

Witness Name: Karin Jackson

Statement No.: [WITN2681001]

Exhibits: [WITN2681002 -

WITN2681025]

Dated: 27 November 2018

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF KARIN JACKSON, CHIEF EXECUTIVE, NORTHERN IRELAND BLOOD TRANSFUSION SERVICE (NIBTS)

I, Karin Jackson, will say as follows: -

1. NIBTS has in place robust records management policies and procedures. Records considered to be in "active use" are those which are routinely used or which may need to be referred to. Records no longer in active use are archived into records storage boxes.
2. Standard Operating Procedure (SOP) IG003 Moving Records to External Storage [WITN2681002] provides guidance on when records should be moved to off-site storage. It also details how records should be archived and sent to off-site storage. In general, if records are likely to be required to look back on or for audit purposes they should be kept on-site for two years (detailed in section 6.2 of attached). As such, the time records remain on-site before being sent to off-site storage depends on the individual needs of each department.

3. On-site there is a secure records storage area within NIBTS Headquarters building. Each department has an allocated caged area within this facility for the storage of their records.
4. Detailed NIBTS Retention and Disposal Guidelines have been developed for the areas within NIBTS involved in the donation, testing, processing and distribution of blood components and products. These are based on the retention requirements set out in the Regional Retention and Disposal Schedule in the Department of Health Northern Ireland (NI) document Good Management Good Records (GMGR) [WITN2681003] and the Blood Safety and Quality Regulations (BSQR) 2005 to which NIBTS must adhere. They also take into account the individual on-site retention needs of each department.
5. The NIBTS Retention and Disposal Guidelines identify the various records created and/or held in each area, the storage instructions for each document type, the method of indexing applied, the minimum retention period, the relevant legislation or source of the guidance and the final action to be taken. Copies attached [WITN2681004 – WITN2681014]. These documents guide staff as to how and when records should be archived and how long they should remain on-site.
6. Records in active use are initially held within filing systems in each department. These are arranged in alphabetical, chronological or numerical order depending on the records. After a sufficient volume of records has accumulated and they are not being routinely used, records are archived into storage boxes. Records are stored in storage boxes in the same way in which they were originally filed, that is alphabetically, chronologically or numerically. Storage boxes are labelled with the description and date range of the records. Records are then moved to the on-site records storage area.
7. Departments routinely assess the records in their on-site storage areas to identify those which can be moved to off-site storage. They will take into consideration the likelihood of needing to access the records and the total

retention time required. Any records which need to be retained for a relatively short period will be kept on-site for the duration of their retention period. This is more cost effective than moving to off-site storage for a short period of time.

8. NIBTS hold hard copy records on-site and in an off-site secure records storage facility. The locations and approximate volume of records is detailed below:

On-site storage area

- 465 x records storage boxes
- 135 x filing cabinets
- 14 x document cupboards

Off-site secure records storage facility

- Boxes x 4542
- Cabinets x 11

9. In addition to the above, we hold the following electronic records as back-up data:

- Back-up tapes x 45 (these are back-up and not archive records)
- On-site servers x 10 holding approximately 3.5 TB of data

It should be noted, NIBTS does not currently use off-site servers or cloud storage facilities for back-up or archive of electronic data. However, this is currently under review in keeping with business continuity and cyber security considerations.

10. Keys for the on-site records storage area are held by three members of staff. Anyone requiring access to the area must obtain a key from one of the identified key holders. Departments have been allocated a secure caged area within the on-site records storage facility. The caged areas are padlocked with departments holding their own key restricting access to specific staff within that department.

11. An inventory of records that have been boxed and barcoded is maintained by each department. The purpose of this inventory is to log records being sent to off-site storage, however staff can also use it to log when records are moved to the on-site storage area. The inventory within the Donor Administration department is paper based and staff can search it as and when required. The other departmental inventories are MS Office Excel documents and can be easily searched. Departmental Records Inventories attached [**WITN2681015 – WITN2681022**]. The descriptions provided in each inventory accurately reflect the contents of the boxes. Key staff can access the records storage area to retrieve and view records held on site.
12. In addition to the inventories maintained within NIBTS, the off-site storage company enters the details of all boxes received into storage against the barcode of each box. This register can be provided to authorised NIBTS staff on request. This is provided in MS Office Excel format and can be easily searched.
13. The practice of maintaining accurate inventories has been in place since approximately 2006 when the Information Governance Officer took up post with responsibility for records management. Historically however departments would not have routinely created and maintained inventories and the storage company did not always record data relating to boxes being sent to storage. Therefore the catalogue of older documents in storage is not as detailed. NIBTS staff are currently searching through these records and updating the inventories accordingly.
14. There are three options for viewing records at the off-site storage facility.
 - i) Boxes can be recalled from storage as and when required.
 - ii) Authorised NIBTS staff can visit the off-site storage facility and view records there.

