

Witness Name: Royal Free Hospital (Debra Anne Pollard)
Statement No. WITN3094003
Exhibit No. WITN3094004 - 25
Dated: 2 October 2019

INFECTED BLOOD INQUIRY

**WRITTEN STATEMENT OF
DEBRA ANNE POLLARD**

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 5 September 2019.

Section 1: Introduction

1. I, Debra Anne Pollard of the Royal Free London NHS Foundation Trust, Pond Street, London, NW3 2QG, will say as follows:
2. I am employed by the Royal Free London NHS Foundation Trust (the Trust) as a Lead Nurse Specialist within the Haemophilia & Thrombosis Centre. I have worked for the Trust as a Clinical Nurse Specialist since February 1992 and have been in my current role since May 2014.
3. The information provided within this witness statement is based upon facts within my knowledge, save for where I have indicated the source of my information or belief. Where matters are not directly within my knowledge, I believe them to be true.
4. As the Lead Nurse Specialist, my responsibilities include leading and managing a team of specialist nurses and allied health professionals. I am also responsible, together with the Centre Director, for the strategic development and management of the department.

5. Since my arrival at the Haemophilia & Thrombosis Centre in 1992, I have been responsible on a number of occasions for answering questions from the Infected Blood Inquiry (the Inquiry). As a result, I am aware of some of the issues surrounding the Inquiry and know how to investigate matters arising within our archives and systems.

Section 2: Response to criticism of witness W1001

6. I have been asked to write this statement on behalf of the Trust to respond to specific matters raised within the witness statement of Mrs Annette Hill-Stewart, dated 12 July 2019, regarding the care of her husband, Mr Angus Horatio Stewart. In this statement I respond to eight specific questions raised by the Inquiry with regard to points made within in Mrs Hill-Stewart's statement.
7. I attach to this statement a bundle of supporting documents which are relevant to the comments in Mrs Hill-Stewart's statement dated 12 July 2019. Page numbers referred to in this statement in the form **WITN3094004 - 0025** are references to pages in that bundle.
8. At paragraph 18 of her statement, Mrs Hill-Stewart claims that her husband was given Factor VIII as a child despite alternative treatment being available, with which he was successfully treated thereafter. My comments upon this are as follows:
 - a. According to hospital records, Angus was transferred to the Royal Free Hospital from Great Ormond Street Hospital on or around 2 October 1978. There is a copy of a transfer letter (**WITN3094004**) which suggests that until the point of transfer he had been treated with Cryoprecipitate.
 - b. The medical records at the Royal Free Hospital show that he was also treated with Cryoprecipitate throughout 1979 and

until 28 November 1980 (**WITN3094005**). On this date Angus presented with a 48 hour history of nose bleeding. The plan was to treat this with 10 bags of Cryoprecipitate, Tranexamic Acid and Naseptin (a nasal ointment). I do not recognise the signature of the doctor who made this written entry (**WITN3094006**).

- c. Sometime later on 28 November 1980 there is an entry by "P.K" which are the initials of the late Dr Peter Kernoff who was Centre Director at that time (**WITN3094007**). He clearly documents a "moderately severe transfusion reaction" to the planned Cryoprecipitate, despite premedication with the antihistamine Piriton. It is at this point Dr Kernoff wrote that "His future treatment should be changed to NHS Factor VIII concentrate." He also wrote instructions for monitoring of liver function tests and Hepatitis B surface antigen test prior to the first dose and for this to be repeated weekly for eight weeks after the first exposure. He also wrote to consider the use of Immunoglobulin which was unavailable. The instruction finishes with the direction to discuss with Dr Kernoff when the need for treatment arises. This is also confirmed with a hand written note across the treatment records which were separate from the notes and were used as a working record of all treatments by the haemophilia nurses and junior doctors. This is signed P.K. (**WITN3094007**).
- d. Angus was subsequently treated with his first dose of Factor VIII concentrate on 1 December 1980. These treatments are confirmed with the entries in the treatment records 30/01/1980-06/11/1985 (**Exhibit AHS5**). The next entry in the medical notes is on 2 February 1981 (**Exhibit AHS4**) when Angus presented unwell and Dr Kernoff describes his symptoms and concluded with his impression that Angus was suffering from "Acute hepatitis due to transfusion with FVIII

concentrate, which could be NANB or hepatitis B”
(WITN3094008).

