Witness Name: Professor Charles Richard Morris Hay
Statement No.: WITN3289176
Exhibits: Nil
Dated: 25/08/2022

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF PROFESSOR CHARLES RICHARD MORRIS HAY

I provide this statement in response to a request under Rule 13 of the Inquiry Rules 2006 dated 2 June 2021 in relation to the criticisms of Witness W3224

I, Professor Charles Richard Morris Hay, will say as follows: -

Section 1: Introduction

1. Professor Charles Richard Morris Hay MBChB MD FRCP FRCPath

   Consultant Haematologist Manchester Royal Infirmary since December 1994.
   Director Manchester Adults Haemophilia Comprehensive Care Centre since December 1994
   Professor of Haemostasis and Thrombosis.

   Senior Lecturer in Haematology Liverpool University and Director Liverpool Haemophilia Centre, Royal Liverpool Hospital 1987-1994.

   Director UK National Haemophilia Database since 2002.

Member UK Haemophilia Centre Doctors Organisation (UKHCDO) Regional Committee from 1987 and then Advisory Committee since 2007 (when the committee name changed).

Vice Chairman UKHCDO 1997 to 2005.

Chairman UKHCDO 2005-11.

I have already provided a copy of my Curriculum Vitae to the Inquiry

Section 2: Responses to criticism of W3224

2. The Manchester Haemophilia Comprehensive Care Centre (Adults) is based in Manchester Royal Infirmary. This was the third largest haemophilia Centre in the United Kingdom. It is now the second largest with >2500 patients with bleeding disorders registered. When I arrived in 1994, I was the only consultant specialising in adult Thrombosis and Haemostasis in the North West Region, assisted by a part-time clinical assistant, Dr Monica Bolton. We now have four consultants with this specialism. In 1994, we had three Haemophilia Nurses, one of whom also did counselling and went into the community. There were no clinical research staff. There were no joint clinics and no formal liaison with any other supporting specialism or profession allied to medicine, such as physiotherapy. All the follow-up clinics were conducted in the Haemophilia Centre without any junior staff support. There was no internal training rotation for junior staff so they spent all their time treating leukaemia. I was on call 1:1 i.e. 365 days a year except when away or on holiday.

3. In the first year, I introduced an internal training rotation for junior staff so that we had a registrar attached to thrombosis and haemostasis most of the time. I introduced weekly multidisciplinary meetings and arranged for Physiotherapy input for our patients. I rapidly established joint clinics for Orthopaedics and

subsequently joint HIV clinics and joint obstetric clinics and later joint adolescent clinics with the paediatric service. Liaison with Hepatology was close throughout this period but not formalised around a clinic. As we acquired more consultants specialising in Thrombosis and Haemostasis, first in 1999 and then in 2003 and in 2018, the patients were reallocated among the consultants. Almost all the HIV positive patients have remained with me and are joint-managed with Dr Ashish Sukthanker, Consultant HIV Physician.

4. Witness W3224 states that inadequate information was provided to him following his Hepatitis C diagnosis and that he was not told about the risk of transmission to others.

5. I do not have access to Witness W3224's medical records because they have been destroyed after 8 years by the medical records department, as is normal practice.

6. I also have no direct recollection of my initial conversation with him about Hepatitis C which I believe would have been in or around 1996, and not 1986 as suggested in W3224's statement, which must be a decade out in that particular regard. However, it was my usual practice to discuss this diagnosis over a series of consultations, in increasing detail, because patients often do not take all the details in when shocked by bad news at an initial consultation. It was my practice to discuss the potential implications, prognosis, complications and treatment of Hepatitis C. The risk of transmission to others would also be discussed, although this risk was considered relatively low, compared with Hepatitis B or HIV. Treatment would be discussed at intervals, as the patient's condition and therapeutic advances dictated.

7. Witness W3224 further suggests that *"I understand Dr Hay was specifically known for destroying documentation at the Manchester Royal Infirmary"*.

8. I wish to make clear that I completely refute this suggestion for which no evidence has been provided. I note that Witness W3224 states that he *understands* this to be the case, suggesting that this is nothing more than rumour he has heard from a third party. It is completely without substance or foundation.

9. I neither have, nor had the time, the motive to destroy medical records. It is not something that I have ever done. My predecessor arranged destruction of records of day case treatments of patients who dropped into the centre (kept separately from the main case-sheet) in 1992/3 to make more space in the Haemophilia centre, because they were bulky. However, as soon as I took up post the following year, and appreciating the medicolegal importance of these records, I issued instructions that nothing was to be destroyed, and notes from the deceased were to be stored securely in a store room. I also instructed that there should be no secondary folders but that all records pertaining to patients should be filed in a single set of folders to minimise items going missing over the years.

10. Medical records are kept off-site in storage and are managed by the Medical Records department. Under their management, entire files have been lost, especially very old sets, which may not be "pulled" for clinic. Movements of notes have an audit trail so if, for example, I requested a set of notes, it would be logged to me. For the last two or three years we have managed clinics electronically, without any access to these old paper records.

Section 3: Other Issues

11. None

Statement of Truth

I believe that the facts stated in this witness statement

are true. Signed

Dated 25/8/2022