

Witness Name: DAN WEST  
Statement No.: WITN7638001  
Exhibits: WITN7638002  
Dated: 17 January 2023

## **INFECTED BLOOD INQUIRY**

---

### **WRITTEN STATEMENT OF DAN WEST**

---

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 5 December 2022.

This statement has been provided on behalf of the Department of Health and responds to the request from the Chair of the Infected Blood Inquiry on 5 December 2022 for a written statement from an appropriate departmental representative setting out their involvement and knowledge in relation to the matters to which the Inquiry relates.

#### **Section 1: Introduction**

**1. Please set out your name, address, date of birth and any professional qualifications relevant to this request.**

1. Dan West, Department of Health, Castle Buildings, Stormont, Belfast, BT4 3SQ. My date of birth is GRO-C 1976. I am the Chief Digital Information Officer for the Department of Health. I have a Bachelor of Engineering degree and am a member of the Institute of Directors.

2. **What have been the historic weaknesses and challenges of medical record-keeping in Northern Ireland? Please consider on-and off-site record keeping for both hard-copy and digital records. In relation to hard copy records, the presentation by Inquiry counsel [INQY0000378] may be of assistance but your views are sought as to whether there are further issues relating to hard copy records that may be identified and particularly in relation to weaknesses and challenges with digital records.**
2. The challenges facing the keeping of medical records do not differ from the management of any other corporate records. There is a balance to be made between:
- The ability to store records safely, securely both when at rest, in transit and in use;
  - The ability to retrieve records in a timely manner and deliver them to where they are required;
  - Ensuring records are accurately maintained;
  - Ensuring records are accessed appropriately;
  - Ensuring they are disposed of, when no longer required in line with legislation; and
  - Adherence to all the legislation and common law duties when processing such records.
3. Hard copy records are susceptible to physical deterioration in use over a long period, being mislaid and damage during storage. Due to their physical nature, they often require additional indexes to hold related metadata. In contrast, digital records are quick to access, the underlying systems can be made very resilient, the systems can generate extensive recording of access by a variety of persons but are targets for unnoticed theft or vandalism.

3. **What are the respective roles and responsibilities of the Department of Health and the Health and Social Care Trusts in Northern Ireland in relation to medical records management?**
4. The Health and Social Care Trusts in Northern Ireland are Arms Length Bodies of the Department of Health who are accountable to the Department, the Permanent Secretary of the Department and, ultimately, to the Minister of Health. However, under Data Protection legislation the various organisations are individually accountable for their actions. The history of the Department's development of records management was set out in Ms La'Verne Montgomery's witness statement of 2018 [WITN0717001].
5. All Departmental and Health and Social Care (HSC) records are public records under the terms of the Public Records Act (Northern Ireland) 1923 (PRA 1923). The PRA 1923 established the Public Record Office of Northern Ireland (PRONI) as the place of deposit for public records, created the roles of Keeper and Deputy Keeper of the records as well as defining Northern Ireland public records. The PRA 1923 sets out the broad responsibilities for everyone who works with such records. Organisations such as Arms Length Bodies have a statutory duty to make arrangements for the safe keeping and eventual disposal of their records. It is a statutory requirement for the HSC to implement records management as set out in the PRA 1923 and in the Disposal of Documents (NI) Order (1925).
6. A number of bodies have oversight of the Department of Health and HSC organisations' performance in respect of records management.
- The Regulation and Quality Improvement Authority (NI) monitors a core governance standard relating to broad records management as part of its annual assessment of performance of HSC organisations.
  - The Northern Ireland Audit Office regularly conducts studies into records management and related data quality issues for both the Department and HSC organisations.

- The Department collects performance details from HSC organisations as part of the annual Assurance reports.
- 7. The Department co-ordinates the development of the guidance document “Good Management, Good Records, Guidelines for Managing Records in Health and Personal Social Services Organisations in Northern Ireland” (GMGR 2016). The Department and HSC Information Governance leads will continue to work together on the guidance on a regular basis. Any update will be brought to the Northern Ireland Assembly for approval.

**4. Who has responsibility for deciding whether, when and how to (a) move to digital records and (b) digitise historic medical records?**

- 8. Electronic systems permitting access to digital elements of a patient’s medical record have been in use in Northern Ireland for over 30 years. Historically such systems have been dedicated to specific episodes of care such as digital images of X-rays and other scans.
- 9. Northern Ireland GP’s have moved exclusively to one of 4 electronic systems provided by 3 approved suppliers. In Secondary and Community environments summary care records (such as the NI Electronic Care Record – NIECR – which uses a product from Orion Healthcare) have been adopted. The NIECR product exposes information recorded in separate, potentially siloed systems on one interface. The Community care systems have until recently existed as separate systems within each HSC Trust. More recently, patient pathways have been built into such systems that present healthcare information from laboratory tests, digital imaging and other sources on a single “screen” for clinicians. Often a summary of decisions is also retained on a paper record.
- 10. The new regional Electronic Patient Record for Secondary and Community Care (encompass) will steadily replace the older, segmented approach with a single record and remove the requirement for paper based patient records. The product,

based on a product from Epic, is being deployed regionally and is expected to be operational by 2025.

