



Northern Ireland  
Assembly

Committee for Health, Social Services and  
Public Safety

# OFFICIAL REPORT (Hansard)

E. coli Outbreak: DHSSPS Briefing

17 October 2012



afternoon in association with the restaurant, and, on the advice of the Public Health Agency and Belfast City Council, the restaurant closed voluntarily at 6.30pm on Thursday 11 October. Since then, investigations have been ongoing, samples have been lifted, tests have been done and the restaurant has been inspected. The Public Health Agency became aware by Saturday morning of four additional cases with links to Flicks restaurant. At that stage, it decided, on Saturday, to issue the press release.

There was a general increase in the number of cases of E. coli O157 in August; across Northern Ireland there were 18, eight of which were in the Belfast area. When those people were interviewed — as I said, the routine practice is that environmental health officers interview the cases about risk factors — four had, over a two-week period, eaten at Flicks restaurant. At that stage, environmental health officers and the Public Health Agency investigated. They had an outbreak control team meeting, lifted samples from the restaurant and investigated the food chain. At that stage, all the investigations were negative, so there was not enough evidence to say that there was definitely an outbreak associated with Flicks. They put in place enhanced monitoring and were on the lookout for cases associated with Flicks between the end of August and October, and there were none until the case reported on 9 October.

In the meantime, environmental health officers had carried out unannounced inspections of Flicks restaurant. Again, no issues were found.

**The Chairperson:** Thank you. It is an issue of public concern. There is a high level of media involvement, so people are genuinely concerned, especially those who have connections to the restaurant. It is an issue of public health. I have a number of questions. First, are we any closer to finding the cause?

**Dr Mitchell:** Investigations are under way. They will continue to interview and to analyse the results of the interviews, and then they will look to see whether they need to do further studies to identify whether there is a particular item associated with it. They have also sent samples for typing to a reference laboratory in England to see whether the strain of E. coli that is causing the problem is the same as the one that caused the four cases in August. We get about 60 to 70 cases of E. coli O157 every year, usually spread across Northern Ireland, but this is the most significant numerical outbreak that we have ever had.

**The Chairperson:** You have the opportunity now, and the time — we are not on a time limit. I would appreciate it if you could explain it so that people outside know what it means. There is concern that we had four cases in August, and now, a few weeks down the line, we have 20 confirmed cases and 150 probable cases. Of those 20 confirmed cases, six were in hospital, and some of them were in for more than one day. As a layperson, how do I know that the cases in August and the cases now are not connected? Can you explain whether they are connected and, if they are not, why they are not connected and why the earlier cases were not seen as a precursor to the recent outbreak?

**Dr Mitchell:** There are different strains of the E. coli O157 bug. There are many different E. colis with different numbers attached to them, but even within that there are different strains. At the moment, we do not know whether the typing results associated with the four cases in August are identical to those associated with the current problem.

**The Chairperson:** When will we know?

**Dr Mitchell:** They have been sent to the reference lab in England. It could be a week.

**The Chairperson:** We had the results in August, so there is —

**Dr Mitchell:** They have those results, but they do not have the typing results for the new cases.

**The Chairperson:** However, there is no confirmation that the cases in August and the cases now are not connected?

**Dr Mitchell:** Exactly. You cannot rule it out at the moment, Sue. On the other hand, we cannot say that it definitely is, because we do not have the evidence yet.

**The Chairperson:** I take on board the fact that there were unannounced inspections. Were any recommendations or proposals put in place from August? If so, what were they and did they happen?

**Dr Mitchell:** My understanding is that the environmental health officers' inspections in August revealed no issues of concern. I imagine — this is my interpretation — that, normally, environmental health officers will give general advice on hygiene and will want to ensure that standards are being observed. They will reinforce those messages. Moreover, they will have taken food samples and environmental samples, which were all negative, so there was nothing to pinpoint any particular concern. As far as I know, they also followed up on items in the food supply chain commonly associated with E. coli, and those were all negative as well. Therefore they put investigations in step, all of which were negative. At that stage, they felt that what they could do was to continue to enhance monitoring and surveillance for cases associated with the restaurant and to carry out unannounced inspections to ensure that standards of food hygiene are still being observed, even when the restaurant was not expecting it.

