

Witness Name: Dr Gerard Dolan

Statement No: WITN4524001

Exhibits: WITN4524002- 014

Dated: 23 April 2020

INFECTED BLOOD INQUIRY

WITNESS STATEMENT OF DR GERARD DOLAN

I, Dr Gerard Dolan, of Guy's and St Thomas' Hospital NHS Foundation Trust, Westminster Bridge Road, London, SE1 7EH ("the Trust"), will say as follows:-

I make this statement for the Infected Blood Inquiry ("the Inquiry") on behalf of the Trust in connection with the Inquiry's Request dated 14 February 2020 ("the Request") for a written statement pursuant to Rule 9(1), 9(2) and 9(4) of the Inquiry Rules 2006.

Introduction

1. I am a Consultant Haematologist and the current Director of the Haemophilia Centre at the Trust, a post I have held since 2015. Prior to this, I was the Lead for the Haemophilia Centre at Nottingham University Hospitals NHS Trust from 1991-2015. I was appointed as a Consultant in 1991 and my qualifications are MBChB, FRCP and FRCPath. I was the Chair of the United Kingdom Haemophilia Centres' Doctors Organisation ("UKHCDO") for 4 years between 2011 and 2015. I was the Lead Clinician for the Clinical Reference Group for Haemophilia from 2013 to 2019. I am a member of the Advisory Committee of the UKHCDO and I represent the Trust at the national organisation.
2. As part of my role as the Director of the Trust's Haemophilia Centre ("the Centre"), I am responsible for leading the haemophilia multi-disciplinary team ("MDT"). The MDT runs outpatient clinics for haemophilia, including specialist orthopaedic, Hepatitis C, HIV, obstetric, gynaecology and paediatric clinics. As Director, I lead the South London Adult and Paediatric Haemophilia Network, which includes services at St Georges' University Hospital and Lewisham University Hospital. I lead a weekly MDT meeting for the Centre, covering new diagnoses; treatments for patients; management of ongoing surgical cases and staff training.

3. We are a Haemophilia Comprehensive Care Centre with allied specialists to help manage patients with different complications of bleeding disorders, such as haemophilia patients infected with HIV and Hepatitis C. We treat patients from all over the country and act as a tertiary referral centre, providing surgery for a large number of patient from other national centres. At the Centre we translate national policy into local practice and follow national treatment guidelines to offer the safest treatment possible for all of our patients. For example, we use recombinant products where possible to protect patients from plasma-derived infection and actively review our use of all therapeutic agents.
4. Since my appointment as Director of the Centre in 2015, I have been responsible on a number of occasions for answering questions from the Inquiry. As a result, I am aware of some of the issues surrounding the Inquiry and have assisted in identifying where relevant records may be held within the Trust's archives and systems.
5. The information provided within this witness statement is based upon facts within my 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.
6. The Inquiry has requested details of the searches previously undertaken by the Trust in response to the Inquiry's previous Rule 9 request dated 15 August 2018 ("the August 2018 Request"). I am also providing details of the searches carried out by the Trust in response to the Inquiry's subsequent Rule 9 Requests dated 21 June 2019 ("the June 2019 Requests").

Searches undertaken in response to the Rule 9 request dated 15 August 2018

7. Following receipt of the August 2018 Request, I contacted the Centre's multi-disciplinary team (MDT) regarding the information and/or documents potentially relevant to the Inquiry requested. The MDT confirmed that there was no material of potential relevance stored at the Trust. I also met Dr Bevan, the previous Director of the Centre who was unaware of any minutes of meeting or records of discussions from the relevant period or copies of policies; Ms Smith, the Personal Assistant to the two previous Centre Directors, could not recall typing any relevant documents and Mr Rowe, the data management lead, thought there were hard copy registers of treatment administered/supplied to patients, but was unaware of their current location. The Chief Executive's Office was also contacted. The searches undertaken and their outcomes are set out in my letter of 5 September 2019 and the Medical Director's Office's letter of 17 July 2019.

