Witness Name: Tracy Bullock
Statement No.: WITN4525001
Dated: 19/08/2020

INFECTED BLOOD INQUIRY

FIRST WRITTEN STATEMENT OF TRACY BULLOCK

I, Mrs Tracy Bullock, of University Hospitals of North Midlands NHS Trust (UHNM), will say as follows: -

Section 1. Searches, including search terms used

No searches have been undertaken by UHNM thus far since individual patient identification details (PID) will need to be supplied to enable UHNM to retrieve and provide the Infected Blood Inquiry with information contained within patient medical records. If PID is provided searches will be undertaken as follows:

1. CliniSys LabCentre Transfusion laboratory information system (LIMS)
    a. Can search via:
        i. Hospital number
        ii. NHS number
        iii. Surname, forename, DOB
    b. Once selected system would load a list of requests for that patient
        i. Look through all requests for blood product issue (code IO)
        ii. If located open record and review details
            1. Product type

2. Batch number
3. Quality
4. Fate – issued or returned

The final fate of products would be recorded in patient case notes

2. Previous laboratory computer system (HIIS)
    a. Raise job with Pathology ICT to interrogate database
    b. Search can be run against PID or batch number
    c. If a match is found, records would be displayed and could be interrogated to provide
        i. Product type
        ii. Batch number (if available at the time)
3. Paper Records (Day Books)
    a. Retained in date order in filing cabinet
    b. Locate appropriate date range if possible
    c. Manually review each page searching for patient identifiers
    d. If located check products
        i. NHSBT would have donor number details (red cells / platelets)
        ii. Factor concentrates – batch number may be recorded (not a requirement at the time)
    e. Looking through manually would be an option
4. Patient case notes
    a. Scanned onto the Electronic Document Management System on iPortal
    b. Archived on microfiche

In accordance with the NHS Records Management Code of Practice for Health and Social care period some records may have already been destroyed.

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

1. Coagulation factor issue

a. Records of coagulation factor products & batch numbers administered to patients from 2000 to present are held electronically within the CliniSys LabCentre LIMS. This is the current LIMS system with real-time mirror server & daily backup to removable tape
b. Records of coagulation factor products & batch numbers administered to patients 1996 - 2000 are held electronically within previous laboratory computer system (HIIS). This was recently moved to a SQL database to protect the data as it was an old Microsoft access database which wasn't totally secure
c. Records of issuing coagulation factors to patients which don't specify the factor product or batch number (e.g. just state '1000iu factor VIII' against patient name) are recorded in handwritten day books Mid 80's – 1996. There are approximately 65 daybooks (A4 / A3 diary size) which have been relocated from Royal infirmary and Central Pathology Laboratory sites and now reside in Pathology at Royal Stoke University Hospital (RSUH). Please note the vast majority of records with these daybooks list blood grouping results and red cell issue.
d. Additional information on coagulation factor products and batch numbers administered to patients may be available within patient case notes:
    i. Health Records Library – if active patient within the past 2 years. More recent information may also be held digitally within the Trust's iPortal clinical system
    ii. Offsite storage bureau – non active patient
    iii. Offsite storage bureau – deceased patient records
    iv. Electronic Document Management System
    v. Microfiche

2. Information provided to patients
    a. Notification of the risk of nvCJD that was sent out to all UHNM patients with haemophilia and other bleeding disorders in 2004 as per National Blood Service instructions. One haemophilia

patient who died in 2007 received an infected nvCJD product. This paperwork was relocated from Medical Secretary to the Consultant Haematologists office at the West Building, RSUH and now reside in Pathology, RSUH

b. The Medical Secretary to the Consultant Haematologists has spoken to the retired Consultant Haematologist (who treated the UHNM patients with haemophilia and other bleeding disorders Mid 70's - 2004) who confirmed patients were informed of the risks of HIV and Hepatitis C when they came to clinic and offered screening. Hepatitis C patients were offered / provided treatment with Ribiviron and Interferon. This is documented in patient case notes.
c. Other information provided to patients relevant to the inquiry may be documented in patient case notes

Section 3. Repositories and archives searched

No repositories and archives searched in response to the Rule 9(2) request, dated 15 August 2018 since individual PID will need to be supplied to enable UHNM to retrieve and provide the Infected Blood Inquiry with information contained within patient medical records.

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.

UHNM will retain and refrain from destroying the documents and information held as listed above which may be of relevance to the Inquiry. However Medical Records will continue to be destroyed in accordance with the NHS Records Management Code of Practice for Health and Social care. If specific patient details that are relevant to the enquiry are provided these will highlighted for retention.

Statement of Truth

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

Signed GRO-C

Dated 19/08/2020