Witness Name: Ian Walker
Statement No: First
Exhibits: IW1 TO IW14
Dated: 28 November 2019

INFECTED BLOOD INQUIRY

FIRST WRITTEN STATEMENT OF IAN WALKER ON BEHALF OF CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST

I, Ian Walker, will say as follows:

1. I am the Director of Corporate Affairs at Cambridge University Hospitals NHS Foundation Trust (the "Trust") and I make this statement on behalf of the Trust in response to two letters dated 02.09.19 from the Infected Blood Inquiry (the "IBI"). The letters request a statement concerning the Trust's document system and documents and information relevant to the IBI's Terms of Reference and List of Issues.

2. I make this statement based on information within my own knowledge and from information received from colleagues in the Trust and from the Trust's solicitor acting in connection with the IBI. I believe the information and evidence in this statement are true to the best of my knowledge.

3. I have held the post of Director of Corporate Affairs at the Trust since May 2017. In this role, I am an Executive member of the Board of Directors and have responsibility for corporate governance, communications and engagement, foundation trust membership, medico-legal services and raising concerns. Previously I was Director of Corporate Affairs at Barts Health NHS Trust and prior to that Barts and The London NHS Trust for 14 years.

4. To put the contents of this statement in context, I quote from the IBI's two letters.

The request for a written statement

5. One letter requests a written statement "*by a person with the appropriate knowledge, experience and seniority to provide evidence of the issues and matters described below:*

> *1. A complete account of the Trust's archiving system, (whether considered relevant to the Inquiry's Terms of Reference or not).*
>
> *2. A list of all the Trust's repositories, including those storing documents and information in hardcopy, electronic format, and any other form (whether the documents and information stored within the repositories are considered relevant to the Inquiry's Terms of Reference or not), together with an indication of the quantity of documents and information stored at each facility.*
>
> *3. An account of the process for archiving the Trust documents and information at all places of deposit. To include, but not limited to, the following information: the criteria for the transfer of Health Board documents and information to an archive or place of deposit; whether original documents are transferred and if so whether the Health Board retains copies; whether as part of the archiving process hardcopy material is transferred to electronic format and if so whether the hardcopy material is retained.*

4. A list and summary of all organisations and agencies that processed information (together with current contact details which may be provided separately) for which the Trust had or has had any control, responsibility, or oversight and material potentially relevant to the Inquiry's terms of reference and/or list of issues.

5. An account of the searches undertaken in response to the Inquiry's Rule 9(2) request dated 15 August 2018, including the search terms used, repositories checked and documents uncovered (whether considered relevant to the Inquiry's Terms of Reference or not).

6. An account of all the Trust's retention and destruction policies, both past and present, together with an account of any material known to have been destroyed with potential relevance to the Inquiry's Terms of Reference and/or List of Issues. Please also provide copies of all destruction policies, past and present, as exhibits to the written statement."

The request for documents and information

6. The other letter requests "*production…of all documents and information relevant to the Inquiry's Terms of Reference and/or List of Issues for which the… Trust…has any control, responsibility or oversight (held in paper, electronic, audio, video, microfiche, or any other form), including but not limited the following:*

1. All documents and information connected to Trust Blood, Infection Control and Infectious Diseases services, Cambridge Liver Unit, Clinic 1a and the Haematology Department.

2. All documents and information connected to the John Bonnet Clinical Laboratory at Addenbrooke's Hospital.

3. All documents and information connected to clinical trials and research conducted by the Trust, including Cambridge Clinical Research Centre.

4. A complete record of all complaints against clinicians of and hospitals belonging to the Trust.

5. A list of the archives/places of deposit at which the Trust has deposited or stored documents and information potentially relevant to the Inquiry's Terms of Reference and/or List of Issues.

6. A schedule of all documents and information held by the Trust which are potentially relevant to the Infected Blood Inquiry's Terms of Reference and/or List of Issues, including citable references or identifiers of records.

Please note this request is made ancillary to the Rule 9(2) request sent to the Trust's haemophilia centre on 15 August 2018 and therefore relates to all documents and information held by any and all of the Trust's departments and services."