11. The decision to digitise older records for inclusion within the encompass system for medical treatment purposes will be a clinical one with older, paper records retained as a historical archive.

**5. The Inquiry has been informed by several Trusts that the Records Management Code of Practice for Health and Social Care 2021 [RLIT0001284] is the main guidance document in records management for NHS England (“DHSC Records Management Code 2021”). What is the equivalent Code that applies within Northern Ireland?**

12. The history of the Department’s development of records management was set out in Ms La’Verne Montgomery’s witness statement of 2018 [WITN0717001]. The Northern Ireland guidance document is “Good Management, Good Records, Guidelines for Managing Records in Health and Personal Social Services Organisations in Northern Ireland” (GMGR 2016). It is available on the Department’s website at <https://www.health-ni.gov.uk/publications/good-records-good-records-guidance-section>

**6. The DHSC Records Management Code 2021 makes the following recommendation: “Wherever possible organisations should be moving away from paper towards digital records.” (p.4)**

- (a) Does this or an equivalent recommendation apply in Northern Ireland?**
- (b) Please comment on the extent to which Health and Social Care Trusts in Northern Ireland are moving away from paper towards digital records, providing specific data where possible.**
- (c) Please set out the measures taken by the Northern Irish Government to support and enable Health and Social Care Trusts in Northern Ireland to move towards digital records.**

- (d) Is there an obligation or requirement for all Health and Social Care Trusts in Northern Ireland to digitise medical records within a particular time period?
- (e) What are the barriers that continue to exist preventing all Health and Social Care Trusts in Northern Ireland having achieved a move to contemporaneous digital records?
- (f) What are the barriers that continue to exist preventing the digitisation of historic records in all Health and Social Care Trusts in Northern Ireland?

13.(a)-(e) Through the encompass Programme, work has been underway for some time to create a regional digital patient record for Secondary and Community Care work. This single electronic record builds on the earlier success of the NI Electronic Care record which provides a single view of medical information, drawn from multiple separate systems to both primary and secondary care clinicians. The new system will provide a single electronic patient record of engagement with Secondary and Community Care professionals for Northern Ireland citizens. Primary Care professionals will also have access to relevant information held in the system.

(f) The biggest challenge to implementing such change is the financial cost of changing from multiple systems, many of which have reached end of life, to a single integrated electronic patient record. There are also challenges around staff capacity to accommodate the transformation while maintaining existing services.

- 7. **The DHSC Records Management Code 2021 states that “Managing electronic records presents a significant challenge, especially for typical health and social care organisations, where electronic records are stored in a large variety of databases, email and filesystems (including shared drives), which have no standardisation in place. The risk of alteration or deletion makes this challenge even greater.” [Paragraph 147]. Please compare the relative risks of alteration or deletion of paper and electronic records. To what extent can digitisation of records minimise the risk of human error or deliberate tampering?**

14. The encompass programme will address the importation of required digital information to each patient record during its implementation. The programme has identified the need to retain access to historic archives of older material both for direct care and for secondary uses such as research. The paper records will also be retained in line with the disposal schedule set out in GMGR 2016.
15. While Electronic Health Records are only one part of a larger system of people, workflows and processes, they do contain functionality which can help prevent human error, for example by triggering alerts such as drug interactions. Digital records also provide audit trails which show actions taken by each user within the system / patient record.
8. **In a statement to the Inquiry [12th September 2022, WITN4665008] Suzanne Rankin, Chief Executive Officer of Cardiff and Vale University Health Board, described how digitisation enabled the destruction of hardcopies, depending on the type of record: “Microfiche, scanned to CD, Digitally Scanned Records and Electronically Scanned’-some categories of these records no longer have the original copy available, others can be ‘reconstituted on demand”, while others are also still available in the original copy.**
16. Currently within Health and Social Care Trusts in Northern Ireland there are no plans for the wholesale digitisation of legacy manual/paper records. There are electronic systems which will hold patient/client data but legacy data is not uploaded to these systems on a routine basis.
9. **In a statement to the Inquiry on behalf of University Hospitals Bristol and Weston NHS Trust, [7th September 2022, WITN7125001] Eric Sanders outlined how the Trust has gone through several stages of digitisation: “The Trust has a historic scanning system which was called ‘Aurora’, later to become Document1. The records held in this repository are available via our internet portal and will soon be incorporated into our Electronic**

**Document System.. The Trust also historically commissioned an external scanning contractor and also used a company called Gateway. These records are all available on our Casenote tracking system. "What are the specific challenges of such repeated migrations of records?**

17. Northern Ireland organisations have very limited experience of the scanning and migration of paper records and I therefore cannot contribute to this discussion.

