INFECTED BLOOD INQUIRY

ADDITIONAL WITNESS STATEMENT OF ALEXANDER MACPHERSON OBE

I, Alexander Macpherson OBE, will say as follows:

Consent Forms

1. When I gave evidence to the Inquiry on the issue of consent, I feel that I faced persistent critical questioning by Counsel for the Inquiry at a fast pace, switching from document to document, without allowing me time to consider the same or understand the provenance of the document. She switched between examples of what I would term "general consent forms" and then to examples of specific consent forms for one off emergency treatment without explanation. As such, I feel that I was not given the opportunity to properly explain my position and I now seek to clarify the position.

2. I should start by stating that during my tenure as Headmaster I was never aware of any concerns relating to the issue of consent. However, through the course of the Inquiry I have become aware that former pupils and their parents feel that there were not appropriate arrangements in place. I understand some feel that valid consent was not sought from them and/or their parents to their medical treatment, to blood testing and to their involvement in clinical studies.

3. One type of consent was a standard form by which parents agreed to authorise College staff (including myself), to sanction necessary and appropriate treatment in the event of illness or an emergency on behalf of their child, but only on the advice of a doctor.

4. All parents of all pupils at the College were required to sign these forms when their child was admitted. In fact, I don't think any pupil would have been allowed to attend without their parents doing so. I understand that schools, particularly boarding schools, still use similar forms to this day and are entirely unremarkable.

5. That general consent meant that on occasion, if for example the parents could not be contacted, a staff member could give consent in an emergency. Such consent was of course recoded on a consent form such as the form entitled operation and anaesthetic consent form. These forms were intended to be used in an emergency situation where a pupil need to have an operation and where it was not possible to obtain the parental permission. I do recall a few occasions when Dr Wassef came to me and explained that a particular pupil had an issue and that it was really important that action was taken urgently, and so on his advice, I agreed and completed a consent form for the urgently needed treatment.

6. However, this is entirely different to agreeing to authorise and sanction the specialist and long-term medical care provided to the pupils by the Haemophilia Centres. The general consent form signed by parents to allow the school staff to authorise emergency treatment did not extend to taking the place of the parent in the long-term treatment of the patient. Those discussion and associated consent were not a matter for school staff. It was a matter for the parents, the medics and the child. To be clear, I was not involved in decision making in respect of any aspect of the treatment and long- term management of any child, or the choice of which blood products were used to treat them.

7. I was certainly not asked to sign any consent forms for research, clinical studies or trials, or blood testing nor would I have agreed to do so.

8. As I hope I have made clear, as is normal in all boarding schools, parents gave a general consent for emergency treatment if and when it was necessary. If emergency treatment was needed then, if the parent could not be contacted, school staff would, upon medical advice, give consent for the proposed emergency treatment. These consent forms have nothing whatsoever to do with the granting of consent for the

long-term treatment of the underlying condition of any child at the school. Such discussion was not a matter for school staff.

9. In addition to my concerns that Counsel's questioning about consent forms had created a misleading impression, I am also concerned that I was not made aware, before I gave evidence, that there were allegations of unethical practices against some of the specialist haemophilia doctors or that there were allegations that Treloar College should have done more to protect pupils. Had I been informed in advance, which I think would have been ethical, fair and honest, I would have been able to better explain my role in these complicated circumstances.

Inspections

10. It may assist the inquiry to know that school was subject to a rigorous inspection regime, far in excess of any I had experienced previously.

11. Within a few days of starting my job the college was inspected by Mr Freddie Green, Senior Inspector for Special Schools at the Department for Education, and Dr Scott-Stephenson, Senior Medical Officer with responsibility for Special Schools at the Department of Health. Both spent time in the boarding houses, kitchen, dining area; Mr Green spent some time in the classrooms and Dr Scott-Stephenson was interested in washing areas, lavatories, the comfort of common-rooms and spent some time in the Health Centre, then visited the hospital, talking to the N H S doctors and the nursing staff.

12. They told me that they were keen to get the College brought up to modern standards and so they gave invaluable advice to make sure that appropriate improvement and investments were made. They inspected monthly, and so gained an intimate knowledge of all parts of the college.

