

Witness Name: Royal Free Hospital (Debra Anne Pollard)

Statement No.: WITN3094045

Exhibits: WITN3094046- 051

Dated: 01.11.2022

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF DEBRA ANNE POLLARD

I provide this statement on behalf of the Royal Free London NHS Foundation Trust (the "Trust") in response to the request under Rule 9 of the Inquiry Rules 2006 dated 20 July 2022.

I, Debra Anne Pollard of the Royal Free London NHS Foundation Trust, Pond Street, London, NW3 2QG, will say as follows:

Section 1: Introduction

1. I am employed by the Royal Free London NHS Foundation Trust ("the Trust") as a Lead Nurse Specialist within the Haemophilia & Thrombosis Centre ("the 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. In October 2020 I retired from my full-time post, however I remain in a part-time post as an Advanced Nurse Practitioner. I have therefore worked at the Centre for 30 years. I make this statement in response to criticisms made by Ms [GRO-B] in her statement dated 22 July 2019 regarding the care provided at the Royal Free Hospital to her brother who is referred to as "B" in Ms [GRO-B] statement, and in this statement in response.
2. For the purposes of preparing this statement, I have reviewed B's medical records held by the Trust. The information provided within the 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.
3. As the Lead Nurse Specialist, my responsibilities, until 2020 included leading and managing a team of specialist nurses and allied health professionals. I was also responsible, together with

the Centre Director, for the strategic development and management of the department. I continue, in a part time role, as an Advanced Nurse Practitioner.

4. In my role as Lead Nurse Specialist, 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: Overview of Mr. GRO-B Condition and Treatment

5. B was first registered at the Royal Free in 1966 at 15 years of age. The first record of B receiving Factor VIII was 15 October 1974 (**WITN3094046 page 1**). It appears that he received a mix of Factor VIII and cryoprecipitate to treat bleeds until 14 April 1975 when a significant reaction to cryoprecipitate was recorded despite the administration of antihistamine and steroid injections. It was noted that he should receive Factor VIII concentrate after that (**WITN3094046 page 2**). The next treatment was given on 14 May 1976 and was Factor VIII concentrate which he consistently received for treatment after that (**WITN3094046 page 3**). In 1977 B had learned to treat himself and was on the home treatment programme (**WITN3094047 page 1**).
6. On 14 June 1985, B was seen in the Centre for his regular review by Dr Eleanor Goldman. She recorded a conversation with him about AIDS. She noted that he had read about AIDS, understood the modes of transmission and had previously been reluctant to treat himself because of the risk of transmission in blood products but was now more relaxed as the Factor VIII was heat treated. (**WITN3094049 page 1**).
7. In June 1986 at his review there was a discussion about HTLV III testing, the difference between development of an antibody and the presence of virus, and B requested the test as he wanted to know the result. It was agreed that the result would be given at his next review where Mrs Riva Miller would be present, rather than by post or telephone. (**WITN3094049 pages 1-2**). As described in previous statements, Mrs Miller was the Haemophilia Medical Social Worker and AIDS Counsellor and saw all of the patients and their families. She was usually present in their regular review clinics and also spent time counselling them outside of these clinics.
8. The records show that B was told he was HIV positive on 5 December 1986 by Dr P Roderick, a haematology registrar (**WITN3094048 Pages 1-2**).
9. On 22 April 1987 there is a record of a phone call to the Centre from B as he was "very concerned about safety of Factor VIII". It appears this was prompted by the development of a rash for which

he had been referred to the dermatologists. He was asked to call the following week to see Mrs Miller to discuss his concerns further (WITN3094049 page 4).

10. Mrs Miller subsequently saw B during his regular review on 16 June 1987 when he was noted to feel more confident about treating bleeds and was no longer as afraid of AIDS. Mrs Miller noted he said that he "doesn't let anyone touch Factor VIII" (WITN3094049 page 5). The medical summary of this review by Dr Nigel O'Connor is at (WITN3094050 page 1). B was seen for a further medical review by Dr Elizabeth Miller on 26 October 1987 (WITN3094051 page 1). In all of this documentation there are notes of discussion about HIV/AIDS.
11. On 22 December 1987 B was seen in the Haemophilia Centre and it was recorded that he was very unwell. Investigations (blood tests and chest x-ray) were performed. A presumed diagnosis of pneumocystis pneumonia was made based on the results. It is recorded that B and his brother had a lengthy discussion with the consultants (Dr Christine Lee and Dr Eleanor Goldman) the registrar (Dr Young) and Mrs Riva Miller. The diagnosis was explained as almost certainly AIDS related and that there was a risk of him dying if he did not come into hospital; however he refused admission on that occasion. (WITN3094049 pages 6-7)
12. On 23 December 1987 B was admitted to hospital with pneumocystis pneumonia. (WITN3094049 pages 8-10). B sadly died at 00.35 on GRO-B 1987.

Section 3: Response to Criticisms by Witness W3296

13. At paragraph 13 of her witness statement, Mrs GRO-B states:

13.1. *"I do not believe that B was told that he had contracted HIV/AIDS. I know that he was told by a social worker in the haemophilia department at the Royal Free Hospital, Mrs Miller, that he had "an infection of some type that could not be cured". This was in about 1985 or 1986. He was about thirty-four at the time."*

- 13.2. At paragraph 16 of her witness statement, Mrs GRO-B recalls her brother:
"...telling my mother that if he had a nosebleed, he had to deal with it himself. This information must have come from Mrs Miller. He knew that nobody should come into contact with his blood, but he did not know that the reason for this was HIV/AIDS. He did not know much about HIV and certainly nothing about AIDS at the time. Neither did we. It was a very different time in terms of awareness."

13.3. As explained above, B was told he was HIV positive on 5 December 1986 and this was not the first discussion about HIV/AIDS recorded.

