

Witness Name: Royal Free Hospital (Debra Anne Pollard)

Statement No.: WITN3094091

Exhibits: WITN3094092 –
WITN3094101

Dated: 10.08.2023

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 two requests under Rule 9 of the Inquiry Rules 2006 both dated 10 May 2023.

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.
2. For the purposes of preparing this statement, I have reviewed the late husband of W1412’s medical records held by the Trust. 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.
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.
5. I make this statement in response to criticisms made by the late husband of W1412’s family members: W1411; W1410 and W1412. The Inquiry has requested that the Trust respond to the criticisms made by members of the late husband of W1412’s family in the following passages of their statements:
 - 5.1. WITN1410001 dated 29 May 2019
Paragraphs 10 – 12
Paragraph 31
 - 5.2. WITN1411001 dated 5 May 2019:
Paragraph 23
 - 5.3. WITN1412001 dated 26 July 2019:
Paragraphs 27 - 29
6. I attach to this statement exhibits [WITN3094092 - WITN3094101]. These are extracts from the Trust’s records detailing various aspects of the late husband of W1412’s care which are relevant to the criticisms made by members of his family.

Section 2: Background

7. The late husband of W1412 was born on 2 October 1929. He suffered from haemophilia B and was initially under the care of Professor Ingram at St. Thomas’ Hospital, before being transferred to the Royal Free Hospital in 1974 where he was seen by Dr Dormandy. In late husband of W1412’s transfer letter it states that he was receiving Factor IX concentrate at St. Thomas’ Hospital (**see Exhibit** WITN3094092).
8. In their statements W1410 (at paragraph 9), W1411 (paragraph 7) and W1412 (paragraph 27) say that they are unaware when the late husband of W1412 contracted Hepatitis C, and that he was not told of this until around 1989 or possibly later.

9. The Hepatitis C virus was not identified until 1989 and tests became available in 1990 and 1991. However, it was known for many years that some people with haemophilia developed jaundice and abnormal liver function tests after treatment. This was known as non-A non-B hepatitis. It is accepted that most people contracted Hepatitis C with their first exposure to pooled clotting factor concentrates. We know from Professor Ingram's letter that this was at least as early as 1974, or possibly earlier, whilst the late husband of W1412 was under the treatment of St. Thomas' Hospital. At the time of the late husband of W1412's first Factor IX treatments, the long-term consequences would have been unknown. We are unable to comment on what, if any, risks of this treatment were discussed with the late husband of W1412 at another hospital.
10. At paragraph 13 of W1410's statement the late husband of W1412 says that is unaware as to whether he was put at risk of any other infections, including variant Creutzfeldt-Jakob disease ("vCJD"). The late husband of W1412 died before the vCJD risk notification and therefore an individual risk assessment was not done. However, given that he did not die until 1994 and continuously received treatment during the relevant period from 1980 onwards, it is likely he would have been considered "at risk of vCJD for public health purposes" if he had lived (see **Exhibit WITN3094093**)

Section 3: Response to Criticisms by Witnesses W1410, W1411, and W1412

11. Paragraph 27 of the statement made by W1412 says that she was not impressed with the care given to her husband by the Royal Free Hospital:

Towards the end of my husband's life, he developed ascites which made him very uncomfortable and bloated. The hospital started to test him for other things when it was so plainly obvious that the Hepatitis C had caused this problem. It was almost as if they were trying to whitewash the fact that he had Hepatitis C.

12. Paragraph 31 of the statement made by W1410 the witness states:

I would like it quoted that the doctors at the Royal Free Hospital who dealt with my father and my family were "crap". They provided my poor dying father with such an awful service. They were extremely condescending, unhelpful and uncaring. They looked down on him for dying as a result of Hepatitis C...

13. In paragraph 30 of W1411's statement, the witness says that the witness does not remember whether the late husband of W1412 struggled in relation to accessing dental treatment, but that his teeth fell out towards the end of his life and this was very distressing to him.

14. As stated above, tests for the Hepatitis C virus were not available until 1990. Until that point the only tests available for non-A non-B hepatitis were those that looked at the function of the liver. There were no available treatments for Hepatitis C until after the virus was identified and the test was developed. The first effective treatment for Hepatitis C virus was available from 1995, and sadly the late husband of W1412 had died prior to this. Management of the infection before treatment was available, was symptomatic, such as described in the discharge summaries of July 1993 and March 1994 (**see Exhibit WITN3094094**). The investigations that took place are listed and were related to establishing the cause of his symptoms and how best to manage them. At the time, treatment was being offered for the presenting symptoms and care was being sought to enable the late husband of W1412 to manage at home whenever appropriate. In the presence of such complex medical and psychological needs this may not have always achieved the desired outcomes.

15. The late husband of W1412 was referred to the palliative care team for advice about symptom control and further support (**see Exhibit WITN3094097**). He was referred to social services for support at home (**see Exhibit WITN3094098**). He was also referred to the hospital dental surgeon for advice about his painful teeth which were affecting his ability to eat (**see Exhibit WITN3094099**).

16. At paragraph 14 of W1410's statement the witness says 'I am unaware as to whether my father was tested, treated or used for the purposes of research without his knowledge or consent.' In response, I can confirm that there is no evidence in the records of the late husband of W1412 participating in any research.

17. Paragraph 11 of W1410's statement states:

I was not impressed with the way in which the news of my father's infection was delivered. Even if the medical professionals had provided my father with sufficient information about the infection, which they did not, my father did not have the mental capacity at that time to appreciate or understand such information. Furthermore, the medical professionals actually blamed my father's alcoholism as the reason for his rapid physical decline; despite admitting that they had received contaminated blood products from the US.