7. In what follows, where I refer to "*blood*" I include "*blood products*".

"*The relevant period*"

8. Footnote 1 to the IBI's List of Issues states the following in respect of the "*relevant period*" which recipients of requests for evidence should consider when responding:

"*(1) "The relevant period" is a phrase used throughout the List of Issues, as the Inquiry considers that it would be too prescriptive at this stage of its investigations to specify exact time periods. The "relevant period" will in any event vary depending upon the nature of the issues and organisations under investigation.*"

9. The identification of the relevant period seems in the first instance a matter to be assessed by the recipient of requests for documents and information. Based on the Trust's understanding of the problem of transfusion transmitted infection (TTI), the history of the problem and the chronology of the response to the issue by the NHS, the Department of Health and the UK government, the Trust considers that under the Terms of Reference and the List of Issues, having regard to the Trust's provision of healthcare services to the public, the relevant period is the 1970s, 1980s and to a lesser extent the 1990s. Some discrete classes of documents would be relevant in the two decades following the 1990s, e.g. complaints relating to infected blood and specific incidents of HBV, HCV, HIV and CJD infections caused by infected blood.

10. The website of the Joint United Kingdom (UK) Blood Transfusion and Tissue Transplantation Services Professional Advisory Committee (JPAC) (https://www.transfusionguidelines.org/transfusion-handbook/5-adverse-effects-of-transfusion/5-3-infectious-hazards-of-transfusion) has statistical evidence relating to the infection hazards of transfusion and states that:

> As a result of: "…*modern donor selection and testing, hepatitis B, hepatitis C and HIV transmission are now very low in the UK. The current risk of an infectious donation entering the UK blood supply is now .< 1 in 1.2 million donations for hepatitis B, <1 in 7 million for HIV and < 1 in 28 million for hepatitis C."*

11. Those statistics are based on the estimated risk due to the window period of tests in use in the UK in 2010-2012 as a result of data produced by NHS Blood and Transfusion (NHSBT)/Public Health England Epidemiology Unit.

12. Further, the JPAC website provides statistics for the number of confirmed viral transfusion/transmitted infection incidents reported to the UK Blood Services between 1996 and 2012. The statistics are as follows:

- Hepatitis B: 11
- Hepatitis C: 2
- HIV: 2

13. Hepatitis B remains the most commonly reported viral TTI because of window period transmissions.

14. In respect of HIV, modern donor selection and screening has made transmission a rare event in the UK. It is reported that the two incidents identified above were both from HIV antibody negative window period donations before the introduction of more sensitive HIV RNA screening.

15. The website of the Serious Hazard of Transfusion (SHOT), (https://www.shotuk.org/wp-content/uploads/myimages/20.-Transfusion-Transmitted-Infections-TTI.pdf), an independent, professionally - led haemovigilance scheme in the UK, confirms that the risk now of a TTI in the UK is very low.

16. In respect of CJD, SHOT reported as at December 2018 there have been no confirmed TTI incidents since 1997 and only two HCV incidents since 1995.

17. In respect of HIV, as at December 2018 there have only been two confirmed TTIs since 1995. They were in 1996 and 2002.

18. In respect of infections arising from the transfusion of blood infected with HBV and HCV viruses the Trust notes the High Court judgment of Mr Justice Burton in A and Others -v- The National Blood Authority and Others, handed down on 26.03.01. After a systematic review of the evidence concerning hepatitis viruses, the date on which they were identified, the development of screening tests to eliminate the viruses from blood donations and, in particular, the introduction in England and Wales on 01.09.1991 of second generation tests for anti-hepatitis C testing, the court stated this in paragraph 11 iii of the judgment:

> "*Since the introduction of the tests on 01.09.1991, the problem of PTH (post-transfusion hepatitis) in the United Kingdom has been all but eliminated.*"

19. This observation by the court is reflected in the Hepatitis C patient information leaflet dated March 2018 produced by the Trust's Cambridge Liver Unit. The leaflet states:

> "*Hepatitis C can only be spread from person to person by blood-to-blood contact. Common modes of transmission include blood transfusions before 1992 in the United Kingdom…*"

20. The Trust's HBV leaflet of March 2018 also cites the 1992 date regarding the risk from blood transfusion.

21. The Trust also notes in considering the relevant period the letter to the Trust from the IBI dated 15.08.18. The letter requested the retention and production of documents and information under Rule 9(2) of the Inquiry Rules 2006. Page 2 of the letter states:

> "*The type of documents and information that are relevant to the Inquiry's Terms of Reference, include, but are not limited to, the following:*

Correspondence, instructions, notes, advice, reports, briefings, policies, guidance, reviews and minutes of meetings however held (paper, electronic, microfiche, audio, video and any other means), particularly from the 1970s and 1980s, but not limited to these periods…"

22. The specific identification of the 1970s and 1980s is consistent with the chronological detail referred to in paragraphs 10 to 21 above.

