

Witness Name: Peter Reading  
Statement N<sup>o</sup>: WITN7681001  
Exhibits: NIL  
Dated: 15.02.2023

## INFECTED BLOOD INQUIRY

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### WRITTEN STATEMENT OF PETER READING

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I provide this statement in response to the request made under Rule 13 of the Inquiries Rules 2006.

I, Peter Reading, Chief Executive, of Northern Lincolnshire and Goole NHS Foundation Trust, Diana, Princess of Wales Hospital, Scartho Road, Grimsby, North East Lincolnshire, DN33 2BA: -

#### Section 1: Introduction

1. I am currently employed as the Chief Executive of Northern Lincolnshire and Goole NHS Foundation Trust and have been employed in this role since 14 August 2017.

#### Section 2: Response to Criticism contained within statement W3330

2. I would like to begin my witness statement by making some opening comments.
3. First, I would like to express my condolences to the family of Mr Horsnell.

4. Second, the information contained within this statement has been provided by Dr Woosnam, Consultant Physician in General and Geriatric Medicine at Northern Lincolnshire and Goole NHS Foundation Trust following her review of Mr Horsnell's medical records. It should be noted that, due to the passage of time, Dr Woosnam's recollection of matters independent of the contemporaneous medical records is limited. This statement is heavily reliant on the documentation.
5. I can confirm that Mr Horsnell's diagnosis of hepatitis C was known and documented in the notes before he was admitted on the 25 August 2003. There is clear documentation of his diagnosis of Hepatitis C in his past medical history.
6. When Mr Horsnell was admitted with upper gastrointestinal bleeding in August 2003, it is documented that he had a history of chronic Hepatitis. Mr Horsnell had an endoscopy, which showed evidence of changes that were typical for early stages of liver cirrhosis. Therefore, a treatment was prescribed called Atenolol (a beta blocker) to reduce the pressure in the venous system of the stomach and gullet.
7. Mr Horsnell was reviewed in Outpatients Clinic on 23 October 2003, on 26 February 2004, on 10 June 2004, on 9 September 2004, and on 9 June 2005. On all of these occasions, the diagnosis of Hepatitis C is clearly documented in the notes. At the time of these reviews Mr Horsnell stated he felt generally well, and there was no evidence of further bleeding. He reported feeling unwell on 9 June 2005, when he developed urinary tract infection, for which treatment was provided by his GP.
8. During Mr Horsnell's admission in 2005, it is documented that Mr Horsnell had right-sided weakness and an inability to speak. Dr Woosnam became involved with Mr Horsnell's care on 7 November 2005; it is recorded in the notes that the author of statement W3330 was met with, and the diagnosis of liver cirrhosis, unstable diabetes and possible stroke was explained.
9. Mr Horsnell was found to be semi-comatose on several occasions, and several different differential diagnoses were considered in line with Mr Horsnell's clinical presentation. They were mini-strokes, low blood sugar levels, and epilepsy.

10. Hepatic coma was not the cause of the Mr Horsnell's unconscious episodes. Hepatic coma is a very serious life-threatening condition, which requires a specific intensive treatment. It is not possible to slide in and out of hepatic coma, as suggested within the criticism. In the case of Mr Horsnell, the chemicals of the liver, which are affected by liver cirrhosis, were not raised enough to cause a coma.
11. In relation to concerns raised regarding Fortisip, this is a brand of food supplements, which is prescribed to patients with poor oral intake. It is not known to treat or prevent impaired level of consciousness.
12. Mr Horsnell was started on physiotherapy when his condition had improved. The recommendation to start physiotherapy was made on the 28 November 2005, and it is recorded Mr Horsnell felt alright, he was looking generally well and sitting in a chair. His blood sugar recordings were good, his pulse and blood pressure were normal. Therefore, a referral for physiotherapy was appropriate.
13. Mr Horsnell had a stomach ulcer, in addition to oesophageal varices (swollen blood vessels in the gullet due to liver cirrhosis). The bleeding was a complication of these conditions. The ulcer did not burst.
14. Various measures were taken to stop the bleeding; they did not include steroids.  
Unfortunately, these measures proved ineffective, as bleeding in patients with liver cirrhosis and large ulcers carry a high level of mortality. That is what, sadly, happened to Mr Horsnell.
15. The author of statement W3330 has raised concerns that Mr Horsnell was isolated due to his diagnosis of Hepatitis C. I can confirm that it is not necessary to isolate patients with Hepatitis C. Hepatitis C is transmitted by blood transfusion or sexual intercourse. It is not transmitted by any other measure. Mr Horsnell was isolated as he was MRSA positive.
16. The author of statement W3330 has raised some concerns regarding the DNACPR that was put in place for Mr Horsnell. There is an entry in the notes on 1 December 2005 that Mr Horsnell's wife had been informed and was in agreement with the decision.
17. It is recorded on 12 December 2005, that the family wanted full resuscitation in case of cardio-respiratory arrest. In response to that, a second opinion was sought from

the Gastroenterology Team, and it was Locum Consultant Dr Seema, who agreed that the patient was not fit for any invasive procedures. I can see from statement W3330 that Dr Seema met with the family and was in agreement that no aggressive treatment was appropriate. Another entry on this issue was done by Junior Doctor on 20 December 2005, when he spoke to Mrs Horsnell in the presence of a staff nurse. It was made clear again that there would be no attempts at resuscitation in case of cardiac arrest, and it is documented that Mrs Horsnell agreed with the plan.

18. Mr Horsnell was prescribed morphine to assist with the pain control. Drowsiness is a side effect of morphine, which is why Mr Horsnell would fall asleep following his injection.

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

19. I was saddened to read the author of statement W3330's comments in relation to an alleged conspiracy. These comments are inconsistent with Mr Horsnell's contemporaneous medical records. I can confirm the Trust has never been involved in a conspiracy to allow Mr Horsnell to die due to his Hepatitis C diagnosis.

### **Statement of Truth**

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

Signed: 

<b>GRO-C</b>
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Dated: 15.02.2023