

Witness Name: Dr Nick Phin

Statement No.: WITN7099006

Exhibits: WITN7520005-006

Dated: **7 December 2022**

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF DR NICK PHIN

I provide this statement on behalf of Public Health England in response to the request under Rule 9 of the Inquiry Rules 2006 dated 10 October 2019.

I, Dr Nick Phin, of Public Health England, Wellington House, 133-155 Waterloo Road, London SE1 8UG will state as follows: -

Section 1: Introduction

1. I am the Deputy Director of the Public Health England ("PHE") Tuberculosis, Acute Respiratory, Gastrointestinal, Emerging/Zoonotic Infections, and Travel and Migrant Health ("TARGET") division of the National Infection Service directorate in PHE. Between April 2018 and January 2019, I was also interim Deputy Director for the Blood Safety, Hepatitis, Sexually Transmitted Infections & HIV division of the National Infection Service directorate. PHE is an operationally autonomous executive agency of the Department of Health & Social Care. It exists to protect and improve the nation's health and wellbeing, and reduce health inequalities.
2. I have been employed by PHE since it was established on 01 April 2013. Prior to that, I was employed by the former Health Protection Agency ("HPA") until it became part of PHE in 2013.
3. Save where otherwise stated, all facts and matters referred to in this witness statement are true and within my own knowledge and have come to my attention during the course of my work. Insofar as facts and matters are not directly within my knowledge,

they are true to the best of my knowledge and belief. I am duly authorised to make this statement on behalf of PHE.

4. I make this witness statement in connection with PHE's involvement with the Infected Blood Inquiry ("IBI") and further to a request under Rule 9(2) of the Inquiry Rules 2006 dated 10 October 2019. This request asked four questions. I have responded to the third question, which requested the provision of a written statement confirming:

...the methodology and approach PHE used to perform the searches locating the documents provided to the Inquiry under the previous three Rule 9(2) requests, including all those laboratories, health centres and any other groups, committees or organizations contacted by PHE.

Section 2: Response

5. My response to this question is provided below and relates to those documents concerning human immunodeficiency virus ("HIV") and other blood-borne viruses listed in the digital file titled 'PHEInfectedBloodInquiryRecordInventory-HIV-STI-V05.00' previously submitted to the IBI.
6. Responses to the other three questions are provided in a separate written statement from Professor Sharon Peacock (WITN752001), Director of the National Infection Service directorate in PHE.
7. The search I undertook involved the following two stages:
 - a) stage 1: senior PHE staff responsible for microbiological laboratory activities and for the surveillance of relevant diseases, particularly hepatitis and HIV, were contacted and asked to review any historical material;
 - b) stage 2: the archive of files, correspondence and meeting notes relating to business services, investigations and policy advice covering the subject and period of interest stored in the PHE offices in Colindale, North London, was reviewed.

Stage 1

8. The first stage of the search involved contacting by email other senior staff in PHE responsible for functions relevant to the scope of the Rule 9 request dated 28 November 2018 from the IBI. (Two emails to these members of staff are provided as

WITN7520005 and WITN7520006.) The persons contacted, all of whom responded even if providing a nil response, were:

- a) Professor Noel Gill, Head of HIV and STI, Blood Safety, Hepatitis, STIs & HIV division, NIS;
- b) Dr Kate Soldan, Head of STIs (HPV and Chlamydia Prevention Programmes) Blood Safety, Hepatitis, STIs & HIV division, NIS;
- c) Dr Sema Mandal, Medical Consultant Epidemiologist, Blood Safety, Hepatitis, STIs and HIV Division, NIS;
- d) Dr Mary Ramsay, Deputy Director, Immunisation and Countermeasures, NIS;
- e) Dr Neil Woodford, Deputy Director, Microbiological Laboratories service, NIS;
- f) Andrew Mumford, Deputy Director for Microbiological Laboratory Operations, NIS;
- g) Dr Samreen Ijaz, Clinical Scientist, Virus Reference Laboratory, NIS;
- h) Alex Sienkiewicz, Director of Corporate Affairs & PHE Porton Site director.