- e. This is also summarised in a letter to the GP, Dr Miller, on 4 March 1981 **(WITN3094009)** and the Hepatitis Survey report form completed by Dr Eleanor Goldman (Clinical Assistant) on 18 February 1981 **(WITN30940010)**.
- f. From my reading of the notes I conclude that Mr Stewart was switched to Factor VIII concentrate due to the reaction to Cryoprecipitate which is well documented on 28 November 1980.
- g. There is a handwritten entry by Dr Kernoff in the treatment records after 13 November 1981 but not specifically dated that says “Consider DDAVP when he next presents for treatment – contact Dr Kernoff or Dr Tuddenham” **(WITN30940011)**.
- h. Annette Stewart-Hill quite rightly states that from 13 October 1982 Angus was treated with DDAVP (Desmopressin) for nose bleeds on a number of occasions, which I can only conclude helped arrest the bleeding as there were no further interventions such as blood transfusion required, and he was not treated with Factor VIII concentrate again until 23 December 1997.
- i. I have failed to find any laboratory evidence to show whether or not Angus was fully responsive to Desmopressin treatment as there are no measured pre- and post- von Willebrand Factor Assays on this treatment, which would be the current standard to determine response. However there is evidence that the Factor VIII was elevated after this treatment (which is expected) and it may be that at the time that was taken as evidence of response along with clinical assessment.

Comment on choice of treatment in 1980

9. Desmopressin was first described as an effective treatment for mild haemophilia and von Willebrand's Disease in research by Mannucci et al (Milan) in the Lancet in 1977. There is also evidence in 1983 and 1985 in the literature that clinicians were beginning to report the effective use of Desmopressin in some patients with mild haemophilia and some types of von Willebrand's Disease as an alternative to blood products. I am unable to find evidence of exactly when it was licensed and first available in the UK, and therefore unable to state if it could have been used to treat Angus in November of 1980 when he was infected with Hepatitis C.

Comment on Exhibit AHS3:

10. I agree with Annette Hill-Stewart that the first type written page of this exhibit relates to Angus Stewart Senior due to the visible date of birth of GRO-C 1938 which I believe to be his. The first part of the second page appears to be about Angus Horatio Stewart as it refers to the transfer from Great Ormond Street Hospital and attending school, but the bottom section dated 11.12.81 appears to be a direct copy of the previous page and there are no handwritten notes on 11 December 1981 which suggest that Angus Jnr attended that day. I agree with Annette Hill Stewart that this is an error in documentation between the two patients.
11. At paragraph 23 of her statement, Mrs Hill-Stewart states that the Royal Free Hospital made a decision not to place her husband on the liver transplant list despite telling her and her husband that it was the only way to save his life. I set out my comments upon this below:

- a. As documented by Dr O'Beirne (Consultant Hepatologist) on 9 April 2008 (**Exhibit AHS8**), this was a Hepatology Multidisciplinary Team decision, which is required by the National Guidelines.
- b. As Dr O'Beirne is no longer at the Royal Free Hospital, I have asked Dr Douglas Thorburn the current Clinical Director for Liver Transplantation to comment and his reply is below:

"As a complication of the cirrhosis he developed hepatocellular carcinoma and at the time of presentation the MDT was of the opinion that the tumour was too extensive to fit within the established listing criteria for HCC patients. As a consequence his disease was too advanced to benefit for transplant and as with national guidelines at the time he could not be listed. Subsequently a domino liver donor became available and this was effectively offered to him as these livers were available to use within the centre as they saw fit and could be offered to a patient even if he was outwith existing criteria for liver transplantation. That is how he came to have a transplant."

12. At paragraph 28 of her statement, Mrs Hill-Stewart claims that her husband was not informed that his hepatitis C ("HCV") infection had returned. My comments on this are as follows:

- a. Please see the enclosed letter from Dr James O'Beirne dated 20 May 2010 (**WITN30940012**).

13. At paragraphs 30 and 45 of her statement, Mrs Hill-Stewart claims that the Royal Free Hospital decided to cancel her husband's lung operation on the day it was due to take place, stating that her husband may have contracted variant Creutzfeldt-Jakob Disease

("vCJD") through infected blood products and the risk of contamination was too great. Mrs Hill-Stewart states that the Royal Free Hospital also cited the risk of contamination from her husband's HCV infection in deciding to cancel the surgery. My comments on this are as follows:

