Witness Name: Pam Dudek

Statement No.:

WITN4747001 Exhibits: N/A Dated: 10 December 2020

INFECTED BLOOD INQUIRY

FIRST WRITTEN STATEMENT OF PAM DUDEK

- I, Pam Dudek, will say as follows:
 - 1) I am writing to you in response to the letter from the Infected Blood Inquiry dated 12 February 2020 which you forwarded to Dr Jo Craig and Rachel Hill.
 - 2) Dr Craig is the Haemophilia Director for NHS Highland and as such has the appropriate knowledge, experience and seniority to provide evidence of the issues as described in your letter. Please find below a response to each of the points in your letter.
 - 3) I wish to provide the following contextual information regarding the Haematology Department and Haemophilia Services to assist the Inquiry.
 - 4) The Haemophilia Centre is contained within the Haematology Department at Raigmore Hospital. Prior to Dr Craig's appointment in 2011, haemophilia patients were seen in general haematology clinics along with all other haematology patients. There was no separate administrative system although the Haemophilia Director and his secretary would keep any documents, as they deemed necessary, within their own personal filing cabinets. The nursing staff would keep any other records of treatment administration within their office. There was no data manager support prior to 2017.
- 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.
 - 5) The Haematology Department uses both paper and electronic filing systems.

- 6) Searches were made of the paper files held in the Haemophilia Centre / Haematology Department in Raigmore Hospital. The paper files were held in filing cabinets in Dr Craig's office and also in the offices of the Haematology Secretaries who are based in the same department. Some of the content of the paper files belonged to Dr Craig's predecessor Dr Murray and pre-date her appointment which commenced in 2011. A manual trawl was undertaken of the paper documentation to identify documents of potential relevance to the UK Infected Blood Inquiry. Dr Craig also asked her Medical Secretary to undertake a search of her desk drawers for any hard-copy documents of relevance and Dr Craig personally reviewed such documents.
- 7) A search was undertaken of every document within the filing cabinet in the Haemophilia Director's office and every document within the desk drawer of the Haemophilia Director's secretary. Both the filing cabinet and desk had been used by the previous Haemophilia Director and his secretary at that time which meant that many documents and the manner of filing had been inherited by the current Haemophilia Director and her secretary.
- 8) The search involved reviewing each paper document and considering it in light of the terms of reference which had been provided by the Inquiry.
- 9) Following the initial response in September 2018, a further set of boxes was identified. These boxes were contained within a room which had not been used by the Haemophilia Centre Team for some time. The boxes were found when the room was being prepared for use by another team. When the boxes were opened it was identified that they contained documents of relevance to the Haematology Department. The Haemophilia Director was completely unaware of the existence of these items and believes that they had been within this room prior to her appointment in 2011. The documents found in the filing cabinet, drawer and boxes comprised of copies of letters to patients, copies of minutes from Scottish and UK Haemophilia centre meetings and letters between clinicians.
- 10) When the items were identified as potentially falling within the terms of reference of the Inquiry, the Haemophilia Director reviewed each document contained within the boxes to identify documents of potential interest in relation to the terms of reference. The documents that were identified were sent to the Inquiry by post on 8th April 2020.

- 11) The documents contained within the filing cabinet, drawer and boxes which did not meet the terms of reference were not sent.
- 12) Dr Craig also searched her own network drive using the terms "haemophilia"; "Haemophilia Directors minutes"; "SIBDN minutes"; "UKHCDO". She searched the electronic folders on her network drive named "Haemophilia" and the subfolders within.
- 13) The Haematology drive is accessible to the Consultant Haematologists, the Haematology staff nurses, and the data manager. The Haematology drive itself, has several sub-folders according to blood cancer type, and/or purpose i.e. survival analysis, and MDTs. The Haemophilia folder is stored within this drive.
- 14) Please find appended to this document a screenshot of the Haematology drive, and the Haemophilia folder [WITN4747002].
- 15) The Data Manager advises that there was not a great deal of Haemophilia information stored within the e-folder when she began working with the data in 2017. In 2017 the Haemophilia Team agreed to store current and new/future Haemophilia files according to type/purpose, into sub folders (as per screenshot). This includes data exports, clinical audit spreadsheets, form templates, and monthly reports.
- 16) The Data Manager does not remember seeing any historical data/files stored here upon initially accessing the folder, other than data exports from pharmacy and is unaware of the system used previously.
- 17) Prior to Dr Craig's appointment in 2011 documents were in paper format as this was the preference of the previous Haemophilia Director and also there was not a data manager.
- 18) Dr Craig's medical secretary searched within the joint network drive within the folder called "Haemophilia" and she personally reviewed any documents which were identified as being relevant. She also undertook a search in her email inbox using the above terms ("haemophilia"; "Haemophilia Directors minutes"; "SIBDN minutes"; "UKHCDO").
- 19) In addition, the following departments were asked to undertake a search within their own files: Pharmacy, Public Health, Board Medical Directorate; Viral

