Witness Name: Gena Andrew
Statement No.: WITN4045001
Dated: 28 August 2020

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF GENA ANDREW

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 18th May 2020.

I, Gena Andrew, will say as follows: -

Section 1: Introduction

1. **Please set out your name, address, date of birth and professional qualifications.**

Gena Andrew

GRO-C

Date of Birth GRO-C 1958

Professional Qualifications
RGN 1978
Diploma in Oncology Nursing 1980
Diploma in Nurse Education (Clinical Teaching) 1987

2. **Please set out your employment history as a nurse, including the positions you have held, the dates that you held these positions, the haemophilia centres and other organisations in which you held these positions and your role and responsibilities in these positions.**

1975-1978 General Nurse Adult training – student nurse
1978-1980 Staff Nurse in Gynaecology
1980 (6 months) Diploma in Oncology Nursing, Royal Marsden Hospital, London.
1980-1982 Staff Nurse Gynaecology

1982-1983 Staff Nurse High Dependency – surgical
1983-1985 Relief Sister across Aberdeen Royal Infirmary (ARI)
1985-1987 Relief Sister and Clinical Teaching Student Ward 47, ARI
1987-1995 Joint Appointee Ward 47 / Foresterhill Nursing College
1995-2014 Sister Haematology.

Initially Haematology beds were in Ward 47 which was a Medical ward on the rota for emergency receiving. There were 9 Haematology beds. Around 1987 Haematology split off from the general medical patients and moved to Ward 16, ARI. This was a 22 bed ward with a mixture of multi bedded rooms and single rooms. Latterly Haematology moved into Ward 112, a part of the Emergency Care Centre. This is a 23 bed ward made up entirely of single, en-suite rooms.

Responsibilities of a Ward Sister are mainly to do with management of the Nursing Team all the way through from appointment, teaching, encouraging learning, HR related issues and payroll to setting high standards of nursing care for the Nursing Team to achieve and maintain.

I worked alongside the staff delivering patient care whenever I was free from meetings and managerial paperwork. Good communication between medical and nursing staff is always vital for the smooth running of any ward and the Clinicians made themselves available to ensure this was the case in Haematology. I no longer have a copy of the job descriptions for any of the above posts.

3. **Please set out your membership, past or present, of any committees, groups, associations, societies or working parties relevant to the Inquiry's Terms of Reference (which can be found on the Inquiry's website at www.infectedbloodinquiry.org.uk), including the dates of your membership and the nature of your involvement.**

   None that I remember.

4. **Please confirm whether you have provided any evidence or been involved in any other inquiries, investigations, criminal or civil litigation in relation to human immunodeficiency virus ("HIV") and/or hepatitis B virus ("HBV") and/or hepatitis C virus ("HCV") infections and/or variant Creutzfeldt-Jakob disease ("vCJD") in blood and/or blood products. If you have, please provide details of your involvement and copies of any statements that you made.**

   I have not.

Section 2: The Haematology Centre (as such), Aberdeen Royal Infirmary ("the Centre")

5. **Please provide details of your role within the Centre. I am aware that haemophilia was dealt within a General/Haematology ward at the hospital, for convenience referred to as "the Centre". Please include the dates when you worked there, your responsibilities and, if you can remember, names of significant or senior staff members who were working there at the time.**

I was Relief Sister and Clinical Teaching student in Ward 47 from 1985-1987.
As a Relief Sister, I was placed there because the Ward Sister was doing a Nursing Degree and was to be away from the ward for a year.

I was there abiding by the standards Sister Ethel Sutherland set for her ward and staff and to deal with management issues. She did not return on the completion of her degree and the Sister's post was advertised as a Joint Appointment – 2 people in post working between the ward as Sister and the Nursing College as a Clinical Teacher.

I applied and was successful on the understanding I would complete the Diploma in Nurse Education (Clinical Teaching), which I did.

My Joint Appointee partner was appointed some time later – Maggie Grundy – and we worked 6 months alternating between the ward and Foresterhill College. Maggie left in 1995 and I became Ward Sister and gave up my teaching commitment.