- a. Angus was referred to Mr Lim at the Royal Brompton Hospital on 28 November 2011 by Dr O'Beirne, for investigation of a lung lesion **(WITN30940013)** and he was subsequently seen by Mr Lim when a surgical procedure was planned **(WITN30940014)**.
- b. I can only assume that Angus himself told me of the date of the proposed procedure because I wrote an email to Mr Lim on 28 December 2011, having been unable to contact him by telephone to ensure that he was "aware that the patient is considered 'at risk of vCJD for public health purposes'" **(WITN30940015)**.
- c. This was and remains standard practice to inform surgical teams. From my email it suggests that at this time the procedure was planned for 9 January 2012, although a subsequent email from Dr Lim's secretary (enclosed) states it was scheduled for 31 January 2012.
- d. It is not my practice to advise what risks may be involved in individual procedures, as a result of this notification, as it is beyond my expertise. Instead, we expect surgical teams to discuss with their Infection Control colleagues about what measures may be necessary for decontamination of instruments – this procedure was taking place at another hospital where I am not familiar with their procedures.
- e. Subsequently we (the Haemophilia Team) discussed the necessary haemostasis management to ensure Angus's safety from a von Willebrand's point of view with the Consultant Haematologist at the Brompton, Dr Louise Tillyer, and a formal management plan was faxed to her on 26 January 2012 by Dr Yee's secretary **(WITN30940016)**.

- f. I have found an email exchange between me and Angus on 2 February 2012 (enclosed) that shows the surgery had indeed been cancelled at late notice – this was not a Royal Free Hospital decision, as Annette suggests, but one made at the Royal Brompton by their consultant histopathologist, Dr [GRO-D] and Angus had included the correspondence between Dr [GRO-D] and Mr Lim (**WITN30940017**).
- g. I would like to comment that I do remember how distressing this was for both Angus and Annette, as the procedure was to determine if the lesion in the lung was a spread of the cancer from his liver and they were greatly concerned that any delay at all could be critical.

14. At paragraph 39 of her statement, Mrs Hill-Stewart states that she was told by doctors at the Royal Free Hospital that HCV could not be transferred through unprotected sexual intercourse. Mrs Hill-Stewart states she then went on to contract HCV from her husband. My comments on this are as follows:

- a. The usual advice at that time was that it was believed that HCV had a relatively low risk of sexual transmission but it was standard practice to advise patients to use barrier methods of contraception (condoms) – without access to Mrs Hill-Stewart's personal medical records I cannot comment further.
- b. I have found evidence in a letter **Exhibit AHS6** that Angus had been counselled by Dr Eleanor Goldman and Dr Kovacs with a previous partner about the risk of AIDS but there is no record to demonstrate if the risk of sexual transmission of transmission of Hepatitis C was discussed.

15. At paragraphs 41 to 44 of her statement, Mrs Hill-Stewart claims that her husband was mistreated, given incorrect information and poor

health support by the Royal Free Hospital from the age of 15 when he was infected with HCV. At paragraph 42, , Mrs Hill-Stewart states that her husband's medical records show that Royal Free Hospital doctors failed to undertake due diligence in respect of the blood products administered to her husband on the day he was infected with HCV.

- c. I cannot comment on the thinking of the clinician (now deceased) who made the decision to treat Angus with Clotting Factor Concentrate which led to his Hepatitis C infection. I have perhaps added some context to the decision in the answer in paragraph 8 (above).

16. At paragraph 44, Mrs Hill-Stewart claims that the Royal Free Hospital knew about the risk of infection posed by Factor VIII but administered the product anyway without informing her husband or his family about the risks. Mrs Hill-Stewart states that her husband was used as a "human guinea pig". My comments on this are as follows:

- a. Mrs Hill-Stewart assumes that the doctors treating Angus knew about the risk of infection posed by Factor VIII. This is not specifically stated in the records. However, as I have noted above, there were clear instructions given to monitor liver function tests and Hepatitis B tests following each exposure to Factor concentrate.
- b. There is no record of a discussion about switching the treatment with either Angus or either of his parents.

17. At paragraph 47 of the statement, Mrs Hill-Stewart claims that the Royal Free Hospital refused to fund necessary treatment for her husband's HCV infection despite having originally administered the

contaminated blood products that infected him. My comments on this are as follows:

- c. In 2007 the responsibility for funding certain treatments lay with the patient's GP and their PCT.
- d. Following a clinic visit on 7 August 2007, Dr Thynn Thynn Yee, Haemophilia Associate Specialist, wrote to Angus's GP Dr Lim at Wrafton House Surgery (**WITN30940018**) requesting funding for further treatment with Interferon and Ribavirin. Dr Lim responded asking for the request to go the Welwyn & Hatfield PCT (**WITN30940019**).
- e. I have found the email correspondence between Rachel Lewis (Commissioning Support Manager, Royal Free) and West Herts PCT 12 November 2007 (**WITN30940020**). This states that the treatment for the HCV infection had been approved by the Royal Free Drugs and Therapeutics Committee but was outside the NICE guidelines. I assume that was what caused the delay in securing funding, although I cannot find the complete correspondence. There is an email from Ms Jane Whiting, the Exceptional Treatment Co-ordinator for East and North Hertfordshire & West Hertfordshire PCT, dated 20 November 2007 which indicates that funding for treatment was approved by West Herts PCT.
- f. I also note that with the support of Dr Patch and Mr Grant Shapps MP letters (**Exhibit AHS9**), the funding was finally approved (**WITN30940021 and WITN30940022**).
- g. I also remember how distressing this delay was for Angus and Annette.

18. At paragraph 60 of the statement, Mrs Hill-Stewart exhibits a blood test request dated 10 February 2005 which includes the term 'FVIII'. As far as the witness is aware, her husband was only given Factor VIII in 1980. My comments on this are as follows:

- a. Angus had Type 2 M von Willebrand's Disease. He was treated very intermittently with DDAVP (Desmopressin) as previously described.
- b. On 15 April 1997 Angus had a routine review with Professor Christine Lee. She noted he had been taking Desmopressin (DDAVP) at home but that his Blood Pressure was elevated 150/100mmHg. High blood pressure is a contraindication in the use of DDAVP and she advised him to discontinue using it **(WITN30940023)**.
- c. On 23 December 1998 he presented with a knee injury which required admission to hospital under the orthopaedic team and he received a dose of Desmopressin intravenously and sustained a significant reaction **(WITN30940024)**. It was at this point he received a dose of "Haemate P". He always received a FVIII concentrate (Haemate P or Alphanate) after that. He learnt to self-administer these in order to maintain his independence and his lifestyle, which included a lot of travelling.
- d. The use of intermediate purity FVIII concentrate has been the standard of care in severe and moderate von Willebrand's Disease as they also contain the necessary von Willebrand Factor. It is standard practice to measure the rise in both the FVIII levels and the von Willebrand levels (seen abbreviated in Exhibit AS11 as RICO F), to ensure that an adequate dose has been given and to inform the amount of Factor and the timing of the next dose.

- e. On 10 May 2008 he was switched to Wilfactin **(WITN30940025)**. This is a High Purity Plasma Derived Concentrate that does not contain FVIII. The reason for the switch was that he was maintaining very high Factor VIII levels post-operatively.

Section 3: Concluding Remarks

19. It was a pleasure knowing Angus for many years and it was a tragedy that he died so young. They were a wonderful couple and he told me often of how happy Annette had made him.

Statement of Truth

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

Signed: ... DEBRA POLLARD

(Electronic signature - Signed on behalf and on the instructions of Ms Pollard)

Date:8.10.19.....

Table of exhibits:

Date	Notes/ Description	Exhibit number
2.10.1978	Transfer Letter	WITN3094004
1979-1980	Royal Free Medical Records	WITN3094005
28.11.1980	Royal Free Medical Record indicated treatment for nosebleed	WITN3094006
28.11.1980	Dr Peter Kernoff note	WITN3094007
2.2.1981	Dr Peter Kernoff note re actue hepatitis	WITN3094008
4.3.1981	Letter to Dr Miller	WITN3094009
18.02.1981	Hepatitis survey by Dr Eleanor Goldman	WITN30940010
13.11.1981	Handwritten entry by Dr Kernoff	WITN30940011
20.05.2010	Letter from Dr James O'Beirne	WITN30940012
28.11.2011	Referral to Mr Lim	WITN30940013
5.01.2012	Letter to Dr O'Beirne	WITN30940014
28.12.2011	Email from Debra Pollard to Mr Lim	WITN30940015
26.01.2012	Fax to Dr Louise Tillyer	WITN30940016
2.02.2012	Email exchange between Debra Pollard and Angus	WITN30940017

7.8.2007	Letter to Dr Lim	WITN30940018
30.08.2007	Letter to Dr Thynn Thynn Yee	WITN30940019
12.11.2007	Email between Rachel Lewis and West Herts PCT	WITN30940020
8.10.2007	Letter to West Herts PCT	WITN30940021
12.12.2007	Letter from Dr Thynn Thynn Yee	WITN30940022
15.04.1997	Record of discontinuing DDAVP	WITN30940023
23.12.1998	Record of knee injury	WITN30940024
10.05.2008	Records of treatment including switch to Wilfactin	WITN30940025