7TH INCIDENT MEETING

THURSDAY 17TH APRIL 1997 AT 5.00 PM IN THE BOARDROOM, HAMILTON HOUSE, LIVERPOOL HEALTH AUTHORITY

PRESENT : Dr Ruth Hussey, DPH, LHA (CHAIR)
Professor John Ashton, Regional DPH, NWRHA
Mrs Libby Camden, RLBUHT
Dr Peter Carey, Consultant in Genitourinary Medicine, RLBUHT
Mr Hugh Lamont, Head of Communications, NWRHA
Mr Tony Lee, Hospital Manager, RLBUHT
Dr Vanessa Martlew, Director, Liverpool BTS
Dr Robin Macmillan, Medical Director, Whiston Hospital
Mr Jim Moir, Public Relations Manager, NBA Northern Zone
Dr Fred Nye, Consultant in Infectious Diseases, Aintree NHS Trust
Dr Martyn Regan, CCDC, LHA
Dr Qutub Syed, Regional Epidemiologist, NWCDSC
Dr Basil Wiratunga, CCDC, St Helens & Knowlsey HA

APOLOGIES: Dr Ian Gilmore, Medical Director, RLBUHT
Professor Tony Hart, Professor of Medical Microbiology, RLBUHT

IN ATTENDANCE: Ms Cathy Lowe, Public Health, LHA

ACTION

14. Notes of the Last Meeting

The notes of the last meeting held on Thursday 17th April 1997 were accepted as a correct record subject to the conversation between Professor Ashton and Sir Calman being abbreviated as follows:

(a) Item 11 (v) : Regional & National Implications

- ◊ Page 15 : delete 2nd bullet point.
- ◊ Page 15, 6th paragraph : Professor Ashton 'shared' should be amended to read "Professor Ashton *reported back* Sir Kenneth Calman's concerns."
- ◊ Pages 15/16 : delete 7th paragraph/5th bullet point.
- ◊ Page 16, 2nd paragraph : delete 1st sentence and last sentence.

Dr Hussey also informed the Incident Group that she had removed all references to gender when referring to the recipients and donor. She had also minimised the amount of clinical details recorded. Dr Hussey asked the Incident Group to continue along this line to try and ensure anonymity of the recipients and donor. ALL

ACTION

15. Matters Arising

(i) Recipient A

Dr Martlew reported that she understands that Case A may seek legal redress through the courts, rather than the Central Compensation Arrangements; Dr Carey confirmed this.

Confirmed the clinical management of Case A is in-hand.

(ii) Recipient B

Dr Martlew confirmed that the children of Case B are aware of the diagnosis. As agreed with Case B and the family, the treatment of Case B will be mostly managed at home.

Confirmed that one of the daughters has sought legal advice. Commented that Case B and the family have reacted well to the incident.

Dr Martlew pointed out that she had spoken to Mr Gujuwar who had expressed concerns regarding the length of time of staff exposure. Dr Nye confirmed that Dr Gujuwar had contacted him. Dr Nye reported that he has plans in place for approaching staff but he was waiting on the release of the press statement before obtaining the name of Case B/dates and initiating the plan.

Discussion with regard to how quickly this exercise should be carried out, staff exposure time, how staff should be approached and which staff should be approached.

The Incident Group agreed that there was a 'duty of care' to staff and the exercise should take place. In terms of timescales, commented that there was no therapeutic reason, only psychological reasons, for initiating the exercise as soon as possible and it would be more appropriate to approach staff after the press release.

Agreed that a paper exercise would commence immediately, led by Infection Control staff, to identify staff who may have been involved in invasive procedures of the patient or received needle-stick injuries. This would then enable a staff-approaching exercise to start next week after the press release on Friday. Once appropriate staff have been identified, an individual approach will be made to inform them that they suspect they have been treating a +ve patient and to ascertain whether they recall receiving a needle-stick injury or recall any procedure that cause them to feel worried. TRUSTS

ACTION

Acknowledged that there is a commitment not to release names of patients. Although there may be some concerns and inquisitiveness amongst staff to ascertain who the patient is, Dr Macmillan pointed out that it will be down to the individual integrity of the health care worker not to divulge any information. Highlighted that the 'look-back' exercise would be 10 weeks, so it may be a long enough period to protect the identity of Case B.

Dr Nye and Dr Carey will liaise regarding Case B's details. FM/PC

(iii) Recipient C

Dr Martlew reported that Case C's partner was currently on holiday and not due to return until Sunday 20th April. In Case C's partners absence, the GP had spoken to Case C's daughter and informed her of the infection and they had decided that Case C's partner should not be informed until he returned from holiday. Dr Martlew reported that the GP will be ringing Case C's partner on Sunday to try and make an appointment for Monday 21st which she will attend with the GP; this may be complicated by the fact that Case C's partner may be returning to work (part-time) on Monday following compassionate leave. Dr Martlew had been informed by the GP that it would be advisable to have both (and at least 1) of the daughters present when Case C's partner is told. GP VM/GP

Dr Martlew pointed out that there may be some concerns regarding other members of the family as Case C had some open lesions. Any concerns will be addressed as they arise.