As Ward Sister for Haematology, I looked after predominantly patients with haematological malignancies such as leukaemia, lymphoma and myeloma but I also cared for patients with benign haematological conditions like ITP and haemolytic anaemia plus occasional patients with haemophilia and Von Willebrands Disease who required admission. A good bit later, as the population changed, we did also look after small numbers of inpatients with sickle cell disease.

The main Consultants I worked with are Audrey Dawson, the late Bruce Bennett, Derek King, Mike Greaves, Henry Watson, Dominic Culligan, Jane Tighe, Beverley Robertson, Gavin Preston, Al Lawrie, Mohammed Khan and Mark Vickers.
Joan Rae became the Haemophilia Specialist Nurse and worked mainly in the Out Patient / Day Patient Area.

6. **Please explain the hierarchy and dynamics at the Centre, identifying in particular who was responsible for (a) decisions as to the selection and purchase of blood products, (b) decisions as to use of blood products (including factor VIII and IX concentrates) for patients' treatment and (c) decisions as to what information to provide to patients about treatment, testing and/or diagnosis.**

I don't know who was responsible for making any of these decisions. However, there were full ward rounds of the patients done every day, 7 days a week throughout my time as Ward Sister. These were carried out by Consultants most days except for Sundays. However, the Consultants always made themselves available if there was a complex issue the more junior medical staff couldn't manage, either to advise or to actually come into the ward.

In general, from what I remember, treatments were discussed with all patients and sometimes when relatives enquired, the doctors or nurses would speak with them about the treatments being provided. As time went on the level of discussion of treatments with patients became more detailed as the patients asked more questions

and the medical and nursing staff tried to explain treatments in detail, using language the patients understood.

In the 1980s and 1990s many patients didn't ask questions about their treatments at all.

Section 3: Knowledge of risk

7. **What was the Centre's approach and the approach of senior clinicians at the Centre to the use of blood products (in particular factor VIII and IX concentrates)? How did this change or develop over time?**

   In the early days the Factor treatments were new and the Consultants were delighted to be able to do more for their patients. There wasn't enough Factor early on and the amount patients could get was a bit limited. I was told this by medical staff but have no idea how low supplies were and the length of time this lasted. I do not remember what was given as a replacement.

   Most of this then became home treatment and the boys would only come into the ward if they had a big bleed. As time went on we had a Haemophilia Specialist Nurse, Joan Rae, who saw patients in the Day / Out Patient Area she managed and in the ward if they had been admitted.

8. **What was the Centre's approach and the approach of senior clinicians at the Centre to home treatment and to prophylactic treatment for patients with bleeding disorders? How did this change or develop over time?**

   The feeling was that home treatment was a good thing and would help the boys do well in school. I think Dr Dawson and Dr Bennett, the Consultants at the time, were keen to get as many patients as possible on home treatment.

   Later, once most of the boys were on home treatment, the numbers coming to the ward decreased dramatically as most of them didn't require admission any more.

9. **What was the Centre's approach and the approach of senior clinicians at the Centre to the use of factor concentrates for children with bleeding disorders? How did this change or develop over time?**

   I was Sister on an adult ward and do not know as treatment for children was never discussed with me. My staff and I only ever saw the boys and their parents in passing if they came to the ward "out of hours" with a bleed. Medical staff saw the boys, diagnosed level of bleed, amount of Factor required and administered the Factor themselves.

   If at any point they were unsure of the course of action to take, they contacted senior medical staff at home for guidance and advice.

10. **Do you recall any policies or standard operating procedures (written or otherwise) relating to the use of blood products being in place? If so, please describe what they were and whether they changed or developed over time.**

There weren't written policies for most things we did in the early days. All nursing staff were taught how to administer a blood transfusion as student nurses in college. This teaching was a step by step very basic guide of the mechanics – how to open blood pack, how to insert giving set into blood pack, how to run blood through giving set, blood groups, etc.

As time went on each ward area had a Blood Facilitator who attended study days on all aspects of blood and platelet transfusion including all risks associated with these.

