

Witness Name: John Fairclough

Statement No.WITN7705001

Exhibits: None

Dated: 21/06/2023

## INFECTED BLOOD INQUIRY

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### WRITTEN STATEMENT OF JOHN FAIRCLOUGH

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I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 16 December 2021

I, Professor John A Fairclough will say as follows: -

#### Section 1: Introduction

##### Personal information

1. My personal information is as follows:

Name: John Arthur FAIRCLOUGH

Date of Birth: GRO-C 1952

Address: GRO-C  
Cardiff  
GRO-C

Nationality: British

Marital Status: Married with three children

## Education

2. My education is as follows:

Secondary: Cowley Boys Grammar School  
St Helens, Merseyside.

University: Nottingham University Medical School

Qualifications: BMedSci (Nottingham) Physiology 1974  
MB, BS, (Nottingham) 1976  
FRCS (England) 1981  
FFSEM(UK)

Honorary Consultant Trauma and Orthopaedic Surgeon  
Consultant Orthopaedic Surgeon  
University of Wales Institute Cardiff  
Professor Emeritus Sports and Exercise Medicine

Past President of the British Orthopaedic Sports and Trauma Association (BOSTA).

Awards: Porritt Sports Fellowship 1988

## Clinical Practice

3. For thirty years I have been working as a Consultant Orthopaedic Surgeon in the University Hospital Cardiff initially as a general Orthopaedic surgeon but developed a department as a specialist in sports injuries to the lower limb and specifically as a specialist knee surgeon. I was involved in the management of acute trauma as a consultant and trauma out patient services until 2007.

4. I recognised the need for specialist training and management of sports related problems and developed a specialist Knee and Sports Injury Clinic dealing with lower limb injuries including knee and ankle in a variety of individuals including professional sportsmen. I have a long association with a variety of professional sporting bodies and frequently referred lower limb injuries for acute and delayed presentation symptomatology
5. I pioneered the development of arthroscopy in Cardiff South Wales in a variety of joints and particularly in the ankle provided a new method for the treatment of degenerative disease by arthrodesing the joint arthroscopically.
6. I established the first day case arthroscopy unit in Wales and the unit at the University Hospital of Wales.
7. I developed a national and international referral pattern for sports injuries in particular those of the knee.
8. I have established a diploma and MSc course in Sports and Exercise Medicine at the University of Wales Institute Cardiff and act as the Course Director.
9. I have recently opened the Centre for Musculoskeletal Analysis (February 2008) at the University of Wales Institute Cardiff (UWIC) which is a polydisciplinary unit for the assessment and management of individuals with lower limb injuries. We developed a research department with two post doctorate students involved in research involving the relationship between muscle activity, function and symptomatology as measures by electromyography and 3 dimensional gait analysis.
10. I was awarded Visiting Professor status at Swansea University, Cardiff University and Visiting Professor status at the University of Malaya.
11. As a result of my clinical work and national and international reputation I was acknowledged in the Sunday Times top ten surgeons in the UK list.

### Previous Appointments

Senior Lecturer, Trauma & Orthopaedic Surgery Prince of Wales Orthopaedic Hospital, Cardiff.	1986 – 1990
Senior Registrar Trauma & Orthopaedic Surgery Prince of Wales Orthopaedic Hospital, Cardiff.	1985 – 1986
Senior Registrar Trauma & Orthopaedic Surgery Cardiff Royal Infirmary.	1984 – 1985
Senior Registrar Trauma & Orthopaedic Surgery Royal Gwent Hospital, Newport, Gwent.	1983 – 1984
Career Orthopaedic Registrar Nottingham University Hospital and Nottingham General Hospital Nottingham University Hospital and Nottingham City Hospital	1982 – 1983 Apr'83 - Sep'83 Sep'82 – Apr'83
University of Wales Registrar Rotation Registrar in General Surgery to Mr M Price Thomas Royal Gwent Hospital, Newport, Gwent.	Jun'82 – Sep'82
Registrar in Traumatic and Orthopaedic Surgery to Professor B McKibbin Department of Orthopaedic Surgery, Cardiff Royal Infirmary, Cardiff.	Jan'82 – Jun'82
Registrar in Burns, Plastic and Reconstructive Surgery South Wales Regional Unit, Chepstow.	Jul'81 – Jan'82
Registrar in General and Endocrine Surgery Mr J H Wade and Mr J Salaman	Jan'81 – Jul'81

