Bay very easily by just turning up, or by making an appointment in advance if they wanted to be sure staff would be available, or if they wanted to speak to someone in particular.

29. Teaching and therapy staff would generally be around on Friday afternoons and parents could ask to speak to them without appointment if they wanted.

30. Regular parent teacher meetings were held on the Friday at the end of each half of term when parents could talk to all the teachers. I'm not sure if these meetings included therapists in 1979-1981, but I know they did in later years.

31. I do not remember ever seeing Haemophilia Centre staff attending the school for parents to meet with them when I was working as a Houseparent. I think in later years, when Jane Yeaman was the haemophilia nurse, she would

come to see parents in the boarding house, but I don't remember seeing any of the previous nurses attending. I imagine that parents could go to the Haemophilia Centre to speak to the doctors if they wanted to, but I am not aware of regular meetings taking place, nor being offered.

32. I am not aware of the nature and extent of communications with parents about students with haemophilia.

Section 6: Other issues

33. The Haemophilia Centre was very separate from the school. Because the boys with haemophilia needed very little, if any, physical support from the care team, we spent a lot less one-on-one time with them than we did with the students who had other disabilities, such as spina bifida, muscular dystrophy, spinal muscular atrophy or cerebral palsy. Haemophilia students probably spent more one-to-one time with the Centre staff than with the house staff, due to their regular treatment at the Centre. House staff did spend time with them at mealtimes, breaks and in free time but this would usually be as part of a group of students. This led to an air of the boys "belonging" to the Centre with Centre staff implying they knew the boys better than we did and they had the major say in what the boys could do. We rarely saw the Centre staff and rarely communicated with them directly. It is therefore difficult to know very much about their approaches and protocols.

34. My overarching memory of the boys with haemophilia is of them being full of life, full of fun and mischief. We imagined they had bright futures as many of them were talented in music, art, drama and/or in academic work. Haemophilia was treatable and we believed it would not unduly impinge upon their abilities to work, establish relationships, have families and make their way in the world. It is impossible to comprehend why anyone would have done anything other than their best to protect the boys and ensure their treatment was as safe as possible.

35. Treloar's was, I believe, unique in the opportunities it offered the students. It was unusual for a special school, in the years that I worked on the care staff, in only accepting students whose intellect was within an average or above average range. It had much greater funds than other special schools as it was heavily supported by the Lord Mayor Treloar Trust who drew in funds from, amongst other places, the various Worshipful Companies of the City of London. There was a very high ratio of staff to students, including directly employed therapists and nurses, which I think also set it apart from other schools. These factors combined to create a place which could offer, not only a good academic education, but also a range of activities and experiences. These included a wide range of sports, outward bound activities, drama, arts, music, horticulture, cookery, day trips to places of interest, residential trips and school exchanges with special schools abroad. There was a "can do" attitude that ran through the school in all departments, and students were encouraged to strive for independence - be that, in some cases, less about physical independence than about the development of autonomy. Of course, like most schools, there were incidents of bullying which had to be dealt with and it was difficult for the students to be away from home. Many were homesick at times, but most students appeared to be happy most of the time and there was certainly a lot of fun had by students and the staff working with them. Some students referred to it being the first place they had been able to forget their disability and to make friends within their own peer group. The boys with haemophilia contributed a great deal to the lively atmosphere and to much of the good humoured mischief that went on.

36. I am deeply, sad about what happened to the boys as a result of the medical treatment they received whilst at Treloar's. So many of the boys died at a young age, having experienced appalling illness, discrimination and traumas and those who have survived have had their lives destroyed. It is heart-breaking to remember the young boys I worked with and think about what they went through – and, in the case of those still alive, continue to go through. I hope the inquiry will uncover the truth behind why the boys were treated as they were.

Statement of Truth

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

Signed **GRO-C**

Dated 18-08-21