**The Chairperson:** When do you hope to get the results of the strain?

**Dr Mitchell:** I imagine, Sue, that it will be within the next few days, although I do not know for certain.

**The Chairperson:** Generally, how long does it take? How long did it take for the results from August to come through?

**Dr Mitchell:** It depends on how busy the lab is and on how many samples it gets from other places. It could take a couple of weeks. The lab here can liaise with the lab in London and ask it whether it can expedite the results, given that this is an outbreak.

**The Chairperson:** Are we doing that? There is a serious level of misinformation, and people are crying out for information. Is there anything that we can do to put pressure on the Department to ensure —

**Dr Mitchell:** I do not believe that there is at this stage. Everything has been done to expedite things and to ensure that the investigation is carried out as swiftly as possible. Thank you for that offer, nevertheless.

**The Chairperson:** You should let us know if there is anything that we need to do.

**Dr Mitchell:** This morning, I spoke to Dr Harper at the Public Health Agency, and she assures me that it has established its operation centre, that everything is under control from its perspective, that it does not need any extra resources but that it will let me know if it does.

**Mr McCarthy:** Thanks very much for your presentation and explanation. This a serious outbreak; it is regarded as one of the most serious in Northern Ireland for a long time. Thank God there have been no fatalities. Had there been fatalities, would the information that you are looking for been delivered more quickly? Are there any lessons to be learned that the public must be notified as early as possible so that they — we — can look after themselves.

**Dr Mitchell:** As I said, the restaurant was closed at 6.30 pm on Thursday. It had had four cases and closed voluntarily. That meant that the public was no longer being exposed to whatever the potential source was. When further cases came to light on Saturday morning, the public was informed and advised to go to their GP. I think that that was a proportionate response.

You asked whether things would have been expedited any further had there been deaths. I believe that everything has been done that needs to be done. I believe that it has been done in a timely fashion and that all the appropriate measures have been put in place to ensure the safety of the public. All those measures have been taken, as they would have been taken had there been any deaths.

**Mr McCarthy:** Has the outbreak been confined to one restaurant?

**Dr Mitchell:** Yes. As I say, there is a background level of cases of E. coli 0157 across Northern Ireland, which are all followed up. Usually, we do not find a common linked factor between them. Between August and October, there were other cases of E. coli 0157, none of which was associated

with this restaurant. There were cases in the Belfast area that were not associated with it, and those were followed up very closely.

**Mr McDevitt:** The 150 probable cases so far all relate to Flicks; is that correct?

**Dr Mitchell:** Yes.

**Mr McDevitt:** How far back do they date?

**Dr Mitchell:** My understanding is that, if we are referring to the onset of illness, we are talking about early October, although when people were asked whether they had been in contact with the restaurant, they were asked to come forward if they had been there since 24 September and developed symptoms subsequently.

**Mr McDevitt:** Are children particularly at risk?

**Dr Mitchell:** It depends on the food vehicle or the means of transmission of the E. coli. We have had outbreaks in the past associated with nurseries, for example, because there are particular hygiene issues with children who are still in nappies. In other outbreaks, there have been food items that children are more likely to eat, but in other outbreaks, there have been things that children are less likely to eat, such as raw vegetables. You would not have as many children affected in those outbreaks, so it depends very much on the food vehicle. The other outbreak that occurred nationally was at Godstone Farm, which was associated with an open farm. That predominantly affected children.

**Mr McDevitt:** This has become a major issue overnight because Dr Michael Devine described it yesterday as a "major public health crisis". Is that a fair description?

**Dr Mitchell:** In the transcript he first called it a significant public health incident, and then a significant public health situation. It was only under prolonged questioning that he described it as a "major public health crisis", but I think it is fair to say that this is a significant and serious infection. There is no doubt about that.

**Mr McDevitt:** Is it or is it not a major public health crisis, because that sounds like a top-tier, level-one, drop-everything —

**Dr Mitchell:** Yes. The Public Health Agency has set up its emergency operations centre; it is treating this as its number-one priority in health protection. There is a great deal to do in following up those affected, finding out whether they have tested positive, whether other family members have been affected and having them tested if they have symptoms. We also need to find out the occupation of those affected or whether they have children attending school or nurseries. There is a great deal of follow-up work to do on each of those 150 cases. The Public Health Agency is having to put significant resources into the situation.

However, as to its becoming a wider issue across Government, we are monitoring it closely, but we have not activated our regional health command centre.

**Mr McDevitt:** Therefore it is not a major public health crisis in your opinion.

**Dr Mitchell:** No. It is a significant public health outbreak, and it has particular implications for the Public Health Agency.

