

Witness Name: University Hospitals Birmingham NHS Foundation Trust

(Dr Charles Percy)

Statement No. WITN4460001

Exhibit No. WITN4460002 - WITN4460004

Dated: 28th July 2020

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF DR CHARLES PERCY

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 25 February 2020 (**February 2020 Request**) on behalf of University Hospitals Birmingham NHS Foundation Trust (**Trust**).

I, Dr Charles Percy of the Trust, Haemophilia Unit, Cancer Centre, Heritage Building, Mindelsohn Way, Birmingham, B15 2TH, will say as follows:

Section 1: Introduction

1. I am employed by the Trust at the Haemophilia Comprehensive Care Centre (**Centre**) as a Consultant Haematologist and Director of the Centre. I began working for the Trust on 2 January 2017.
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.

3. As a Consultant Haematologist my responsibilities include the clinical management of patients with inherited and acquired bleeding disorders and I have overall responsibility for the running of the Centre.
4. Due to my position, I have been responsible for responding to some the queries raised by the Infected Blood Inquiry (**Inquiry**).

Section 2: Response to the February 2020 Request

Response to paragraph 1: List of searches undertaken to comply with the Inquiry's Rule 9 request dated 15 August 2018 (**2018 Request**), including search terms used.

5. When the Trust received the 2018 Request, I was asked to help with the search because of my role.
6. In order to comply with the 2018 Request, I undertook a manual search for hard copy documents in the Centre, specifically in the multipurpose fridge and store-room, the administrative office and the office that my predecessor, Dr Wilde, used when he was the Clinical Service Lead for Laboratory Haematology. I completed this search on my own between June and August 2018. I examined the documents I found, and divided them into those that contained patient identifiable information (these included documents that formed part of individual patients' medical records, as well as data returns to the National Haemophilia Database and issue logs for factor products), and those that did not, as I understood that the Inquiry would not be requesting documents that contained patient identifiable information. My understanding here stemmed from the Inquiry having written to all Haemophilia Treatment Centres (i.e. the non-regional centres, excluding some Comprehensive Care Centres) earlier in 2018 asking for this patient information. The UKHCDO was made aware of this and wrote to the Inquiry explaining that other Comprehensive Care Centres needed to be included. As a member of the UKHCDO Advisory Committee I was therefore aware of

this and the content of the original letter. The 2018 Request, received in August 2018, then confirmed my understanding that patient records were not being requested.

7. In relation to the documents that did not contain patient identifiable information, I reviewed these to identify any which mentioned blood borne viruses; the supply and use of clotting factor treatment; the clinical care given to patients (both in terms of the clinical care given which resulted in patients becoming infected and the care provided to patients after they had become infected); or the provision of clinical services for these patients (e.g. requests to the Regional Health Authority for psychology, nursing and occupational therapy staff), as I considered these were likely to be relevant to the 2018 Request. I completed this search and review over the course of six weekends in June, July and August 2018. I undertook this search in anticipation of the Inquiry requesting the information, as I did not want to undertake the search later in haste when I would not have sufficient time to commit to it. When the 2018 Request was received, I reviewed the criteria within it and felt my original search had been consistent with them.
8. I found relevant documents in filing boxes stored securely in the fridge room and the filing cabinets in Dr Wilde's former office.
9. The majority of the relevant documents I found were minutes of national and local meetings, correspondence between the incumbent consultant haematologists, the hospital management and regional health authority, correspondence from pharmaceutical companies and data returns to the National Haemophilia Database. I identified those that contained no patient identifiable data and provided these for collation into three lever arch files that I understand were subsequently provided to the Inquiry.
10. Many of the documents contained specific patient related information and records, such as copies of clinic letters from 1980s and 1990s, treatment records and data relating to "look back" exercises and reports on HIV and

hepatitis submitted to the National Haemophilia Database. As patient specific records were excluded from 2018 Request, I concluded that these documents were not relevant to the 2018 Request.

11. There is not an electronic database of non-patient related documents. Therefore, I only undertook a search for hard copy documents.

12. Whilst searching for treatment records relating to a deceased patient in November 2018, I found further relevant documents in a large box in the Centre fridge room. I had searched this box during my search in June, July and August 2018, but during that search I had only found documents with patient identifiable data. These further relevant documents consisted of correspondence between the consultants employed at the time and the Regional Health Authority regarding factor purchasing and the provision of clinical services for patients infected with HIV. There was also a detailed summary of evidence provided for a High Court Case between patients and the Regional Health Authority. After I had found these further relevant documents, I searched the room again to ensure that no other relevant documents had been missed. I did not find any further relevant documents. I have been asked whether, at this time, I carried out any search of a database, but again reiterate that there is no database to search. The documents I found were forwarded to the Trust Legal Services Department for onward disclosure to the Inquiry.

Response to paragraph 2: a list of the Trust's information repositories (from 1950 to present day) such as local authorities, University archives and the National Archives, for which the Trust had or has any control responsibility or oversight.

13. This is not within my own knowledge, but I have consulted with the most appropriate colleagues in order that we can provide the requested detail.

