



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

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	07 December 2023
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Llwynhendy Outbreak External Review and Contingency Plans for resourcing any future outbreak and maintaining current Tuberculosis (TB) case management
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Prof Phil Kloer, Deputy CEO & Medical Director Dr Ardiana Gjini, Executive Director of Public Health
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Dr Gareth Collier, Consultant Physician & TB Clinical Lead Claire Hurlin, Strategic Head Community & Chronic Conditions- Lead CNS Respiratory team Anna Thomas, Service Delivery Manager Megan Harris, Consultant in Public Health

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA**

**SBAR REPORT**

**Sefyllfa / Situation**

In 2019, a formal complaint was received by Public Health Wales (PHW) and Hywel Dda University Health Board (HDUHB) in relation to the handling of the ongoing outbreak of tuberculosis (TB). As a result, following an internal inquiry and debrief, an external review was jointly commissioned to identify lessons learned. The review panel's report was published in January 2023 and includes several key recommendations requiring action by the Health Board.

This paper updates on the Action Plan agreed by the Health Board which was presented at the August 2023 Quality, Safety & Experience Committee (QSEC). It includes updates from PHW reported to their Quality, Safety, and Improvement Committee meeting in October 2023. It also gives updates on 3 Recommendations (R) with actions linked to the Health Board, as below.

- R3-** Funding should be identifiable ahead of time for outbreaks of infectious diseases so that such outbreaks can be managed in a timely and effective manner without the need for time-wasting discussion.
- R4-** The local TB service has improved but still has inadequacies. In particular, cross-cover arrangements need to be in place for annual, sick and study leave in order to prevent delays in treatment. Pharmacy and administrative support needs improvement. Succession planning for the TB Specialist Nurse also needs to be clear.
- R7-** Wales does not seem to be properly prepared for the challenges of new migrants, refugees and the occurrence of future drug resistance. These factors should be included in a future TB plan supported and funded by Welsh Government.

## Cefndir / Background

Following receipt of the conclusion of the independent review into the response to the outbreak of TB that occurred in Llwynhendy, Carmarthenshire, both PHW and HDUHB accepted the recommendations and an action plan was developed for both organisations. The timeline for this action plan has been updated to reflect the current situation with the service and is provided within Appendix 1. The PHW actions will be reported to their Board and shared on an agreed timeline with HDUHB, and vice versa.

HDUHB provides the direct clinical TB service, and it is used to support any clinical response requested by PHW for any outbreaks within our locality. There is a designated TB lead within the Health Protection Team who will take forward the actions for PHW in conjunction with the Health Board.

TB work within the Health Board is unpredictable, an outbreak may occur at any time or there is a sudden influx of large numbers of immigrants from high-risk countries requiring screening for active and latent TB. To have a standing team large enough to deal with all eventualities would not be a good use of resource. It would also not be possible for the team members to maintain the skills and competencies. However, there is a need to be able to respond immediately to cases of active TB and subsequent screening as well as dealing with arrivals of large numbers of refugees often in the hundreds requiring screening for active as well as latent TB.

Although the level of active TB infection is low in West Wales, exposure of individuals to infectious people, most commonly due to delayed diagnosis in unrecognised cases, may lead to further outbreaks. Raising the levels of awareness amongst the public and their health care professionals, both for adults and children, is crucial in reducing the risks from and managing any future outbreaks.

## Asesiad / Assessment

**R3- Funding should be identifiable ahead of time for outbreaks of infectious diseases so that such outbreaks can be managed in a timely and effective manner without the need for time-wasting discussion.**

Within the respiratory team it has been agreed that the 'Standing TB team' of one WTE core Health Care Support worker (HCSW), one WTE core Specialist Nurse (CNS) and a medic (Clinical Lead) would be supported by the community respiratory team which includes HCSW and additional respiratory specialist nurse time. Time will also be given throughout the year for training for these identified professionals as above.

### **Should an outbreak occur of <100 contact cases**

This will be dealt with by the core TB team within Hywel Dda including notionally:

Consultant TB Lead	1 WTE
Consultant in Public Health	0.4 WTE
CNS	1 WTE
HCSW	0.6 WTE
Admin – existing Medical Secretary	1 WTE

### **Should an outbreak occur of > 100 contact cases**

The plan is to bring the Respiratory community health care support workers in to support. There are 3 Respiratory HCSW who each work 15 hours a week. There is scope for them all

to switch their 2 days to supporting an outbreak for a short period and this would provide an additional 45 hours a week to the core hours currently provided. This could either be on days they do their substantive post and/or extra days if required.