**Mr McDevitt:** OK. It is important to clarify that, because one of the reasons for the attention is because of what the media is reporting. I am referring directly to what has been reported, not to what I might have heard.

I was very interested in your response to the Chair's question about protocol in the labs. If this is a significant public health incident, and I think that everyone is agreed on that, surely there would be an escalation protocol with the lab in order to expedite testing. Surely you must have arrangements in place so that, at a certain point, we can accept that we have to pay a bit more for the service and can jump the queue because otherwise this could get out of control. Is that the case with this incident?

**Dr Mitchell:** I have not been directly involved in those discussions, Conall, so I am not sure. I can find out and come back to you. However, that certainly happened during the pseudomonas outbreak. My experience of previous outbreaks is that that happens.

**Mr McCarthy:** Somebody died in that outbreak.

**Dr Mitchell:** Yes, but even where an outbreak is not associated with a death, contact will be made if there is a concern, and the lab will be asked how long it will take to get a result and whether it can be speeded up in light of the fact that there is an outbreak. So that is a fairly routine thing to do. As I said, I have not asked them directly about that, and I will do that now rather than speculate any further.

**Mr McDevitt:** I appreciate that. In your professional opinion, is this an outbreak of a scale that would warrant expedited testing, given the likely growth in numbers and the exponential factor in the number of potentially affected people?

**Dr Mitchell:** Judging by the situation that we had on Monday, yes, I think it was. Contact was made on Monday, and it is now Wednesday.

**Mr McDevitt:** And are we still talking about two weeks, potentially?

**Dr Mitchell:** That is what I was told initially. I presume that that is the routine.

**The Chairperson:** Will you come back to us on that?

**Dr Mitchell:** I will.

**Mr Wells:** Dr Mitchell, statistically, what are the chances of four people developing food poisoning, all having visited the same restaurant, and that restaurant not being the source of the outbreak?

**Dr Mitchell:** I do not know what the statistical chances of that are. I am sure that some smart statistician could do it.

**Mr Wells:** I would say that it would be many thousands to one.

**Dr Mitchell:** As I understand it, each of those individuals had other potential risk factors as well, and it was over a certain period of time. There was nothing obvious found, and all of the samples from the restaurant were negative.

**Mr Wells:** But, obviously, you did not rule out the possibility of it coming from the one source, because you did visit the restaurant to carry out checks.

**Dr Mitchell:** Absolutely. Following that, it was investigated and there was an outbreak control meeting, etc.

**Mr Wells:** So, you visited in August, and you ruled that there was no possibility of a link, and now, in October, you have confirmed that there is a link.

**Dr Mitchell:** What we are saying is that the tests at that time were negative, so it was not possible to say definitively that those cases were definitely associated with that restaurant. Precautionary measures were put in place, including enhanced surveillance and enhanced inspections. Obviously, with the current cases, in the context of there being previous cases associated with the restaurant, they acted very quickly.

**Mr Wells:** But what has now happened clearly indicates that the staff missed something in August, or else it is an extraordinary set of circumstances that could not possibly happen unless you had odds of thousands to one, if not tens of thousands to one. You had a restaurant where there were four instances of food poisoning in August, and then you go back in October and confirm many more cases. You are saying that that does not indicate that something was missed in August?

**Dr Mitchell:** I cannot speculate on that at the moment, Jim. I think they will be reviewing it once they have got through the current outbreak and managed what needs to be done in that. I am sure that people will be looking back to see the lessons. It is routine practice to look back and have a debriefing on how the incident was managed and to see whether any lessons were learned.

**Mr Wells:** As a precautionary approach, when you do get multiple incidents of food poisoning and all the individuals have eaten at the same restaurant, even in the absence of biological information, is there any provision in the legislation to temporarily close the restaurant at that stage?

**Dr Mitchell:** That would depend on the findings of the investigation at the time. If an environmental health officer considered that there were risky practices, they could do it on the basis of that, but what I am saying to you is that they did not find that. They did not find any positive samples.

**Mr Wells:** The difficulty is that there is no evidence of risky practices now either. They still have not discovered what is going on.

**Dr Mitchell:** But the restaurant is closed at the moment.

**Mr Wells:** Yes, the restaurant is closed, but now that the evidence that something has gone wrong is so overwhelming, we still have not been able to source what is actually happening.

**Dr Mitchell:** The investigation is ongoing, and the restaurant has not opened again yet.

**Mr Wells:** What we are really worrying about is that you still cannot find out what is going on in that restaurant, and that indicates that you missed it in August and in October.

