



Fleetbank House
1st Floor, 2-6 Salisbury Square
London
EC4Y 8AE

Dr Andy Mimmagh
Chair to the South Sefton Clinical Commissioning Group
Sent by email

21 March 2019

Dear Dr Mimmagh,

Notice of retention/non-destruction of documents relating to the Independent Public Inquiry into Infected Blood and Blood Products (the Infected Blood Inquiry)

I am the Solicitor to the Infected Blood Inquiry, which was formally set up on the 2 July 2018 by a statement made to Parliament by the Minister of the Cabinet Office and Chancellor of the Duchy of Lancaster, David Lidington.

I am writing to you in your capacity as Chief Executive of an [NHS Trust/NHS Foundation Trust/Clinical Commissioning Group] to request that you retain and refrain from destroying any documents and information that your organisation holds that may be of relevance to the Inquiry.

1. Background

The Inquiry Chair, Sir Brian Langstaff, wrote to the Chief Executive of NHS England, Mr Simon Stevens, on 5 July 2018 to request that measures be put in place to secure the retention of all documents and information relevant to the Inquiry's Terms of Reference across the NHS in England. The Chair requested that his letter and the Inquiry's Terms of Reference be circulated to all parts of the organisation, intending to mean all organisations within the NHS in England.

Professor Powis, National Medical Director of NHS England, responded on 19 July 2018 and confirmed that robust safeguards would be put in place within NHS England to preserve all potentially relevant material. On receipt of this letter, the Inquiry understood that safeguards had been put in place across all NHS organisations in England in connection with this Inquiry. However, we now know that

Infected Blood Inquiry

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the steps taken by NHS England apply only to the documents and information for which NHS England, as a commissioning body, is responsible.

In these circumstances, the Inquiry is writing directly to each NHS Trust, NHS Foundation Trust and Clinical Commissioning Group in England, rather than seeking to implement safeguards through a single point of contact.

2. Documents and information to be retained

To assist as a guide, the information that the Inquiry requests be retained includes, but is not limited to, the following types of material: individual patient medical records, reports, reviews, briefings, minutes; notes and correspondence however held (paper, electronic, microfiche, audio, video and any other means), which is potentially relevant to the Inquiry's Terms of Reference and List of Issues which can be found on our website (<https://www.infectedbloodinquiry.org.uk/terms-reference>). You will note from those documents the breadth of issues into which we are inquiring. If you are at all unsure as to whether information and documents in the possession or control of your [NHS Trust/NHS Foundation Trust/Clinical Commissioning Group] are of relevance, please ensure retention and contact the Inquiry for clarification.

3. Confirmation of documents and information destroyed since 5 July 2018

It may be that you have taken independent steps to ensure the retention of potentially relevant documents and information. If this is the case, I would be grateful if you could confirm the position.

If not, please circulate this letter to all parts of your organisation to preserve all potentially relevant material and to ensure that no line of investigation is prejudiced by the destruction of files and records.

In the event that documents and information that may have relevance to the Inquiry have been destroyed since 5 July 2018, please provide to the Inquiry a copy of the record of destruction.

4. Access to medical records and waiver of fees

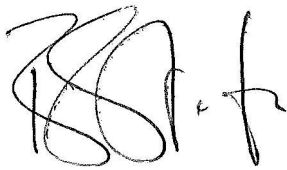
Individual patient medical records will be highly relevant to the work of the Inquiry. It is critical that relevant records are retained and made available in full to those patients and/or their families who are seeking to engage with the Inquiry. The Chair has requested specifically that any fees that might be chargeable for accessing medical records held by NHS organisations be waived and that requests for medical

records be processed without delay. We would be very grateful for your assistance in this regard.

For information, please find attached a copy of the Chair's correspondence with NHS England relating to the matters discussed in this letter, together with a copy of the Chair's statement published on the Inquiry website on 14 February 2019.

Please do not hesitate to contact me should you require any further clarification,

Yours sincerely

A handwritten signature in black ink, appearing to read 'B. Stanton', with a stylized flourish at the end.

Brian Stanton
Solicitor to the Inquiry

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