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29 November 2019

Dear GRO-D

Guy's and St Thomas' NHS Foundation Trust

We write further to our recent correspondence of 29 October 2019 in relation to the Trust's response to the Inquiry's Rule 9(2) Request of 21 June 2019.

Since our previous correspondence, we have taken further steps to comply with the Inquiry's Rule 9(2) Request for disclosure which we hope are both proportionate and yet effective to assist the Inquiry.

We set out below a summary of the steps that have been taken since last writing and the proposed future steps for effecting further disclosure.

1. Meetings with Haemophilia Centre

We have met with Dr Gerry Dolan (the current Director of the Haemophilia Centre) and the Personal Assistant to Professor Geoffrey Savidge (the former Trust Haemophilia Centre Director who died a number of years ago) on 6 November 2019 to gain an understanding of the processes in place for storage of documents and information that would potentially be relevant to the Inquiry's Terms of Reference and/or List of Issues. During these meetings, the following types of potentially relevant information were identified:

- **Electronic records:** The Haemophilia Centre does not generally store electronic documents on any drives other than the Trust's shared drive. The data-8 system

is used for recording blood products allocation, but this information will be patient-specific only. It is unlikely that any other shared drives or individual's personal drives are used for storing documents/information – if they have been used, it is down to individual preference, and the team is not aware of any individuals storing such documents or information. Working/draft documents may be held on individual computers e.g. an individual's personal H: drive, but once a document has been finalised it would be uploaded to a Trust shared drive. Similarly, if external storage devices have been used in the past (e.g. memory sticks, CDs, floppy drives) it would have been down to individual preference, and the team has no specific knowledge of any such devices having been used or stored. Such devices are not currently used for data protection reasons. The Department is undergoing peer review in December 2019 which may highlight further documents and information relevant to the Inquiry.

- **Hard copy records:** Individual patient records are archived centrally with Iron Mountain. The Department has no knowledge of other hard copy records (i.e. non-patient specific documents) being archived at all. It was previously the responsibility of the business manager to transfer hard copies to archives, and it is likely that the business managers from the 1980s/1990s would have specific paper records or electronic storage e.g. USB sticks, floppy discs etc. for their own activities, but there was no formal system for storing such information or documents and the team do not have knowledge of where such documents may now be found. Hard copy documents were generated by the Skipton Fund and would be potentially relevant to the Inquiry, but the documents and information are patient specific (it is held onsite in an accessible location). The laboratory had responsibility for recording the allocation of blood and blood products. It is likely that there were hard copy laboratory documents, and it is likely these were given to the National Haemophilia Database in Manchester (as they seem to have knowledge of to whom infected blood was given). It is likely that the most relevant documents and information are contained within individual patients' records.

- **Staff training:** It is likely that information relating to training is held by the Haematology team centrally, the Education Centre or on the shared drive. Most training given to the team was generic hospital training using national resources, and it was not haemophilia specific. There would not have been much in the way of education and training in the 1980s and 90s as the teams were very small with only 1 director, 1 consultant and 2 nurses. A lot of training would be have been nationally led.

- **Meeting minutes:** Meetings were called by service/general managers. Minutes are likely to be accessible on the shared drive. Minutes are usually uploaded to the shared drive by one of the administrators, which would include minutes from Mortality & Morbidity meetings and Clinical Governance meetings. There is a departmental meeting on Monday morning of thrombolysis and haemophilia teams regarding patient activity over the weekend. There is a haemophilia clinic on Wednesday morning, with a pre-meeting regarding patients. There is a Thursday afternoon MDM which is largely patient centric, but any issues generally would be flagged at this meeting. All of the MDT team: doctors, nurses, physios and laboratory staff attend, and it is specific to the Haemophilia Centre. There is a commissioning group for London and a meeting of commissioners in London is held every quarter along with an additional AGM. The Commissioners

are likely to have copies of the minutes. Oxford and Cardiff may have copies of minutes from joint meetings, and all meeting minutes would be held by the UK CDO.

- **Research/Clinical trials:** The Clinical Director for Research and the team managing clinical trials are part of Kings Health Partners. The Inquiry has been directed to contact the United Medical and Dental School to ascertain whether they have any potentially relevant documents or information. There would have been collaborative research taking place under the UMDS umbrella. The team is not aware of any specific documents relating to research and development. Clinical trials are no longer organised by the Haemophilia Centre. It is likely in the past there would have been local trials, but the Department is not aware of any documents relating to clinical trials within its control.

- **Patient surveys:** There is a Family and Friends questionnaire for the Haemophilia Centre and there is an anonymised audit of those who responded. There were 3 surveys in the late 1990s and 2000s. They are completed every 3 years with 20-30 patients selected at random to comment on services. In terms of where these might be stored, reports were sent back to the UK CDO, so it is possible the CDO might have copies of such documents.

We have identified a list of key individuals who may have personal knowledge of historic practices for the generation and storage of documents or information by the Haemophilia Centre that may be relevant the Inquiry's List of Issues and/or Terms of Reference. We are seeking to make contact with these individuals (where possible) to gain an understanding of historic practices.

We are also seeking to arrange further meetings with key members of nursing staff within the Haemophilia Centre, as well as the Centre's Administrator and Data Processing Officer to ensure that the all potentially relevant documents held by the Haemophilia Centre have been identified and that all appropriate steps are being taken to implement disclosure.

