

Witness Name: Louise Stead
Statement No.: WITN3096001
Exhibits: None
Dated:24 April 2019

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF LOUISE STEAD

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

I, Louise Stead, will say as follows: -

Section 1: Introduction

1. My name is Louise Stead. My date of birth is GRO-C 1965.
2. I am the Chief Executive Officer of the Royal Surrey County Hospital NHS Foundation Trust (Egerton Road, Guildford, Surrey GU2 7XX). I am the Statutory Accountable Officer responsible for the overall management, performance and sustainability of the Trust. My RGN — NMC registration number is 85B0341E.

Section 2: Criticism of Stephen Nicholls

3. Mr. Nicholls was initially referred to Mr. Matthew Solan, Consultant Orthopaedic Surgeon, at the RSCH, in February 2009, by his GP, Dr, Andrew Cook. The referral states that he was known to have degenerative change and damage from haemarthroses and both ankles had previously been fused. He had been under the care of the orthopaedic/haemophilia Centre in North Hampshire but had requested a more local opinion as to further manage his ankle pain.

4. Mr. Solan initially recommended a targeted injection to the left talo-navicular joint, and this was performed; at clinic review it was noted to have been successful for two to three weeks, but the pain had subsequently to some extent returned. The possibility of future fusion surgery was mentioned at a clinic appointment on 30.11.2009, and it was noted by Mr Solan that this “would almost certainly have to be done in Basingstoke from the haematology point of view”.
5. In January 2010 Mr Nicholls was referred by his GP to Dr Tibbs, Consultant Gastroenterologist, for management of his known Hepatitis C, and he was seen in Dr Tibbs clinic, including discussions about possible treatment for his Hepatitis C.
6. Mr Nicholls was next seen by Mr Solan with regard to his ankles in September 2010. In March 2011 he was seen by the orthopaedic fellow in clinic, and his name was placed on the waiting list at the Royal Surrey for excision of the left distal fibula, with liaison with his haemophilia service managed at Basingstoke. The orthopaedic fellow then wrote to Mr Nicholls in June 2011 explaining that he had been in touch with the haematology team in Basingstoke and that from this conversation the fellow understood that it would be “extremely high risk for the operation to be undertaken at the Royal Surrey County Hospital. We clearly do not have the facilities available to manage your haemophilia”. The letter went on to explain that the fellow would make a referral to the orthopaedic team at Basingstoke. Mr Nicholls wrote, in reply to this letter, requesting that he remain under Mr Solan’s care for his surgery at RSCH. He was seen again in August 2011 by another orthopaedic (foot and ankle) fellow, who noted that the patient wished to have surgery at RSCH, and he went ahead to undergo excision of left distal fibula, subtalar debridement and peroneal exploration on 22.9.2011. At clinic review on 12.12.2011 his symptoms were noted to have been improved following surgery.
7. In April 2015 he was re-referred back to Mr Solan with worsened ankle pain, and was treated with an injection. At clinic review after this, in November 2015, his symptoms had returned following an initial response to the injection; his name was put onto the waiting list at RSCH for talonavicular fusion surgery. However, in September 2016 his GP, Dr Cook, wrote a letter to Mr Solan to state that although Mr. Nicholl’s name was on the waiting list for subtalar fusion, he “really is not keen on having this done yet”, and requested instead a further injection and a review clinic visit. In May 2017 he was reviewed in clinic by Mr Solan and the clinic letter states “Mr Nicholls is still finding Synvisc injections help him. We have therefore agreed to avoid any further surgery if possible and I will arrange a further round of Synvisc injections”.

8. Mr. Nicholls was seen again in clinic by Mr Solan in November 2017 and at that stage was again put on the surgical waiting list for subtalar fusion at RSCH. The letter to the GP following this consultation makes it clear that Mr Solan was keen to accommodate the patient's wish to have surgery in Guildford "I would be very disappointed if we could not come to some arrangement for facilitating his surgical treatment here in Guildford" and planned to discuss the management of the haemophilia peri-operatively with haematology colleagues in Guildford.
9. Advice from the RSCH haematology department is filed in Mr Nicholl's notes in the form of a letter to Mr Solan, and notes that "As per national guidelines, he will need a plan put together by his Haemophilia Centre and this would usually recommend that surgery takes place at the Haemophilia Centre where the appropriate resources and support are available". Advice was sought from the haematology team at the Royal London Hospital and it was noted that at RSCH there is:
 - no out of hours haematology registrar available on site in case treatment required.
 - an inability to run factor levels out of hours therefore resulting in a potential delay to treatment.
 - an inability for adequate haemological support for a high-risk patient with severe haemophilia.
10. It was stated that "it is felt by the Royal London and Royal Surrey haematology teams that this procedure should preferably be conducted at a haemophilia centre". The correspondence is from the haematology clinical fellow at The Royal London Hospital.
11. This issue was escalated to the Medical Director at the Royal Surrey, who spoke to the patient on the telephone and later wrote to the patient to explain that it would not be appropriate to authorise Mr Solan to perform the surgery at RSCH in the face of advice from experts (haematologists) that surgery would be more safely performed in the Haemophilia Centre.
12. There is no note at all in any of the medical records to indicate that any risk of CJD was in any way a factor in the decision to advise the patient to have surgery at another Centre. On the contrary, the notes make it clear that this recommendation was made in the interests of patient safety and in line with national guidance at the time the decision was made. It is also clear that the doctors involved discussed the issues appropriately

and corresponded the recommendation sympathetically and there is no indication that the medical professionals at RSCH had anything but the patient's best interests in mind.

13. We have no record of a conversation with the CEO as I have only been in post since September 2018. The previous Medical Director, Christopher Tibbs was also Deputy CEO, so I can only assume that this is the conversation referred to.

Section 3: Other Issues

14. I have examined Mr Nicholl's RSCH medical notes and my comments are on basis of information within them.

Statement of Truth

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

Signed: **GRO-C**

Louise Stead, CEO

Dated: 24 April 2019