The Facilitator was a member of the ward nursing staff and it was her responsibility in that role to disseminate her learning to the team and to keep records of staff who had been taught and when refresher sessions were needed. She kept records and was in constant touch with staff from BTS.

11. **What was your general understanding as to the risks of infection associated with the use of blood and blood products? What was the source of your understanding? Were you provided with any information or training, whether at the Centre or elsewhere, about the risks of infection and if so when? How did your understanding develop over time? How did your knowledge affect your nursing practice?**

Most of the transfusions on the ward were of red blood cells and platelets.
If the patients didn't get these then they would most probably die so we had little option other than to transfuse. We knew the blood was tested for infection in the Blood Transfusion Centre and we were made aware when HIV infection became known. Everyone had heard of HIV from many different sources. I don't recall specifically being told about HIV but am certain it would have been mentioned in medical handover and nursing handover. We didn't know much about non-A and non-B. However, when it was described as hepatitis C we became aware that it had most probably come from blood and Factor in some of our patients.

We had some patients with haemophilia who had HIV and we made absolutely certain this was kept confidential.

Special precautions were taken when collecting blood samples from all haemophiliac patients.

When my nursing team were made aware of the HIV status of these patients, we treated them just as we did any other patient, with care and respect, while wearing additional PPE in an effort to prevent the spread of infection.

12. **What was your understanding as to the risks of the transmission of hepatitis (including Hepatitis B and Non A Non B Hepatitis/Hepatitis C) from blood and blood products? What was the source of your understanding? When did you**

first become aware that hepatitis could be transmitted by blood or blood products? Were you provided with any information or training, whether at the Centre or elsewhere, about the risks of the transmission of hepatitis and if so when? How did your understanding develop over time? How did your knowledge affect your nursing practice?

I knew it was transmitted by blood and Factor but am not sure how I became aware of this. All staff learned more about hepatitis as the years went on from articles online, from colleagues and privately in our own time.

PPE has always been worn by nursing staff when attending to patients, particularly in Haematology where many patients are severely neutropenic. We extended the use of these to all patients in the ward.

13. **What was your understanding as to the risks of the transmission of HIV from blood and blood products? What was the source of your understanding? When did you first become aware that HIV could be transmitted by blood or blood products? Were you provided with any information or training, whether at the Centre or elsewhere, about the risks of the transmission of HIV and if so when? How did your understanding develop over time? How did your knowledge affect your nursing practice?**

See above.

We knew about HIV in the 1980s, everyone did. We also knew that the boys and men with haemophilia were more likely to have been infected.

14. **What was your understanding of the relative risks of infection from (a) the use of commercially supplied blood products and (b) the use of NHS blood and blood products? How did your understanding change or develop over time?**

I had very little understanding of the relative risks from both. It hasn't developed very much over time as BTS (Blood Transfusion Service) manage testing, etc. and the packs of blood we use for our patients are already tested, checked and labelled appropriately and are deemed suitable and safe for transfusion.

15. **Was any training or advice provided (and if so, what training or advice) to clinical staff at the Centre in relation to advising patients of the risks of infection associated with the use of blood and blood products? Who provided this training or advice?**

This was not within my role as Ward Sister.

By the 1990s and from then on we were much more aware of the risks of transfusion transmitted infections. We knew about HIV, HBV, HCV and we were told about vCJD and the possible risks associated with it when it became known. There wasn't usually specific training in an aspect of treatment. Mainly we learned things by discussion at handover and in discussion following ward rounds and such like.

16. **Were any steps taken at or by the Centre to mitigate or reduce the risk of infection from the use of blood or blood products? If so, please detail what steps were taken and when.**

Early on there was little awareness of these issues. The boys with haemophilia began to get heat treated Factor and then Recombinant, in an effort to reduce or prevent infection. In the early 2000s there was more and more emphasis on the transfusion training of all nursing staff and of doctors too.