23. If the IBI considers the Trust's approach to the relevant period is incorrect, the Trust will consider the matter further following receipt of the IBI's guidance.

Relevant factors affecting the Trust's response to the requests

24. The Trust has endeavoured to conduct a diligent and proportionate investigation to respond to the IBI's requests but it is important to identify the practical and organisational difficulties presented by the detailed requests theoretically covering decades commencing some 50 years ago.

25. A significant organisational issue is that the Trust was created in 2004, by which date, for the reasons stated above, the risk from infected blood had been addressed by the introduction of comprehensive screening of donated blood for transfusion. By the time of the Trust's formation a very large number of the issues raised by the IBI were largely historical in that knowledge of the risks of infected blood had been known for some years and appropriate preventative measures had been implemented by NHSBT and its predecessors. These measures involved screening blood donors and their blood to avoid the supply of infected blood to NHS trusts and other providers of transfusion services. It is recognised that some residual risk remains since no screening test is 100% effective. At

the time of blood being donated, the donor's infection might be of such short duration that there is insufficient evidence to produce a positive infected blood result. That reflects the limitations of medical science rather than deficiencies in the blood donor system.

26. There have been significant changes to the organisational structure of what is now the Trust since the inception of the NHS in 1948. The principal changes that have occurred since 1948 are as follows:

- United Cambridge Hospitals Management Commitment: 1948 – 1974
- Cambridgeshire Health Authority: 1974 – 1982
- Cambridge Health Authority: 1982 -1983
- Addenbrookes NHS Trust: 1983 -2004
- Cambridge University Hospitals NHS Foundation Trust: 2004 – present.

27. It is a facet of large organisational change within public bodies such as the NHS and large public corporations that documents, information and knowledge can be compromised by the implementation of such change. The implementation of change and the passage of time mean that a retrospective identification of what was once held is difficult and in some instances impossible. This is particularly so when the records retention policies of predecessor organisations are no longer available, if indeed they ever existed, which seems unlikely for the 1970s and 1980s. Further, many other documents of potential relevance to the Inquiry will no longer be available because they fall outside the Trust's relevant retention period.

28. With the exception of a very limited number of documents held in respect of the Addenbrookes NHS Trust (1983 – 2004), the Trust Secretariat does not hold any records relating to the prior organisations.

29. A further difficulty in producing documents and information relating to events and issues over five decades is that knowledge of information and documents will have been lost, particularly for the early and middle decades, 1970s – 1990s. Five decades is a period well beyond the normal working life of most individuals, and most individuals change their employers during the course of a working lifetime. The longest-standing employee with knowledge of blood issues consulted for the purposes of the Trust's response to the IBI began employment in 1977. The Trust's Operations Manager, Pathology began employment in 1979. That is a non-clinical management role. Employment of that longevity is unusual. Two other long-standing relevant employees consulted in the preparation of the Trust's response began employment, respectively, as a nurse in 1989 and as Director of Research and Development in 1998.

30. An aspect which necessarily limits the scale of the Trust's response is the nature of the Trust's blood services. The Trust and its predecessors have never been involved in procuring blood donations nor have they ever had responsibility for screening to identify infection in donated blood. Those functions have always been performed as a regionalised and later centralised function by NHSBT and its predecessors. It follows that the Trust has never created nor had control, responsibility or oversight for many of the categories of documentation covered by the Inquiry's Terms of Reference and List of Issues.

The Trust's response for a written statement concerning its archiving system

31. I now respond to the request for a written statement and set out the Trust's response to each request.

32. **"1. A complete account of the Trust's archiving system, (whether considered relevant to the Inquiry's Terms of Reference or not).**

33. "***2. A list of all the Trust's repositories including those storing documents and information in hardcopy, electronic format, and any other form (whether the documents and information stored within the repositories are considered relevant to the Inquiry's Terms of Reference or not), together with an indication of the quantity of documents and information stored by each facility***."