13.4. There was a discussion with B about what to do in the event of blood spillage at his review on 4 June 1986 (**WITN3094049X page 2**). It is not clear from the records who was in the room at the time although it would have been standard practice for Mrs Riva Miller to be there. It was standard practice to advise all haemophilia patients to be careful with blood spillage, including external haemorrhage and the disposal of blood stained tissues and needles and syringes. Where other family members (usually parents of children) were treating people with haemophilia, surgical gloves were issued by the Centre. This applied to all patients with haemophilia, and remains today as "Universal Infection Control Principles" within any first aid or clinical training.

13.5. With regards to B being aware of HIV / AIDS and the risk of transmission through contact with his blood, as explained above, the first evidence of a discussion about AIDS and the risk of transmission was in June 1985 (**WITN3094049 page 1**), although from what is recorded it appears that B knew before then that there were risks associated with treatment. As stated above, there were numerous discussions with B at subsequent reviews about HIV / AIDS.

14. At paragraph 23 of her statement, Mrs **GRO-B** states that "*some of B's possessions had been stolen before we came to collect them*". We have not been able to find any records relating to this and cannot comment upon whether B's possessions had been lost or stolen.

15. At paragraphs 29 – 31 of her statement, Mrs **GRO-B** states that her mother refused a post-mortem on B's body:

15.1. *"The hospital asked to do a post-mortem on B's body. My mother flatly refused. She was adamant that she wanted to see the body in order to say goodbye to her son, and she felt that her son had been through enough. She could not have been clearer in her refusal.*

When I took my mother to see the body, the funeral director said that he had been given the body in a sealed bag and instructions not to open it under any circumstances.

My mother was predictably upset. It was her view that they had done a post-mortem and did not want her to find out."

15.2. On 29 December 1987 Dr Christine Lee recorded that "the relatives have agreed to a limited post mortem" – there is no documentation as to what limitations these would be

(WITN3094049 page 11). A post mortem took place on 31 December 1987 (WITN3094051 pages 3-4). This confirmed the presumed clinical diagnosis of pneumocystis pneumonia secondary to HIV infection as the cause of death.

15.3. Funeral directors would have had infection control procedures for these circumstances at the time, and it is likely that the cause of death would have been disclosed to them as it was an infectious disease. It is likely that this is why B's family could not view his body, although that would be a matter for the funeral director to decide and discuss with the family.

16. At paragraphs 34 – 37 of her statement, Mrs [GRO-B] states that a meeting took place with Mrs Miller.

16.1. I am not able to find any evidence in the records of this meeting with Mrs Miller, however such meetings would have been standard practice at the time. I cannot comment on what was discussed with Mrs [GRO-B] and her mother with regards to tax exemption as there is no documentation of this meeting.

16.2. At paragraph 37, Mrs [GRO-B] states that she asked questions of Mrs Miller about why a post-mortem had been carried out against her mother's wishes and about why a different coffin was used at the funeral to what had been selected by the family. As above, it was recorded by Dr Christine Lee on 29 December 1987 that Mr [GRO-B] family had agreed to a limited post-mortem (WITN3094049 page 11). With regards to the issue with the coffin, the Trust cannot comment on any actions taken by the undertakers.

17. At paragraphs 42 and 43, Mrs [GRO-B] recounts a visit to her brother and criticises the nursing care provided to him:

17.1. *"That said, I do remember visiting B where he was in a separate ward. While I was there, he knocked over his urine bottle. I asked the nurse on duty whether she could clean it up. She refused and made me do the cleaning. She then told me to dispose of the paper towel in the chemical waste bag.*

I felt that B was being treated like a leper. I was angry at the lack of care shown to him."

17.2. I am unable to comment on this specific incident as there are no notes relating to this in B's medical records. While there is no evidence of this specific incident, there were standard infection control procedures for staff to follow for the spillage of body fluids at the

time, which involved the use of protective clothing (apron and gloves) and disposal in a clinical waste container. There is no documentation in the records to describe where B was being nursed at the time. However, as he had a respiratory infection it is likely that he would have been cared for in isolation in a single room for infection control purposes. That is not to say, however, that he was not receiving all relevant care.

18. At paragraph 54 of her statement, Mrs GRO-B states:

18.1. *"None of my family members received any counselling. I think that the benefits of counselling may have been immense."*

18.2. As explained above, it is clear from records and from paragraphs 34 – 37 of Mrs GRO-B statement that she and B's family met with Mrs Riva Miller, the Centre's Social Worker and AIDS Counsellor, who would assess the need for ongoing counselling on an individual basis. I am not able to find the records of this meeting with Mrs Miller so cannot comment on whether B's family were offered counselling.

19. At paragraphs 55 – 58, Mrs GRO-B states that her mother received £20,000 from the McFarlane Trust but that:

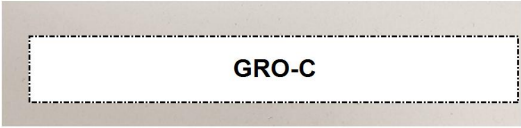
19.1. *"I do not think that she submitted the application herself. I think Mrs Miller must have done it on my Mum's behalf. [...]"*

My Mum was told by someone from the Macfarlane Trust to keep quiet about the fact that she received the money. I think the idea was that if she disclosed that she received the money, she would have to disclose why she received the money."

19.2. Mrs Riva Miller and Mrs Elizabeth Boyd did help individuals and families with applications to the McFarlane Trust, but ultimately the family member would have needed to sign the application. While the Centre could help with applications, it could not apply on the behalf of families. The Trust cannot comment on anything allegedly said by the McFarlane Trust.

Statement of Truth

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

Signed  _____

Dated _____ 1st November 2022 _____