Witness Name: Dr Christopher Brookes
Statement No.: WITN46590001
Exhibits: None
Dated: 06 August 2020

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF DR CHRISTOPHER BROOKES

I provide this statement on behalf of Northern Care Alliance NHS Group in response to a request under Rule 9 of the Inquiry Rules 2006 dated 28 July 2020.

I, Dr Christopher Brookes, will say as follows: -

Section 1: Introduction

1. I am Dr Christopher Brookes and I am the Chief Medical Officer and Deputy Chief Executive for the Northern Care Alliance NHS Group as well as the Executive Medical Director for Salford Royal NHS Foundation Trust.

2. The Northern Care Alliance NHS group encompasses Salford Royal NHS Foundation Trust, The Fairfield General Hospital, Rochdale Infirmary and Royal Oldham Hospital (the latter organisations are part of the Pennine Acute Hospitals NHS Trust). Salford Royal NHS Foundation Trust ("the Trust") operates from Salford Royal Hospital.

Section 2: Response to Criticism of W3001, W3238 and W3029

3. The recent notification and witness statements of W3001, W3238 and W3029, provided by the Infected Blood Inquiry, details treatment received at Salford Royal NHS Foundation Trust.

4. Firstly, may I record my deepest condolences to the patient's family. The patient was a longstanding recipient of care for Von Willebrand's disease at Manchester Royal

Infirmary, was the recipient of infected blood and subsequently contracted Hepatitis C and SCJD. Distressingly in 2014 her condition deteriorated, she was transferred from Manchester Royal Infirmary to Salford Royal NHS Foundation Trust and died approximately a week later on 21 January 2014.

5. In the spirit of assisting as much as possible, I must though emphasise the criticism referred to relates to the patient's management at Salford Royal NHS Foundation Trust at the time of and after her tragic death and is not directly related to the administration of infected blood products.

In Summary- Salford Royal NHS Foundation Trust Care

6. Her transfer from MRI took place in January 2014. However, following further investigations and with much regret it was determined no further treatment would be either beneficial or in the best interest of the patient. Consequently, following discussion with the specialist palliative care team she was commenced on an end of life care pathway.

7. Integral to these pathways is the administration of intravenous drugs which are used to alleviate pain, control nausea and minimise symptoms distressing to patients at the end of their life. I am sorry that this treatment may have been misinterpreted by the patient's family as anything other than necessary pain relief and symptom control.

8. Following her death, the patient's Consultant Dr David McKee requested a Coroner's post mortem and subsequent analysis of brain tissue at the University of Edinburgh. Notification from the University following this analysis confirmed evidence of SCJD with post mortem investigation not revealing any spread to distant organs and tissues. This made the diagnosis of VCJD unlikely and Dr McKee subsequently wrote to the family to confirm this.

9. In conclusion, the family have raised these wider concerns about the care provided which do not relate to the administration of blood products. I would invite them to make contact with the Salford Royal NHS Foundation Trust complaints team so that they can investigate these issues further through the appropriate process.

10. I hope this information is of assistance to the inquiry and may I reiterate my commiserations to the family.

Statement of Truth

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

GRO-C

Signed _____

Dated 06 August 2020