



**Y PWYLLGOR ANSAWDD, DIOGELWCH A PHROFIAD
QUALITY, SAFETY AND EXPERIENCE COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	08 October 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	Infected Blood Inquiry Findings
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Dr Ardiana Gjini, Executive Director of Public Health
SWYDDOG ADRODD: REPORTING OFFICER:	Ms Nicola Reeve, Lead Nurse Hepatology; Ms Sam Hussell, Head of Emergency Preparedness, Resilience and Response.

**Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The Infected Blood Inquiry was established in 2017. It examined the circumstances in which men, women and children treated by the National Health Service (NHS) in the United Kingdom were given infected blood products between 1970 and 1991. The Health Board has participated in the Inquiry over a number of years, involving a range of services.

Following the release of the Infected Blood Inquiry Report on 20th May 2024, Hywel Dda University Health Board (HDUHB) developed a pathway to ensure that potential patients who may have received infected blood products will have access to testing. This would be in a way that was most suitable to them and have access to specialist treatment in a timely manner.

HDUHB have had Blood Borne Virus (BBV) Clinical Nurse Specialist (CNS) in post since 2011. Many patients that had received infected blood products have historically been treated, therefore the anticipation was that numbers would not be very high.

Cefndir / Background

The Executive Director for Public Health developed a multi-disciplinary scoping group prior to the release of the Infected Blood Inquiry report in early May 2024. This was to determine the UK, national and local situation, consider potential impact on the Health Board, develop a communications strategy and appropriate patient pathways, ensuring a robust single point of contact for patients with concerns (via the Health Boards' Communications Hub) to request testing for Blood Borne Viruses, Hepatitis B, Hepatitis C and HIV (apart from for those with inherited blood disorders who were sign-posted to Cardiff & Vale UHB as they provide the Haemophiliac Services covering this group), assess risk and devise a local communications strategy.

Access to home testing kits was made available via an online link to a Public Health Wales platform. Patients who required assisted testing were offered home testing by the HDUHB Health Protection Team.

Any positive tests that were identified from the Inquiry were emailed to the Lead Nurse Hepatology, who then identified the county and cascaded the information to the appropriate BBV Clinical Nurse Specialist.

There has also been opportunistic testing via the BBV CNS as part of BBV awareness days which included BBV testing.

Asesiad / Assessment

Screening Process

The Communications Hub received over 50 enquiries following the report publication. The majority were signposted to the PHW platform to request home testing kits. Ten individuals received assisted testing via the Health Board.

A further six individuals have had BBV tests carried out via an Outreach project in Carmarthenshire over the past two months. This outreach project has been developed in line with delivery of the Eliminating Hepatitis B&C Strategic Plan, targeting the hard to reach communities. All six tested negative, with their only risk factor being receipt of blood products prior to 1991 and attended the outreach clinic opportunistically despite being aware of the inquiry report publication and media coverage.

Identified Cases

One patient tested positive for Hepatitis C. The individual was seen within three days by the BBV CNS of their positive test. Further investigations were completed, this included routine bloods, Hepatitis C genotype, Fibroscan and Ultrasound scan. Contact tracing of the family was carried out and the partner also tested positive to Hepatitis C.

There were no other risk factors for Hepatitis C with either individual. The individual identified as the index case had documented evidence of receipt of a blood transfusion in 1993 and had evidence of a medical event in 1987 which would be conducive with receiving a blood transfusion despite lack of documentation. Both these events are considered to be sufficient source of infection.

Following all investigations, no cirrhosis was diagnosed in either of these two linked cases. Both individuals have commenced appropriate treatment programmes and will be offered annual Fibroscan monitoring.

Continued Support

Opportunistic testing for individuals who may not be aware of the Infected Blood Inquiry will be ongoing with BBV CNS across the Health Board in line with the Eliminating Hepatitis B&C Strategic Plan.

Leaflets and posters to be placed in Primary Care settings across GP surgeries and Community Pharmacies to raise awareness and signpost to support.

Single point of contact via the Communications Hub to remain available to any concerned individuals.