Each ward had a Transfusion Practitioner who was responsible for cascade training on all risks of transfusion and on patient consent after discussion of risks of transfusion, not solely infection. She was given allotted time to train all other ward staff in what she had been taught. This was part of the Transfusion Practitioner's role. She kept records of what was taught and to whom. This worked extremely well and continues to be standard practice.

Section 4: Testing, treatment and care of patients

17. **What information was provided to patients at the Centre about the risks of infection (generally and/or specifically in relation to hepatitis and/or HIV) associated with the use of blood and blood products, and by whom?**

I cannot remember this.

18. **What information was provided to patients at the Centre about alternatives to treatment with factor concentrates, and by whom?**

I have no knowledge of this.

19. **What information was provided to patients at the Centre before they began home treatment, and by whom?**

This was out with my role as Ward Sister.

I do know that all the boys and their parents were taught to use a butterfly for administration of Factor and since they were seen mainly as Out Patients, this must have been discussed and taught in that area.

20. **What was the Centre's approach and the approach of senior clinicians at the Centre to obtaining patient consent to treatment and to testing? What information would be provided to patients and by whom? To what extent were decisions about treatment and testing taken by the doctors rather than the patients? Did this change or develop over time and if so how?**

I don't know as I wouldn't have been present for that discussion. Patients were seen mainly in the Out Patient Area.

21. **Was any training or advice or instruction provided to you at the Centre in relation to obtaining patient consent to treatment and to testing? If so, please describe the training, advice or instruction given.**

No. This was done by senior medical staff and not ward nursing staff.

22. **Were you ever told to withhold information from a patient or patients about risks, or treatment, or testing, or diagnosis, or their condition? If so, by whom and in what circumstances?**

No, never. I can't remember a single situation where a patient asked a question and did not get an answer, even when the answer was "I don't know". Absolutely not.

23. **Was it customary to take blood samples from patients when they attended the Centre and for what purpose? What information was given to patients about the purposes for which blood samples were taken, and by whom?**

This was not part of my role.

24. **What information would routinely be given to patients about liver function tests and the results of such tests?**

This was not part of my role.

25. **Were patients informed if their blood was going to be tested for HIV, HBV and/or HCV and, if so, by whom? Did the approach to informing patients change over time?**

I can't comment on this from the early days but certainly from the mid 1990s onwards there were clinics between liver, virology and haematology to identify patients with HCV. Three Consultants saw each patient but I have no idea whether or not they were consented for testing, although they would have been informed why they had been contacted to come to Clinic.

26. **What was the practice at the Centre about informing patients of test results (whether positive or negative or inconclusive) for HIV, HBV and/or HCV? Were patients informed of the test results promptly or were there delays in test results being communicated to them? How, as a matter of usual practice, were they advised of their test results (e.g. by letter, or by telephone, or in person at a routine appointment or at a specific appointment) and by whom? What, if any, involvement did you have in informing patients of test results?**

I had no involvement in this and have no knowledge of how test results were communicated.

27. **What information or advice was provided to patients diagnosed with HIV, HBV and/or HCV regarding the management of their infection including the risks of infecting others? How did this change or develop over time?**

I don't know. I was never present during such a discussion / consultation.

28. **What was the practice at the Centre as regards testing and/or providing information to the partners and/or family members of people known or suspected to be infected with HIV, HBV or HCV?**

    I don't know. Most of these patients were seen in the Out Patient Area in private consultation rooms as they did not require admission to the ward.

29. **Was any form of counselling or psychological support made available to patients infected with HIV, HBV and/or HCV or to their families? If so, please detail what support was available.**

    None in the ward as far as I remember. Joan Rae was the Out Patient / Day Patient Area Sister and Haemophilia Specialist Nurse and I think she used to speak with the patients when they were told they had been infected.

30. **Was any form of social work support made available at the Centre to patients infected with HIV, HBV and/or HCV or to their families? If so, please detail what support was available.**

    This was out with my role.

31. **How was the care and treatment of patients diagnosed with HIV, HBV and/or HCV managed at the Centre? What treatment options were offered over the years to those diagnosed with HIV, HBV and/or HCV? What follow-up and/or ongoing monitoring was arranged? To what extent were patients at the Centre referred for specialist care elsewhere? How did any of this change or develop over time?**

    This all happened in Out Patients. I know that the patients got Interferon and Ribavirin but that these didn't have a great deal of effect.