13. I was told what changes were necessary and set targets which I was equally keen to achieve. With the help of these two experts, the Governors were persuaded to invest money in the employment of staff and improvements to the living conditions. The two inspectors visited monthly to inspect the improvements, then termly, and were

immensely invaluable in helping me make the necessary changes. The college was therefore being inspected every term for several years.

14. Dr Scott-Stephenson always spent some of her time with the nurses in the Health Centre, and with the doctors in Alton Hospital (later in the Haemophilia Centre). She always met with Dr Rainsford, and later Dr Aronstam, at the hospital and took a keen interest in what he was doing. Parental involvement was an issue she always brought up and there is no doubt that she would have examined this with Dr Rainsford. I was not privy to the feedback given to the medical centre but from my impression of Dr Scott-Stephenson and the thorough and knowledgeable way in which she approached her tasks, I am confident she discussed and approved of everything that was going on regarding the medical care of the haemophiliacs and was aware, in a way in which I was not, of any research being undertaken. She certainly approved the way all staff at the college worked together for the benefit of the haemophiliacs – boys taught to treat themselves; speedy treatment without delays; continued lessons in the Sick Bay; physiotherapy immediately carried out; occupational therapy when required. Nowhere else had staff who ALL understood the problems of haemophilia and wanted to do their best to prevent or heal bleeds and keep the boys active.

15. There was no more highly qualified person in the U K to inspect and report on the medical provision for disabled children in a special boarding school. I understand that she discussed the medical provision for the haemophiliacs with the doctors; treatment of hepatitis and later AIDS. She gave the College staff advice about how to care for boys suffering from these conditions. Any research and blood trials were presumably part of her discussions with the doctors, however, she never discussed medical matters in any detail with me as I was not qualified to discuss these matters with her.

16. Although she always gave me to understand that she was happy with the standards of medical care she did not report to me on these matters as an area of my responsibility. Rather she was just providing information. She made clear to me that parental involvement was one of her interests, which is why I am confident that she

would definitely have discussed this aspect with the doctors. She never indicated to me that there was a lack of good contact with parents.

17. I wish to draw the inquiries attention to the fact that these termly inspection from the two most highly qualified people in England – the Senior Medical Officer Inspector for Special Schools in the Department for Health and the Senior Inspector for Special Schools in the Department of Education - led to satisfactory reports about the whole of Treloar College in the 1970's and 1980's; therefore, I do not think that anyone 40 years later has the right or the authority to go against the findings of the two most eminent experts in their field.

18. In addition to the regime of inspection, I wish to draw inquiries attention to the fact that in all the 16 years I served as Head I never once received either a complaint or even a question from a parent or a pupil about the medical care or about any research. They often complimented the doctors' work, but never criticised it. I had absolutely no reason to doubt the quality of medical care given by the doctors or that parents were not fully aware about their son's treatment, including the testing or research element.

<u>Inaccurate Reporting</u>

19. I wish to point out inaccuracies in the article regarding Caroline Wheeler's book which was in the Sunday Times Magazine on the 17th September, 2023.

20. On page 43 of the Magazine, we read about the illness of Adrian's friend Richard. I think this must have been Richard Mxxxx. But Richard did not suffer from haemophilia and he was never part of any blood trial. There were pupils in the college suffering from a whole range of severe physical conditions and many of them were weak and frail. Richard suffered a heart attack while playing football and although a doctor did his best to save him, he died before reaching hospital. That evening there was a heavy, quiet and gloomy atmosphere throughout the college and all the doors to the Houses

and the Health Centre were closed. At a later date, an outdoor seat was placed in a quiet place with a view, in his memory.

21. In fact, no boy suffering from haemophilia died while he was a pupil at the college. In every case it was several years after they had left before they became so seriously ill.

22. Sad to say, staff were very accustomed to coping with death at Treloar as around one or two died every term – the worst term was when we lost five in one term. That was awful. Seriously ill pupils would normally go home or to hospital as the Medical Care of pupils was the responsibility of the N H S– it was very rare to have a death at the college.