- hepatitis/infectious disease team. In order to be of assistance to the Inquiry Dr Craig and Rachel Hill identified other departments which may hold documents of relevance.
- 20) The Director of Pharmacy was asked to consider the Inquiry letter and terms of reference and identify if the Pharmacy Department held any documents of relevance. The Director of Pharmacy confirmed that his electronic records started from August 2011 and he held no paper records from before that point. It was deemed that there were no records of relevance to the terms of reference were held.
- 21) The Department of Public Health were contacted and asked to consider the Inquiry letter and terms of reference and if they had any documents which met the criteria. A Consultant in Public Health confirmed verbally that he had checked the Public Health systems and could not find anything of relevance apart from one letter regarding future Board contacts for the Penrose Inquiry.
- 22) The Board Medical Directorate were asked verbally if they held anything which fell under the terms of reference and it was confirmed verbally that they did not.
- 23) Colleagues working in the Viral Hepatitis Service were contacted to see if they had any items which fell under the terms of reference and no items were provided.
- A list of all the NHS Highland'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.
 - 24) I am unaware of NHS Highland using information repositories in the way described. An information asset register was created at the start of 2018 to meet one of the requirements of GDPR. This focuses primarily on assets that hold identifiable data, this might include patients, staff volunteers or contractors. A search was undertaken under "Blood" and the only records in the Asset Register related to Blood Sciences Laboratory Staff.
 - 25) As indicated in the previous response, NHS Highland holds an Information Asset Register in line with GDPR regulations. Following the previous information request, the Data Protection Officer reviewed the information asset registers for anything related to blood sciences. The only entry that the Officer

- has been provided as an asset are the staff records held by relating to the Blood Sciences Laboratory staff.
- 26) An information asset register is a requirement of GDPR in that the organisation must hold a record of our processing activities. The asset register is a record of systems, applications or files used for processing or storing personal data across the organisation. In the case of NHS Highland this is currently an excel spreadsheet listing each of the assets. The asset register does not hold any of the actual files or any personal information.
- 27) The way in which the Data Protection Officer located this information was by putting the word "blood" into the excel search engine. A copy of the entry for Blood Sciences Laboratory staff, is in row 4 of the appended document. Please see IAR Entry Blood Sciences [WITN4747003].
- 3. 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.
 - 28) Off-site Storage: NHS Highland uses off-site storage with a company called Oasis, based in Livingston. The items contained within the off-site storage are logged *in* relevant locations. Health records are logged on Trakcare PMS and local departmental logs are used for other types of data. Not all departments use this off-site storage facility. The Haematology Department do not currently use the off-site storage facility. Please find appended SOP Identification of Hospital Records for Transfer Off-Site [WITN4747004] and Retention, Archiving and Destruction of Personal Records [WITN4747005].
 - 29) Highland Archive Service: There is an Archive Centre in Inverness named the Highland Archive Centre. The Centre is run by the Highland Council. https://www.highlifehighland.com/highland-archive-centre/
 - 30) A small number of submissions have been made by NHS Highland to the Archive Centre. There is not a standardised process within NHS Highland for identifying documents to go to the Archive Centre and this is more up to the individual or team if they believe they have an item of historical interest. Any pre-1948 documents which have been identified within NHS Highland are kept at the archive centre.

- 31) Please find attached the log of what is contained for NHS Highland [WITN4747006 Highland Health Board Archive Centre]. Please also find attached Archiving Arrangements [WITN4747007].
- 32) In relation to the documents from 1988, these were unknown to the Haemophilia Director. There was no record of their existence and no indexing of these documents, these were found by chance. Please see above response.
- 4. If the records that were requested in the Rule 9 request, dated 15 August 2018, have been destroyed in line with NHS Highland's document retention and destruction policies, please provide copies of the relevant document destruction record or policy as exhibits to the written statement.
 - 33) The relevant document destruction policy is "Scottish Government Records Management: NHS Code Of Practice (Scotland) Version 2.1 January 2012" which can be found at this link: https://www.gov.scot/publications/scottish-government-records-management-nhs-code-practice-scotland-version-2-1-january-2012/ however I also wish to advise that I have no evidence that any documents which were submitted under the above Rule 9 request have actually been destroyed in line with this policy.

Statement of Truth

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

Signed ₋	GRO-C	
Dated _	10 December 2020	

Table of exhibits

Description	Document ID	
Screen prints Haematology	WITN4747002	
IAR Entry Blood Sciences	WITN4747003	
SOP Identification of Hospital Records	WITN4747004	
for Transfer Off-Site		
Retention, Archiving and Destruction of	WITN4747005	
Personal Records		
Highland Health Board Archive Centre	WITN4747006	
Archiving Arrangements	WITN4747007	