

Witness Name: Nick Fluck  
Statement No.: WITN4746002  
Exhibits: None  
Dated: 19/09/2023

## **INFECTED BLOOD INQUIRY**

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### **WRITTEN STATEMENT OF NICK FLUCK**

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I provide this statement on behalf of NHS Grampian in response to the request under Rule 9 of the Inquiry Rules 2006 dated 20 March 2023.

I, Nick Fluck, will say as follows: -

#### **Section 1: Introduction**

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

1. My name is Nick Fluck my date of birth is GRO-C 1964, and my professional qualifications are BSc, MBBS, DPhil, FRCP. My address is NHS Grampian, Summerfield House, 2 Eday Road, Aberdeen, AB15 6RE.

##### **Please set out your current role at the Lothian Health Board and your responsibilities in that role.**

2. My current role is as Medical Director with consequent responsibilities and as Responsible Officer for NHS Grampian.

**Please set out the position of your organisation in relation to the hospital/other institution criticised by the witnesses (for example “NHS Foundation Trust (‘the Trust’) operates from Hospital X and Hospital Y (formerly Hospital Z)”).**

3. NHS Grampian is responsible for healthcare provision for the population of the Grampian area.

## **Section 2: Response to Criticisms by W6959**

1. The criticisms I have been asked to address are:

### **Paragraph 30**

The treatment Bill was receiving at the Aberdeen Royal Infirmary was awful. For example, Bill was supposed to be getting the Ganciclovir at certain times, however, there were many times that the nurses would come up at 4 am instead of 10 pm, waking Bill up to give him his medication, with the excuse that 'they were busy'. Both Bill, and I, resisted complaining about this as we did not want Bill being seen as an awkward patient as that would not do any good.

### **Paragraph 46**

I have made complaints about the way that Bill has been treated in the hospital, telling the nursing staff that leaving the dressings off for so long is when infections get in, and when it is most painful for Bill. Furthermore, I have been in the hospital when nurses have been washing Bill's legs, leaving them lying in a pool of dirty water. I have been so incensed at the treatment provided to Bill, that I have put on a pair of gloves myself, held Bill's leg up out of the water, and told them how the washing needs to be done. I would also sit with Bill until the doctor came around so that I could remove the dressings myself just a few minutes before it was required.

### **Paragraph 47**

There were also occasions when I would go into the hospital and Bill had not had some of his medication or legs dressed, and I would have to tell the nurses

that it is supposed to be done every day, not as and when they think they want to, and that Bill was in pain.

4. **Paragraph 30** details a concern about the administration of Ganciclovir whilst an inpatient in the Aberdeen Royal Infirmary. Ganciclovir was administered between March 1992 and October 1994 and was given intravenously via a Hickman Line. Initial 'Induction' treatment would have been for a period of two weeks given twice daily followed by daily administration up until its discontinuation in October 1994. The concern identified was that the evening dose was often administered 6 hours late (in the middle of the night). There is no suggestion that doses were completely missed. Paragraph 30 does not indicate the specific admission when this occurred but given the content of paragraph 29 it seems most likely that this was during the initial induction phase of therapy when treatment would have been twice per day rather than when dosing was stepped down to a maintenance level of once per day. We have not been able to locate the inpatient records related to ganciclovir administration between 1992 and 1994. The disturbance of Mr Stafford's sleep during any admission would have been difficult for him and distressing for him and his family. I am sure the delay in the evening dose would have been driven by ward pressures but I would like to offer a full apology that he experienced this and any associated distress. In terms of therapeutic efficacy it seems likely that the variation in dose interval across the day would not have had an impact on effective drug concentration within the infected cells although the data supporting this is very limited. We do know that his CMV retinitis did come under clinical control which allowed the maintenance Ganciclovir to be discontinued.
5. **Paragraph 46** details concerns about dressing changes and that the attention that these required when he was washed. We have not been able to locate details of these concerns within the nursing notes that were available to review. We do not have a record of formal complaints made to the hospital between 1992 and 1995. I am very sorry that this was his experience and offer our apology for the associated distress.

6. **Paragraph 47** details concerns about missed dressings and missed medications. We have not been able to locate details of these concerns within the nursing notes that were available to review. There are only limited drug kardex records available and within these we could not locate missed doses of medications except where it was indicated that he was in theatre or that his eye drops were being administered by W6959 . However, I am very sorry that this was their experience and offer our apology for the associated distress.

### **Section 3: Other Issues**

7. None.

### **Statement of Truth**

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

Signed

**GRO-C**

Dated

19/09/2023