34. All NHS Trusts are obliged to have and maintain an Information Asset Register (IAR). An IAR is a mechanism for managing an organisation's information assets and the risks arising from those assets. It lists the types of information stored by the Trust and all the systems and databases that record person identifiable information. It describes information assets that are central to the efficient running of all departments of the Trust and includes details of the systems, hardware and software used to process and store the data.

35. The Trust is a large and complex organisation, which employs over 10,000 people, and provides a wide range of clinical services with all the necessary administrative and managerial functions necessary to ensure it runs efficiently. The Trust's IAR is the most practicable way of responding to the request for "*a list of all the Trust's repositories including those storing documents and information……"*

36. The Trust's IAR lists over 3,000 repositories of information. It is a very large document which it is not practicable to print. The number of fields for each line is simply too large and if it were printed it would run to over 1,000 pages. What the Trust can do is to provide the IAR spreadsheet electronically and will do so upon receipt of confirmation that the IBI wishes to receive it.

37. It should be emphasised that much of the information and documentation identified in the IAR is irrelevant to the IBI since it includes, for example, information relating to Chaplains & Bereavement Services, Commissioning, Communications, Costings &

Casemix/clinical Coding, Estates & Facilities, Finance & Payroll, Foundation Trust Development, Health & Safety, Health Information Management, Imaging, Information Technology, Media Studio, Medical Physics & Clinical Engineering, Neurosciences, Nursing Project Office, Nutrition & Dietetics, Outpatients, Patient Transport, Personnel, Physiotherapy, Procurement, Radiotherapy, Safeguarding – Paediatrics, Speech & Language and Staff Bank Services, and many more.

38. The repositories detailed in the Trust's IAR include Trust-wide dedicated information systems, proprietary information systems used by one or a number of Trust departments, information stored in department-specific electronic folders on Trust network drives, and information stored by departments in hard copy format in local filing systems.

The Trust's approach to the request for a statement

39. The manner in which the Trust has endeavoured to comply with the comprehensive and wide-ranging requests quoted in paragraphs 32 and 33 above is to identify departments and key personnel having responsibility for blood services, to interview those personnel to ascertain their knowledge of potentially relevant documents, obtain such documents and review them and to list in this statement relevant repositories or databases which could potentially provide relevant documents.

40. In responding to the IBI's requests, personnel with the following job functions have been interviewed: Consultant Haematologists; Clinical Nurse Specialist in Haemophilia; Complaints Lead; Blood Transfusion Laboratory Manager; Pathology Compliance, Quality and Governance Manager; Health Information Manager and Patient Services Team Leader; Trust Documents and Patient Information Manager; Head of Pharmacy Quality Assurance; Information Governance Representative for the Inflammation and Infections Department; Deputy Chief Nurse

Quality and Director for Clinical Quality; Consultant Microbiologist; Lead Infection Control Nurse; Director of Medicine; Consultant Virologist; and myself.

41. Each member of staff was interviewed to ascertain the availability of any documents and information potentially relevant to the IBI, across all relevant repositories. The Terms of Reference and issues of the Inquiry were described and discussed with the interviewees and they were asked to consider available documents and to produce documents potentially relevant to the Inquiry. The interviewees provided documents thought to be potentially relevant. The documents were reviewed and an assessment made of their relevance. This has resulted in the small number of documents identified in paragraph 73 as being relevant. In addition, the Trust sent to the Inquiry on 18/11/19 a list of documents on which the Trust has requested guidance as to their relevance. See paragraph 72 below.

42. Paragraphs 34 to 36 above describe the scale of the Trust's IAR. It is not practicable for the Trust to identify the number of documents held in each repository in the IAR. To assist the Inquiry, the Trust lists below (see paragraphs 44 to 51) examples of some repositories where the number of documents held has been identified.

43. Before detailing the repositories I should address the form in which documents are retained. The repositories referred to contain documents in electronic form. Staff have access to a print function for any electronic document but should not retain hard copy documents although, it has to be accepted, it is impossible to prevent staff informally retaining hard copy documents.

44. The Trust Secretariat holds electronic folders for documents relating to the corporate organisation of the Trust. Around 55,000 documents are held in the Trust Secretariat electronic folders. Some 2,000 documents of potential relevance were identified by a word search. Those

documents have been sent to the Inquiry for their relevance to be determined. See paragraph 68 below.