To support the core TB CNS a second Respiratory CNS will be available if there are any issues with TB when the TB CNS is on annual leave or sick leave during this period to ensure prompt response as needed. This Respiratory CNS would also be able to offer 7.5 extra hours as part of her role supporting an outbreak but if more hours are required, funding would have to be agreed in advance as for the HCSW hours.

The Public Health Practitioner(s) with focus on immunisation and health protection would be 'deployed' to supporting the management of the outbreak.

The local Multi-Agency Health Protection System Operational team for TB surge response would also be deployed locally.

Financial issues for this work have been raised with the Director of Finance for evaluation by the Executive Team for further discussion and approval, should an outbreak of such a scale occur.

### **Operational Plan in the event of outbreak management for TB. (+ 100 contact cases)**

Communicate all outbreak information via the communication hub: [ask.hdd@wales.nhs.uk](mailto:ask.hdd@wales.nhs.uk)

1. The sampling team will be available 5 days a week 9-5 (Mon-Fri)
2. RN to complete the health questionnaire & HCSW to take IGRA blood samples. Team will be made up of 1 RN & 1 HCSW (band 3), supported by clinical leads.
3. Teams can be co-ordinated to work and support TB/respiratory team in hospital setting.
4. Can also offer a booking system via the public health cell in the communication hub
5. Health Protection Hubs (mass vaccination centres) can be utilised as a testing venue. These list three Bases across the Health Board footprint:
  - Neyland- Pembrokeshire.
  - Dafen- Carmarthenshire.
  - Trewern- Ceredigion

Community testing model can be used if large incident in a closed setting. Taking the testing to the outbreak location.

Access to funding to allow increase in capacity to be rolled out without delay will be required to meet the identified need. Funding needs to be agreed in advance to ensure no delays in implementing plan.

For a sustainable model to manage an outbreak of > 100 contact cases medium/long term, in addition to the Standing TB Team, the additional funding would be required to step up the above teams and to secure continuity of care in conjunction with PHW.

***R4- The local TB service has improved but still has inadequacies. In particular, cross-cover arrangements need to be in place for annual, sick and study leave in order to prevent delays in treatment. Pharmacy and administrative support needs improvement. Succession planning for the TB Specialist Nurse also needs to be clear.***

There is no additional cover currently for Specialist Nurses and HCSW, under normal circumstances the clinics do not run during holiday, study leave and illness. The volume of patients will also depend on language and origin of the people being screened with refugees taking longer. Consideration will need to be given to location of screening clinics. Our experience suggests providing screening as close as possible to the residential areas of the subjects to reduce the numbers of DNA's, currently our DNA rate is high at 40%. We continue to work out of Glangwili General Hospital Outpatients Department and our designated TB mobile unit remains on site at Prince Philip Hospital. We would look to scope areas down in Pembrokeshire and Ceredigion to facilitate clinics should we need to.

We have an additional core respiratory CNS identified to support Kelly Goddard our lead nurse for TB with issues during annual leave, sickness etc. with 7.5 core hours available to use for a short period of time but to provide a more sustainable TB service during an outbreak period, we would require long term funding.

If high numbers of patients test positive then some screening capacity will need to be switched to treatment initiation and monitoring. These templates will flex as per demand.

Consideration must also be given to the considerable administration time required to organise the clinics, track results, attendances and non-attendances and rebooking making sure patients do not slip through the net. Routinely this is done via medical secretary support and service management. Additional hours would be required should we experience a large outbreak.

Current screening within core capacity:

X 3 clinics per week all at Glangwili General Hospital.

10 patients per clinic = 30 patients per week: 120 patients screened per month.