23. There was a strictly laid down procedure for how to tell the friends of a deceased pupil; and then the Boarding Houses would break the news in small groups. Next morning at Assembly there would be a service of remembrance.

24. The claim that "his death was announced casually at a school assembly" is completely untrue.

25. As the late Queen said: "Some people have different recollections".

Parents and admissions

26. I was questioned by counsel at the inquiry on the basis that as a school we were at the scene to recruit haemophiliacs. That is simply not true. Parents were seeking the school out and were very keen to get their sons into the college because of the National reputation of the medical care in the Haemophilia Centre. The parents were always fully aware of the research and trials going on in the Haemophilia Centre and they hoped that a miracle cure would be found or that the boy would benefit from the cutting-edge research. They were the ones who desperately wanted a place for their

boy in the college. They were the ones who pushed for their sons to continue with Further Education at the College and not leave at 16. Staff were not so keen.

27. Throughout my time, every bed was taken and there was always a waiting list for places. We did not need to go looking for pupils. Every year I was the Headmaster, the total number of places was increased to cope with demand.

28. The inquiry seemed to not understand that all our pupils were under the care of a specialist medical team, whether that be for their spina bifida, cystic fibrosis or any other condition. This specialist team discussed with the parents the recommended treatment and arrange for the appointment or surgery. They would tell our staff what was required of them.

29. For example:

    i. Many spina bifida pupils had new valves and nobody expected me to check that the type of valve was good;

    ii. Many cystic fibrosis pupils had long term hospital treatment;

    iii. Many muscular dystrophy pupils had operations;

    iv. Two girls went off to Great Ormond Street to have bone marrow transplants, which was considered to be quite novel at the time and they thought they were going to be cured – but sadly no.

30. I was never expected to, nor would I have been able to, consent to, or oversee any their medical treatment either.

31. I understood that the parents in these cases were also anxious to get their children treated with the very latest methods at the specialist places and they realised that it might not actually improve the health of their child. But they wanted to go ahead all the same.

32. Although it was clearly not part of my job, I have been challenged to explain why a few boys were not informed that they had been infected until some months later. At separate times, two former nurses recently told me that they observed the doctor

telephoning parents to inform them the latest diagnosis for their sons and that on several occasions the parents specifically asked that their son should NOT be told at that time about being infected. Such matters were between the parents and the doctors and I never had anything to do with them.

Dr Aronstam

33. I hope to assist the inquiry by setting out my recollections of Dr Aronstam.

34. Dr Aronstam was very much the "king in his empire" and he was clear that I had no part to play in medical matters. However, he did want me to make sure the boys behaved well. I was often asked to help with discipline when a boy or a group of boys were rude to him or the nurses or difficult about their treatment.

35. I did have regular catch-up meetings with Dr Aronstam over a coffee, perhaps once per week, where we would discuss general matters and any concerns, but we did not specifically discuss individual pupil's medical matters due to doctor-patient confidentiality - something Dr Aronstam was very strict about. I have not retained any copies of any notes I took at those meetings.

36. We also discussed at length the supervision of the boys and what he wanted us to prevent them from doing that would lead to bleeds. Swimming was to be encouraged and we put on a free session every day; sometimes two. I gave up many a Sunday afternoon (virtually the only time I could have spent with my own sons) to the supervision of haemophiliacs swimming, which I did in a voluntary capacity.

Wheelchair basketball, music, debates, drama, etc. were all activities he wanted us to encourage.

37. We also discussed the need for more supervision to stop them playing football and fighting and doing other strenuous activities, but he never discussed in any detail what medically was being done.

38. Parents respected him and he regularly saw many of them. When I saw parents, they were always full of praise for Dr Aronstam. He was their hero who they hoped would save their child. Parents seemed almost in awe of him.

39. At initial interviews the parents normally told me that they wanted their boy to join the College because Dr Aronstam would be taking over the boy's medical care. That was his reputation. Not because they had heard what a good boarding school we were or what a good headmaster I was!

40. My discussions with him were almost entirely about how the College staff could care in the best way for the boys and what we could do to improve the conditions of life for the boys and give them as happy a young life as possible.