**Dr Mitchell:** I think we are speculating beyond where we are at the moment.

**Mr Wells:** At the moment, you still have not found the cause of the October outbreak.

**Dr Mitchell:** They are still investigating.

**Mr Wells:** That worries me, because there are so many people.

**Dr Mitchell:** There are 150 people to be interviewed, and that information has to be collated in addition to the 20 confirmed cases. You need to sift of all of that evidence and assess it, with the environmental samples and the food samples that were taken, and put all of that together. That takes time.

**Mr Wells:** It is inconceivable now, when there are 20 people who have all eaten in the same restaurant and all have the same condition, that there is not a link back to the restaurant.

**Dr Mitchell:** I do not think that anyone is disputing that at the moment.

**Mr Wells:** Let us hope that you can identify why that has happened, because, if there are no practices that you can identify to indicate what has gone wrong, that worries me for future instances, when it is just not physically possible to find out what is happening.

**Dr Mitchell:** As I said, the investigation is still ongoing, so, while they are still investigating, we are speculating that they will not be able to do that. I think we should await the outcome of the investigation.

**Mr Dunne:** Thank you for your information so far. I take it that the council has a responsibility here, as I understand that it has a role to monitor standards in such outlets in the interests of public health. Jim has covered a lot of these issues. Basically, my understanding is that, if anything was found in August, the correct procedures and processes should have been put in place to ensure that there was no recurrence of such an event. Is it the case that there may have been a failure there and that follow-up actions were not put in place to stop any recurrence?

**Dr Mitchell:** As I said, those inspections did not reveal anything that would have given cause for concern, and the tests were all negative. An unannounced inspection took place subsequently, and no issues of concern were found. I think we will have to wait for the ongoing investigation to answer some of those questions. They are all legitimate questions, but we cannot speculate and answer in the absence of evidence.

**Mr Dunne:** Has the restaurant got accreditation from the council under the star rating system?

**Dr Mitchell:** I am sorry; I do not have that information.

**Mr Dunne:** Are you aware of ongoing monitoring by the council in relation to these premises from August to October?

**Dr Mitchell:** Yes, there was an unannounced inspection between August and October.

**Mr Dunne:** Was anything of significance found?

**Dr Mitchell:** As I understand it, nothing of significance was found in that unannounced inspection.

**Mr Dunne:** For such an incident to happen, it has to be a fairly basic issue. Could basic cleanliness be the risk?

**Dr Mitchell:** It is too early to speculate. We need to wait for the investigations to be brought together — the environmental, the microbiological, the histories of the people and what they ate at the restaurant and the time period over which they have eaten it. All of that needs to be brought together to answer those very legitimate questions that you and the public have.

**Mr Dunne:** What about public concern about the risk of this occurring in other restaurants in Belfast or in Northern Ireland? What can you say to try to reduce that concern?

**Dr Mitchell:** The environmental health departments of district councils have a very active role working with the Food Standards Agency, which monitors the action that councils take through inspections. They have a risk-based assessment in terms of the frequency of inspections of different premises. They have, as you mentioned, the star rating for premises, which used to be known as "Scores on the Doors", and there are active courses of training in food-hygiene issues for premises. That is going on all the time. There are also programmes of routine sampling of food items that are regarded as possibly suspect food items; those are lifted by environmental health officers. Very active work goes on around surveillance and supporting the Public Health Agency through following up cases of food poisoning and interviewing those involved, looking for risk factors, identifying what those factors are and then advising food businesses on what the risks are. All of that is going on all the time to try to protect the public.

**Mr Beggs:** Thank you for your presentation. When the August investigation did not identify a particular source, you indicated that there was enhanced monitoring. Can you give us some more information on what that enhanced monitoring involved?

**Dr Mitchell:** As I said, when a case of E. coli O157 is reported by the lab, an environmental health unit goes out. It would have been specifically trying to ascertain whether there was a link with this restaurant in the intervening period, and that, obviously, would not be a normal part of the questioning.

**Mr Beggs:** What I find quite strange is that, following the press release that you issued, you indicated that there have been 20 confirmed cases, 150 probable cases and six hospitalisations. Have they all been very recent, or were they occurring before but not picked up?