***R7-Wales does not seem to be properly prepared for the challenges of new migrants, refugees and the occurrence of future drug resistance. These factors should be included in a future TB plan supported and funded by Welsh Government.***

The different guidance available (NICE and Green book, chapter 34) whilst describing the process does not provide specific advice on timing. National guidance on screening Ukrainian refugees for active TB was for this to take place within 48 hours of arrival. It was worth noting that no health board was able to achieve that timeline. Within HDUHB we decided to aim for 14 days. We suggest the following time limits:

1. Active TB either suspected or proven on smear or culture, to be reviewed and treatment started within 24 hours
2. Screening arrivals from high incident areas for active TB, within 14 days
3. Screening arrivals from high incident areas for latent TB only within 3 months

Training needs to be undertaken to ensure staff competent to support TB outbreak:

CNS:

2 days initially then a session in a screening clinic every 6 months

HCSW:

1 day initially then a session in a screening clinic every 4 months

This is currently being set up via Claire Hurlin, Strategic Head Community & Chronic Conditions and her CNS team and will be monitored by the Tuberculosis Operational Group.

The Tuberculosis Operational Group has been established to have oversight of all relevant aspects of TB within Hywel Dda, listed in the above sections. This will include the TB screening and treatment, protocols and procedures alongside any actions relating to future potential outbreaks and will be chaired by Consultant in Public Health reporting to the Director of Public Health.

### Argymhelliad / Recommendation

QSEC is asked to:

- **NOTE** the updates in the report and acknowledge the work being undertaken to strengthen the TB team with Hywel Dda University Health Board;
- **NOTE** the continued work underway to mitigate risk and seek capacity to manage any outbreaks or other screening needs that may arise.

### Amcanion: (rhaid cwblhau)

#### Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.7 Provide assurance to the Board that current and emerging clinical risks are identified and robust management plans are in place and any learning from concerns is applied to these risks as part of this management.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	4. The best health and wellbeing for our individuals, families and communities
Amcanion Cynllunio Planning Objectives	7a Population Health

Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives
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<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	<a href="https://phw.nhs.wales/tbreview/llwynhendy-tuberculosis-outbreak-external-review-report/">https://phw.nhs.wales/tbreview/llwynhendy-tuberculosis-outbreak-external-review-report/</a>
Rhestr Termiau: Glossary of Terms:	Contained within the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd, Diogelwch a Phrofïod: Parties / Committees consulted prior to Quality, Safety and Experience Committee:	TB Operational Group

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	Noted within report.
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	Noted within report.
<b>Gweithlu: Workforce:</b>	Noted within report.
<b>Risg: Risk:</b>	Noted within report.
<b>Cyfreithiol: Legal:</b>	Noted within report.

<b>Enw Da: Reputational:</b>	N/A
<b>Gyfrinachedd: Privacy:</b>	Noted within report.
<b>Cydraddoldeb: Equality:</b>	Noted within report.

## Hywel Dda Tuberculosis (TB) External Review Findings Draft DETAILED ACTION PLAN

The Board will establish a TB External Review Findings Oversight Group to address each recommendation made in the External Review Report.

*\*NB: the inserts in purple italic font depict the update from PHW on actions allocated to them.*

<b>Recommendation</b>	<b>Specific actions required</b>	<b>Owner</b>	<b>Deadline</b>	<b>Status Oct 2023</b>
1. The outbreak has not yet concluded and the high level of latent TB infection in the population implies further risk. This risk is heightened because the active disease in this population is predominantly pulmonary and therefore more infectious. Although the level of active TB infection is low in West Wales, delayed presentation in unrecognised cases	1.1 Health board communications team to work with Public Health Wales (PHW) communications team to identify opportunities to raise awareness of TB signs and symptoms with the local population; for example, social media campaign to coincide with World TB Day (24 March), reference to high levels of latent TB in local population in communications around any emerging TB incidents or outbreaks in the area, posters with warning and informing advice for display in public areas of health board premises (GP surgeries, A&E departments etc). Communication plans must take note of the stigma still associated with a diagnosis of TB and be designed accordingly.	PHW/ Communications (Coms)	June 2023	<i>PHW - The TB elimination strategic action plan has been developed with input from TB clinicians, behavioural science experts and inclusion health teams. In relation to raising awareness of TB it includes the following recommendations: All HBs to ensure that clinical staff have completed the Wales Institute of Clinical Science and technology (ICST) TB training. A multiagency partnership</i>
	1.2 Health board communications team to work with PHW communications team to develop a communications plan for controlling the ongoing outbreak	PHW/ Comms	November 2023	