    I now know that with the new drugs the response rate is over 90% but I had no role in this aspect of their care.

32. **Do you recall patients diagnosed as HIV, HBV and/or HCV positive being treated differently to others? If so in what respects? What if any measures were implemented to address any risks of cross-infection?**

    Absolutely not. That is something I would never accept from my team for any patient. Strict Infection Prevention and Control measures were already in place due to the cytotoxic therapies used for our patients with haematological malignancies. These patients were reverse barrier nursed to protect them. Reverse Barrier nursing is where PPE is worn to protect the patients from any infections the staff might have had – such as colds, coughs, etc.

For in patients with HIV, HBV and/or HCV, we employed the same strict IPC measures but the aim was to protect us so we wore PPE when in contact with blood or body fluids, as we did with all patients.

33. **To your knowledge, were clinical staff made aware of patients' infected status in relation to HIV, HBV and/or HCV?**

    If they needed to be because of the nature of their work, then they were.

34. **Please describe as fully as you can your involvement in the treatment and care of those who were infected with HIV, HBV and/or HCV and what you can recall about the impact of the infection(s), and/or of treatment for the infection(s), and/or of the stigma associated with the infection(s), upon them and upon their families over the years.**

    As a Ward Sister it was my responsibility to set standards of care for my nursing team to achieve and maintain. My standards were high because I believe patients in our care deserve the best care we can give them, regardless of their diagnosis or infection status. Patients in these groups were treated with exactly the same care and compassion as any other patient in the ward. Nurses are governed by a Code of Conduct but regardless of this, my staff were a very professional and hard working team.

    Some of the patients who were infected with HIV and HCV, whether or not they had haemophilia, were often very unwell and were in hospital for extended periods of time.

    We always did our very best to care for their physical and psychological needs to the best of our ability. This was the case whether I was on duty or not.

Section 5: Research

35. **Please detail any knowledge you have of any research that may have taken place at the Centre including the names of clinicians who were involved in or leading the research.**

    I am not aware of any research.

36. **To your knowledge, were patients made aware of their being involved in research? What was the approach taken with regards to obtaining their consent to such involvement?**

    Please see 35.

37. **What does the term 'PUPS', an acronym for a category of patients referred to as 'Previously Untreated Patients', mean to you? Was the term used at the Centre and if so by whom and in what respects?**

    I have never seen or heard the term "PUPS" during my nursing career.

Section 6: vCJD

38. Were you aware of the risks of transmission of vCJD associated with the use of blood and blood products? If so, when and how did you become aware?

Yes, I was aware of it. I think it was probably being discussed by the medical staff in our day to day interactions. I don't know when I became aware of it but I do remember the Haemophilia Specialist Nurse and Consultant sending out letters to all "at risk" patients to inform them of the potential risk.

39. What was the process at the Centre for informing patients about possible exposure to vCJD? When and how were patients told of possible exposure to vCJD?

Please see 38.

Joan Rae, the Haemophilia Specialist Nurse was involved with this. The Haemophilia team drew up a list of all patients who had to be informed and then sent out letters to all of them asking if they wanted to make an appointment to discuss it and for any questions to be answered.

40. What information was provided to patients about the risks of vCJD?

I personally received a letter and remember it being very informative. However now, many years later, I can't recall the content. The same letter was sent to everyone they considered might be at risk.

41. What counselling, support and/or advice was offered to patients who were informed that they might have been exposed to vCJD?

I think they were all offered the chance to come into the Out Patient / Day Patient Area to discuss any concerns or any questions they had with Dr Watson and Joan Rae but from memory, very few took that opportunity.

Section 7: Effect on clinical staff

42. If you haven't already answered further above, how did the Centre's practices change over time to reflect the risk that HIV, HBV, HCV and vCJD infections posed to clinical staff?

