

Witness Name: Duncan Burton

Statement No.: WITN3079

Exhibits: Nil.

Dated: 24<sup>th</sup> April 2019

## INFECTED BLOOD INQUIRY

---

### WRITTEN STATEMENT OF Duncan Burton

---

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 5 April 2019.

I, **Duncan Burton**, will say as follows: -

#### **Section 1: Introduction**

1. I am Duncan Burton, date of birth GRO-C1977, address: Frimley Health NHS Foundation Trust, Frimley Park Hospital, Portsmouth Road, Camberley, Surrey GU16 7UJ. My professional qualifications include RN (Adult) & BN (Hons) 1<sup>st</sup> Class, University of Wales, MSc Healthcare Practice, Bath Spa University College.
2. I currently hold the position of Director of Nursing & Quality at Frimley Health NHS Foundation Trust, a position I have held since September 2017. My key responsibilities are the management of patients' risk, safety, complaints, patient experience, patient information and safeguarding. I am also the professional lead for nursing and midwifery, and allied health professionals.
3. To assist in my response to the criticisms made by Robin John Brown in his witness statement dated 4 September 2018, I have taken advice from specialist advisors within the Trust, particularly the Head of Information Governance, as well as policies and procedures that were in place at the time of the alleged destruction of medical records and those in place now.

## **Section 2: Each question put to organisation gets a section**

4. In answer to the criticisms made by Robin John Brown at point 17.3 of his witness statement dated 4 September 2018 that he was told by his mother that in about 1990/91, when she was working in the Medical Records Department at Frimley Park Hospital, she was told to shred numerous medical records, including his, which she had done, we would offer the following response:

Medical records are currently stored on Evolve, our electronic clinical record management system including historical records which have been scanned into the system. We have checked the system and can confirm there are records for Mr Brown which date back to 1974 with the earliest record being found in the nursing notes for 5<sup>th</sup> June 1974 when Mr Brown was admitted with appendicitis. Although it is not possible to say whether or not this is a complete set of medical records, I can confirm they include correspondence, clinical notes, nursing notes, investigation results, drug charts and other observational charts for the timeframes reported by Mr Brown in his statement to the Blood Enquiry. A copy can be provided on request with the consent of Mr Brown.

5. In answer to the criticisms made by Robin John Brown at point 17.4 of his witness statement dated 4 September 2018 regarding destruction of medical records within the NHS and retention rules, we would offer the following response:

With regard to the retention of medical records, in 1999 the Department of Health released new guidance to NHS Trust Health Service Circular 1999/053 – For The Record. HSC 1999/053 set the retention periods for all records held by NHS organisations. This guidance stated that a medical record must to be kept for 8 years from the last date of treatment, or in the case of a child's record to be kept until their 25<sup>th</sup> Birthday.

Mr Brown was born in 1963 and had the treatment in 1974 (aged 11), even if records were destroyed in 1990 (as opposed to 1991) then that is after his 26<sup>th</sup> birthday. In Mr Brown's case, his record would have been kept until his 26<sup>th</sup> birthday which was 1990, but as he attended again for treatment in 1985, the retention period of his record changed to 1994.

Under the Trust current Management of Clinical Records Policy (March 2018), for children's records including midwifery, health visiting and school nursing, the basic

health and social care retention requirement is to retain until their 25th birthday or if the patient was 17 at the conclusion of the treatment, until their 26th birthday. The Trust does check medical records prior to any destruction to identify any other clinical treatment which would extend the retention period of the record. This is in line with national guidance.

### **Section 3: Other Issues**

6. We can also confirm that there is a copy of a letter in the scanned records on Evolve from Mr Brown, dated 21<sup>st</sup> October 2007, requesting a copy of his medical records although we are unable to confirm whether or not he was sent a copy of these records. Records relating to individual requests for copy records in 2007 were kept in paper format and were destroyed in 2012. If a copy of the records was not provided at the time, we can only apologise and would be happy to provide these if Mr Brown wishes.

### **Statement of Truth**

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

Signed                     GRO-C                    

Dated 26 / 4 / 19