National Oversight

Welsh Government has established a Next Steps Oversight Group for Wales to work with the service and those infected and/or affected to provide advice, support and direction to implement the actions raised in the recommendations from the Infected Blood Inquiry final report.

This will allow the Welsh Government to provide a response to the Infected Blood Inquiry Report within the specified 12-month timescale. This will also involve working on a four nations basis.

The Oversight Group will advise and complement policy development by providing detailed and focussed work on recommendations that will be considered both in a Welsh and UK context.

Work areas will include:

- Evidence based guidance.
- Focus on areas identified that (the group) can consider from a Welsh perspective, (and highlight areas outside their scope that must be taken forward on a four nations basis).
- Prioritise recommendations and move first on those that can be quickly delivered/ implemented.

A work programme for the group has been agreed which links directly to the Infection Blood Inquiry Report recommendations and subsequent Senedd debate. A number of sub-groups will be established to progress the recommendations. The group includes representation from Medical Directors; Nurse Directors and Directors of Public Health who will cascade information via the relevant networks.

Local Governance

HDUHB has established an Infected Blood Inquiry Management Group which will review the actions of the national group and implement at local level where appropriate; the Group will also coordinate and oversee the delivery against the Infected Blood Inquiry report recommendations pertinent to local action. The group will report to the Health Protection Co-ordination and Oversight Group and is chaired by the Head of the Health Emergency Planning.

Details on actions taken in relation to monitoring liver damage for people who were infected with Hepatitis C is one area that information has already been requested on. The Health Board will feed into subsequent requests via the Infected Blood Inquiry Management Group to ensure a cohesive and consistent approach is taken.

Argymhelliad / Recommendation

The Committee is asked to take **ASSURANCE** that the Health Board has put in place an appropriate response to the Infected Blood Inquiry Report with ongoing robust testing and treatment pathways and will continue to offer support to concerned individuals who may have been infected.

Amcanion: (rhaid cwblhau)	
Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Parthau Ansawdd:	7. All apply

Domains of Quality Quality and Engagement Act (sharepoint.com)	
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	5. Whole systems perspective
Amcanion Strategol y BIP: UHB Strategic Objectives:	4. The best health and wellbeing for our individuals, families and communities
Amcanion Cynllunio Planning Objectives	10 Population health
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives

Gwybodaeth Ychwanegol: Further Information:

Ar sail tystiolaeth: Evidence Base:	Infected Blood Inquiry Report May 2024 WHC - Eliminating Hepatitis B and C as a public health concern in Wales - Actions for 22 23 and 23 24.doc (002).pdf
Rhestr Termiau: Glossary of Terms:	As noted within body of report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd, Diogelwch a Phrofiod: Parties / Committees consulted prior to Quality, Safety and Experience Committee:	Health Protection Coordination & Oversight Group. Public Health Quality, Safety & Experience Group.

Effaith: (rhaid cwblhau) Impact: (must be completed)

Ariannol / Gwerth am Arian: Financial / Service:	Service model delivery of all delivery programmes will consider any financial constraints from existing budgetary allocations and any additional grants / funding allocated.
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Ansawdd / Gofal Claf: Quality / Patient Care:	It is important that there are effective plans in place for infected blood Inquiry and hepatitis C programmes, not only to improve overall health in the population of Hywel Dda but also to protect those at risk, prevent ill-health and minimise further impact on health and social care services.
Gweithlu: Workforce:	As for Quality / Patient Care impact.
Risg: Risk:	Risks are detailed in the report. Areas where progress against actions is not on target will be reflected within directorate risk register.
Cyfreithiol: Legal:	Not Applicable.
Enw Da: Reputational:	Approaches already undertaken in the area to encourage test and treat uptake and target interventions at groups and communities to address health inequities and inequalities. Communication team supporting the infected blood inquiry approach and associated programmes.
Gyfrinachedd: Privacy:	Not Applicable.
Cydraddoldeb: Equality:	Approaches already undertaken in the area to encourage test and treat uptake and target interventions at groups and communities to address health inequities and inequalities.