Senior House Officer in General and Vascular Surgery to Mr A N Fawcett, University Hospital Nottingham (City)	Sep'80 – Jan'81
Senior House Officer in Orthopaedic Surgery to Mr H M Thomas, University Hospital Nottingham (City)	Apr'80 – Sep'80
Senior House Officer in General and Vascular Surgery to Mr C B Williams, University Hospital Nottingham (City)	Jan'80 – Apr'80
Papua New Guinea Department of Health Surgical Registrar Wewak Provincial Hospital	Nov'78 -Nov'79
Medical Superintendent Kavieng Provincial Hospital	Feb'78 –Nov'78
Medical Officer – Kundiawa Province Hospital	Oct'77 – Feb'78
General Practice Eastwood Surgery, Nottingham.	Jul'77 – Oct'77
House Surgeon in General and Urological Surgery to Mr J Wilkins and Mr P Bates, University Hospital Nottingham (City)	Feb'77 – Jul'77
House Physician in General Medicine to Professor M J S Langman, University Hospital Nottingham (City)	Aug'76 – Feb'77

### Professional Experience

#### *General Surgery*

12. In the various environments I have gained a wide experience in general surgical problems and their management. During my surgical training to registrar level I gained experience in both general surgical emergencies and elective work. The

specific experience in vascular surgery I have found to be of value in orthopaedic surgery.

13. I was fortunate to work in the Regional Plastic Surgery Centre in Chepstow. The experience gained in the management of soft tissue has been invaluable in the field of orthopaedic trauma. In addition I gained personal operative experience in the operative and out-patient management of micro vascular and hand surgery. I further gained valuable experience in the operative and management aspects of burns.

*Developing World - Papua New Guinea*

14. During the two years serving as a Medical Officer to the Papua New Guinea Health Service, I worked in three separate locations in different environments. The equipment available and the scope of medical practice varied widely, often requiring single man operating in the rural stations. I was responsible for the medical and surgical management of tuberculosis malaria and other tropical diseases. I ran leprosy wards and had patients in an Island Leper colony requiring medical and surgical treatment
15. I was exposed to a wide range of surgery, anaesthetics and obstetrics and have subsequently found that my experience in the local anaesthetic techniques has been extremely useful in the orthopaedic field.
16. Some of the most valuable aspects of the experience were the observations of the late results of untreated pathology and the management of severe trauma in the absence of technical diagnostic aids, both of which have greatly influenced my approach to clinical problems in the Western World.
17. In New Ireland (PNG) I was responsible for the management of a Polio epidemic.

### *Waiting list management*

18. In June 1987 I was involved in the preparation of the Orthopaedic Department submission for the Strategic Plan for South Glamorgan. In the collection of the data it became apparent that there was a gross undersupply of Orthopaedic Surgeons to the South Glamorgan District. As a result of the findings I was able to establish a case for increased staffing which was submitted as part of the Waiting List Study undertaken by J Yates.
19. In order to facilitate the running of the Waiting List, I managed to enlist the help of a Computer Software Company (Medit) to create a management system for the consultant surgeons at the Prince of Wales Orthopaedic Hospital. We have now established a system allowing the planning and running of waiting lists from a network of computers. This system is planned to facilitate the running of a treatment centre where centralised control with admissions planning will allow the optimal use of both bed and theatre usage. It is planned to incorporate a terminal in the out-patient clinic which will be used to support the treatment centre.

### *Administrative appointments*

20. My administrative appointees are the following:
- While at Nottingham University as an undergraduate I held the position of Sports Secretary and Social Secretary in 1973 and 1974.
  - Medical Superintendent Kavieng Provincial Hospital (1978 – 79). In this position I was responsible for the overall running of the 200 bed Provincial Hospital and the medical care in the Health Centres on the main and outlying coral islands.

