

Witness Name: **Lee Budge**
Statement No.: **WITN4681001**
Exhibits: **WITN4681002-3**
Dated: **15 September 2020**

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF LEE BUDGE

I, Lee Budge will say as follows: -

1. I am employed by the University Hospitals Plymouth NHS Trust ("the Trust") as the Trust's Director of Corporate Business. I have worked for the Trust within this role since 2010.
2. The information provided within this witness statement is based upon facts within my knowledge, save for where I indicate the source of my information or belief. Where matters are not directly within my knowledge, I believe them to be true.
3. As the Director of Corporate Business, it is my responsibility to provide senior oversight of the Trust's overarching corporate governance arrangements, including but not limited to ensuring that:
 - 3.1. the Trust Board, its committees and the Trust Management Executive are organised appropriately and focus on the right issues and at the right time;
 - 3.2. the Trust Board is provided with appropriate legal and corporate governance advice; and
 - 3.3. the Trust has robust arrangements in place for managing its Health & Safety and Information Governance responsibilities.

I have recently taken lead responsibility in the Trust's interactions with the Inquiry and, as part of doing so, I have completed a look back exercise in relation to the correspondence and communications with the Inquiry to date.

Scope of this witness statement

4. I have been asked to write this statement on behalf of the Trust to respond to specific matters raised within two requests for information and documentation made under Rule 9(1), 9(2) and 9(4) of the Inquiry Rules 2006, as received from the Infected Blood Inquiry ("the Inquiry"), dated 14 February 2020 ("the First Request") and 14 April 2020 ("the Second Request"). In this statement I respond to the questions raised by the Inquiry within these requests.
5. Item 1 within the First Request is for **"Of the searches undertaken to comply with our Rule 9 request, dated 15 August 2018, please provide a list of searches, including search terms used"**. The Trust responded to this request by way of a letter from Ann James, Chief Executive, dated 19 March 2020. The Trust's response to this request as contained within that letter is as follows:
 - 5.1. *"We used the patient database provided to us by Lynne Dewhurst, UKHCDO Administrator & Senior NHD Analyst which was updated as new information arose.*
 - 5.2. *Using this resource, we searched both our pathology lab results system (APEX) which dates back to 1990 and the Microbiology iLab systems. Where information was not available from these primary sources we used the medical records.*
 - 5.3. *All medical records for all of the patients were reviewed by the local team of either Caroline Lowe or me (Wayne Thomas) regardless of whether we already had the required minimum dataset. We did not encounter any destroyed notes.*
 - 5.4. *Where results were not available the patients were contacted directly, consent appropriately, to complete the data and results entries".*

6. Item 1a) of the Second Request is for **"The precise terms used in the search"**. Our response to this request is as follows:

6.1. As per our response set out at paragraph 6 above, we reviewed the medical records for those identified by the patient database provided to us by the UKHCDO. We did not use any specific search terms.

6.2. Having identified what we considered to be the potentially relevant information, we wrote to the Inquiry by letter dated 13 September 2018 confirming that:

"We have assessed the documentation and information that we hold and we feel the following records may be of relevance to the Inquiry:

- *Patient VCJD exposure records, from 2005, in the region of 20 records.*
- *Vigam-S look back, from 2005, in the region of 50 records.*
- *HCV look back programme records, from 1995, in the region of 60 records.*

I note that your letter says that you would like to receive all information excluding individual patient records. Given that all of the above documents are in the form of individual patient records, I would be grateful if you could advise on the best way to proceed".

I have not been to locate a response from the Inquiry to the above.

6.3. As stated above, this original search did not use specific 'search terms'. However, the Trust has recently written to the Inquiry on 19 August 2020, asking the Inquiry for a list of relevant search terms to allow the Trust to conduct further searches of both our digital and hardcopy repositories.

7. Item 1b) of the Second Request is for **"Whether other than patient databases, other types of searches were carried out - including physical searches of any buildings/cabinets/files etc"**. Our response to this request is as follows:

7.1. The searches carried out were limited to the patient databases identified in paragraph 6 above. We therefore refer the Inquiry to paragraph 7.3 of this statement.

8. Item 1c) of the Second Request is for **“Whether any searches prior to 1990 were carried out and if so, how”**. Our response to this request is as follows:

8.1. The pathology lab results system (APEX) dates back to 1990. The Microbiology iLab system dates back to 2009. I understand that the medical records, that were reviewed in circumstances where the primary sources did not have the information required, dated back to 1981 when clinical services were consolidated on the Derriford site. The Derriford site is the location at which the vast majority of clinical services are operated by the Trust. For completeness, the address is Derriford Road, Crownhill, Plymouth, Devon, PL6 8DH.

8.2. The searches carried out were limited to these sources.

9. Item 1d) of the Second Request is for **“The meaning of ‘the required minimum dataset’ within the context of the response”**. Our response to this request is as follows:

9.1. The reference in our response to “the required minimum dataset” was a reference to the data for each patient, which the UKHCDO provided us on the attached Excel spreadsheet **WITN4681002** (which has now been redacted) for patient identifiable information. The point that we made in our previous response was that we looked for information on each patient, even in cases where all data was provided within the spreadsheet.