14.I understand from Berit Reglar, Deputy Foundation Secretary and Data Protection Officer at the Trust that:

a. Birmingham Library is the Trust's central repository. The Trust's policy on this is set out at:

i. paragraph 3.3.4(a) of the Trust's Record Management and Information Lifecycle Policy (**Record Management Policy**) dated 28 January 2015 [WITN4460002] (this document governs the Trust's management of information, and was the version in place when the Trust responded to the 2018 Request) which states *"public records" are of archival interest and have to be permanently preserved and archived at the National Archive or designated place of deposit; For UHB this is Birmingham Central Library. Where a department keeps records which might fall into this category please contact the Corporate Affairs Team (Berit Reglar or Sarah Snowden)"*;

ii. paragraph 3.8.2 of the Trust's Corporate Records and Archiving Procedure dated March 2016 (**Corporate Records Procedure**) [WITN4460003] (this document that governs the Trust's management of corporate records, and was the version that was in place when the Trust responded to the 2018 Request) which states *"Trust records of historical interest should be transferred to the Associate Foundation Secretary who will arrange for archiving at the Birmingham Archives and Heritage at the Library of Birmingham, which has adequate storage and public access facilities. Records which are typically held by the Birmingham Archives include, but are not limited to creed registers, mortuary registers, admission and discharge records, high level committee minutes,*

complaints registers, press cuttings, visitor books, chapel records, estates maintenance and repair reports”; and

- b. The Trust has its own archive in the basement of Nuffield House at Queen Elizabeth Hospital, which is governed by paragraph 3.3.2 of the Record Management Policy, the Document Archive Procedure dated June 2012 [WITN4460004] (which was in place at the time the Trust received the 2018 Request) and paragraphs 3.7 and 3.11 of the Corporate Records Procedure. The Records Manager has to decide whether a group of records are archived, and undertake an annual review of that decision. Documents that are archived are placed in a box with a label that states the contents of the box and the applicable retention period. Where there are documents in the box with varying retention guidelines, the longest retention period is applied to the box. The box label, number and location are recorded on an inventory. Archive by scanning has not been adopted by the Trust.

15. I understand that in April 2018, prior to the 2018 Request, Heart of England NHS Foundation Trust (**HEFT**) merged with the Trust. I understand from Angie Hudson, Corporate Affairs Officer at the Trust, that HEFT uses Iron Mountain, an external archive for storing patient records. I had not heard of Iron Mountain prior to responding to the February 2020 Request. However, HEFT has never hosted a haemophilia centre, therefore to the best of my knowledge it is unlikely that it would contain any documents within the scope of the 2018 Request.

Response to paragraph 3: a list of the repositories and archives searched in response to the Rule 9(2) request dated 15 August 2018.

16. As explained at the above paragraph 6, I undertook a manual search of the Centre and Dr Wilde's former office.

17. In dealing with the 2018 Request, I did not undertake a search of Birmingham Library, as I was not aware that the Trust had archived any information with Birmingham Library. However, I am informed that, since the time of that request, the Inquiry contacted Birmingham Library directly and that the Trust gave its permission for the Library to give the Inquiry access to review the information held on behalf of the Trust, in case this contains any information of relevance to the Inquiry.

18. As far as I am aware, the Trust did not undertake a search of the Trust's archive when responding to the 2018 Request. I understand, however, that, following receipt of the February 2020 Request, Mrs Reglar carried out searches of the inventory for the Trust's archive for labels of boxes with descriptions containing the words "blood" or "haematology". This identified 240 boxes containing these words. I have reviewed the contents of each of these boxes. The boxes contain laboratory manual cross match and antibody screening work sheets, requests for red cells, platelets and plasma for transfusion, blood group and red cell antibody screening reports and temperature charts from blood fridges. The Trust would be happy to liaise further with the Inquiry regarding this information if the Inquiry considers this to be relevant.

Response to paragraph 4: details of documents that were requested in the Rule 9 request dated 15 August 2018 that have been destroyed, and the Trust's document destruction record or policy.

19. The Trust has a records management procedure in place. Paragraph 3.3.3(c) of the Record Management Policy and 3.8.1 of the Corporate Records Procedure confirm the Trust has adopted the Retention Schedule of the NHS Code of Practice, which can be found via this link - <https://digital.nhs.uk/data-and-information/looking-after-information/data-security-and-information-governance/codes-of-practice-for-handling->

information-in-health-and-care/records-management-code-of-practice-for-health-and-social-care-2016.

20. Although I understand from Mrs Reglar that some boxes of information held in the Trust archive have been destroyed, I am not aware that these have included any information which falls within the scope of the 2018 Request because they have no relevance to the terms of the Inquiry (no relevance to blood borne infections).

21. I am not aware of any other file destruction taking place, although I can only comment on the Haemophilia Centre since I joined the Trust in 2017.

Statement of Truth

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

Signed:

GRO-C

Date: 28th July 2020

Table of exhibits

Date	Notes/ Description	Exhibit number
28 January 2015	Record Management and Information Lifecycle Policy	WITN4460002
March 2016	Corporate Records and Archiving Procedure	WITN4460003
June 2012	Document Archive Procedure	WITN4460004