45. A Trust Documentation Database hosts corporate and Trust-wide clinical policies, procedures, process documents, patient consent forms and patient information documents. As at 13 November 2019 it held 4,345 active documents. Since January 2016 the "Merlin" document system was introduced as the "front end" for the retrieval of documents from the database.

46. I should clarify what I mean by "front end". The document system for this repository is not user friendly. To make it user friendly and to enable staff to access relevant documents quickly the Microsoft SharePoint application, named Merlin within the Trust, is used as a front end user interface. Merlin is not in itself a database but is an application for document access. Staff will often refer to "Merlin" as a database but that is not correct.

47. The Cambridge Clinical Research Centre Q-Pulse database was created in 2013. It retains documents relating to research and development. It is not a Trust-financed centre or database but its staff are employed by the Trust. The trials are sponsored by an outside body, the National Institute for Health Research (NIHR). The Trust has access to the documents through its employees. There are currently 678 documents in its database.

48. The Clinical Trials IQ database was created in 2010 to house documents restricted to clinical trials. The database holds 230 standard operating procedures (SOPs) and generic forms and templates which are completed with the bespoke information of each trial.

49. Q-Pulse is used by a number of areas in Pathology (which previously was known as the John Bonnett Clinical Laboratory) including genetics, tissue typing, point of care testing and the

Haematopathology and Oncology Diagnostic Service (HODS) for storing laboratory procedures and other management information.

50. The Pharmacy Department's QPulse document system has documents from April 2008. It holds departmental procedures, SOPs, meeting minutes and notes. It holds 33 documents.

51. iPassport database has been used since 2008 by a number of areas in Pathology including biochemistry, immunology, histopathology, cervical cytology and blood sciences. It is used to store laboratory procedures and other management information and holds in excess of 8,000 documents.

52. "***3. An account of the process for archiving the Trust documents and information at all places of deposit. To include, but not limited to, the following information: the criteria for the transfer of Health Board documents and information to an archive or place of deposit; whether original documents are transferred and if so whether the Health Board retains copies; whether as part of the archiving process hardcopy material is transferred to electronic format and if so whether the hardcopy material is retained***."

53. The Trust does not maintain a document "*archive*" in the sense of a separate and discrete system where documents no longer in current use are stored for retention and review if necessary. Previous versions of current policy documents and procedures are retained on the repositories identified above. The document systems function so that if a member of staff wishes to access a policy or procedure or other document which may have been revised over time, only the current version is available. This ensures staff work to the current document.

54. If a member of staff wishes to access previous document versions they must make a request to the team responsible for maintaining the particular document repository. Previous versions of a document would be held until the expiry of the document retention period for that category of document.

55. I refer to the request regarding "*Health Board documents*". This is not a term used within the Trust. My understanding of the term is that it refers to documents relating to the corporate organisation of the Trust. Such documents are retained in accordance with the current retention and destruction policy. There is no discrete archive for such documents as stated in paragraph 53 above.

56. The Trust does, however, maintain a Trust Archive which I would describe as an historical archive. This does not hold documents which have been deposited because they have been superseded by new versions or because they are otherwise redundant. It holds documents and artefacts identified as being worthy of long-term preservation for recording the history of the organisation and supporting education and research. There are no formal criteria for determining what is deposited in the Trust Archive. A search was undertaken of the Archive's catalogue but no material relevant to the Inquiry was identified.

57. "***4. A list and summary of all organisations and agencies that processed information (together with current contact details which may be provided separately) for which the Trust had or has had any control, responsibility, or oversight and material potentially relevant to the Inquiry's terms of reference and/or list of issues.*****"**

58. The Trust has not identified any third party organisations or agencies used to process information that is potentially relevant to the Inquiry's Terms of Reference or List of Issues.

59. "***5. An account of the searches undertaken in response to the Inquiry's Rule 9(2) request dated 15 August 2018, including the search terms used, repositories checked and documents uncovered (whether considered relevant to the Inquiry's Terms of Reference or not).***"

60. On receipt of the request dated 15 August 2018, a senior consultant haematologist and a longstanding haemophilia nurse were requested to undertake a search particularly during the period of 1970s and 1980s for relevant documents in relevant departments, including hardcopy documents. No documents were produced as a result of the search.

