Witness Name: Mr Steven Michael Williamson
Statement No. WITN7687001
Exhibits: N/A
Dated: 9th November 2022

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF STEVEN MICHAEL WILLIAMSON

I provide this statement on behalf of Royal Cornwall Hospital NHS Trust (RCHT) in response to the request under Rule 9 of the Inquiry Rules 2006 dated 19 October 2022.

I, Steven Williamson, will say as follows: -

Section 1: Introduction

1. I am an experienced Hospital Chief Executive. I am currently employed as the Chief Executive of Royal Cornwall Hospitals NHS Trust, a role I have held since January 2022. Prior to that I was the Health Service Chief Executive from January 2017 to November 2021 for Central Queensland Hospital and Health Service which is an Australian Hospital and Health Service providing acute and community health services, public health, mental health, and range of other health services. Prior to working in Australia, I was the Chief Operating Officer and then the Chief Executive of South Tyneside NHS Foundation Trust which was a combined acute and community health NHS Trust. I have also held NHS leadership roles as Divisional Director at University Hospital Southampton NHS Foundation Trust and as Associate Chief Operating Officer and General Manager at Portsmouth Hospitals NHS Trust. My date of birth is GRO-C 1971 and my current address is GRO-C GRO-C

Section 2: Response to Criticisms by W6916

2. I am asked to comment on Witness W6916 comment in paragraph 87 of her statement dated 4 August 2022 that she '*…feels RCHT took too long to follow up on her condition. If they [RCHT] had picked up the cirrhosis three months earlier, [she] probably would not have the liver damage [she] has now.'*
3. I am grateful to the Inquiry for affording RCHT the opportunity of commenting on our interactions with Witness W6916 over the period 2012-2013 which is the period of criticism levelled at RCHT. I have read the statement of Witness W6916 and would like to offer my sincere condolences for all that she and her family have gone through.
4. I can advise that I have not met or had any contact with Witness W6916 and I have sought the input and opinion from Dr Hussaini, Consultant Hepatologist at RCHT when preparing this response.
5. I can confirm Dr Hussaini has reviewed RCHT clinical records for this patient and understand these demonstrate consistent care and appropriate documentation.
6. W6916 was referred to Dr Hussaini and he saw her in his outpatients clinic for the first time on 16 November 2011. An abdominal ultrasound was arranged for 28th November 2011 to exclude fatty liver disease and signs of portal hypertension. Fatty liver infers that there is some fat in the liver (which I understand is an extremely common finding) and can account for a finely 'heterogenous appearance'. These are not indicative of cirrhosis. The appearance on the ultrasound were normal, apart from a slight enlarged spleen and W6916 was called for further review in 2 months' time.
7. W6916 was seen in clinic on 12 January 2012 where assistance was given with regards to making an Application to the Skipton Fund as the patient had been diagnosed with hepatitis C on the basis of investigations from her first outpatient appointment.
8. W6916 was seen again in clinic on 21 March 2012 where we discussed undergoing a fibroscan. Fibroscans were not conducted at RCHT at this time thus patients were referred to Derriford (Plymouth Hospitals) for this procedure to be carried out. At this time there was a 2-3 month waiting list for the fibroscan to be performed, A Fibroscan is a non-invasive test using a probe to assess the stiffness of the liver. It has been validated for fibrosis assessment in many liver conditions and is best used at the extremes of fibrosis (ie. to differentiate between minimal/no scarring versus advanced fibrosis/cirrhosis) The results of liver stiffness are expressed in KPa. Clinically, a reading less than 6.5 kPa is normal (i.e. no fibrosis) and greater than 12.5 kPa is indicative of established significant scarring (cirrhosis) in patients with Hepatis C. At this time, W6916 KPa was 7.9 kPa.

9. W6916 was seen in clinic again on 29 September 2012 where her results and options available to her were discussed. The fibroscan gave a reading of 7.9 kPa which is indicative of early fibrosis. Thus, there was no urgency to treat with conventional therapy (interferon and Ribavirin) as newer more effective therapies (triple therapy combining interferon, ribavirin and a protease inhibitor) were due to be available over the next 12 months. This treatment decision to defer treatment due to early-stage disease and the option of more effective therapy due to be imminently available was discussed with patient and agreed.
10. W6916 was seen again in clinic on 14 March 2013. She was referred for a further Fibroscan at Derriford (Plymouth Hospitals) – once again the waiting time was 2 – 3 months. W6916 was seen again in clinic on 20 June 2013; the fibroscan gave a result of kPa 13.8 which indicated W6916 had now developed a significant but moderate progression in disease. Therefore, prompt and appropriate treatment was started. Thus, 12 months of dual therapy of interferon and ribavirin (triple therapy was still not available at RCH) started July 2013 at RCH with good response and transfer of care in Sept 2013, as the patient was relocating. She was a rare genotype (Genotype GRO-B hence a 12-month period of treatment was suggested.
11. Whilst RCHT is sorry that W6916 feels that there was a 3-month delay in a diagnosis of cirrhosis in 2013; however, we have not been able to identify any clinical evidence to indicate such a delay. In the 3 months from March 2013 RCHT arranged a further fibroscan. The timescales from referral to having the procedure performed at that time was 2-3 months. It is accepted that after this second fibroscan, it did show that the disease had progressed (from 7.9 kPa in 2012 to 13.5 kPa in 2013) and once these results were received, prompt and appropriate treatment was commenced.

Section 3: Other Issues

12. I hope this response statement assists in the work of the Infected Blood Inquiry and thank you again for affording us the opportunity to respond.

Statement of Truth

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

Signed GRO-C

Steve Williamson

Chief Executive

Dated 9 November 2022

Table of exhibits:

Date	Notes/ Description	Exhibit number
N/A		
N/A		