Witness Name: Liz Davenport
Statement No.: WITN4515001
Exhibits: WITN4515002
Dated: 3rd September 2020

INFECTED BLOOD INQUIRY

FIRST WRITTEN STATEMENT OF LIZ DAVENPORT

I, Liz Davenport, will say as follows: -

Section 1. Searches, including search terms used

1. Searches conducted were informed by the data provided by the national database, from the United Kingdom Haemophilia Centre Doctors' Organisation, (UKHCDO). Information provided to Torbay and South Devon NHS Foundation Trust (the Trust) consisted of names and dates of birth (DoB). All data that accurately identified a patient was used for onward searching; all searches were completed using Surname, Forename and Date of Birth
2. Searches of paper archives and digital files held in the Haematology and Transfusion service for corporate documents were made, searching for Method Books and Standard Operating Procedures, policies, and minutes of meetings. These searches were carried out by 5 members of staff (3 clinical), two of whom have left the organisation. Alistair Penny, Laboratory Manager Haematology and Transfusion Medicine; Nichola Ryhmes, Consultant Heamatologist (former staff member); Fiona Dooley, Heamostasis/Thrombosis CNS; Susan Tovey, Project Manager (former staff member); Sarah Fox, PA to the Chief Executive

3. The current Laboratory Information Management system (LIMs), WinPath, has been in use since 2010. Blood transfusion data from legacy systems was migrated to this new system. These systems capture use of the product; an audit trail of the product usage was reviewed by the Laboratory Manager.
4. Legacy LIMs (IHCS and Phoenix) were searched by Surname, Forename and DOB. Data in these systems only remains from 1993 onward due to retention and disposal schedules; information prior to changes in guidance in 2005, was kept for 15 years, now 30.
5. Historic paper notes from lab were reviewed by hand, by the Haemostasis/Thrombosis CNS. Notes date back to 1976, and note patient identification and the product that was issued.
6. Reviewing patient notes, including general correspondence, staff created a timeline for each patient known to be affected, documenting treatment history and onward contact, including counselling.

Section 2. The Trust's information repositories (from 1950 to present day) such as local authorities, University archives and The National Archives

7. See attached Excel document detailing all known Information Assets belonging to Torbay and South Devon NHS Foundation Trust.
8. UKHCDO

Section 3. Repositories and archives searched

9. Paper held records for patients identified on the national register. These records were obtained by locating the required patient records, then a search manually was completed by members of staff.
10. Electronic databases searched include, the current Laboratory Information System Winpath, and the two legacy systems IHCS and Phoenix. These were searched by Alistair Penny, Laboratory Manager Haematology and Transfusion Medicine.
11. Some repositories of corporate records date back to 1991, the year which South Devon Healthcare Trust formed. These were found by the Personal

Assistant to the Chief Executive, in the filing of board papers. Prior to this date an organisation known as the Torbay Health Authority would have held responsibility for corporate documents; these are not held by Torbay and South Devon NHS Foundation Trust.

12. Current LIMs (WinPath) -searches using Surname, Forename and DOB . Current LIMs, all blood transfusion data migrate from legacy systems.
13. Legacy LIMs (IHCS and Phoenix) --searches using Surname, Forename and DOB. Data from 1993.
14. UKHCDO database using Surname, Forename and DOB .
15. Reviewing patient notes, including general correspondence staff created a timeline for each patient known to be effected, documenting treatment history and onward contact, including counselling.

Section 4. This section should only be used if documents have been destroyed. Please explain briefly and exhibit copies of the relevant document destruction record or policy to the statement.

16. Blood transfusion records were kept for a minimum of 15 years prior to 2005. With the introduction of the Blood safety Quality Regulations in 2005 the records are being kept for 30 years, in line with issued guidance.

Statement of Truth

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

Signed _ GRO-C

Dated 3rd September 2020