Dr Martlew confirmed that Case C had not had a post-mortem and had been buried. The death certificate was signed as Myeloma as cause of death.

Regarding Case C's care in hospital and staff exposure, Dr Martlew pointed out that, from what Dr Saatchi told her, there will have been invasive procedures carried out as part of Case C's care.

Dr Macmillan pointed out that it was important to follow the same processes and principles, and confirmed that Whiston Hospital would undertake the same action plan as outlined for Fazakerley Hospital and at the RLUHT. He informed the Group that Dr Tappin (or Dr Saatchi) would be the appropriate person to initiative the investigations within the hospital. Dr Martlew suggested that a check is also made as to whether there was a District Nurse involved in the care of Case C. Case C's 'look-back' exercise would span 6-8 months and, although it may be evident to some staff who the patient was, we can only manage the exercise in a common-sense manner and rely on the integrity of staff not to divulge the information. Dr T.

ACTION

Dr Hussey pointed out that we must proceed with caution so as not to cause any unnecessary activity that may cause anyone to pinpoint the hospitals involved once the press release is issued. ALL

Dr Carey pointed out that these processes may be setting a precedent for hospital management of staff exposed to patients who are found to be HIV+ve.

Dr Nye commented that, in this incident, he would feel a moral obligation to staff to investigate the procedures that were carried out regarding the patients. Professor Ashton referred to the legal aspect and the question of liability for the means by which the transmission took place. There was a general feeling amongst the Incident Group that this incident was 'different' and there was an obligation to inform and protect staff, whilst maintaining confidentiality. Mr Lee pointed out that the RLUHT had initiated investigations as they were trying to eliminate possible sources.

It was agreed that the 'look-back' exercise for health care workers would go ahead, focusing on invasive procedures, needle-stick injuries and referring to the occupational health record book.

Dr Hussey asked that the hospitals concerned also check their Hospital Occupational Health Policies to ensure this would be the usual procedure should a HIV+ve patient be identified.

(iv) Donor

Dr Martlew informed the Group that she, and afterwards Dr Carey, had met with the donor yesterday and reported that the individual is HIV +ve. Dr Carey and Dr Martlew emphasised that the donor should only be referred to as 'the donor' and no gender attached; this should also be remembered when talking to colleagues and in the write-up of the incident. Dr Carey confirmed that he would be caring for the donor. Confirmed that the donor had not given any subsequent blood donations since August 1996.

(v) Previous Donations

Dr Martlew reported that the 5 previous samples tested by PCR were -ve. She had also carried out a test as a matter of interest using a control study which confirmed that the antibody test had not missed anything.

Dr Martlew reported that there had been concerns last night with regard to the plasma batch as the Virologists would not commit themselves to the length of time before an individual would have a +ve response. Dr Martlew reported

ACTION

that she had seen the plasma recipient (Recipient D) today, who has tested -ve. It was agreed that, as Recipient D received the plasma in May 1996, an antibody result would be present by now.

Confirmed that there are no concerns regarding the heat-treated blood donations. The Incident Group confirmed that they were confident that there was a single donation and 3 recipients.

(vi) Reassurance & Communication to General Public

Mr Moir reported that the final NBA press statement will be available shortly. He commented that the draft version gives specific information (3 recipients and 1 donor) and reassures people that all recipients and the donor have been contacted. It pin-points the North West as it was felt by the NBA that this may give reassurances to the rest of the Country. The NBA will be releasing the press statement on Friday 18th April at 10.30 am.

Dr Syed confirmed that the CDR article did not mention the North West.

Mr Lamont pointed out that there had been discussions to delay the release until next week, but it will now go ahead as planned as there has been some local press interest in Liverpool.

The NBA have decided not to have a national helpline as it will be a North West issue. The Incident Group voiced concerns over the absence of a national helpline and suggested putting pressure on the NBA to change their position. Concerns over pinpointing were also raised by the Incident Group and whether the NBA could be influenced to change their position as it was not felt it would reassure other parts of the Country. Also, hospitals all over the North West will be overwhelmed with calls to their switchboards and the main concern will be "is blood safe?" which is an issue for the NBA. It was requested that Mr Moir feedback to the NBA the concerns raised by the Incident Group. JM

It is imperative that all hospitals in the North West are briefed to give the same message and do not deny or confirm anything. Mr Lamont confirmed that he could make contact with hospitals within an hour.

Reference also made to the timing of the press release in that it is over the weekend and in the light of the fact there is no national helpline, this will be a bad time with reduced staffing levels. Mrs Camden pointed out that the senior managers at the RLBUHT had voiced concerns regarding calls to the wards and

ACTION

the far reaching implications in terms of, for example, concerns of portering staff. Mrs Camden requested copies of the press statement and relevant information is made available to the wards.