8. The Centre subsequently repeated the searches to check for the existence and location of any potentially relevant documents to the Inquiry's List of Issues and/or Terms of Reference. These searches are set out in further detail below:

- a. The S Drive is a shared electronic Trust drive. The Centre uses a folder entitled "Haemostasis & Thrombosis" for the electronic storage of documents used by the department. An initial review of the shared drive folder to identify any subfolders of potential relevance to the Inquiry. Screenshots of the "Haemostasis & Thrombosis" folder and the subfolders are appended to this statement as **Exhibit WITN4524002 and WITN4524003**. The Trust also proposes to conduct a key word search of all relevant information stored in the S Drive Haemostasis & Thrombosis folder and subfolders to identify documents and information potentially relevant to the Inquiry's List of Issues and/or Terms of Reference. The Trust is presently waiting to hear whether the Inquiry wishes to provide an approved list of search terms for this purpose.
- b. The H Drive is an electronic drive for the storage of personal documents by individual members of Trust staff. Individual staff members of the Centre were asked to identify whether they hold any potentially relevant documents pursuant to the August 2018 Request within their individual H Drives and no documents have been identified.
- c. Physical searches of the Centre have been undertaken by the personal assistant to the Director of the Centre (who has been employed by the Trust in this role since 1979) to identify any relevant hard copy documents that may be of potential relevance to the Inquiry. No relevant documents were identified during the course of the physical searches of the Centre. I also confirm that I have no knowledge of any relevant non-patient specific documents held by the Centre having been archived.

Searches undertaken in response to the Rule 9 requests dated 21 June 2019

9. On 21 June 2019 the Trust received two further requests pursuant to Rule 9 of the Inquiry Rules 2006. The first request related to evidence of the Trust's archiving systems and information repositories. The second request sought the production of relevant documents and information held by a number of departments and services.
10. Following receipt of the June 2019 Requests, the Trust legal team approached departmental and clinical leads with responsibility for the areas identified and asked them to search for and provide information and documents potentially relevant to the Inquiry. Each lead was provided with a covering email detailing the information and documents required plus copies of the Inquiry's Terms of Reference and List of Issues.

The leads shared the emails and attachments with colleagues they considered may be able to assist. The Trust staff initially contacted on 8 August 2019 to undertake searches were:

- Trust Secretary / Director of Corporate Affairs;
- Associate Director of HR for Medical Workforce;
- Director of Information Governance;
- Haemophilia Centre Director;
- Professor & Clinical Director for Haematology & Haemostasis;
- Clinical Lead for Blood Transfusion;
- HIV Service Lead;
- Clinical Director for Research.

11. Additional Trust staff were contacted to undertake searches for the Inquiry on 19 August 2019 by email which set out the information and documents required and attached copies of the Inquiry's Terms of Reference and List of Issues. These staff were the:

- Chief Financial Officer;
- Head of Complaints;
- Service Managers for Haematology, Haemophilia & Thrombophilia;
- Laboratory Managers for Blood Transfusion;
- Director of Clinical Trials;
- Viapath Senior Management Team (Pathology Services provider).

12. Some of the documents identified as a result of these searches comprised the minutes of the meetings of St Thomas' Health District (STHD) from 1974 to 1981 and of West Lambeth Health Authority (WLHA) from 1982 to 1990. The first tranche of minutes was disclosed to the Inquiry via the secure portal on 13 September 2019 and are listed in the email from the Inquiry appended to this statement as **Exhibit WITN4524004**. The second tranche of meeting minutes was uploaded to the Inquiry's secure portal on 4 October 2019 and are listed in the email from the Inquiry appended as **Exhibit WITN4524005**.

13. Other documents identified included 75 sets of minutes of meetings of the Hospital Transfusion Committee (HTC) for the period 2000 to date. As none of the minutes seemed potentially relevant to the Inquiry, the 75 sets were not were not uploaded via the secure portal but, with the agreement of the Inquiry, a table detailing all the HTC discussions about liaison with NHSBT and research was disclosed on 29 November 2019 and is appended to this statement as **Exhibit WITN4524006**. 50 sets of Thrombosis and Thromboprophylaxis Committee (T&T) meeting minutes from 2014 to date were also identified; as none appeared potentially relevant to the Inquiry's Terms of Reference or List of Issues, with the agreement of the Inquiry, they have not been disclosed.

14. In response to an email from the Inquiry dated 23 October 2019, which indicated that further searches should be carried out across the whole Trust for potentially relevant information and documents, the Trust legal team sent to the General Managers of all the clinical directorates a questionnaire, appended to this statement at **Exhibit WITN4524007 and WITN4524008**, asking them to confirm what electronic and hard copy documents and information they were aware of which may be potentially relevant to the Inquiry. A list of the clinical directorates that received a copy of this questionnaire is set out below:

Guy's and St Thomas' Hospitals:

- Integrated Care (community services, emergency, acute, general medicine, geriatrics)
- Cardiovascular (cardiology, cardiac surgery, vascular surgery)
- Gastrointestinal Medicine and Surgery
- Haematology
- Medical Specialties (endocrinology, neurology, ophthalmology)
- Oncology (chemotherapy and radiotherapy)
- PACCS (pulmonary, adult critical care, sleep)
- Specialist Ambulatory Services (allergy, dermatology, rheumatology, HIV, sexual health)
- Surgery (plastics and trauma & orthopaedics)
- Surgical Oncology (breast, head & neck, ENT, audiology, thoracic surgery)
- Theatres, Anaesthesia and Peri-operative Medicine
- Transplant, Renal and Urology
- Women's Services (ACU, gynaecology, maternity)

Evelina London Children's Hospital:

- Surgery and Intensive Care
- Medicine and Neonatology
- Children's Community Services
- Patient Safety, Quality and Assurance
- Research
- Education

15. The Trust's legal team is liaising with the Trust's IT Department to conduct a Trust-wide keyword search of the GSTT shared drives and intranet to identify documents and information potentially relevant to the Inquiry's List of Issues and/or Terms of Reference. Prior to undertaking this search, the Trust canvassed by letter dated 29 November 2019 (appended to this statement at **Exhibit WITN4524009**) whether the Inquiry wished to provide a recommended list of keywords for the Trust to search against. The Inquiry's response is presently awaited and as a result, this keyword search has not yet been undertaken. The Trust proposes to apply the keyword search to the shared drives used by the clinical directorates/services.

Information repositories

16. The following information repositories are within the Trust's control, responsibility or oversight. The searches undertaken of these information repositories are detailed below:

- a. Individual patients' health records are held both electronically on various systems and in hard copy form by the Health Records library at St Thomas' Hospital. There has been a transfer from the use of hard copy records to electronic records as different systems have become available. From the early 1990s to the early 2000s the Trust stored health records off site in microform format. The Trust has a contract with Iron Mountain for secure off site storage of hard copy health records which commenced in 2015. Since this date hard copy records which have not been actively used for 6 months are archived off site and retained indefinitely by Iron Mountain. It is the Trust's understanding that the Inquiry is not asking for searches of individual patients' health records to be undertaken, so searches have not been performed pursuant to the August 2018 Request. Haemophilia Centre patient health records have always been retained in hard copy form.
- b. Electronic shared drives: the S Drive is a shared electronic drive that is used Trust-wide. Directorates and services within the Trust use folders and subfolders within the S drive. All clinical and non-clinical Directorates and services have individually received questionnaires to identify the existence and location of any documents that may be relevant to the Inquiry's List of Issues and/or Terms of Reference. Additionally, a Trust-wide IT search is proposed using an agreed list of search terms. We trust that a combination of the above methods will capture all of potentially relevant information held on the S Drive.
- c. The Data-8 system is an electronic system used by the Centre for recording blood products allocation, but this information is patient-specific only. A search of the Data-8 system has not been conducted to date as it contains only patient-specific information.
- d. Datix is an electronic database used for the storage of information and documents relating to incidents, complaints, clinical negligence and personal claims and inquests. The Head of Complaints at the Trust conducted a preliminary search of Datix and did not identify any complaints considered to be potentially relevant to the Inquiry's Terms of Reference. Following receipt of a letter and a list of key word search terms from the Inquiry dated 13 March 2020, further searches of the complaints database were carried out which again did not identify any potentially relevant material. On 7 and 8 April 2020 the reports generated in the course of the searches, which summarised the issues raised in the complaints featuring the key words, were disclosed via the secure portal to the Inquiry. The emails from the Inquiry are appended to this statement at **Exhibit** WITN4524010

17. While not within the Trust's control, the following information repositories have been identified as storing potentially relevant documents to the Inquiry's Terms of Reference and/or List of Issues and have been searched:

- a. London Metropolitan Archive: Trust staff have spent several days at the Archive retrieving and copying minutes of the meetings of the St Thomas' Hospital District and West Lambeth District Health Authority which are deposited there and effected disclosure of relevant minutes to the Inquiry on 13 September and 4 October 2019.
- b. Viapath: the Trust's external pathology provider, is an information repository of potentially relevant documents, but is not within the Trust's control, responsibility or oversight. Viapath has conducted searches of its systems and has identified possible sources of relevant information for the purpose of the Inquiry, which are described in further detail below:
 - i. Hard copy documents are held on-site at Viapath's offices at the Trust. Viapath has suggested conducting a review of the hard copy documents to identify the types of information held in hard copy format and providing a schedule of the documents exclusively held in that format to the Inquiry (Viapath does not propose disclosing any hard copy documents which are merely duplicates of documents held in soft copy form). The Trust proposed by letter dated 29 November 2019 that the Inquiry reviews the schedule of hard-copy documents held by Viapath and indicates which of the hard-copy documents it would like to receive. The Trust has received an acknowledgment but not a substantive response to this letter. The hard-copy documents held on-site at Viapath's offices are in current use and disclosing all documents from the outset would not be feasible without further indication as to whether it would assist the Inquiry's investigations.
 - ii. The G drive is an electronic drive used by Viapath. A series of screenshots showing the Viapath folders and subfolders within the G Drive were sent to the Inquiry on 29 November 2019. Viapath has proposed conducting an initial review of the subfolders within the G Drive to exclude any patient specific records or folders. After this initial review, the Trust's IT staff will be asked to extract any folders held on the G Drive which are potentially relevant to the Inquiry's List of Issues and/or Terms of Reference onto an external hard drive, which can be couriered to the Inquiry's offices.
 - iii. CellNass: Viapath has archived historic documents at CellNass (Unit 80 Mochdre Enterprise Park, Newtown SY16 4LE). Viapath has made contact with CellNass for schedules of all documents held in its archives, which have now been received.

Copies of the schedules were disclosed to the Inquiry on 29 November 2019. Viapath proposes to undertake a review of the schedules and extract a sample set of the most potentially relevant documents to the Inquiry's Terms of Reference and/or List of Issues for initial disclosure. Subsequently Viapath further proposes to undertake a second more comprehensive review of all of the documents held in archives so that the disclosure provided to the Inquiry is only that which is relevant to the Terms of Reference and/or List of Issues (it is envisaged that the archive will include a large tranche of patient specific documents). Viapath proposes to undertake this review of the archived documents and to effect disclosure by to the Inquiry. Viapath is presently waiting for the Inquiry's agreement to this approach and an instruction to take the proposed steps.

- iv. QPulse is an electronic document management system for laboratories used by Viapath for the storage of archived and current policies, SOPs and other non-patient specific documents relevant to pathology services. Viapath estimates that QPulse holds over 6,000 documents and would be content for a member of the Inquiry team to visit its offices to jointly review the documents held on QPulse, given that Viapath does not have the technical means to extract all documents onto an external drive (as it is a specialised laboratory management system) and the scope of potentially relevant documents held on the system is potentially vast. Alternatively, if the Inquiry is able to advise how disclosure can otherwise be effected from QPulse, any recommendations would be of great assistance.
- v. LIMS is an electronic Laboratory Information Management System used to record the receipt and allocation of blood and blood products to patients and is within the control of Viapath, the Trust's pathology provider. While it is overwhelmingly used for the storage of patient-specific information, it is possible to extract some non-patient specific information, namely the receipt of blood and blood products from NHS Blood and Transplant prior to its allocation to a patient. By letter dated 29 November 2019 the Trust asked the Inquiry for advice as to whether the information held on LIMS would assist the Inquiry, and whether a sample set of entries from selected months/years would assist in the first instance to identify whether this is relevant information the Inquiry would like to receive in full. The Inquiry's response is presently awaited.

18. The Trust has directed the Inquiry by letters dated 5 September 2018 and 17 July 2019, a telephone conversation on 9 August 2019 and emails dated 30 August and 28 October 2019 to potential information repositories, including the National Haemophilia Database; the UKHCDO; the United Medical and Dental School and the Ministry of Justice in relation to the HIV Haemophilia Group Action in 1989, none of which

are within the Trust's control, responsibility or oversight. None of these potential information repositories have been searched by the Trust.

Document retention and destruction

19. The Trust has no specific knowledge of whether records requested pursuant to the Inquiry's Rule 9 Request have been destroyed; due to the passage of time, it is not known what records (other than records already disclosed or identified to date) might have existed and how they might have been stored. For completeness, an overview of the Trust's policies for document retention and destruction is provided below.
20. The Trust Corporate Records Policy governs the creation, storage, destruction and management of non-medical records. The current version of the policy is appended to this statement at **Exhibit WITN4524011** (version 3, effective from January 2017). This policy was initially implemented in March 2011. The Trust's Guidance Note for the destruction of corporate records is appended to this statement at **Exhibit WITN4524012**.
21. The Trust has adopted the IGA Records Management Code of Practice for Health & Social Care 2016 **Exhibit WITN4524013** and retention schedule **Exhibit WITN4524014** in respect of patients' health records and is in the process of promulgating its own health records policy.

Conclusion

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

Signed: ... **GRO-C: Gerard Dolan**

Dated: ... 30th SEPT 2020 ...