<p>may lead to further outbreaks and deaths. The level of awareness amongst the public and their health care professionals must be therefore increased and maintained. This also applies to trainee health professionals.</p>	<p>1.3 Communication from the Director of Public Health (DPH), working with local PHW health protection team, to local GPs, A&amp;E departments and Out of Hours (OOH) services. To advise of high levels of latent TB in local population and to remind services that outbreak is ongoing, raising awareness of signs and symptoms and requesting that investigation of TB is considered in individuals presenting with symptoms who may not normally be considered to be at risk due to demographic profile.</p>	<p>DPH/ PHW</p>	<p>October 2023</p>	<p><i>will work with local authorities, communities and third sector organisations to raise awareness and improve health education regarding screening for latent TB infection.</i></p> <p><i>HBs in collaboration with PHW will also work to raise awareness and tackle stigma among populations at high risk of TB and who could self-present to health services. As part of monitoring towards TB elimination HBs will be asked to provide an annual update on completion of TB training and collaborative activities undertaken to raise awareness. The All-Wales TB Group (AWTBG) will work with PHW Comms to promote the launch of the TB elimination action plan. It is proposed that this is launched to coincide with World TB Day in March 2024.</i></p>
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<p>2. Any future outbreaks should be overseen by PHW from the outset with a TB - specific standard operating procedure (SOP) for the conduct and recording of outbreak management. The current SOP and Outbreak Control (OC) policy needs to be updated in this respect. The latter needs to be developed alongside modern data analysis and whole genome sequencing) WGS typing so that outbreaks are identified and contained. Comprehensive contact networks of all cases should be recorded electronically and plotted with social network analyses undertaken to ensure links between cases are uncovered quickly and easily</p>	<p>2.1 Involvement of PHW in Oversight Group.</p>	Oversight Group Chair	March 2023	<p><i>PHW - A specific TB OCT policy is not in place for PHW. However, part of this work falls under the review of the Outbreak Control Plan for Wales. The outbreak control plan for Wales is being revised and the learnings from the external review have been taken on board and will reflect in the next version, which is due towards the end of this calendar year.</i></p>
	<p>2.2 Identification of all relevant documents to be used in the event of TB incidents and outbreaks (e.g. standard operating procedure, communicable disease outbreak plan for Wales) and review of these documents in light of the report findings. Roles and responsibilities – particularly the need for PHW to lead new outbreaks from the outset - need to be agreed and made explicit in all relevant documents. The process to be followed in the event of an outbreak – from when an outbreak should be declared, to how the effectiveness of control measures should be monitored, to under which circumstances an outbreak can be declared over – should be explicit.</p>	PHW	June 2023	
	<p>2.3 Relevant documents must also be adapted to ensure they reflect modern data analysis techniques and the availability of whole genome sequencing typing, so that outbreaks are identified early.</p>	PHW/ TB Service	June 2023	
	<p>2.4 Comprehensive contact networks of all cases should be recorded electronically and plotted with social network analyses undertaken to ensure links between cases are uncovered quickly and easily</p>	PHW/ TB Service	June 2023	

	clear processes to be followed for every contact, and all interactions with all contacts to be recorded.			
3. Funding should be identifiable ahead of time for outbreaks of infectious diseases so that such outbreaks can be managed in a timely and effective manner without the need for time-wasting discussion.	3.1 Funding should be identifiable ahead of time for outbreaks of TB so that such outbreaks can be managed in a timely and effective manner without the need for time-wasting discussion. It should be clear how this funding can be utilised without further permissions needing to be sought – for example allowing staff to take the initiative to procure screening tests, additional staffing resource, etc – and how it can be accessed at short notice if required.	Service Delivery Manager/ Finance/ TB Clinical Lead	September 2023	<p>HDUHB - Approach to this has been agreed with Director of Finance. The process for large scale outbreak funding needs to be finalised.</p> <p><i>PHW - The outbreak control plan for Wales is being revised and the learnings from the external review have been taken on board and will reflect in the next version, which is due towards the end of this calendar year. In addition to the work being undertaken with the All Wales Communicable Disease Outbreak Plan the All Wales TB Group has recommended to WG that they consider commissioning a cost effective and targeted mobile outreach and intervention (informed by proven models such as 'Find and Treat' in London) including specific services for</i></p>