10. **In a statement to the Inquiry on behalf of Chelsea and Westminster Hospital NHS Foundation Trust, Roger Chinn, Chief Medical Officer of the Trust, [3rd October 2022, WITN7266001] described how many of the Trust's medical records were destroyed in a serious fire at an Iron Mountain storage facility in East London where the "the bulk of the Trust's medical records" were held. As a result of the incident, the Trust's action plan involved "ultimately a consideration of deploying a digital solution for future records. "Would you say that individual moves towards digitisation have been reactive rather than proactive?**

18. Northern Ireland HSC organisations have seen a natural progression to electronic medical and social care systems and storage technologies to suit particular business requirements. The electronic patient record system will only undertake digitisation of patient records as required for provision of medical care or other services.

11. **What are the difficulties that continue to exist with maintaining medical records and providing access to them across Northern Ireland? Please explain in particular any ongoing issues relating to the following:**

(a) **Destruction of records, for example by flood, fire, sewage leaks or server malfunction;**

(b) **Patients having difficulty obtaining medical records, for example due to the hospital they were originally treated at being closed;**



- (c) Requests for medical records being ignored;**
- (d) Delay in obtaining records;**
- (e) Patients being told no records were held for them but records subsequently found;**
- (f) Issues with the veracity or quality of medical records, for example inconsistency between oral information and what is recorded in medical records, inconsistencies between records, or inaccuracy;**
- (g) Missing records, for example a specific procedure or appointment, a specific time period or specific types of records missing;**
- (h) Ability of different Health and Social Care Trusts in Northern Ireland to access patient records from another Trust;**
- (i) Ability of primary care providers in accessing hospital clinical records.**

19. In response to

- (a) Health and Social care Trusts in Northern Ireland have not reported large scale accidental destruction of records through fire, flood or system malfunction.
- (b) There have been consolidations of organisations over time, with the associated potential for records to be mislaid or legal disposals not being correctly recorded. The small, regional nature of Northern Ireland to an extent has mitigated against such issues.
- (c) There is legislation (Access to Health Records (NI) Order 1993) and well established processes in place to provide appropriate access to medical records. This is set out on the nidirect website at <https://www.nidirect.gov.uk/articles/accessing-medical-or-health-and-social-care-records> [WITN7638002] Unfortunately, the extant legislation can cause challenges for relatives seeking to understand the medical history of deceased relatives.
- (d) See (c) above.

- (e) See (b) above.
- (f) Accurate record keeping is the responsibility of the professionals involved.
- (g) HSC organisations maintain records in line with the retention and disposal guidance set out in GMGR 2016. This advises on retention periods and disposal schedules for information as required by data protection legislation.
- (h) There are well established processes in place within Northern Ireland to prevent such issues. The implementation of the regional single, electronic patient record for secondary and community care should nullify this issue.
- (i) Primary Care providers in Northern Ireland currently have access to the Northern Ireland Electronic Care Record that holds a summary of key medical history and engagements with secondary care services.

**12. What actions are already being taken or might be taken to address any ongoing difficulties?**

- 20. As set out earlier, Northern Ireland is deploying a regional electronic care record to deliver the information life cycle of digital records for Secondary and Community Care interactions. GP practices already have a common records system. Existing paper records will be retained in line with the disposal schedule set out in GMGR 2016.

**13. How may developments in and use of data analysis and artificial intelligence products have assisted either:**

- (a) Earlier identification of the link between receiving blood products and receiving a diagnosis of Hepatitis C and/or HIV; or

**(b) A comprehensive 'lookback' exercise to identify those who may have received contaminated blood or blood products through the course of NHS treatment.**


21. Better data analytics and advanced tools such as Artificial Intelligence can help to resolve operational and safety challenges in all HSC systems. However, the difficulty tends to be in the quality of underlying data and the technical and Information Governance considerations in concentrating data into one place for the purposes of more sophisticated analysis. However, speculation as to whether and how this may have addressed these specific challenges is nugatory at this time.

14. **Please provide any further comment that you wish to provide about matters of relevance to the Inquiry's Terms of Reference, in particular Terms 1, 5, 6, 7, 9 and 10.**

22. None

**Statement of Truth**

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

Signed  \_\_\_\_\_

Dated \_\_\_\_ 17 January 2023 \_\_\_\_\_

**Table of exhibits:**

<b>Date</b>	<b>Notes/ Description</b>	<b>Exhibit number</b>
n.d.	Information on legislation regarding appropriate access to medical records (Access to Health Records (NI) Order 1993)  <a href="https://www.nidirect.gov.uk/articles/accessing-medical-or-health-and-social-care-records">https://www.nidirect.gov.uk/articles/accessing-medical-or-health-and-social-care-records</a>	WITN7638002