- iii) Alternatively authorised staff can request for records to be scanned and a copy emailed to us. However this is not an option we use but it is available to us should a record need to be viewed urgently.
15. In keeping with NIBTS SOP IG003 **[WITN2681002]** only authorised staff can request records from or send records to the off-site storage facility. The company will not accept requests from anyone else irrespective of their rank or role within NIBTS. This list is reviewed and maintained by the Information Governance Officer in NIBTS.
16. The off-site storage company used by NIBTS is the Oasis Group. They have two facilities in Northern Ireland located in Craigavon and Belfast. NIBTS records are held at their facility in Belfast. The Oasis Group are a Regional contracted supplier of off-site storage to Health and Social Care in Northern Ireland. Through the procurement process they demonstrated how they met the criteria set out in the attached document "Off-Site Storage S220a Scoping and Specification" **[WITN2681023]**.
17. Since the establishment of NIBTS as a Special Agency in 1994, it has not sent any records to the Public Records Office of Northern Ireland (the PRONI). The Regional Retention and Disposal Schedule within GMGR informs users whether documents should be considered for transfer to the PRONI. The guidance section (part one) of GMGR **[WITN2681003]** also provides information on transferring records to the PRONI. If NIBTS was considering records for transfer to the PRONI, the Information Governance Officer would seek advice and be guided by the relevant staff of the PRONI.
18. As referred to in paragraphs 4 and 16, NIBTS is subject to the retention and destruction procedures set out in the Department of Health Northern Ireland (DoHNI) Northern Ireland document Good Management Good Records (GMGR) – Disposal Schedule. GMGR was originally published in December 2004 **[WITN2681024]** and updated in 2011.

19. We are currently endeavouring to establish what record retention policies and practices were in place prior to December 2004. From what we have considered to date and our interactions with the Health and Social Care Board (HSCB) and the Department of Health in Northern Ireland (DoH NI), it is our understanding the following guidance was in place in the Northern Ireland Health and Social Care prior to GMGR:

- i) Circular H.M.C. 75/62 - Preservation and Destruction of Hospital Service Records. This Circular was issued by the Northern Ireland Hospitals Authority and set out the arrangements for the preservation and disposal of hospital service records. We have not been able to access a copy of this circular and so cannot provide any further detail about the retention principles prescribed within the document.
- ii) In 1983, DHSSPS Circular HSS (OS3) 1/83 - Retention of Personal Health Records amended Circular HMC75/62 and recommended new minimum periods of retention for personal health records. This took account of the provisions of the Limitation (Northern Ireland) Order 1976 and the Congenital Disabilities (Civil Liability) Act 1976. The new minimum retention periods were increased for medical records relating to children and young people and those relating to Mentally Disordered Persons. However, we have not been able to access a copy of this circular and so cannot provide any further detail about the retention principles prescribed within the document.
- iii) HSSE (SC)3/96 Retention of Personal Health Records (for possible use in Litigation) **[WITN2681025]**. This Circular updates guidance in Circular HSS(OSC)1/83 and HMC75/62. This recommended new minimum periods of retention for maternity records and x-ray film. It also allowed Boards and Trusts to determine what should be regarded as a permanent health record and provided new guidance on the destruction of confidential health records. We have been able to obtain a copy of

this circular from the Health and Social Care Board. You will note the circular is addressed to a number of Health Service Bodies in Northern Ireland, however it is not addressed to NIBTS. It is therefore unclear whether it was sent to or received by NIBTS.

20. It is our presumption at this stage that the Northern Ireland Blood Transfusion Service was subject to the guidance above. However, we will continue to seek to establish if this was the case and will provide any further information to the Inquiry if it becomes available.
21. Following the publication of the Northern Ireland Audit Office Report on Compensation Payments for Clinical Negligence in February 2003, the Departmental Board agreed the need for a strategic approach to records management in the Health & Personal Social Services (HPSS). The Health and Social Care Steering Group was appointed in 2003 under the leadership of the then Deputy Chief Medical Officer, Dr Ian Carson. The Steering Group's responsibilities included:
 - Commissioning a baseline audit and survey of records management within the HPSS
 - Developing a HPSS Records Management Policy Statement
 - Developing a Northern Ireland equivalent of the Department of Health (DoH) "For the Record Circular"
22. As a result of the work of the Steering Group, a Records Management Controls Assurance Standard was developed, setting out the standard of record keeping required within Health and Social Services. Organisations had to assess and demonstrate their compliance with the standard from April 2004.
23. A HPSS Records Management Policy Statement was developed and issued to the HPSS on the 3 November 2004.

24. The Northern Ireland equivalent to the DoH, For the Record Circular, Good Management Good Records (GMGR) was published in December 2004 [WITN2681024]. GMGR advised on current best practice in records management and provided organisations with a model disposal schedule for files. It also included advice about the Freedom of Information Act.
25. As previously mentioned, GMGR was updated in 2011 [WITN2681003] to reflect best practice and changes in retention periods. This guidance has not been superseded to date.

Statement of Truth

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

Signed

GRO-C

Dated

27 NOVEMBER 2018