

INFECTED BLOOD INQUIRY

Witness Name: Timothy Taylor

Statement No.: WITN7488002

Exhibits: WITN7488003-06

Dated: 15 November 2022

INFECTED BLOOD INQUIRY

**WITNESS STATEMENT OF
TIMOTHY MACKFORD TAYLOR**

I, Timothy Mackford Taylor, of the former Western Sussex Hospitals NHS Foundation Trust, WILL SAY as follows:

Section 1: INTRODUCTION

1. I provide this statement on behalf of the former Western Sussex Hospitals NHS Foundation Trust (the Trust), which included St Richard's Hospital in Chichester, in response to a request under Rule 9 of the Inquiry Rules 2006 based on the information provided to me by the third parties referred to in the statement below.
2. I was the Medical Director at the Trust and worked in that role since 2017. I have been a consultant paediatrician since 1994. My qualifications are MB BS BSc MRCP (paeds) and FRCPCH.
3. This statement is provided in furtherance to the letters and disclosure provided to the Inquiry on 21 June 2019 and 21 November 2019 and the witness statement of Dr Ronwyn Cartwright dated 20 March 2020 (and related

disclosure) to provide explanation and additional detail around the searches that were undertaken in relation to that disclosure process. I have adopted the number of the questions from the Inquiry in the response below.

Section 2: BACKGROUND

4. The Inquiry's original request dated 19 July 2018 was addressed to Dr Janes, Chichester Haemophilia Centre (the Centre) at St Richard's Hospital. Dr Janes was contacted *"in [her] capacity as a Haemophilia Centre Director, because the treatment of men, women and children with haemophilia and other bleeding disorders will be a significant focus of the Inquiry's work..."* Dr Janes retired in March 2018.

5. St Richard's Hospital is registered as a Haemophilia Centre. However, it does not have separate facilities, clinics or specialist nurses from the haematology department, as is the case for many of the other comprehensive centres. Dr Sarah Janes was the hospital's Clinical Lead for Haemostasis and Thrombosis between 1997 and March 2018 and, whilst patients at the Centre may have been seen by other haematologists, Dr Janes oversaw patient care for all patients receiving treatment for haemophilia (or other bleeding disorders) at any given period. Prior to that Dr Chris Bateman was the only Haematologist at St Richard's providing care to patients with haemophilia and other bleeding disorders.

6. As previously advised by Dr Cartwright, to my knowledge there have been a total of 132 patients (both living and now deceased) registered with the Centre between 1969 to current. Registered patients will have been diagnosed with a bleeding disorder, ranging from mild haemophilia, von Willebrand disease, acquired haemophilia, or other inherited factor deficiencies. Not all of these patients will have received treatment with blood products.

7. As a result of the above, the extent of the records held for the relevant period is quite limited.

Section 3: RESPONSE TO QUESTIONS FROM THE INQUIRY

Q1. Paragraph 11 of the written statement states: “Ms Jennifer Mason, Senior Archivist (Collections Management) confirmed there are no deposited records of Blood Registers for either hospital or the former Health Authorities”. Did the trust only enquire regarding “blood registers” or could another enquiry be made using wider search terms. Additionally, what enquiries did Ms Mason make? Who did Ms Mason ask and what databases did she consult? Can you please provide some more detail?

8. Please find enclosed email correspondence between Ms Helen Lawrence, Legal Services Manager at Western Sussex Hospitals NHS Foundation Trust and Ms Mason (**WITN7488003**) describing the searches undertaken.

9. Ms Katherine Goacher, Head of Legal Services at the Trust attended the offices to review the hard copy records identified. These were contained in a single folder and consisted of old hospital bulletins. None of the records were of relevance to the inquiry’s terms of reference.

10. West Sussex Record Office is controlled by the West Sussex County Council, not the Trust. Unfortunately we are unable to assist further with a search of their records. It may be that a separate request could be made to the Council, though Ms Mason’s email suggests the Inquiry has already requested information/documentation from the Record Office.