				<p><i>active case finding for pulmonary TB among inclusion health groups including people supported by justice and probation services, homeless people and those engaged with substance misuse service</i></p> <p><i>Such a service may also be utilised to support TB screening exercises and 6/11 7 case finding as part of cluster or incident/outbreak management and control as well as provision of screening for other diseases (e.g blood borne viruses) where appropriate.</i></p>
<p>4. The local TB service has improved but still has inadequacies. In particular, cross-cover arrangements need to be in place for annual, sick and study leave in order to prevent delays in treatment. Pharmacy and administrative support needs improvement.</p>	<p>4.1 Board has previously received an SBAR from the DPH setting out the additional resource needed to ensure that the local TB service can both manage the day-to-day caseload plus the response to outbreaks, and other demands such as screening of refugees. The Oversight Group should review this document and put plans in place to secure the additional consultant, specialist nursing, pharmacy and administrative support identified as being required to ensure a safe, sustainable and resilient service.</p>	<p>Service Delivery Manager / TB Clinical Lead</p>	<p>August 2023</p>	<p>HDUHB - Completed</p>

<p>Succession planning for the TB Specialist Nurse also needs to be clear</p>	<p>4.2 Contingency plans and procedures to be put in place so that it is clear how the TB service will continue to deliver both its expected work and any incident response required, in the event that team members are absent due to annual leave, sickness and study leave. Delays in treatment cannot be an option.</p>	<p>Service Delivery Manager / TB Clinical Lead</p>	<p>August 2023</p>	<p>HDUHB - Completed</p>
	<p>4.3 Clear succession planning to be in place for the TB Specialist Nurse post.</p>	<p>Service Delivery Manager / TB Clinical Lead</p>	<p>August 2023</p>	<p>HDUHB - Completed</p>
<p>5. At a national level, the Cohort Review Programme needs to be supported with adequate funding for each contributing health board</p>	<p>5.1 Oversight group to make representations to PHW and Welsh Government to establish a task and finish group to agree an adequate funding model so that the cohort review programme can continue on a formal, sustainable basis. Planning should include health board representation so that local issues and outbreaks are taken into account.</p>	<p>PHW/ WG</p>	<p>August 2023</p>	<p><i>PHW - Cohort review is the systematic review of all notified TB cases in a 3– 4-month period, to ascertain outcomes for these patients and to facilitate learning for the multi-disciplinary team attending the cohort review meetings. The AWTBG has recommended that an All-Wales TB Nurse Consultant post is created whose role would be to oversee and strengthen the Cohort review process. There is a 10-year evaluation of the Cohort Review in progress and outcomes from this evaluation will allow further recommendations to be</i></p>

				<p><i>identified to improve Cohort review.</i></p> <p><i>Changes are being made to the process of identification of cases for Cohort review to ensure that cases that need further review are resubmitted. Cohort review will also include additional details on the identification and outcomes of contact tracing. Part of the work of the AWTBG will be to help to develop a TB service specification as recommended in the TB elimination action plan.</i></p>
<p>6. Welsh Government should support both the Cohort Review Programme and the proposal for a National Service Specification that includes the development of a TB pathway to tackle delayed diagnosis (e.g.</p>	<p>6.1 Oversight group to make representations to Welsh Government for support and funding for a National Service Specification that includes the development of a TB pathway to tackle delayed diagnosis.</p> <p>6.2 Oversight group to recommend to Welsh Government that introduction of new pathway should be accompanied by public-facing communications to ensure that individuals are aware of the risk of TB and seek medical advice appropriately.</p>	<p>WG/ PHW</p> <p>WG/ PHW</p>	<p>August 2023</p> <p>August 2023</p>	<p><i>PHW - Part of the work of the AWTBG will be to help to develop a TB service specification as recommended in the TB elimination action plan.</i></p> <p><i>Welsh Government are currently exploring funding for the Getting it Right First Time (GIRFT) programme for TB which would enable evaluation of TB services across</i></p>



				<i>plan with regards to screening of those at higher risk of TB including the development of a business case for the resources required to implement screening for 9/11 10 active and latent disease for all new entrants from high prevalence countries as this may require additional funding.</i>
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