**Witness Name:** Dr Sheila Moss
**Statement No:** WITN6949001
**Exhibits**: Nil
**Dated**: 24 December 2021

**INFECTED BLOOD INQUIRY**

---

**WRITTEN STATEMENT OF DR SHEILA MOSS**

---

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 26 November 2021

I, Dr Sheila Moss, will say as follows: -

**Section 1: Introduction**

1. Sheila Moss, GRO-C MBChB, BMedSci, FRCP NOT RELEVANT
2. NOT RELEVANT
3. None
4. No
5. I worked at RLUTH as a junior (trainee) Doctor in Medical Microbiology, Chest Medicine and GU Medicine. The AIDS Clinical Group supported and streamlined the care of HIV patients. It was an MDT comprising Doctors and Nurses from ward 7X,GUM Consultants and trainees from the Region, Specialist Nurses, Health Advisors, Dietitian, Clinical Nurse Specialist, Pharmacist and Community Nurses. Sometimes other Doctors would attend to discuss a case at the weekly office based ward rounds. This promoted joint working, training and education. It was similar in format to the weekly Regional cardiorespiratory meeting held weekly at the Cardiothoracic Centre Liverpool. My roles and responsibilities were no different from any other junior Doctor working on Dr Hind's Team. I would present patients sometimes they were well known to me sometimes better known to a colleague but we

all covered each other's duties as necessary. If suggested or directed I would follow up with further assessment, re-examination further investigations, opinions, change in therapy liaise with colleagues and feedback. Sometimes an outpatient based consultant would request admission for further investigation of a patient so bed finding and management was also in the remit.

## Section 2: Your role in producing the short report

6. Generally with this sort of short report the most junior author would be the corresponding author, and the senior authors cited last as in this case. I can't recall exactly how it happened in this particular case but generally one of the Consultants would suggest that a patient had an interesting case or one with a good educational message. It was then up to the individual to read around the subject and up to date management, do a literature search, suggest bullet points for learning, list of differential diagnoses, learning points and images. It would then be typed up in a format requested by the journal being approached.one of the more senior doctors would make time to go through the case making editorial suggestions and alterations before submission for publication. I can only assume this was the case for this particular publication as I have no recollection of it.
7. I have no recollection of this particular discussion or when or where it took place. This patient's presentation had an important educational message, we were all learning about HIV and the many ways it could present clinically.
8. I don't have any. Everything was paper based at that time.
9. I am unable to identify the patient referred to in the short report. I have no retained records relating to this.
10. I don't know where the patient originally presented and was admitted. His second admission would have been to the RLUH which is where I was employed.
11. None [Please insert your answers to questions 6 to 11 of the Rule 9 request.]

## Section 3: Other Issues

12. None [If there are any other issues in relation to which you consider that you have evidence which will be relevant to the Inquiry's investigation of the matters set out in its Terms of Reference, please set them out here]

**Statement of Truth**

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

Signed _Dr Sheila Moss (signed electronically)_____

Dated _24 December 2021_____