61. I am informed that one member of staff involved in the search does not recollect an electronic search being made. The other believes that an electronic word search was made but cannot recall the search terms.

62. The team contacted a former senior employee of the Trust but that person was unable to provide any information to assist the search, other than informing them that during the 1970s and 1980s there was no formal archiving system for documents.

63. **"*6. An account of all the Trust's retention and destruction policies both past and present, together with an account of any material known to have been destroyed with potential relevance to the Inquiry's Terms of Reference and/or List of Issues. Please provide copies of all destruction policies, past and present, as exhibits to the statement.***

64. It is not possible to identify material known to have been destroyed with potential relevance to the Terms of Reference and/or List of Issues. The Trust does not keep a record of destroyed documents. Documents should be destroyed in accordance with the prevailing retention and destruction policy. It is possible that some relevant

documents are not available for the reasons stated in paragraphs 25 to 29. Many of the categories of document relevant to the IBI are not documents which the Trust will have had any time due to the factors referred to in paragraph 30 above.

65. I produce marked IW1 to IW13 the present and past Trust retention and destruction policies which we have been able to locate. The exhibits are as follows:

(a) IW1. Policy - Records: Preservation, Retention and Destruction - Approved Draft (Approved 19.02.08) and appended Retention Schedule

(b) IW2. Policy and Procedure - Records: Preservation, Retention and Destruction V1 (01.11.09)

(c) IW3. Procedure - Records: Preservation, Retention and Destruction Procedure V3 (Undated)

(d) IW4. Policy and Procedure - Records: Preservation, Retention and Destruction V5 (Approved July 2010) and Trust Retention and Destruction Schedule as per the Department of Health Guidelines V3 (2010/2011)

(e) IW5. Policy and Procedure - Records: Preservation, Retention and Destruction V6 (Approved 15.06.11) and Trust Retention and Destruction Schedule as per the Department of Health Guidelines V3 (2010/2011)

(f) IW6. Policy and Procedure - Records: Preservation, Retention and Destruction V7 (Approved 12.10.11) and Trust Retention and Destruction Schedule as per the Department of Health Guidelines V3 (2010/2011)

(g) IW7. Policy and Procedure - Records: Preservation, Retention and Destruction V8 (Approved 12.10.11) and Trust Retention and Destruction Schedule as per the Department of Health Guidelines V3 (2010/2011)

(h) IW8. Policy and Procedure - Records: Preservation, Retention and Destruction V9 (Approved 12.10.11) and Trust Retention and Destruction Schedule as per the Department of Health Guidelines V3 (2010/2011)

(i) IW9. Trust Retention and Destruction Schedule as per the Department of Health Guidelines V4 (2012/2013)

(j) IW10. Policy and Procedure - Records: Preservation, Retention and Destruction V10 (Approved January 2016) and Trust Retention and Destruction Schedule V5 (2015/2016)

(k) IW11. Policy and Procedure - Records: Preservation, Retention and Destruction V11 (Approved 02.02.18) and Trust Retention and Destruction Schedule V6 (2018)

(l) IW12. Policy and Procedure - Records: Preservation, Retention and Destruction V12 (Undated) and Trust Retention and Destruction Schedule V7 (2019)

(m) IW13. Departmental Local Retention and Destruction schedules (All undated):

Acute Medicine, Cancer, Cardiovascular Metabolic, Clinical Investigation & Research Facility, Clinical Trials, Communications, Digestive Diseases, ED, ENT HN Plastics, Epic [eHospital], Estates, Health Information Management, Infection Control, Inflam Infection, IT, Laboratories, Major Incidents & Business Continuity, Medical Legal, Nursing Office, Obstetrics & Gynaecology, Occupational Health, Operations Centre, PALS, Perioperative Services Inc Theatres, Pharmacy, Physicians Assistants, R&D, Risk Management, Surgery Paeds, Tissue Viability Transplant and Trust Secretariat.

66. The request is for an account of those policies. In the interests of avoiding unnecessary cost and duplication, since such an account would be a repetition of the content of these exhibits, I refer to the specific policies.