- With the help of a local Provincial Health Officer the general running of the hospital and surrounding areas were administered. I became aware of not only medical aspects of running a hospital but the problems associated with industrial relations and budgeting with financial restrictions.
- In August 1982 I was responsible for the planning of the mass vaccination programme in conjunction with the World Health Organisation and the Papua New Guinea Government to control the outbreak of poliomyelitis in the New Ireland Province.

Representative of the General Surgical Registrars to the Post-Graduate Training Committee – February 1982.

- Chairman of the South Glamorgan Hospitals Cricket Club - 1985 – 1986.

#### *Guidelines for MRI referral*

21. As part of a multiplinary disciplinary group we established the rules and advice governing the difficult area of access to the MRI. The established guidelines still

#### *Acute Services rationalisation group*

22. As lead clinician I was responsible for the closure of the orthopaedic element of the CRI closure. The six month planning involving weekly meetings allowed the closure to occur with minimal disruption using a multidisciplinary approach.

#### *Guidelines for national Best practice in ACL Surgery*



23. I am a co- author of the document written for national distribution for best practice for Anterior Cruciate surgery. The document written on behalf of the BOA is an attempt to define and advise on the Best Practice for both Clinicians and management.

*President of the British Orthopaedic and Sports Trauma Association.*

24. The increasing profile of Sports medicine and the increasing demands of both athletes and the media have led to a major difficulty in the provision and control in standards in Sports Medicine. As a key role as the only surgical sports representative the role of president has demanded a planning and development role in a politically sensitive area. Currently I have achieved links with several International organisations. There was a major meeting of BOSTA with the BOA in Cardiff in 2002.

*Contribution to the advancement of knowledge by research and scholarship.*

25. Throughout my career I have been involved in the investigation and the development of the understanding of scientific data related to the human body.

26. In the earlier stages of my career I was concerned that many of the concepts of infection control appeared to be based on ritual and not science.

27. I investigated and challenged some of the established principles related to the understanding of the microbiology of skin in relation to surgical techniques.

28. The measurement of skin bacteria under various conditions challenged many of the established methods of preparing skin for theatre and further work in collaboration with the Department of Microbiology confirmed that the established practice of changing instruments within the operating theatre is based on routine

and ritual, rather than science. This simple research with regard to the use of two scalpel blades changed universally the understanding and practise involved in surgery.

29. As a consequence of the published work I was invited to lecture throughout Australasia and South America on the scientific approach to skin microbiology and surgery.

30. We developed the use of an iodophore containing drape to reduce rebound contamination after skin disinfecting pre surgery.

31. It has always been a guiding principle that research methods are often multi-disciplinary and a large segment of my work was performed in collaboration with the Department of Biomechanical Engineering investigating the relationship between a fracture and the passage of a vibration. Over four years of work, both in Cardiff and later continued by myself in Nottingham, established many of the basic parameters for vibrational wave analysis in bone.

32. The results of the studies were widely published and I presented papers to various learned authorities. Although, essentially, the technique proved to be not as helpful as was hoped when used in the human to detect the rate of fracture healing.

33. The major area of ongoing research was spawned by an observation undertaken when arthroscopy was in its infancy. I noted that the surface hyaline cartilage coating of knees changed its nature before any body signs could be seen on conventional x-rays. This led to research being undertaken with the help of money obtained when I was awarded the Porritt Fellowship.

34. Subsequent investigation has confirmed the complex biochemical processes which occur before degeneration, which is still currently being investigated in

Cardiff. The work, which I initiated, is still part of an ongoing research project between the Department of Orthopaedics and the Department of Anatomy.

35. The relationship between the degenerative osteoarthritis and internal disruption of the knee has become established and as an acknowledgement of my role in bringing this to orthopaedic awareness I was asked to participate and Chair the Meeting of the European Society of Knee Surgeons in London and contribute the editorial to the Knee Journal.
36. I continue to be involved in ongoing investigative research work related to sport and the knee and have established the relationship between carbon fibre, bone, synovitis, and degeneration in the long term. Many of the established concerns about carbon fibre have by investigation been shown to be unsupported.
37. Observation has established the previously unreported anatomical arrangement of the hamstring tendons in the knee. This is integral in many of the clinical methods of treating anterior cruciate instability.
38. Finally, research into arthroscopic techniques has lead to the development of an arthroscopic method of fusing young children's knees when they have growth inequality.