41. I believed that that at all times Dr Aronstam was trying to do his best to find better ways of caring for his patients and that he was an excellent doctor in extremely complex and difficult situations.

42. The behaviour of many of the haemophiliacs at Treloar was challenging and as a school we had an inclusive approach which meant that behaviours that may have led to expulsion at a mainstream boarding school were dealt with lesser sanctions. We were viewed as the best place for Haemophiliiacs to receive education whilst accessing medical care and expelling any child would be a serious detriment to them.

At that time, parents were full of gratitude and appreciation. Forty-odd years on that appreciation seems to have been forgotten.

43. Before leaving at the end of their last term it was customary (but not a rule) that pupils would come to see me to say farewell or else they might write me a letter. I found one recently from GRO-B [WITN5561005]

Mental health - Pastoral care and support for pupils

44. I failed to give a complete picture of the provision for the mental health of the pupils in my initial statement. I wish to take this opportunity to assist the inquiry by setting out how the school approached pastoral care.

45. Pastoral care was a top priority at the College during my tenure, and in fact I recall that inspectors often commended us for this.

46. Every morning, after I had attended to important mail or urgent problems, I went for a walk round a different part of the college in order to chat informally with any staff who happened to be around– Boarding House, classroom area, Physiotherapy, Occupational Therapy, and then always ended up in the Health Centre. I did not normally enter the Haemophilia Centre as I did not regard it as part of my jurisdiction. I would hear from the nurse in charge in the Health Centre about the health of the College.

47. I would often sit on the end of a bed and chat with the boys. I was taken aback by the frequency with which one of them would say to me *"Why me?"*. I discussed this with the Chairman, telling him that we had a unique situation with the haemophiliacs and we came up with the plan to appoint a Chaplain who held counselling qualifications to help the boys - although we realised that there was actually no good answer to the boys' question. Many of the boys were finding it difficult to cope and this did lead to an increase in disciplinary issues.

48. So, when he started work, I told the new Chaplain that his first task was to see every haemophiliac and offer them the opportunity of counselling about his fears and worries. After that he was to become available for any other pupil.

49. I believe that we were very forward thinking in terms of the pastoral and mental health support we provided at that time this included:

(a) Full time Chaplain, with social work and counselling qualifications.

(b) A Consultant Psychiatrist who came to the College every Friday and was available for pupils or staff to speak to.

(c) An Educational Psychologist;

(d) A Senior Child Psychotherapist;

(e) Two Child Psychotherapists;

(f) A Counsellor.

50. I recall that we took on the child psychotherapists to help the boys cope with the emotional troubles after the infected blood epidemic hit. Teachers or care staff could put them on the list to be seen. There were no fixed hours, but they came when needed and there was no limit to the amount of help available.

51. The number reduced to one child psychotherapist by 1989, when most haemophiliacs had left the college as the need decreased.

52. We also specifically appointed Staff Nurses to care for the haemophiliacs when ill in the Health Centre. Prior to this the Health Centre only had to deal with pupils not well because of colds or accidents – there was a sudden increase in the work load due to hepatitis and the possible effects of HIV. This was unusual, as we rarely made appointments for specific disabilities

53. The care staff and nurses bore the heaviest load as they were readily available and accessible, but every single member of staff was available as a listening ear. Unit Leaders in the boarding houses had up to 8 named pupils under their care. We had a

full time Care Staff Training Officer to support them and part of her role was to discuss with care staff how to cope with pupils' concerns.

54. I believe that the pastoral and mental health support available was well known and staff knew how to escalate issues and refer pupils, if they felt they needed help and support.

55. As I said in my initial Statement: We were all extremely upset when we were told that some of our pupils had been infected due to blood contamination. I am confident that nobody in our school had any idea that it was unsafe to use for transfusions.

56. The deaths of so many former pupils cast a shadow over everything. They were ordinary superb young men who wanted to make their way in the world and that their lives were cut short by negligence is a dreadful tragedy. I remember them all with affection and some pride.

Statement of truth

I believe that the facts stated in this witness statement are true. I understand that proceedings for contempt of court may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief in its truth.

Signed GRO-C ………………

Dated 11 April 2024…………………………………………………