Documents disclosed by the Trust in response to the Inquiry's letter quoted in paragraph 6 of this statement

67. The documents described below provided to the Inquiry have been limited because of the factors concerning "*the relevant period*" (paragraphs 8 to 23 above) and the other factors affecting the Trust's searches and response identified in paragraphs 25 to 30 of this statement.

68. The Trust has submitted, with the Inquiry's agreement, a USB stick containing some 2,000 documents identified from a word search of the Trust Secretariat electronic folders. The word searches, as stated in an email to the Inquiry dated 22.10.19, were: "*CJD*", "*Hepatitis B*", "*Hepatitis C*", "*HIV*", "*Refusal of consent*", "*Infected Blood*". The Trust awaits the Inquiry's response following its review of those documents.

69. Also by agreement with the Inquiry the Trust has submitted a USB stick containing patient information leaflets and patient consent forms of potential relevance to the Inquiry. These are stored in the Trust Documentation Database referred to in paragraph 45 above. From the Trust's random review of the hundreds of documents of that kind, none appears to date prior to 2004. The Trust's view was that documents post-dating 2004 were unlikely to be relevant, an initial assessment provisionally endorsed by the Inquiry. The Inquiry's considered opinion following its review of the documents is awaited.

70. The Trust has a substantial database of complaints. These relate to all types of complaints, the vast majority of which will have no relevance to the Inquiry. The Trust currently receives some 800 formal complaints each year. The complaints are not recorded by reference to the subject matter of the complaint. Complaint records exist as far back as 1999. The electronic complaint system was only

introduced in 2016. Word search terms cannot be used effectively. The review being undertaken is manual. The Trust has engaged a full-time administrator on a short-term basis to conduct the review. During the initial three weeks of the review, which covered five years, only two complaints of potential relevance were identified. The task of reviewing later complaints will be more onerous because the volume of complaints has increased significantly in recent years, in line with the trend across the NHS. Following submission to the Inquiry of the scale of the task, the Inquiry granted the Trust an extension to 31 January 2020 for completing the review and providing of relevant complaint documents.

71. The Trust is not disclosing now the very limited complaint documents identified to date. Those documents will be included in the full complaints disclosure to be made in due course.

72. During the course of its investigations to respond to the Inquiry's document and information request, the Trust has identified documents which it does not believe are relevant to the Inquiry, particularly in the light of "*the relevant period*" applicable to the documents identified. Nevertheless, since the relevant period is not officially prescribed, and given the possibility that the Inquiry could take a different view to that of the Trust, a schedule of documents was submitted by the Trust on 18.11.19 for the Inquiry to provide guidance as to whether it considers any of them to be potentially relevant and should be disclosed. On further reflection the local departmental retention and destruction schedules listed are now produced as exhibit IW13 (see paragraph 65(m) above). The Inquiry's response to the relevance of the other documents is awaited.

73. In addition to the record retention and destruction policies and schedules exhibited to this statement, the only other documents the Trust formally discloses at this stage are those listed below and exhibited as IW14:

i. Cambridge Occupational Health Guidelines for all Staff. (How to avoid HBV and HIV infection risk at work). February 1989

ii. Differentiation between specific and non-specific hepatitis C antibodies in chronic liver disease - J. Gray, T. G. Wreghitt, P. J. Friend, D. G. D. Wight, V. Sundaresan. R. Y. Calne – Printed in the Lancet Vol 335, March 1990

iii. Transmission of hepatitis C virus by organ transplantation in the United Kingdom - Timothy G. Wreghitt, James J. Gray, Jean-Pierre Allain, Joanne Poulain, Jeremy A. Garson,Robert Deaville, Christopher Maple, Jayan Parameshwar, Roy Y. Calne, John Wallwork and Graeme J. M. Alexander – Journal of Hepatology, 1994; 20:768-772

iv. Hepatitis C Virus Infections in Transplant Patients: Serological and Virological Investigations - P.A.C. Maple, T. McKee, U. Desselberger, and T.G. Wreghitt - Journal of Medical Virology 44:43-48 (1994)

v. Patients recalled for reassuring advice. (Possible exposure to risk of HIV infection). 15/04/1998

vi. Important Notice. (Possible exposure to risk of HIV infection). 15/04/1998

Statement of Truth

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

Signed ..... GRO-C

Ian Walker
For and on behalf of Cambridge University Hospitals NHS Foundation Trust

Dated: 28 November 2019