Q2. Paragraph 12 states “Searches of both hard copy records and online records systems were conducted”; what databases did the Trust use to conduct these searches? Perhaps you can provide a list of these in an excel spreadsheet as an annex to a further statement.

11. Given the size of the ‘Haemophilia Centre’, there are no large databases of information relating to bleeding disorder patients, processes and procedures. Dr Janes oversaw all patient care for those patients at any given

period. Ms Lizzie Wheeler was Dr Janes' secretary, and so was aware of the record keeping procedures for bleeding disorder patients. Input was sought from Ms Wheeler (amongst others) about the location of records held/saved.

12. We then searched the hard copy and electronic files Ms Wheeler directed us to, using the key word search set out at paragraph 13 of Dr Cartwright's statement.

13. Details of the hard copy record searches are outlined in paragraph 15(a) and (b) and the enquiries which informed those searches (and the electronic searches) at 15 (c) – (g).

14. The soft copy records were held on the Trust network drive, in the shared haematology departmental folders under a single folder called "Haemophilia". The folder name was more a reference to it being the Haemophilia Centre records rather than being a descriptor of the diagnosis of patients whose information was stored in the electronic folder. It also contained patient specific records of patients with any inherited bleeding disorder (not necessarily limited to haemophilia).

15. A search of the Qpulse pathology records was also conducted. A key word search of "haemophilia" was used. Qpulse is the quality management system and contains policies and procedures. However, these are related to the laboratories, rather than patient records or care. Anything identified was sent to the Inquiry.

Q3. With regards to paragraph 14, the inquiry would like to request a copy of the data sheet provided by UKHCDO. Can you also confirm in a further written statement some details about the data sheet, e.g. is the data sheet an index of the relevant documents identified? Does the data sheet contain documents identified both through the online (using key words) and physical search?

16. We include a copy of the Centre's response to request from UKHCDO for information about patients with hepatitis C in the UK at (**WITN7488004 and WITN7488005**).

17. The UKHCDO provided a spreadsheet containing a record of patients

at the Centre who were alive and, according to data reported to National Haemophilia Database, had been exposed to (a) pooled concentrates before 1988; (b) or blood components before 1992; (c) or have been previously reported to be HCV antibody positive.

18. This list was created by UKHCDO. The Centre updated the spreadsheet records with the following information:

(a) Column H to state whether the patient is antibody positive, negative or not known.

(b) For those that are HCV antibody positive, column I identifies whether they are currently HCV PCR positive, negative or not known.

(c) For those people who are HCV antibody positive, columns J - Q identifies whether they have cirrhosis, progressed chronic liver disease, hepatocellular carcinoma, ongoing screening for HCC or have had a liver transplant.

(d) Column S includes comments from the Centre regarding the current status of the patient.

19. We understand this information was incorporated into a wider spreadsheet with information from other centres and disclosed to the Inquiry by UKHCDO. The Trust does not have a copy of that UK-wide spreadsheet.

20. I include both a copy of both the original response provided in October 2018 (with records of 10 patients) and an update provided in June 2020 to the UKHCDO in relation to three patients who had actions for follow-up in 2018. Comments in the October 2018 spreadsheet regarding recall have either been acted upon or determined as not necessary in accordance with UKHCDO criteria, and UKHCDO have been updated accordingly.

Q4. Paragraph 15 (c) states patient specific letters were found in a file called "Haemophilia"- are these relevant to the Inquiry's Terms of reference and were they provided as part of the disclosure exercise? I understand that you might be referring to the letters referred to in paragraph 19 (a) but can you please clarify this as it's not clear.

Furthermore, were further places to search identified?

21. These are the same documents referred to in paragraph 19(a) of Dr Cartwright's statement.

22. Additional places to search were not identified. These documents were not originally provided as the Inquiry's request did not cover individual patient records. However, for the purposes of transparency and completeness, the Trust wanted to notify the Inquiry of their existence.

