

Witness Name: Dr Graham Foster

Statement No.: WITN7003001

Exhibits: Nil

Dated: 14 January 2022

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF Dr Graham Foster

I provide this statement on behalf of NHS Forth Valley Health Board in response to the request under Rule 9 of the Inquiry Rules 2006 dated 18 August 2021.

I, Graham Foster will say as follows: -

Section 1: Introduction

Dr Graham Foster

Director of Public Health and Strategic Planning

NHS Forth Valley

Date of Birth: GRO-C 1966.

Employment Details:

I am a GMC registered Medical Practitioner with specialist registration in General Practice and Public Health.

Senior Medical Officer, Scottish Government Health Department, 1997-2001.

Consultant in Public Health Medicine, NHS Forth Valley 2001-2012.

Director of Public Health 2013 – present.

Section 2: Response to Criticism of witness W3097

1. At paragraph 18 of witness W3097's statement, the witness states that his wife's medical records have disappeared. He states that '*none of her*

records are in existence after September 1979' and despite having the kidney stone operation, 'there is no mention that she received a blood transfusion'.

1.1 The witness refers to an operation performed at Stirling Royal Infirmary in July 1979. This hospital admission appears to have been for a single surgical procedure to remove a kidney stone. In accordance with the local and national medical records retention policies at the time the hospital records would have been kept for a period of time and then destroyed if there were no further hospital admissions.

1.2 Health records retention and destruction has been informed over the years through Scottish Government Codes of Practice which are followed by all Scottish Health Boards.

1.3 "Cradle to grave" NHS records are held in the patient's GP Practice. It is not the policy of NHS Scotland to retain hospital records indefinitely or for confidential hospital records to be retained centrally or shared with other hospitals. In 1979 the current Schedule was SHM 58/60- Scottish Hospital Service Destruction of Hospital Records which stated that General Health Hospital Records should have a disposal date of 6 years after last attendance or 3 years after death. From the witness statement it would appear that the witness and his wife moved out of the NHS Forth Valley area after 1979 and there would have been no further entries in the Stirling Royal Infirmary Hospital records.

1.4 NHS Forth Valley can confirm that the health records in this case have been destroyed following the appropriate guidance at that time. General Health Records from 1979 would have a disposal date of 6 years after last attendance or 3 years after death.

1.5 SHM 58/60 was not updated until 1993, but the criteria for retention and destruction of General health records has remained the same. The current

version is Scottish Government Records Management Health and Social Care Code of Practice (Scotland) 2020.

1.6 In July 2018 the Scottish Government issued an instruction to NHS Boards in relation to the Infected Blood Inquiry that no further routine destruction of relevant health records was to occur. This has been complied with in NHS Forth Valley.

1.7 It is normal practice for routine discharge letters to be sent out to the patient's general practitioner after receiving treatment received in hospital. In order to try and assist the witness, and as part of our thorough search for any remaining hospital records, the NHS Forth Valley Medical Director wrote to the patient's current general practitioner to ask them to check if a copy of the hospital discharge letter or other helpful correspondence had been retained in the general practice records. The general practitioner has confirmed that whilst the specific discharge letter relating to the operation does not appear to be retained there is correspondence held in the general practitioner record that confirms that the surgical admission described took place at Stirling Royal Infirmary in June and July 1979 and that the patient was anaemic at the time which would have been a possible indication for a blood transfusion prior to complex surgery

2. At paragraphs 22 to 24 of witness W3097's statement, the witness states that while his wife was admitted to the infectious disease ward, she was told she could not leave her room. However, she was then told to use a shower which had just been used by another patient on the same ward without it being cleaned. When she complained, *"the nurse agreed it wasn't right but it was the way it was"*. Witness W3097's wife rinsed the shower herself but as there were no cleaning products she could not get it clean.

2.1 Whilst NHS Forth Valley would not challenge the witness's recollection of events we would wish to clarify that this incident must have occurred after the patient was diagnosed with hepatitis which we understand was in 2002 or

later. We believe the witness and his wife moved out of the NHS Forth Valley area before 2002 and that this incident does not relate to care delivered by NHS Forth Valley. NHS Forth Valley did not have a specialist infectious diseases isolation ward at this time and the consultant mentioned did not work in NHS Forth Valley. It seems likely this incident occurred in another NHS Board area most likely to be either NHS Fife or NHS Tayside who provided Infectious Diseases services to Fife residents at this time.

- 3. At paragraph 39 of witness W3097's statement, the witness states that his wife's application for financial assistance was rejected on the basis there was no evidence that she had ever received a blood transfusion; because Stirling Royal Infirmary has no record of this.**

3.1 In 1979 it would not have been unusual to administer a blood transfusion to an anaemic patient prior to undertaking a significant surgical procedure. It would seem to NHS Forth Valley that it is for the compensation body to explain why they declined to accept the patient's description of receiving a blood transfusion in 1979 as a possible cause of the hepatitis C infection.

- 4. At paragraph 40 of witness W3097's statement, the witness further states that his wife was infected with Hepatitis C through the blood transfusion and is entitled to some monetary compensation, but first of all she needs the evidence to prove it. He states, '*For the profession to destroy her records and not accurately record the information is unacceptable*'.**

4.1 As explained at answer 1 above, NHS hospital records are not held in perpetuity or routinely shared between hospitals. There are national guidelines relating to data protection and the routine destruction of medical records. These records were destroyed by medical records staff in good faith and in accordance with the extant local and national medical records retention policies at the time.

Section 3: Other Issues

5. If there are any other issues in relation to which you consider that you have evidence which will be relevant to the Inquiry's investigation of the matters set out in its Terms of Reference, please insert them here.

5.1 The Board has nothing further to add.

Statement of Truth

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

Signed GRO-C

Dated 14 January 2022