

Witness Name: Royal Free Hospital (Debra Anne Pollard)

Statement No.: WITN3094102

Exhibits: WITN3094103 –

WITN3094110

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 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.

2. For the purposes of preparing this statement, I have reviewed the medical records of W3109's late husband 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.

5. I make this statement in response to criticisms made by W3109 in her statement dated 15 February 2021 regarding the care provided at the Royal Free Hospital to her late husband. The Inquiry has requested that the Trust respond to the criticisms made by W3109 in the following passages of her statement:

- Paragraph 30;
- Paragraphs 31 – 34;
- Paragraph 46;
- Paragraph 63.

6. I attach to this statement exhibits **WITN3094103 - WITN3094110**. These are extracts from the Trust’s records detailing various aspects of her late husband’s care which are relevant to the criticisms made by W3109.

Section 2: Background

7. W3109’s late husband was first treated at the Royal Free Hospital in 1977 while visiting relatives in GRO-C Hertfordshire. He was first exposed to pooled clotting factor concentrates at this time after a severe reaction to cryoprecipitate (see **Exhibit WITN3094105**). He only received factor concentrate after that. There was no knowledge of HIV at the time of his first exposure as it was first reported in USA in 1981.

Section 3: Response to Criticisms by W3109

Discussions with W3109 and her late husband

8. At paragraph 30 of her statement W3109 describes being invited to review days at the Royal Free Hospital roughly once per year:

I can recall that at these review days my late husband and I would be separated and we would be spoken to separately. We were asked hugely personal questions including things about our sexual activity. I cannot recall if these questions came before or after my late husband's eventual diagnosis of HIV but I do recall we have to fill in a number of forms about types of activity. We were never allowed to discuss this with each other and when we were allowed in the same room we were physically separated on the other sides of the table....

9. There is no documentation about these consultations, but it is likely that these questions about sexual practice formed part of a risk assessment of the likelihood of infection being passed from husband to wife and/or other sexual partners. This was standard practice at the time and helped in counselling individuals to protect themselves and others. We assume that partners were separated to allow each to be completely honest with their answers.

10. At paragraphs 31 - 34 of her witness statement W3109 recounts a particular review day in or around May 1988:

...when we entered my late husband and I were sat either side of the table. We could not reach each other and we were unable to even hold hands. One of the hospital social workers, Mrs Riva Miller (who I believe still works there), came in and asked if we minded them filming the meeting. Also in attendance were a doctor and some of the hospital sisters. I was asked a number of questions about what I would do differently if I discovered that my late husband was positive with HIV. I was very angry with them for going on about HIV and AIDS as I simply wanted to talk to them about the house. They continued to ask me a number of questions including what contraception we were using. I was at my wits end, it was so horrible and we could not even hold hands to comfort each other. Following this they turned to my late husband and asked him why he thought I was upset. He told them off for this. At the end of the meeting they informed us that my late husband had been diagnosed with HIV. I was not particularly surprised as I had been under the impression for some time that haemophiliacs treated with these blood products might end up getting HIV or AIDS. I have no recollection of being told this before this treatment started.

11. At a haemophilia review it was standard practice to discuss health needs and anything affecting health, which might include housing and other issues affecting the patient and their family. There are letters in the hospital records detailing that the Centre was supporting W3109 and her late husband to apply for housing on health grounds over a number of years (**see Exhibit WITN3094103**).

12. There are examples of several discussions about knowledge of HIV/AIDS and how W3109's late husband felt well informed. The first documented evidence of such discussions with her late husband are with Mrs Riva Miller and Dr Eleanor Goldman on 4 July 1986. There are subsequent discussions recorded in the notes. In the note of 11 January 1988 Dr Elizabeth Miller wrote that her late husband first knew of his diagnosis in 1986 and discussed the impact this had on him and his wife and that their daughter did not know at this point. She invited him to bring his wife and daughter to their next review to meet with Mrs Riva Miller. A subsequent but undated entry "Week 20" says he will bring his wife if there was "anything serious to discuss", and that his "daughter knows about HIV, not significance of AZT therapy" (see Exhibit WITN3094104).

13. Mrs Riva Miller was the Centre's medical social worker and counsellor which is why she was present in reviews. At that time many review appointments were recorded with permission and video recordings have been made available to the Inquiry.

14. At paragraph 32 of her statement W3109 says that it was a shock 'that my late husband was being tested for HIV at all, as we had not been informed of this previously'. Paragraph 32 continues:

...We were told at the meeting that he had been HIV positive for 3 years. Not only this but we discovered from the documentation that the RFH had known about this infection for three years prior to telling us. However, we did not overreact, we simply asked what we could do now. We were given no new information besides them reiterating the safety precautions that I had already been doing in relation to injections and home treatment.