18. At paragraphs 12 and 27 W1410 again refers to the way that doctors delivered the news of his father's infection, and that blame that he says was pushed on to the late husband of W1412 and his consumption of alcohol. The Trust cannot comment on exactly how the news of the late husband of W1412's Hepatitis C infection was delivered to him as documentation cannot be found of the first discussion. There is evidence about discussions with the late husband of W1412 and W1412 about HIV testing on 1 May 1985 which demonstrates that it was usual practice to discuss tests and results with patients, along with risks of sexual transmission (see Exhibit WITN3094095).

19. Excessive alcohol consumption in the presence of Hepatitis C is known to exacerbate the damage to the liver. The late husband of W1412 was known to consume large amounts of alcohol at times throughout his life. He was advised to abstain completely from alcohol following discharge from hospital in July 1993 when he was said to be drinking half a bottle of whisky per day (see Exhibit WITN3094096).

20. At paragraph 28 of W1412's statement, the witness says that the witness remembers 'the Royal Free Hospital as being a bit grim and at one point my husband was an inpatient on a ward in the Royal Free Hospital where all the other patients had HIV'. Patients were admitted to the most appropriate ward whenever the bed availability allowed. In 1993 and 1994 the beds for the Haemophilia team's patients were on a ward where there may have been some patients with HIV.

21. At paragraph 29 of W1412's statement the witness recalls that the family attended a meeting at the Royal Free Hospital around a month before the late husband of W1412 died:

...There were a number of social workers present at this meeting and they W1411, in front of my husband whether she had something to tell him. They put W1411 in a very difficult and awkward position whereby W1411 would be the one to tell the late husband of W1412 that he was dying. This was wholly unprofessional and extremely upsetting. The social workers kept badgering W1411 to tell the late husband of W1412 that he was dying....

22. W1411's statement too addresses this at paragraphs 23 and 24, adding:

...everyone at the meeting was well aware that my father was dying and felt somehow that I should tell him. However, despite the fact that my father had not been formally told that he was dying I do believe that he was acutely aware of this fact.

23. I believe that W1412 and W1411 may be referring to a meeting held on 15 April 1994, documented on 18 April 1994 (**see Exhibit WITN3094101**) at which the late husband of W1412 was present with W1412, W1411 and a number of health care professionals. The notes of the meeting suggest that the late husband of W1412 was aware that he was dying as the option of hospice care was discussed, although not considered necessary at the time of the meeting. Beyond this, however, it is not possible for the Trust to comment on the assertions which W1411 and W1412 make in this respect as the records do not document any conversations or comments regarding such issues.

24. At paragraph 30 of her statement W1412 says:

I would like to praise the Head Nurse of the Haemophilia Unit at the Royal Free Hospital. She did come to our house about once a fortnight for a while prior to my husband's death. She was the first person who communicated to me the fact that my husband was going to die. I think she wanted to prepare me for this eventuality. No one else had every broached this subject with me, either before or after the Head Nurse did.

25. As mentioned above, the documentation of discussions around hospice care suggest that the late husband of W1412 was aware of his prognosis. It would appear from the records that the late husband of W1412's health deteriorated quite rapidly in 1994 and it is not always possible to predict when someone's illness becomes imminently terminal. It was not uncommon for one of the nurses to have conversations of the type W1412 refers to and it is reassuring that W1412 felt supported by Sr Patricia Lilley, the nurse referred to, during her visits.

26. In W1412's statement (at paragraph 31), W1410's statement (at paragraph 32) and W1411's statement (at paragraph 31), they say that they were never offered counselling in relation to the loss of the late husband of W1412, or in relation to the fact of his infection and the way he became infected. In response I would say that it was common practice for family members to be seen by Mrs Riva Miller, social worker and counsellor at the Centre, and a doctor, but we have found no evidence in the records of any counselling being offered to the late husband of W1412's family. We are sorry if this usual standard of care was not offered to this family.

27. At paragraph 32 of W1410's statement, the witness recalls that the late husband of W1412 attended counselling at some stage, but he did not know whether this was in relation to his infection. The late husband of W1412 was seen in the Centre by Mrs Riva Miller, and was

additionally under the care of the Royal Free Hospital's psychiatry and psychology teams for many years in relation to his long-term mental health issues. There is no evidence of counselling directly relating to the late husband of W1412's Hepatitis C infection, although psychological support was being offered as his health deteriorated (**see Exhibit WITN3094100**).

28. At paragraph 32 of her statement, W1412 says that, as far as she is aware, the late husband of W1412 did not receive financial assistance from any of the hospital trusts involved in his care. Unfortunately the late husband of W1412 died before the establishment of the Skipton Fund (later England Infected Blood Support Scheme, "EIBSS"), which offered payments to those infected with Hepatitis C. However, payments to the spouses of those who died were subsequently made. If W1412 requires assistance in applying to the EIBSS, the team at the Centre are very happy to support her in the process.

Statement of Truth

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

Signed:

GRO-C

Dated: 10th August 2023

Notes/ Description	Exhibit number
Letter to Dr Dormandy from Professor Ingram dated 13 November 1975	WITN3094092
Letter from United Kingdom Haemophilia Centre Doctor's Organisation to UK Haemophilia Centre Doctors dated 7 September 2004 (concerning vCJD)	WITN3094093
Discharge notes (various July 1993 and March 1994) detailing treatments	WITN3094094
Clinical note relating to testing dated 1 May 1985	WITN3094095

Discharge summary July 2 July 1993	WITN3094096
Palliative care referral and response	WITN3094097
Request for care assessment dated 1 November 1997	WITN3094098
Referrals to dental services dated 16 December 1993 and 20 January 1994; response dated 20 January 1994	WITN3094099
Letters to and from psychology dated various	WITN3094100
Notes from case conference dated 18 April 1994	WITN3094101