Mr Lamont informed the Group that he was not aware of the decision by Roy Sutherwood and Sue Cunningham that an independent local helpline could be set up. As far as he was aware, there would not be a national helpline and the question was whether local hospitals could take calls. Discussion as to whether Healthwise could assist and Professor Ashton confirmed that Healthwise do have the facilities. Concerns regarding the fact that Healthwise staff would not have the necessary expertise to deal with calls regarding this incident and it would not be feasible to send health care workers from the hospitals as they would have to be taken away from wards.

Mr Moir pointed out that if people ring the NBA and want further reassurances regarding any transfusion they have received in hospital, the NBA would refer the person back to their own hospital.

Dr Macmillan reported that yesterday (Wednesday 16th), in starting to make arrangements for the helpline at Whiston, he had briefed the Director of Finance (in the absence of the Chief Executive) and at 4.30 pm briefed those staff who would be involved in staffing the helpline which would be to reassure the public and support the NBA; this was on the basis that the NBA press release was due to be released Thursday 17th. At 5.00 pm on Wednesday 16th, the Public Relations Officer at Whiston had received a telephone call from the Liverpool Echo and again at 8.00 am on Thursday 18th in connection with 'blood'. Mr Lamont reported that he had also been contacted at 7.45 am on Thursday 18th by Phillapa Bellis, Liverpool Echo. In liaison with Whiston Hospital, Mr Lamont reported that the situation was contained and no indication was given to Ms Bellis that there was any 'story'. Mr Lamont also contacted appropriate members of the Incident Group and national colleagues to advise them of the situation and to ensure that everyone was giving the same information. Ms Bellis had contacted Mr Lamont again at 2.00 pm, but had been told nothing. Pointed out that, once the press statement is released, the Liverpool Echo would make the connection to Whiston Hospital. It may also be that they assume all 3 cases are at Whiston and the hospital should be prepared for this. Confirmed all 3 hospitals have the resources to set up a helpline if necessary.

Acknowledged that there are already a number of people who are aware of the incident, although Mr Lamont did not think the press would go ahead without an official confirmation. It was agreed that an approach would not be made to the Editor of the Liverpool Echo to 'hold' the story as they would expect

ACTION

something in return, such as a press conference. It was agreed and emphasised that there would be no press conferences as it would be difficult to ensure confidentiality of the donor and recipients in terms of gender. ALL

Discussion regarding the content of a briefing statement and the medical/legal issues with regard to the safety of blood. Dr Martlew confirmed that the NBA official line is "it is as safe as we can possibly make it". Agreed Mr Lamont and Mr Moir to liaise regarding producing one agreed message that can be given by hospitals, ie "it would not be appropriate to divulge any further information other than what is in the press statement" and refer on to NBA. Mr Lamont will ensure that all hospitals are aware to be prepared and have the agreed response, although he commented that we cannot compel Trusts to use this statement. HL/JM HL

The following course of actions were agreed:

- ◊ Press Statement released 10.30 am Friday 18th April; NBA
- ◊ All hospitals (via communications staff) in North West to receive brief and press statement by Mr Lamont asap/tomorrow to give the same message; HL
- ◊ Press calls to hospitals handled in the normal manner, ie through to Press Officer;
- ◊ Any calls regarding the safety of blood to be referred to the NBA;
- ◊ Q&A sheet available to relevant personnel within hospitals (should helpline be set up) and possibly CDR insert; HL
- ◊ Issue for individual hospitals to decide whether they need to set up a hospital helpline (dependent upon the number of calls they receive) for concerned members of the public;
- ◊ Any calls received by the NBA from people regarding their treatment at particular hospitals will be referred back to the hospital;
- ◊ There will be no press conferences.

Dr Hussey pointed out that everyone concerned needs to be clear about the course of action and to follow the brief and not give any information that may indicate an involvement. Mr Lamont to forward agreed brief to Dr Hussey for circulated. Suggested that Mr Lamont is kept informed of press activity and the level of calls made to hospitals. HL ALL

Mr Moir reiterated that reassurances will be given in the press statement that all individuals connected with this incident have been contacted. Pointed out that the hospital helplines are staffed by 'well meaning individuals' who would give the agreed message to concerned callers. Confirmed that if there were further concerns regarding their treatment or they were not happy, then their number will be taken and an experienced person will ring them back. If there

ACTION

are further concerns, which will presumably be about safety of blood, they will be referred to the NBA. Dr Martlew will brief her staff at 8.50 am on Friday 18th.

It was reiterated that it is the unanimous opinion of this Incident Group that there should be a national helpline set up by the NBA.

16. Date & Time of Next Meeting

Friday 18th April 1997 at 4.00 pm in the Boardroom.

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