Stage 2

9. The second stage of the search involved a physical inspection of the archive of hardcopy documents held at the PHE Colindale site. In addition to hosting the microbiology laboratory service, this site had been the administrative headquarters of the former HPA and PHLS for many years. Any files, correspondence and meeting notes relating to business services, investigations and policy advice covering the issues raised in the Rule 9 request are considered most likely to have been archived in Colindale.
10. The Colindale archive is located in the basement of the corporate services building. Entry is card-controlled and only card holders with the required clearance can access the area where files and documents are kept. The conditions are not ideal, as although the area is dry, it is very dusty and there is evidence of water damage to some files, probably caused by leaks from the many pipes that travel through the area.
11. The archive consists of seven, rolling stack-type, archive shelving units. All the stacks are double-sided. For six of the stacks, each side consists of three, six-foot bookcases with five shelves and three, six-foot book cases with four shelves. One smaller stack

has one, six-foot book case with five shelves and four, six-foot book cases with four shelves. All files and documents are either in folders or box-type files labelled with the topic on the spine or front.

12. The stacks are divided into sections covering publications, finance, time sheets, human resources, contracts, correspondence, reports, meeting notes and minutes. Gwynn Morris, the Head of Business Operations for the TARGET division, and I spent time reviewing material in the stacks that contained correspondence, reports, meeting notes and minutes. The remaining sections listed above were not reviewed. Some material was grouped in the sections which were reviewed into topic headings but most required manual examination of the contents of each folder.

13. The original request from the IBI did not provide a specific time period for which documents were required, so 1970 to 1995 was chosen. The following broad search topics were used in the initial trawl of the documents in the archive (i.e. documents which appeared to contain any information likely to be relevant to any of these categories were retrieved):

a) hepatitis, including:

i. A, B and C (please note that the hepatitis A files were later put to one side as this is predominantly transmitted by food and water and in some instances sexual contact);

ii. serum hepatitis;

iii. infectious hepatitis;

iv. hepatitis non-A and non-B;

b) AIDS/HIV/HTLV III;

c) Creutzfeldt Jacob disease (CJD);

d) scientific groups, including:

i. national and/or regional meetings of virologists;

ii. senior PHLS staff meetings at national level;

e) PHLS headquarters correspondence.

14. This approach resulted in a large number of documents being identified. These were then reviewed in detail by a team of eight staff who reviewed each individual document. Any references to infected blood testing, the introduction of testing, blood or blood transfusion, and haemophiliacs in relation to any of the infections of interest in any documentation were logged. In cases where the relevance to the Rule 9 request was uncertain, a senior Blood Safety, Hepatitis, STI & HIV division scientist assessed whether this should be included or not. All documents of potential interest were then listed in an inventory, digitised and provided to the IBI.

15. Only documents and records held by PHE were searched. No external groups, committees or organisations involved in the diagnosis, surveillance or treatment of individuals or groups of patients with HIV or other blood-borne viruses were contacted. This is because PHE is not responsible for sponsoring or coordinating the work of other organisations monitoring the incidence and prevalence of HIV or other blood-borne viruses.

Statement of Truth

I believe that the facts stated in this witness statement were true at the date the statement was provided. I believe they remain true except that that on 1 April 2021 when PHE ceased to exist and the UK Health Security Agency came into being. I have been employed by Public Health Scotland since 5 January 2021. I am the Director of Public Health Science and Medical Director, Clinical and Protecting Health Directorate.

Signed -

GRO-C

Dated -7th December 2022

INFECTED BLOOD INQUIRY

INDEX OF DISCLOSURE DOCUMENTS RELEVANT TO NICK PHIN WITNESS STATEMENT

Date	Description	Exhibit number
17 December 2018	Email to PHE colleagues requesting identification of relevant material	WITN7520005
17 December 2018	Email to Alex Sienkiewicz: requisition identification of relevant material	WITN7520006