*Contribution to the advancement of learning by teaching and curriculum development*

39. I have been involved in the teaching of undergraduates, post-graduate hospital doctors, and general practitioners since the early dates.
40. While in Papua New Guinea as a medical officer I established localised training for the "Aid Post Orderlies" and doctors to present a structured curriculum within the confines of what was available.

41. While a junior hospital doctor and later as a senior lecturer, I was involved in the clinical teaching to medical practitioners but also students at the University of Wales Institute Cardiff. For many years I lectured on the human movements study course in UWIC and this was essentially the start of the collaboration which has continued with UWIC to date.
42. I have continued my involvement with teaching and research development within UWIC with involvement with postgraduate students. On an annual basis I have been involved intermittently with the assistance of students in the undertaking of their postgraduate degrees, helping both by providing concepts and clinical material, I have further continued to assist students in the understanding of the inter-relationship between the clinical and scientific aspects of the sport.
43. The opportunity arose to lead the establishment of the combined course between the University College of Wales and the University of Wales Institute in Cardiff in Sports Medicine. The Diploma and MSc in Sports Medicine had because of circumstances had a difficult pro-genesis.
44. I was able to establish with others a formal curriculum, of which I was an integral part in both the development and also the teaching, which has allowed the Course to develop to its current situation. With the development of the curriculum in the Course and the establishment of a successful ongoing relationship between UCM and UWIC I have managed to achieve a course, which will be a credit to the multi-disciplinary universities involved.

#### *Professional Recognition and Standing*

45. In 2000 I was elected as President of the British Orthopaedic Sports Trauma Association.

46. This is the group of orthopaedic surgeons with a special interest in sport. This honour, which is voted by peers, has enabled me to travel to International centres and to collaborate with various colleagues to further understanding and development of sports medicine.
47. I have been a consultant orthopaedic surgeon with a known special interest in sports and knee surgery for over fifteen years in Cardiff. I have been involved in the treatment and management of many of the sporting organisations, both national and international within Wales. I established within Cardiff the first ever day case unit for the investigation and treatment of knee surgery, a practise which is now widespread.
48. I was appointed to the Faculty of Sports and exercise medicine and elected as representative to the Academy of Royal Colleges .

*Appropriate leadership and academically-related management experience*

49. In recent years as a senior orthopaedic surgeon and collaborator as a senior figure at UWIC I have undertaken to supervise many research projects and study projects.
50. I have managed both office and research staff involved in the promotion of research activity and continue to run as a Medical Director of the sports medicine course.

*National Positions*

51. I was appointed to the Faculty of Sports and Exercise medicine and awarded an honorary fellowship for my contribution in Sports Medicine. I helped to establish the specialty in the UK and wrote the first document on Professional Guidelines.

52. I was subsequently invited to join the national body of the Academy of Royal Colleges where I served in Wales for 6 years during which time I established the advisory panel on Exercise and Obesity in Wales.

**Section 2: Nottingham City Hospital, Nottingham General Hospital, Gwent Hospital, Cardiff Royal Infirmary, Prince of Wales Orthopaedic Hospital, and University Hospital of Wales as part of Cardiff and Vale University Health Board**

53. As a junior and senior doctor I gave blood transfusions as required.

**Section 3: Policies and practices regarding blood transfusions in trauma surgery**

54. Blood was ordered and arrived as requested and checked for grouping and correct match but no other consideration was given.

**Section 4: Knowledge of risk**

55. Awareness of incompatibility was known but other risks such as hepatitis etc were assumed to be screened. Blood to a surgeon was like a medication in that you were aware of need but assumed its safety.

**Section 5: Treatment of patients**

56. Blood transfusions were uncommon. Blood in arthroplasty was ordered occasionally but in my practice I preferred autologous usage.

## **Section 6: British Orthopaedic Sports and Trauma Association (BOSTA)**

57. There is no indication to transfuse blood in sports injuries and the surgery management.

## **Section 7: Other issues**

58. None.

## **Statement of Truth**

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

**GRO-C: Professor John Fairclough**

Signed \_\_\_\_\_

Dated 21/06/23