Q.5 It also states, a verbal discussion was had with Ms Zoe Wheeler but I cannot see the outcome of that conversation, please can you provide further details regarding this.

23. For certainty, please note that Dr Cartwright had discussions with Ms Lizzie (not Zoe) Wheeler.

24. As set out above, Ms Wheeler advised Dr Cartwright that there was a soft copy file called "Haemophilia" which contained all patient records relating to bleeding disorder patients registered at St Richard's Hospital. She advised that there was a hard copy ledger in the filing cabinet. A copy of that ledger has already been submitted to the Inquiry with any documents identified from that ledger. Ms Wheeler advised there was no further documentation which would relate to haemophilia or bleeding disorder patient policies or procedures.

Q6. Paragraph 15 (d) states that Mrs Zoe Sammut asked Mr Spencer Bailey whether he was aware of any current or archived policies related to Haemophilia management to which he stated he was not aware of such archived documents. Was the enquiry limited to haemophilia management only, can this be widened?

25. Mr Bailey has now left the Trust so we cannot confirm with him the exact search undertaken.

26. Most policies related to Haemophilia management would also have covered other bleeding disorders. However, Ms Katherine Goacher, Head of Legal Services at the Trust has conducted a further search of the corporate

records drive (which contains current and historic policies and procedures).

27. We were unable to identify any policies relating to Haemophilia, bleeding disorders, or blood transfusion between 1970 – 2000. The oldest policy identified was from 2003. That was a transfusion policy. It is not a record of the 'Centre' and so was considered technically outside the scope of the original request. However, it can, of course, be provided to the Inquiry, on request.

Q7. In paragraph 15 e), it is mentioned “Dr Janes reiterated that historically there were no formal minutes and policies, but rather the guidance was shared from tertiary centres or UKHCDO”, can you provide copies of the guidance that would have been followed?

28. We do not have copies of any 'guidance'. Use of that term may have been slightly misrepresentative. Dr Cartwright was not referring to formal guidance documents. Dr Janes would seek opinion from the tertiary centres or UKHCDO, if and when necessary. That likely took the form of discussions and perhaps some written correspondence about individual patients or practice.

29. Any records of those discussions or correspondence would have been identified in the original searches and contained in the previous disclosure to the Inquiry.

Q8. For paragraph 15 g) were key terms searched on the excel spreadsheet to ascertain if there were any relevant documents? If so, were the terms the same as the key terms noted in paragraph 13? If not, please provide what key terms were searched.

30. No search terms were used on the spreadsheet. All titles were reviewed individually by Ms Zoe Sammut, Chief Biomedical Scientist Blood Transfusion.

Q9. In paragraph 16, it is mentioned there were copies of the Hospital Transfusion Committee and Hospital Transfusion Team meeting minutes from 2001 but were not concerned with blood products. Since our terms of references cover other topics, not specifically related to blood

products administered to patients, can you confirm whether they contain matters relevant to the terms of reference?

31. Minutes are available and can be provided, on request, to the Inquiry. These relate to policies and procedures around blood transfusions. We include the Terms of Reference for the Transfusion Committee 2009 for your reference (**WITN7488006**). Haemophilia patients or those with other bleeding disorders would not have been discussed at these meetings.

32. These records were not originally provided, given their date range (post 2001) and because they are not Haemophilia Centre records.

Q10. With regards to the evidence submitted as per paragraph 19, can you confirm what steps were taken to identify these documents, are these the same as those mentioned from paragraph 14 and 15.

33. As indicated above, these are the same records as mentioned in paragraphs 14 and 15. Given these were patient individual records, which the Inquiry had not requested, they were not originally provided or referenced.

STATEMENT OF TRUTH

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

Signed:

GRO-C

Date: 15th November 2022