We adopted the suggested measures for clinical and nursing practice in terms of blood samples and handling other body fluids.

43. What was the Centre's protocol for reporting concerns or complaints about staff and/or patient safety? Did you ever report any concerns or complaints? If yes, who did you report these to?

I don't remember ever having any complaints regarding patient or staff safety reported to me. I certainly never reported any such incidents. The normal process for reporting any such concerns/complaints is - in the first instance the person(s) with the concern or making the complaint would have a discussion with the nurse in charge and/or senior medical staff to obtain the full facts and nature of the concern/complaint. An incident/Datix form would be completed alerting all relevant parties of the "issue". If it couldn't be resolved at that point then further investigation would be instigated, as appropriate.

44. What impact did treating haemophilia patients who subsequently contracted infections from their treatment have on you both personally and professionally?

It made me very sad that such a good treatment had resulted in such awful, life changing complications. It still does. Blood virus infections however, never changed the way we cared for our patients or their families. We sadly did have a few patients with advanced HIV and HCV and I believe my staff and I formed very good relationships with them during this very difficult and devastating time.

Section 8: Other Issues

45. Were you aware of any of the trusts or funds that were set up to provide financial assistance to people who had been infected (such as the Macfarlane Trust, the Eileen Trust, the Skipton Fund and the Caxton Foundation)?

No, I wasn't aware of any until much later but I did know that there were compensation schemes because some of the patients did speak about this when they were in the ward. Those issues would have been dealt with much more in the Out Patient/Day Patient Area.

46. Were patients at the Centre provided with any information about these organisations or with any assistance to obtain financial support from them? If so, what information and/or assistance was provided?

I think they might well have been, but in the Out Patient/Day Patient Area where they could have private conversations with the medical staff and Haemophilia Specialist Nurse.

47. Please detail any involvement or dealings you had with any of these organisations.

None that I am aware of.

48. What were the retention policies of the Centre in regards to medical records during the time that you worked there?

I really have no idea. All patient notes were kept in the Records Department and delivered to the secretaries if they requested them for clinics or for inpatient admission.

49. Did the Centre, or any clinicians at the Centre, keep any separate records or files or information about patients who had been treated with factor concentrates and/or patients who had been infected with HIV, HBV and/or HCV?

Not that I know of.

50. If you have had, at any time, any discussions or conversations or interactions with senior clinicians at the Centre, about any of the matters set out in paragraphs 5 to 46 above, please provide (to the extent that you are able to) details of those discussions or conversations or interactions.

I haven't had any conversations or interactions about any of the matters covered above with senior clinicians at the Centre as far as I remember. Nothing stands out in my mind.

51. Please provide, in as much detail as you are able to, information about any other issues associated with your work at the Centre that may be relevant to the Inquiry's investigation. You will find the Inquiry's Terms of Reference and List of Issues on the Inquiry's website. If you are in doubt as to whether or not to include something, do not hesitate to contact the Inquiry Team.

I would like to add that the perception expressed by some of the witnesses in this Inquiry that any member of the medical or nursing team would knowingly deliberately harm a patient in any way makes me incredibly sad.

In all my years in nursing (40+), I have never worked with a more caring and compassionate team led by Senior Haematologists who go over and above what could reasonably be expected of them to provide the best treatments for their patient groups.

I have never seen, heard of or worked with any other group of Clinicians who make themselves available to patients and their families not only during normal working hours but regularly out of hours if that was the only time that suited them. The relationships we had/have with our patients is based on mutual trust and respect. We know our patients and their families well due to their sometimes extended admissions to the ward and also the fact that we have known a lot of them for many years.
In the early days patients could direct dial the ward or clinic to speak to a Haematologist to discuss health concerns/bleeds which would sometimes lead to direct admission to the ward. This kind of contact always led to advice regarding treatment and any further action required at the very least.

I do honestly believe our patients were, and still are, cared for by a very dedicated, highly educated and compassionate group of staff who go out of their way to ensure all patients and their families get the best treatments and care available.

Statement of Truth

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

Signed GRO-C

Dated 28 August 2020