



Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board



<b>Meeting Date</b>	<b>22 September 2020</b>	<b>Agenda Item</b>	<b>3.3</b>
<b>Report Title</b>	<b>National Infected Blood Inquiry Update</b>		
<b>Report Author</b>	Jane Neathey (Assistant Head of Podiatry Services- seconded PT to support DDoTHS)		
<b>Report Sponsor</b>	Christine Morrell, Deputy Director of Therapies & Health Sciences SBUHB Lead for Infected Blood Inquiry		
<b>Presented by</b>	Christine Morrell, Deputy Director of Therapies and Health Science		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	To provide an update of actions to date in relation to the UK wide Independent Public Statutory Inquiry into the use of Infected Blood.		
<b>Key Issues</b>	The Inquiry is looking at how the authorities (including government) responded; the nature of any support provided following infection; the process of obtaining informed consent; and whether there was a 'cover up'.		
<b>Specific Action Required (please choose one only)</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Recommendations</b>	Members are asked to:		
	<ul style="list-style-type: none"> <li><del>NOTE/RECEIVE/CONSIDER/APPROVE/RECOM MEND/ENDORSE</del></li> </ul> <p><b><u>Items for information will not be allocated time for consideration within the Board/Committee meeting</u></b></p>		

# NATIONAL INFECTED BLOOD INQUIRY UPDATE

## 1. INTRODUCTION

The purpose of this report is to provide an update of actions to date in relation to the National Infected Blood Inquiry.

## 2. BACKGROUND

An Independent Public Statutory Inquiry into the use of Infected Blood was established in 2018. The Inquiry is UK wide and is examining the circumstances in which men, women and children treated by the NHS were given blood infected blood products (e.g. with Hepatitis C and HIV in particular) since 1970. The Terms of Reference are available on the Inquiry website: <https://www.infectedbloodinquiry.org.uk/>. The Inquiry is looking at how the authorities (including government) responded; the nature of any support provided following infection; the process of obtaining informed consent; and whether there was a 'cover up'.

The Inquiry has held hearings across the UK and is continuing investigative work as it progresses.

### 2.1. CONTEMPORANEOUS UPDATE

#### 2.1.1. Records Retention

2.1.1.1. The embargo on destruction of all corporate and patient records remains in place.

2.1.1.2. The Acute Health Records Service remains in a very difficult logistical position, as around 6000 records per month should be scheduled for validation or destruction. External record storage is continuing to be necessary as long as the Inquiry is ongoing.

#### 2.1.2. Searches

2.1.2.1. SBUHB has now been required by the Inquiry to search historic complaints using prescribed parameters to identify potential claimants. The legal and Risk/complaints team are supporting the work,

2.1.2.2. An initial search using the prescribed search terms identified 377 possible claimants. On further investigation, 3 of the initial 377 were directly identified as related to the Inquiry. Each of these are believed already to be claimants in the case as they are related to access/previous destruction of records.

2.1.2.3. In line with Inquiry protocol, the three patients identified have been contacted by SBUHB (or families if deceased) and invited to engage with the Inquiry, should they wish to do so.

2.1.2.4. A team from the Inquiry are now seeking access to review the remaining 374 complaints identified to confirm there is no link to case. If any links are found they indicate that they would be wanting the Health Board to contact the individuals regarding potential claims

2.1.2.5. The team report they have carried out a similar exercise via the Community Health Councils.

**2.1.3. Rule 9 Witness Statements Provided**

2.1.3.1 To date the Health Board has submitted Rule 9 Witness statements and evidence from:

- Chief Executive Officer
- Clinical Lead for Swansea Haemophilia Centre (now retired)

2.1.3.2. The Inquiry have over the past few months requested checking and permission to use documents previously submitted in the evidence packs above. A process of checking has been undertaken, involving oversight from legal and risk and Information Governance and Executive nominated lead.

**2.1.4. Rule 9 Additional Request for Written Statement from Dr Al-Ismail**

- 2.1.4.1. A further request for a written statement was sent to Dr Al-Ismail's SBUHB e-mail account on 11th June 2020.
- 2.1.4.2. Dr Al-Ismail retired from SBUHB in 2018, therefore receipt of request delayed; submission date extended to 12th August 2020 with further extension to 9<sup>th</sup> September 2020 requested and agreed by newly appointed legal representative.
- 2.1.4.3. The Rule 9, 41 page request covers 169 points covering the service from 1980s up to Dr Al-Ismail's retirement.
- 2.1.4.4. Dr Al-Ismail has been provided with corporate support; administrative support is being sourced.
- 2.1.4.5. Independent legal advice is being funded by SBUHB, and has been sourced to support Dr Al-Ismail.
- 2.1.4.6. Witten statement and supporting evidence submitted on 9<sup>th</sup> September 2020 and accepted in full with no amendments requested to date.

**2.2. General Restrictions Order 1st November 2018**

2.2.1. The General Restrictions Order was updated 1st March 2019 and remains in place.

2.2.2. Under the General Restrictions Order, the Inquiry Chair has the power under section 19 of the Inquiries Act 2005 to make orders restricting disclosure or publication of documents given, produced or provided to the Inquiry. Any threat to break such an order, or any breach of it, can be certified to the High Court or Court of Session under section 36 of the Inquiries Act, which will deal with it as though the breach had occurred in proceedings before that court.

**2.3 Evidence in Chief**

2.3.1 Clinical Lead for Swansea Haemophilia Centre (now retired) has been called to give evidence in chief via Teams between November 2020 and January 2021. Date to be agreed and notified to Executive Team.

2.3.2 Evidence in chief opening statements to commence on 22<sup>nd</sup> September 2020.

2.3.3 Timetable of evidence in chief has been provided to SBUHB

### **3. GOVERNANCE AND RISK ISSUES**

It is possible that SBUHB will not be able to provide all the information required by the Inquiry on the date requested due to the time scale.

There are reputational risks for UK NHS organisations

### **4. FINANCIAL IMPLICATIONS**

There are financial implications for SBUHB related to salary costs to cover staff, legal cover and storage.

### **5. RECOMMENDATION**

The Quality & Safety Committee are asked to note the update contained within this report.

<b>Governance and Assurance</b>		
<b>Link to Enabling Objectives</b> <i>(please choose)</i>	<b>Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities</b>	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	<b>Deliver better care through excellent health and care services achieving the outcomes that matter most to people</b>	
	Best Value Outcomes and High Quality Care	<input type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
<b>Health and Care Standards</b>		
<i>(please choose)</i>	Staying Healthy	<input type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input type="checkbox"/>
	Dignified Care	<input type="checkbox"/>
	Timely Care	<input type="checkbox"/>
	Individual Care	<input type="checkbox"/>
	Staff and Resources	<input type="checkbox"/>
<b>Quality, Safety and Patient Experience</b>		
The Inquiry relates to patient care and treatment in the 1970s and 1980s		
<b>Financial Implications</b>		
The Inquiry will lead to some unbudgeted financial pressures related to resource to carry out the information gathering and assessment, additional storage and possible legal costs. The costs will begin from August 2018 and will be recurrent until the inquiry concludes		
<b>Legal Implications (including equality and diversity assessment)</b>		
The Inquiry is being carried out		
<b>Staffing Implications</b>		
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>		
<b>Report History</b>		
<b>Appendices</b>		