2. Identifying documents/information held by other Trust Directorates and/or Services

The Trust has sent the General Managers of all the clinical directorates a copy of the attached questionnaire asking them to confirm by 15 November 2019 what electronic and hard copy documents and information they are aware of which may be relevant to the Inquiry. Those directorates/services comprise:

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, trauma & orthopaedics)
- Surgical Oncology (breast, head & neck, ENT, audiology, thoracic surgery)
- Theatres, Anaesthesia, Peri-operative Medicine
- Transplant, Renal and Urology
- Women's Services (ACU, gynaecology, maternity)

Evelina London Children's Hospital:

- Paediatric Haematology
- Paediatric Patient Safety, Quality and Assurance
- Paediatric Sickle Cell & Thalassaemia Service
- Paediatric Community Sickle Cell Team
- Paediatric Research
- Paediatric Surgery, Paediatric Intensive Care Unit (PICU), Theatres
- Paediatric General Surgery, Ophthalmology, ENT
- Paediatric Emergency Department
- Paediatric Cardiology
- Paediatric Orthopaedics
- Paediatric Pharmacy
- Paediatric Renal
- Paediatric Gastroenterology
- Paediatric Spinal
- Paediatric Education
- Paediatric Infection, Prevention and Control (IPC)
- Paediatric IMMID
- Paediatric Cleft Service and Plastic Surgery
- Children's Community Nursing service
- Neonatal Intensive Care Unit (NICU)

To date we have received responses from 23 services and are continuing to liaise with the others for their replies. We are also considering how best to collate the electronic and hard copy material identified by the individual services.

3. Disclosure of electronic documents held on the Trust's shared drives

We are liaising with the IT Department regarding a Trust-wide keyword search of the Trust's 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 canvasses whether the Inquiry wishes to provide a recommended list of keywords for the Trust to search against.

We propose to apply the same keyword search to the shared drives used by the clinical directorates/services.

4. Meetings with Viapath, the Trust's Pathology provider

We have met with the Trust's Pathology provider, Viapath to discuss the potentially relevant documents and information held on behalf of the Trust. An initial meeting was

held on 11 November 2019 to explain the Trust's disclosure obligations pursuant to the Rule 9(2) Request and to understand how Pathology services were historically managed for the Trust and how this has changed over time until present day and how documents and information has been generated, stored and archived.

A second meeting was held on 22 November 2019 to discuss the steps taken by Viapath to date following the initial meeting and to develop and implement a plan for effecting disclosure of the documents and information held. We are working closely with Viapath's Corporate, Virology, Blood Transfusion and Infection Science teams and propose the following steps:

1. Electronic documents are stored on the Trust's "G: drive", a shared drive used by Viapath. A series of screenshots showing the folders and subfolders within the G: drive will be uploaded. Viapath suggests 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.

2. Hard copy documents are held on-site at Viapath's offices at the Trust. Viapath suggests conducting a review of the hard copy documents held on-site to identify the types of information held in hard copy format and providing a schedule of the documents exclusively held in hard copy format (Viapath does not propose disclosing any hard copy documents which are merely duplication of documents held in soft copy form). Viapath suggests that a schedule of hard-copy documents could be initially provided. We suggest 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 hard-copy documents held on-site at Viapath's offices are in current use and the scope of disclosing all documents from the outset would not be feasible without further indication as to whether it would assist the Inquiry's investigations. We would welcome your agreement with this approach.

3. 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 archives, which have now been received. Copies of the schedules will be uploaded. 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 same day courier to the Inquiry.

4. QPulse (an electronic document management system for laboratories) is used for the storage of archived and current policies, SOPs and other non-patient specific documents relevant to pathology services. Excel spreadsheets

demonstrating (a) the historic and (b) the current documents held by QPulse will be provided shortly. 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.

5. The "LIMS" [an electronic Laboratory Information Management System] is used to record the receipt and allocation of blood and blood products to patients. 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. A screenshot showing an example of the information held by LIMS will be uploaded. We should be grateful for the Inquiry's advice as to whether such information will assist the Inquiry. If so, please could the Inquiry confirm 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 (which would be an extensive exercise)?

6. When blood and blood products are received from NHS Blood and Transplant, there is a hard copy delivery note. An example will be uploaded. Could the Inquiry confirm whether a sample set of delivery notes 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?

Next steps

The Trust is continuing its work to identify documents and information for disclosure to the Inquiry in accordance with the Request, and appreciates the need to complete this work as quickly as possible.

It is difficult, at this stage, to ascertain how long it will take the Trust to conclude the searches referred to above. We would therefore request that an extension of time to comply with the outstanding aspects of the Rule 9(2) Request of 21 June 2019 on the basis that the Trust provides an update on progress on **23 December 2019**, and discloses information to the Inquiry in the interim, as and when any of the various enquiries referred to above come to a conclusion.

We should be grateful for your confirmation that the above approach and proposed next steps are approved by the Inquiry. Alternatively, we should be grateful for your advice where a different approach is recommended. If it would assist, we would be happy to meet with the Inquiry team to ensure that the approach taken by the Trust to date is endorsed by the Inquiry and to address any concerns or queries that the Inquiry may have on review of our proposals.

Yours sincerely

Fiona Addison
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Guy's and St Thomas' NHS Foundation Trust