15. As above, from the records it appears possible that W3109's late husband knew of his diagnosis before W3109. It is unclear from the records exactly when her late husband was tested and given the result. It is likely from the known practice of the time, that stored (frozen) blood samples were tested first and diagnosis was subsequently confirmed with fresh samples. There is no evidence of discussion with her late husband about this testing taking place, or documented consent to test.

16. The notes suggest that W3109 and her late husband were well informed about HIV at the time of the recorded discussions. W3109 demonstrates that part of the training for home treatment included methods of infection control to preserve safety of those administering the treatment and the wider community.

17. At paragraph 33 of her statement W3109 details that they had always wanted to have another child, although wondered if this was possible as they did not wish to pass on haemophilia. She recalls that at a meeting between W3109 and her late husband and staff at the Centre 'there were a number of things discussed which were unhelpful, including abortions and sterilisation'.

18. W3109's late husband was seen by a doctor and often with Mrs Riva Miller at most of his hospital appointments. His HIV and subsequent AIDS diagnosis were explored at all consultations in the records. We cannot comment on what specific discussions took place with W3109 and her late husband as there are no details concerning this in the records, however, it was standard practice to talk about reproductive options for couples where one or both partners were HIV positive. In the early days of HIV before treatment became available the Centre encouraged barrier methods of contraception and counselled that if a couple wished to have a family, risk reduction methods were advised, such as only having unprotected intercourse during ovulation. Ovulation testing kits were provided by the Centre for this purpose.

19. W3109 says at paragraph 34 of her statement that 'The whole meeting was extremely traumatic, but for me this was more because they refused to help us with matters relating to the house and not because of John's diagnosis, which I had assumed he would get'. It would appear that while the need for housing was a concern of W3109 on the occasion she describes, the clinical team were focussed on trying to establish their understanding of her late husband's HIV diagnosis at this particular meeting. As above, W3109 and her late husband's housing situation was discussed in other meetings with them and the Centre supported them with their applications for accommodation (see **Exhibit WITN3094103**).

Treatments

20. At paragraphs 39 - 40 of W3109's statement she recounts that her late husband underwent different treatments and the difficulties associated with these:

Once he was diagnosed with HIV, my late husband was used as something of a guinea pig for different treatments. We knew that they could not cure it but they wanted to try different drugs on him. I believe that my late husband agreed to try these new treatments when asked.

During the administration of these HIV drugs the treatments were explained, as were the reasons for administering it.

21. W3109's late husband agreed to participate in a trial of AZT (Zidovudine). There were discussions before consent, a waiting period and a consent consultation (**see Exhibit WITN3094106**).

22. At paragraph 44 W3109 further details the treatments that her late husband received:

My late husband's illness and the treatment he received for it was very trying for us. The HIV treatments he received never seemed to do him any good. I cannot recall any side-effects but he was certainly very ill at the time. We managed to go away on holiday and he slept the entire time. The RFH began to treat him with hydrotherapy to help him with his joints and in order for this he had to drive 40 minutes every day to attend the hospital. I could not believe that they were making a man with joint problems drive so frequently into hospital.

23. People with haemophilia are at high risk of bleeding from even mild exercise. W3109's late husband had very badly damaged joints from bleeding and hydrotherapy was commenced at the Royal Free Hospital when he was an inpatient. There is evidence that the Royal Free Hospital tried to source local physiotherapy and hydrotherapy (**see Exhibit WITN3094107**).

24. Paragraph 44 of W3109's statement continues:

On one occasion, also at the RFH, in early 1989 my late husband was given Penicillin to which he was allergic. He developed a terrible rash all over him and could not walk. He was kept in complete isolation for one week and the food was pushed through a flap in his door. He was quarantined because he had HIV; it was a horrible experience.

25. W3109's late husband was given an antibiotic drug called Septrin for an infection and it was this that he developed a sensitivity rash to rather than penicillin. He was admitted to hospital on 13 January 1989. This drug was regularly prescribed to people with HIV and chest infections and rashes were common. W3109's late husband was admitted as he had a high fever and a cough and had called Dr Christine Lee as he felt so unwell (**see Exhibit WITN3094104**).

26. In the presence of known HIV it is reasonable that he was nursed in a single room with infection control measures. There were never flaps in doors in the single rooms at the Royal Free Hospital. It was the practice to deliver food on disposable plates and trays with disposable cutlery at that time, as an infection control measure. The standard infection control protective clothing would have been that anyone entering the room reported to the Ward Sister first and would be asked to wear plastic apron, gloves and surgical face mask.

