

Witness Name: Keith William Leakey  
Statement No.: WITN7124001  
Exhibits: WITN7124002 -  
WITN7124015; WITN6876063  
Dated: 20 June 2022

## **INFECTED BLOOD INQUIRY**

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### **WRITTEN STATEMENT OF KEITH LEAKEY, ON BEHALF OF GUY'S AND ST THOMAS' NHS FOUNDATION TRUST**

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I provide this statement in response to a request from Not Relevant from the Infected Blood Inquiry team for the production of documents and information under Rule 9(2) of the Inquiry Rules 2006 dated 30 May 2022.

I, Keith Leakey, will say as follows: -

#### **Introduction**

1. I am the Head of Information Governance and Management and have held this responsibility since December 2019. I have been working at Guy's and St Thomas' NHS Foundation Trust ("the Trust") since June 2017.
2. I have been asked to respond to the specific questions raised in view of my role within the Trust.
3. The information provided within this witness statement is based upon facts within my knowledge, save for where I have indicated the source of my information or belief. Where matters are not directly within my knowledge, I believe them to be true. References made to Guy's and St Thomas' NHS Foundation Trust and/or GSTT refer to the hospitals which formed part of

GSTT before it merged with Royal Brompton and Harefield NHS Foundation Trust on 1 February 2021.

***1. What policies, if any, relating to the destruction or retention of medical records did the Trust have in place during the time period 1980 – present. Please provide copies.***

4. The Trust has and has had a number of policies relating to the destruction and retention of medical records. The Trust policies are exhibited to this statement and are listed below.

- Health Records Policy Jan 2021 – current (WITN7124002);
- Health Records Policy Oct 2018 - Jan 2021 (WITN7124003);
- Health Records Policy Mar 2012 - Oct 2018 (WITN7124004);
- Health Records Policy Mar 2010 - Mar 2012 (WITN7124005);
- Health Record Policy May 2008 - Feb 2010 (WITN7124006);
- Health Records Procedures - Acute Oct 2020 – current (WITN7124007);
- Health Records Procedures - Acute Oct 2018 - Oct 2020 (WITN7124008);
- Health Records Procedure Dec 2012 - Oct 2018 (WITN7124009);
- Health Records Procedure Mar 2010 - Mar 2011 (WITN7124010);
- Health Records Procedures Jan 2008 - Mar 2010 (WITN7124011);
- Health Records Procedures Community Dec 2012 – Dec 2014 (WITN7124012);
- Record Retention and Destruction Standard Sep 20 - current (WITN7124013); and
- Health Records Standards May 2021 – May 2022 (WITN7124014).

5. In addition, the Trust follows and has followed the national guidance to include the Records Management Code of Practice 2021 and the previous guidance it replaced:

- Records Management: NHS Code of Practice: Parts 1 and 2: 2006 (WITN6876063), revised 2009 and 2016;
- Information Governance Alliance: Records Management Code of Practice for Health and Social Care 2016;
- HSC 1999/053: For the Record – managing records in NHS Trusts and health authorities; and
- HSC 1998 / 153: Using Electronic Patient Records in Hospitals: Legal Requirements and Good Practice (WITN7124015).

***2. Were there any archives which backed up records which were subsequently destroyed, for example on microfiche or elsewhere?***

***If so, please outline:***

- i) the nature of records held in these archives;***
- ii) To which period the records kept refer to (for example patient admissions dated X-Y);***
- iii) The projected time frame to maintain these archives.***

6. To my knowledge, no records have been intentionally destroyed. Documents which have been backed up on microfiche are retained and stored offsite. In addition / in the alternative, some of the older Haemophilia records (approx. 200) are stored in the basement at Guy's Hospital. The list of the records stored in the basement at Guy's Hospital is held by the Health Records, IG and Haemophilia teams.

***3. How often were the relevant practices reviewed and who was responsible for reviewing and updating the policies in place?***

7. Ordinarily, policies are subject to review every 2-3 years (albeit some may be reviewed more frequently if, for example, legislation changes). The person/persons responsible for reviewing those policies would be identified on the specific policy. For example, the Health Records Policy

(WITN7124002) was reviewed by the Information Governance Committee in 2012 (twice), 2016, 2018 and the Clinical Information Assurance Group in 2021.

***4. To the best of your knowledge, were any records disturbed, misplaced or destroyed because of an incident that occurred to the storage environment, for example, fire, flooding or otherwise unforeseen events. If so, were the policies/guidelines governing storage of medical records subject to review following any such incidents so as to prevent any future recurrences?***

8. I am aware of a flood in 1998 / 1999 – I have seen reference to “destroyed in flood” in comments in the previous PAS (Patient Administration System) although I do not have any further information in relation to this.
9. I further understand that there was a leak / flood in 2008 in an old portacabin where some inpatient observation charts were kept. I understand that there were in the region of 150 boxes of records which were affected by the leak / flood and which were then consequently destroyed. This incident was investigated as part of a Serious Untoward Incident Investigation. I have not yet been able to find the resulting report.
10. To my knowledge, neither of these incidents relate to haemophilia records.

***5. In relation to changes, updates and improvements of the Trust’s policies over the time period, please explain to the best of your knowledge what these were driven by, for example any Government guidance provided.***

11. Policies are reviewed regularly (see paragraph 7, above). Any revisions to policies would be driven by changes in processes, any incidents that may have occurred and any updated legislation / Government guidance. I have referred to the relevant Government guidance at paragraph 5, above.

***6. The Inquiry is aware that in the Trust’s prior Rule 9 response, a lack of knowledge as to whether documents requested have been destroyed is***

***mentioned. Please confirm whether anything further is now known about how these were stored or destroyed.***

12. I have seen the statement of Dr Dolman dated 30 September 2020. I understand that this question relates to paragraph 19 of that statement. I am not aware of any documents requested by the inquiry having been destroyed.

**Statement of Truth**

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

Signed

GRO-C

Dated 20/06/2022

**Table of exhibits:**

Date	Notes/ Description	Exhibit number
Jan 2021 – current	Health Records Policy	WITN7124002
Oct 2018 - Jan 2021	Health Records Policy	WITN7124003
Mar 2012 - Oct 2018	Health Records Policy	WITN7124004
Mar 2010 - Mar 2012	Health Records Policy	WITN7124005
May 2008 - Feb 2010	Health Record Policy	WITN7124006
Oct 2020 – current	Health Records Procedures	WITN7124007
Oct 2018 - Oct 2020	Health Records Procedures	WITN7124008
Dec 2012 - Oct 2018	Health Records Procedure	WITN7124009
Mar 2010 - Mar 2011	Health Records Procedure	WITN7124010

Jan 2008 - Mar 2010	Health Records Procedures	WITN7124011
Dec 2012 – Dec 2014	Health Records Procedures Community	WITN7124012
Sep 20 - current	Record Retention and Destruction Standard	WITN7124013
May 2021 – May 2022	Health Records Standards	WITN7124014
30/03/2006	Department of Health 'Records Management: NHS Code of Practice - Part 1'	WITN6876063
17/09/1998	NHS Executive, HSC 1998/153	WITN7124015