

Witness Name: Dr Rhona Maclean

Statement No.: WITN77300010

Exhibits: WITN77300011-17

Dated: 19 September 2023

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF DR RHONA MACLEAN

I provide this statement on behalf of Sheffield Teaching Hospitals NHS Foundation Trust in response to the request under Rule 9 of the Inquiry Rules 2006 dated 18th July 2023.

I, Dr Rhona Murray Maclean, will say as follows: -

Section 1: Introduction

1. I am Rhona Murray Maclean. My professional address is Department of Haematology, Royal Hallamshire Hospital, Glossop Road, Sheffield, S10 2JF. My date of birth is GRO-C 1969 and my professional qualifications are MBChB, FRCP, FRCPATH.
2. I am employed by Sheffield Teaching Hospitals NHS Foundation Trust as a Consultant Haematologist, specialising in Haemostasis and Thrombosis, and that includes patients with inherited bleeding disorders such as Haemophilia. I have been in post since 2003.
3. I am based at the Royal Hallamshire Hospital (where the Haemophilia Centre is located) and also support the care of patients in the other hospital sites (Northern General Hospital, Weston Park Hospital, Jessop Wing).

Section 2: Response to Criticisms by W5406

4. In response to paragraph 157, the husband of W5406 was seen on a 2- to 3-monthly basis throughout the decade prior to his death, other than when he was out of the UK (he was regularly abroad in Cyprus) (Exhibit WITN77300011).
5. Throughout that time, as well as seeing ourselves in the Haemophilia and Thrombosis Centre, he was seen by a number of different clinical specialists. He was seen by a Social Worker and Clinical Psychologist. He was referred to, and seen by, a Consultant Gastroenterologist. He was discussed with the Infectious Diseases Clinicians and regular liaison with HIV Physicians (Exhibit WITN77300012).

6. Advice was sought from Neurologists. He was seen by two Orthopaedic Surgeons, one of whom offered him surgery on his elbow. He had considerable blood monitoring performed, including of his cholesterol in order to monitor his cardiac disease and additional monitoring was provided regarding that by his General Practitioner (Exhibit WITN77300013).
7. Regarding the criticisms in Paragraphs 158-161, the husband of Witness 5406 was seen for clinical assessment in December 2008 and it was at that point that it was documented that he had lost weight. Extensive clinical investigations were undertaken at that time; he had blood tests performed, he had CT imaging of his chest, abdomen and pelvis, he was referred to Gastroenterology and had endoscopies performed. There was no cause of weight loss identified in these investigations (Exhibit WITN77300014).
8. His weight-loss appeared to stabilise and between 2009 and early-2012. He was regularly travelling to Cyprus during that period of time and was reviewed in the haemophilia centre every two months whilst he was in the UK. Concerns remained about his physical and mental health, and he was referred to Psychology and had a brain MRI requested (which was normal) (Exhibit WITN77300015).
9. When he lost further weight in 2012, he was again investigated. This included blood tests, CT scans and bone marrow (not lumbar puncture) investigations, however no cause for his weight-loss could be identified. Throughout that time advice was sought from Infectious Diseases specialty teams. His blood pressure was monitored and his antihypertensive medication stopped when his blood pressure was low during the inpatient stay; intravenous fluids were also given during this time to treat his low blood pressure (Exhibit WITN77300016) (Exhibit WITN77300017).
10. Efforts were made to provide safe and effective pain relief for the husband of W5406 throughout his inpatient stay. The complaint made regarding the care of her husband was fully investigated and the following answer provided:
11. "With regard to W5406's late husband's pain relief during the night of 28 June 2012, the nurses recorded a pain score of zero on admission and also on four further occasions during that first night. A score of zero indicates no pain. However, on the morning of the 29 June 2012, a pain score of three, indicating severe pain was recorded at 9:30am. Therefore Oramorph (pain relieving drug) was prescribed to be administered as required and this was administered twice on the morning of 29th June and W5406's late husband's pain score had reduced to zero at 12.00 midday. With regard to W5406's late husband's further pain management during this hospital admission, his pain score remained at zero, apart from a score of two, indicating moderate pain, on the morning of his discharge on 30th June 2012. However, another entry later on that morning confirms that the pain had settled after the administration of Oramorph.

12. The staff on duty on 28th and 29th June 2012 would like to assure you and W5406 that they would have raised concerns about W5406's late husband's pain or responded to any request to see a doctor, with the Hospital at Night Team, had W5406's late husband voiced his concerns at the time. They are sorry that it is W5406's recollection that W5406's late husband was left in pain, as they would certainly not have knowingly allowed this." (Exhibit WITN77300017)

13. On behalf of Sheffield Teaching Hospitals, we would like to take this opportunity to extend our deepest sympathies to the witness and the family of the witness and it is acknowledged the significant impact this has had on the life of the witness' late husband and family.

Section 3: Other Issues

None.

Statement of Truth

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

Signed _____
GRO-C

Dated ____19th September 2023_____

Table of exhibits:

Date	Notes/ Description	Exhibit number
2001 - 2012	Clinical correspondence	WITN77300011
2002 - 2011	Clinical correspondence	WITN77300012
2003 - 2011	Clinical correspondence	WITN77300013
2008 - 2009	Clinical correspondence	WITN77300014
2011	Clinical correspondence	WITN77300015
13 September 2012	Clinical correspondence	WITN77300016
11 July 2013	Letter to Taylor and Emmet LLP Solicitors	WITN77300017