

Witness Name: David Burbridge

Statement No.: WITN7143001

Exhibits: WITN7143002 – WITN7143012

Dated: 6 September 2022

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF DAVID BURBRIDGE ON BEHALF OF UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

I provide this statement in response to requests under Rule 9 of the Inquiry Rules 2006 dated 25 May and 1 June 2022.

I, DAVID BURBRIDGE, Chief Legal Officer, University Hospitals Birmingham NHS Foundation Trust, Mindelsohn Way, Birmingham, B15 2TH, will say as follows: -

Section 1: Introduction

1. I am employed by the Trust as Chief Legal Officer and I began working for the Trust in May 2007.
2. The information provided within this witness statement is based upon facts within my own 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.

Section 2: Response to 25 May 2020 Request

What policies, if any, relating to the destruction or retention of medical records did University Hospitals Birmingham NHS Foundation Trust, or the individual

hospitals that now make up the Trust, have in place during the time period 1980-present? If so, please supply copies of any such policies.

3. The following information has been provided by our Corporate Compliance Manager and lead on Controlled Documents. From a of our electronic systems, we have identified the following policies relating to the destruction or retention of medical records:

Hospital*	Name of policy in place	Version	Date in force	Date superseded	Exhibit Ref
All four hospitals (QEHB, GHH, SOL and BHH)	Records Management (Corporate and Clinical) Policy	1.0	06/08/2019	N/A	WITN7143002
QEHB	Records Management and Information Lifecycle Policy	3	28/01/2015	06/08/2019	WITN7143003
QEHB	Records Management and Information Lifecycle Policy	2	06/09/2012	28/01/2015	WITN7143004
QEHB	Records Management and Information Lifecycle Policy	1	13 March 2010	06/09/2012	WITN7143005
QEHB	Health Records Management Policy	2	27/05/08	April 2010	WITN7143006
QEHB	Health Records Management Policy	1	Nov 2005	27/05/2008	WITN7143007
QEHB	Trust Records Management Policy	1	June 2002	Nov 2005	WITN7143008
GHH, SOL and BHH	Retention, Disposal and Destruction of Records Policy	4.0	January 2013	01/03/2017	WITN7143009
GHH, SOL and BHH	Retention, Disposal and Destruction of Records Policy	3.0	22/12/2011	02/01/2013	WITN7143010
GHH, SOL and BHH	Retention, Disposal of Records Policy	2.0	May 2010	20/12/2011	WITN7143011
GHH	Preservation, Retention and Destruction of Records	3.0	1999	20/12/2011	WITN7143012

*Refers to one or more of the four hospitals that are currently part of UHB (namely Queen Elizabeth Hospital Birmingham (QEHB), Birmingham Heartlands Hospital (BHH), Good Hope Hospital (GHH) and Solihull Hospital (SOL))

4. Please see Exhibits DJB1 to DJB11 for copies of those policies.

Please could the Trust confirm what policies, relating to the destruction and retention of medical records, were in place at Selly Oak Hospital during the period when it was managed by the Trust and following its closure? If possible, please supply copies of any such policies.

5. I refer you to numbered paragraph 3 above which sets out details of all policies relating to retention/destruction of records. We have no evidence of any separate hospital policies being in place specifically relating to Selly Oak Hospital.

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

- a) 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. Whilst not within my own knowledge, enquiries have been made with our Director of Patient Services, who has confirmed that he is not aware of any records being archived, on microfiche or otherwise, and the records being subsequently destroyed. During the course of his enquiries, a longstanding member of staff within the medical records team had some recollection that there was a microfiche machine in place when she joined the medical records team in 1988 however we have been unable to substantiate this or locate any such microfiche archives. More recent practice would, in accordance with national guidance, be to offer records due to be destroyed to the local archive, managed by Birmingham City Council. If not accepted by the City archive, records are destroyed.

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

7. The Document Lead (the author), together with the Sponsor (the named Director who approves the document prior to ratification) would be responsible for reviewing and updating the document and submitting it for ratification. The Lead would be an acknowledged subject matter expert who would have the appropriate knowledge to update the documents. A review would take place in accordance with the review date on the policy, usually every 3 years or earlier if required.

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. The Trust Director of Patient Services, Deputy Director of Estates and Information Governance lead have confirmed that they have no knowledge or awareness of any instances where records were disturbed, misplaced or destroyed because of an incident.

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

9. Any changes/updates or improvements to Trust policies and procedure in relation to clinical and corporate records management would have been driven by legislation and national guidance as per current process. The non-exhaustive list below sets out the key information which would likely have been considered:
- Public Records Acts 1985 and 1967
 - Records management: NHS code of practice DOH
 - Data Protection Legislation
 - Access to Health Records Act and Data Protection (subject access modification) Health order 2000

- British Standards (specifically BIP00008)
- ICO code of practice and The National Archives guidance
- DOH Directions and Public statutory inquiries (i.e. The Independent Inquiry into Child Sexual Abuse (IICSA))

Section 3: Response to 1 June 2022 request

Was there a fire, or any other event, at Birmingham General Hospital which caused the destruction of records at some stage in the 1980s?

10. As per the response to question 4 above, following enquiries with our Director of Patient Services, Deputy Director of Estates and Information Governance lead, there is no record or awareness of a fire destroying medical records at Birmingham General Hospital in the 1980s.

Statement of Truth

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

Signed GRO-C _____

Dated 06-Sep-22

Table of exhibits:

Date	Notes/ Description	Exhibit number
Various	Copies of records management policies	WITN7143002 – WITN7143012