**Dr Mitchell:** What happened is that the Public Health Agency asked people who had symptoms. Some of them will, perhaps, have had a mild case of diarrhoea and had not even gone to their doctor. They had, perhaps, just treated it at home or gone to a pharmacy for over-the-counter medicines, but, because of the publicity, they have gone to their doctors, who have asked for a faecal sample to be tested. It indicates that there are people who were affected but had not necessarily reported their illness to anyone.



**Mr Beggs:** You indicated that six had been hospitalised. Has that all been recent, or were there some who were hospitalised or had gone to their GPs but were not picked up by the enhanced monitoring system that you referred to?

**Dr Mitchell:** My understanding is that those are recent hospitalisations.

**Mr Beggs:** I have a final question, if I may. You have indicated that you were looking for incidents subsequent to 24 September. Why have you not sought any during this entire period? Why have you missed out the period between August and 24 September?

**Dr Mitchell:** Let me reassure you that, if someone came forward and said that they ate there but it was earlier than that, of course they would be considered. I think it is because, given what is known about the incubation period and how long it takes someone to go from exposure to developing the symptoms, it was thought that that was a reasonable time period. It is also about what people can remember about when they were in a particular restaurant or what they might have eaten on that particular occasion. It was a pragmatic choice, but, obviously, no one is going to rule people out who were there in between times and who say they have had symptoms.

**Mr Beggs:** So you are indicating that there could well be a considerably larger number outside of that period.

**Dr Mitchell:** What I have been told to date — I emphasise that I do not work in the Public Health Agency but in the Department, so I am not directly involved in it — is that the dates on which the people interviewed to date were exposed to the restaurant were in October and that the Public Health Agency has not identified people who had been eating there earlier and had been ill, other than those four original ones in August.

**Mr Brady:** Thanks very much for the explanation. I have a fairly basic question. You said that there are different strains of E. coli and different numbers, and that it can come from different sources, including raw vegetables and animals, such as at the petting farm in England where children were affected. Is it possible — and this is speculative — that there is a strain that happened in August that was less easy to detect than a strain that might have occurred in September or October? There seems to be a wide spectrum of the organism.

**Dr Mitchell:** Do you mean in terms of the severity of the illness?

**Mr Brady:** Yes. I am just thinking that, if it was monitored and people went to check it out in August, there may have been a strain then that is more difficult to detect, so that may explain why it was not detected, and there was no need to close it down, because it was not specifically connected to that. Is that a possibility?

**Dr Mitchell:** You could not rule it out entirely, but, again, we will have to wait for the typing results to establish that. If it is shown to be a different type, we can research whether there is anything known about that type that suggests that it is less severe.

**Mr Brady:** Are there strains that are more virulent than others?

**Dr Mitchell:** Yes, there are. The other thing is that it depends on the amount of the bacteria that you get. If something has been sitting at room temperature, which allows the bug to grow, that could lead to a higher exposure than something that has been refrigerated and has a low level. That will affect the severity of the illness as well.

**The Chairperson:** Do you think that it might have been useful to have brought someone from the Public Health Agency with you today?

**Dr Mitchell:** I did ask them whether they would like to come at this point. I think they are in the middle of trying to manage the outbreak, but I am sure that, later, once they have got through that acute management, they will be delighted to come.

**The Chairperson:** I will make just another couple of points. The owner closed the restaurant voluntarily on the Thursday night. When was the owner informed that there was an outbreak of E. coli, and who informed them?

**Dr Mitchell:** As I understand it, environmental health and the Public Health Agency were involved in that meeting with the owner on the Thursday afternoon.

**The Chairperson:** Will you check that out? I was of the opinion that the owner had heard it on the news. I could be wrong, but my understanding is that he heard it on the news, jumped in his car, went to the restaurant and stopped serving. I would like to know when the owner was informed that it was E. coli.

**Dr Mitchell:** I will check that out for you.

**The Chairperson:** So he was informed on the Thursday that it was E. coli but was still not aware of what strain of E. coli it was. Would you have closed the restaurant on the Thursday night if he had not done it voluntarily?

**Dr Mitchell:** My understanding from public health colleagues is that they would have done so because of the heightened awareness, because there had been the four earlier cases associated with the restaurant.

**The Chairperson:** Considering that we are still not aware of the strain of this outbreak and whether it matches the strain of the last outbreak, why did you close it now but not in August to find out what the issue was?

**Dr Mitchell:** It is about the balance of evidence linking it and because there were another four cases associated with the same place.

**The Chairperson:** Some people would call it hit and miss. Some people are saying that what happened in August was a warning. Maybe we should have got to the end game of what happened in August before this happened.