27. At paragraph 45 of her statement W3109 says that her late husband's condition worsened and he was given an endoscopy. She writes:

This treatment would usually be performed in an operating theatre, however due to the fact that my late husband had HIV he was treated in his own hospital bed. When I went to visit him he was covered in mucus and I said to them "in your care he looks like an old man in dirty clothing". They also bizarrely asked John if he would allow a post-mortem in the event that I died. I have never been able to understand why they asked him this question.

28. At the Royal Free Hospital it was and remains routine practice for patients to be taken for an endoscopy on their own bed, which is much more comfortable than a hospital trolley.

29. It was commonplace to discuss what might happen in the event of death with patients and their families to try to alleviate the unknown at a very distressing and difficult time (**Exhibit WITN3094109**). Records show that discussions with W3109 and her late husband did include conversations exploring whether there would be objections to a post-mortem being carried out. (**see Exhibit WITN3094108**)

30. W3019 says at paragraph 46 of her statement that around this time her late husband was diagnosed with 'AIDS-related complex meaning that he had two of the three conditions associated with AIDS'. Her late husband received treatment for this and W3109 describes that 'individual doctors and nurses at the RFH were fine but in general the treatment he received there was absolutely rubbish'.

31. Unfortunately, there were no highly active anti-retroviral treatments available during her late husband's lifetime. He did have access to early treatments as they became available, including in clinical trial before licensing, such as AZT (Zidovudine) as described above (**see Exhibit WITN3094106**).

32. At paragraph 63 of her statement W3109 states that after her late husband's death the Royal Free Hospital wanted to conduct a post-mortem. W3109 and her daughter objected, but 'despite our insurances they tried to conduct one anyway but we were able to stop it. I know that the purpose of it would be to provide training to doctors, but there is a limit to what we could take'.

33. W3109's late husband died in the Mildmay Mission Hospital. The Trust can find no evidence of a post mortem examination or testing being carried out. Whilst there are no records relating to this happening in W3109's late husband's case, we would suggest that the reason for

requesting post mortems at this time was to learn more about the progression of HIV/AIDS, in an attempt to better understand the disease and ultimately to learn how to treat and manage it better. Family consent was always sought and required.

Support offered to W3109 and her late husband

34. At paragraph 82 of her statement, W3109 says 'we were never offered any support from the hospital'. W3109 attended a meeting for carers and patients of HIV at the Lighthouse London, but that she was 'not really a group person and this meeting was very difficult'. W3109 explains that she was 'never, ever offered any counselling or support on the subject of having to administer the treatment to my husband. I had never wanted to inject him and it is incredibly difficult to put a needle into the veins of a person you love'. The help that was provided, W3109 says 'was very limited'. A carer from the Lighthouse attended their home on two or three occasion but 'was not much use'. W3109 says she 'could have used help from someone to clean the house and she clearly did not expect to be doing such things'.

35. It is difficult for the Trust to comment on what support was, or should have been offered via community services such as home help etc. The Trust cannot comment on what support was given to W3109 during home treatment training at another hospital. W3109 and her late husband were both seen on multiple occasions by Mrs Riva Miller, although we cannot comment on the content of those sessions, as the written evidence is limited.

36. At paragraph 84 of her statement, W3109 also describes the difficulty in obtaining financial assistance:

I have only become aware of the financial assistance that is available since the Inquiry began. I had never heard of the Skipton Fund until around September 2018, when somebody that I met at the Inquiry informed me of it. I have found the forms to be mind-blowing and the Haemophilia Society have assisted with the completion of these. However, they are still incredibly complicated and one of the Hepatitis forms needs to be signed by the medical practitioner. My husband died 28 years ago and his doctor could well be dead or have resigned. I have sent the form to the RFH who have promised that they would get an appropriate professional to sign it but I am yet to hear from them. I knew that my late husband had some strain of Hepatitis but it was never confirmed to me if this was Hepatitis C.

37. I supported W3109 with her claim through the Skipton Fund (later England Infected Blood Support Scheme), providing the evidence which enabled the payments described to be made (see Exhibit WITN3094110).

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
Letters regarding the family's housing	WITN3094103
Notes from meetings dated various	WITN3094104
Record of first exposure	WITN3094105
Notes relating to AZT therapy and consent dated 1987	WITN3094106
Notes relating to referrals for physiotherapy and hydrotherapy	WITN3094107
Notes relating to discussion regarding post-mortem dated January 1989	WITN3094108
Letter from Dr Lee to Dr Luke dated 14 November 1989	WITN3094109
Completed EIBSS form	WITN3094110