10. Item 2 of the First and Second Requests is for **“A list of all the University Hospitals Plymouth NHS 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”**. My response to this request is follows:

10.1. We confirm that, following a search of the Trust records, the Plymouth and West Devon Record Office (to which the Trust has a duty to send records of

public interest [for example, birth registers] under the Public Records Acts of 1958 and 1967) is the only external repository that we have found for which the Trust had or has any control, responsibility, or oversight.

- 10.2. For completeness, we have also sought to identify whether the Haematology Centre at the Trust has ever previously sent information to any other digital or hardcopy repositories. The only data shared relates to the aforementioned Excel spreadsheet which is attached to this statement as **WITN4681002**.
- 10.3. As set out within our letter to the Inquiry of 19 August 2020, the Trust has completed a further analysis of its local, Trust-run repositories for storing non-patient information.
- 10.4. The Trust has a number of different arrangements in place to oversee the management of information as it must maintain a Record of Processing Activities (RoPA) in order to meet its obligations under the General Data Protection Regulation (GDPR) and the Data Protection Act 2018. These include:
 - 10.4.1. Information Asset Register (IAR) – This details all systems (mainly electronic) together with their Information Asset Owner and Administrator – The current IAR lists 256 different systems in use within the Trust. By way of example, this includes basic information on digital systems such as paging, telephony, the intranet, as well as service-specific systems such as online radiology reporting.
 - 10.4.2. Local Records Leads - Each Department has a Local Records Lead who manages the Department's Records Inventory. These are typically hardcopy, non-patient data held locally in individual offices, as well as departmental information held in network shared drives.
 - 10.4.3. The Trust also operates a system of 'shared drives' to enable multiple users to access information. This includes information relating to a wide range of activities encompassing Trust Board papers, Committee

agendas and minutes, performance information and other non-clinical functions.

10.4.4. The vast majority of the information contained within these drives and repositories will not relate to the Plymouth Haemophilia Centre (the focus of the Inquiry's Requests) and work is being carried out to identify which of the repositories are likely to include information of relevance to the Inquiry's Terms of Reference. In order to assist this work, the Trust wishes to reiterate the request in our letter of 19 August 2020, in which we asked the Inquiry for a list of relevant search terms to allow the Trust to conduct further searches of these records.

11. Item 3 within the First Request is **"With reference to (2), please provide a list of the repositories and archives searched in response to the Rule 9(2) request, dated 15 August 2018"**. The Trust responded to this request by letter from Ann James, Chief Executive, dated 19 March 2020. The response as contained within that letter is as follows:

11.1. *Apart from the primary and secondary sources mentioned above we kept the file(s) relating to the previous Hep C lookback exercise from 1995. This was undertaken by my predecessor Professor Adrian Copplestone. These are available to be reviewed on request. UHP only has responsibility for its laboratory results as mentioned above and its medical records.*

12. Item 3a) of the Second Request requests the following clarification: **"Whether the Trust has made use of any repositories – including online/electronic archives and repositories"**. Our response to this request is as follows:

12.1. Please see our response to paragraph 11 above.

13. Item 4 of the Requests is **"If the records that were requested in the Rule 9 request, dated 15 August 2018, have been destroyed in line with University Hospitals Plymouth NHS Trust's document retention and destruction policies,**

please provide copies of the relevant document destruction record or policy as exhibits to the written statement”.

- 13.1. We responded to this request by letter dated 19 March 2020. Our response to this request as contained within that letter is as follows:

We did not encounter any destroyed patient records for our cohort and neither were we unable to complete the required data entries for each patient identified under our locality.

- 13.2. Corporate records are managed in line with the Records Management Code of Practice for Health and Social Care 2016 which contains detailed retention schedules. This Code is attached for reference **WITN4681003**.

14. Item 4a) of the Second Request requests the following clarification: **“Whether any other types of documents (i.e. not patient records) have been destroyed since the announcement of the Inquiry”**. Our response to this request is as follows:

- 14.1. With regard to non-patient records, the Trust currently manages these in line with the Records Management Code of Practice for Health and Social Care 2016. There is no single repository for destruction schedules. The repositories for storing non-patient information are extensive and therefore quite complex. We are in the process of requesting the destruction schedules across the Trust between November 2017 and present.

- 14.2. We would be grateful for further clarification from the Inquiry on the exact nature of information it would like us to search for so that we may conduct further investigations in this area.

15. Item 4b) of the Second Request requests the following clarification: **“If so, please provide a schedule of documents, including the date upon which they were destroyed”**. Our response to this request is as follows:

- 15.1. Please refer the response to the previous question.

16. Item 4c) of the Second Request requests the following clarification: **"Where documents have been destroyed, please provide the document retention and destruction policy"**. Our response to this request is as follows

16.1. As per 14.2 above, corporate records are managed in line with the Records Management Code of Practice for Health and Social Care 2016 which contains detailed retention schedules. This Code is attached for reference **WITN4681003**.

Statement of Truth

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

Signed:

GRO-C

Date: 1st October 2020