

Witness Name: Professor Jane Eddleston

Statement No.: WITN7041101

Exhibits: 0

Dated:

INFECTED BLOOD INQUIRY

FOURTH WRITTEN STATEMENT OF PROFESSOR JANE EDDLESTON, JOINT GROUP MEDICAL DIRECTOR

I provide this statement on behalf of Manchester University NHS Foundation Trust in response to the request under Rule 9 of the Inquiry Rules 2006 dated 3 March 2022.

I, Professor Jane Eddleston, will say as follows: -

Section 1: Introduction

1. My address for professional purposes is Manchester Royal Infirmary, Oxford Rd, Manchester M13 9WL.
2. My date of birth is GRO-C 1957.
3. My professional qualifications are MB ChB 1981 University of Dundee and FRCAnaes, FICM. My GMC number is 2553304.
4. I am the Joint Group Executive Medical Director. Within my role as Joint Group Executive Medical Director I have the following responsibilities within my portfolio:
 - Research and Innovation;
 - Clinical Oversight of Strategy;

- Clinical Oversight of Informatics;
 - Provide Board oversight of hosted networks (Greater Manchester Critical Care and Major Trauma Operational Delivery Network, North West Genomic Alliance);
 - Shared responsibility for Quality and Safety with the other Joint Executive Medical Director;
 - Provide Clinical Leadership and oversight to the work of our Associate Medical Directors and Medical Directors of the MFT hospitals.
5. I also hold roles outside MFT. These are: Chair of NHS England Adult Critical Care Clinical Reference Group; member of the Faculty Board for Intensive Care Medicine and interim Executive Medical Director (one of 5) for GM Health and Social Care Partnership.
6. I also have maintained my clinical practice in Intensive Care Medicine as a Consultant within the Trust.

Section 2: Response to Criticisms made by Witness W3019

7. The Trust received a Rule 13 Notification from the Inquiry dated 17 January 2022 and after careful consideration of the same, we would like to respond to the statement of this witness with the aim of helping them better understand what happened to their loved one.
8. The criticism has been made by a witness with Inquiry reference number W3019 in relation to her late brother's (the late patient) treatment at the Manchester Royal Infirmary between 1994 and 1997.

21. When I became pregnant with my first male gender child in 1997, my partner and I went along to the hospital and met again with Dr Hey where we discussed the options for foetal testing because of the possibility of our child having Haemophilia. Dr Hey advised us that although it was very unlikely that our child would be born with haemophilia, he would authorise full genetic testing which he said was like looking for *"a needle in a hay stack and that he had Ronnie's*

DNA in the lab". Although we were very grateful for his help, I could not believe his insensitivity and I burst into tears. I said *'what, you have my brother's DNA in the lab'?* He said 'yes'. I was very confused by this and could not understand it because my brother had died in 1994 and here was his consultant telling me he still had my precious brother's DNA; without our knowledge of course. I have no idea whether my brother would have given permission for his DNA to be retained, perhaps for the purposes of research. However, I am shocked that they retained this after his death.

9. I can confirm that the Trust did take a sample of the late patient's DNA. Unfortunately, due to the passage of time, we are unable to verify whether this sample is still in existence now. If we were able to locate the sample, it is very possible that the sample is now unable to undergo meaningful analysis, given the length of time that has elapsed since collection.

10. Enquiries have been made with current clinical colleagues in relation to their specific involvement with the witness and their recollection of standard processes and procedures at the time of the late patient's care. Unfortunately, due to the passage of time, they cannot recall any specifics about the discussions with the late patient's family relating to the sampling and storage of his DNA, and as they were not in post at the time of the late patient's care, they are regrettably unable to assist with understanding this aspect of the late patient's care.
11. My colleagues have however shared their understanding that a national consent process for such procedures was introduced in the late 1990s; however, this is therefore likely to have been several years after the late patient had his sample taken. This has been verified by a current member of the Haemophilia Centre who advises that oral consent would likely have been gained but that the requirement for written consent did not come in until after 1997.
12. An important point to note, and I wish to offer my sympathies to the late patient's family in this respect, is that although the late patient's family are clearly upset that they were not aware his DNA had been sampled or retained, due to patient confidentiality, they were in strict terms not entitled to have this information previously.
13. Enquiries have been made to establish whether the late patient was made aware that his sample would be retained. We cannot confirm if the late patient was advised that the sample would be retained indefinitely, to test family members, if required. It was good clinical practice at the time to retain samples of DNA, taken for genetic disorder testing, so that they could be used to test family members. The purpose was to protect future generations of a patient's family.
14. Further, enquiries have been made into whether the late patient's DNA was retained for the purposes of research. I can confirm that DNA was not retained for research by the Trust. This has been verified by a current member of the

Haemophilia Centre, who also advised that any consent for research would have been sent offsite, where the research was being undertaken at that time.

15. I do hope that this information is helpful to the late patient's family in understanding the treatment he received many years ago, and his involvement in the same.

16. The Trust is aware that criticisms were also raised in paragraphs 28, 29 and 43 of the witness' statement. Unfortunately, the Trust is not able to comment on these experiences, due to the passage of time. I would like to offer my sincere apologies on behalf of the Trust for any upset and distress caused to the witness and her family.

Section 3: Other Issues

17. Personally, and as an organisation, I wish to pay tribute to those infected and affected and who are trying to understand the events of the past. We will do our best to support the Inquiry in any way we can.

Statement of Truth

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

Signed:

GRO-C

Dated: 04 September 2023