**Dr Mitchell:** I just need to repeat that there was a thorough investigation in August. The judgement at the time was that there was not sufficient evidence to take any further action at that stage.

**The Chairperson:** I appreciate that, Liz, but, living in the real world, if there is an outbreak of E. coli in a certain establishment in August, and you are now telling us that there is a similar outbreak but you are not aware of the strain, then, OK, you take precautions. However, people are asking why those same precautions were not taken in August, and then perhaps we would not have this second outbreak, when there are more people hospitalised. There are over 150 probable cases, with 20 confirmed cases. Maybe there is a lesson that people need to learn from this so that we do not have that hit-and-miss approach and, when there are serious things like that, we look at them as serious issues, rather than waiting on the possibility of another outbreak.

**Dr Mitchell:** I will just emphasise again that they did investigate thoroughly at the time. They made a judgement at the time based on the evidence that they had, and they put in place enhanced monitoring. People need to learn from their experience and reflect on what they have done and whether there need to be changes.

**The Chairperson:** Tell me this: when were the Department and the Minister informed?

**Dr Mitchell:** We were informed at the end of August about the cases and investigations then, and then we were informed of the current cases on Thursday 11 October.

**The Chairperson:** The night of the closure of the restaurant?

**Dr Mitchell:** Yes.

**The Chairperson:** Do you not think that the Department and the Minister should have been informed earlier?

**Dr Mitchell:** I think we were informed at a stage when they had —

**The Chairperson:** The reason I am asking you the question is, on the whole issue of pseudomonas, one of the criticisms was that the Department and the Minister should have been told sooner. We have a devolved Administration and local people in charge now. Sometimes you pick up stuff in your constituency. I think that, although the Public Health Agency and environmental health have their own job to do, maybe it is about a red flag or alerting somebody that it was an issue in August. You are not implying that it is the same strain, but flagging it up to the Department and the Minister sooner rather than later seems to me to be the lesson learned from other outbreaks.

**Dr Mitchell:** There are 60 to 70 cases of E. coli O157 reported a year in Northern Ireland. I would not expect the Public Health Agency to tell us about every case.

**The Chairperson:** I appreciate that, but —

**Dr Mitchell:** On Tuesday there was only one case associated with the restaurant.

**The Chairperson:** I appreciate that, but of those 60 or 70, how many are actually traced back to a place where there was an outbreak in August? Very few of them.

**Dr Mitchell:** There was one case reported on the Tuesday, and they reported it to us on the Thursday. I think that was a quick response.

**The Chairperson:** How many were reported on the Thursday?

**Dr Mitchell:** There were two other family members and one other case associated with it, so there were four in total on Thursday.

**The Chairperson:** So the restaurant would have been closed on Thursday night if the owner had not voluntarily closed it?

**Dr Mitchell:** Yes.

**Ms Maeve McLaughlin:** I just want some clarification. Neither the Public Health Agency nor the Department closed the restaurant. It was closed voluntarily. I just want to be clear that that is the comment that was made.

**Dr Mitchell:** Yes, the owner of the restaurant closed it voluntarily on the advice of the Public Health Agency and Belfast City Council. Had he not chosen to do that, action would have been taken.

**The Chairperson:** I am not suggesting that this will happen, but could the owner go in and open up today if he wanted, because he closed it voluntarily?

**Dr Mitchell:** I think that action would be taken then.

**The Chairperson:** OK. I appreciate that you may not have the information here, but can you let me know when the owner was informed? I could be wrong, but I understood that the owner had heard about this from the media, went straight to the restaurant and closed it.

**Dr Mitchell:** I suppose it is possible that the management who were there in his absence were informed. I will find that out for you. Perhaps he had to be contacted.

**The Chairperson:** Liz, I would appreciate it if you were to give us regular updates on this, as happens with some other issues.

**Dr Mitchell:** How would you like to receive that, Sue?

**The Chairperson:** Just e-mail us daily with the figures. I would appreciate your letting us know formally about the issue about the lab in England and if we can do anything about that.

**Dr Mitchell:** Or of how quickly we can expect to get that back.

**The Chairperson:** Yes, and if there is anything we can do to support that. We will probably need another update from you depending on the outcome over the next couple of days, and we could facilitate that next week.

**Dr Mitchell:** OK. We will liaise with the Committee Clerk about that.

**The Chairperson:** Thank you.