

Witness Name: Brendan Brown

Statement No.: **WITN4496026**

Exhibit(s): **WITN4496027**

Dated: 15 August 2022

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF BRENDAN BROWN

I, Brendan Brown, Chief Operating Officer of National Health Service Business Services Authority ("NHSBSA"), will say as follows: -

1. I provide this statement on behalf of the England Infected Blood Support Scheme ("EIBSS") in response to the request under Rule 9 of the Inquiry Rules 2006 dated 22 July 2022. As with my first eight statements, this statement is based on information available to the NHSBSA from its records of the EIBSS and the knowledge of members of the EIBSS team. I have made clear where the information is from my own personal knowledge.

Section 1: Introduction

2. My full name is Brendan Craig McMahon-Brown (known as Brendan Brown), and I am the Chief Operating Officer at NHSBSA as from 1 February 2022. Prior to this date, I was the Director of Citizen Services at NHSBSA, and this fact is reflected in my previous statements. My role is based at Stella House, Goldcrest Way, Newburn Riverside, Newcastle Upon Tyne NE15 8NY. Details of my professional background and career are set out in my first statement.

Section 2: Response to Rule 9 request

3. I have structured my response below in a question-and-answer format, for ease of reference and completeness. For every answer provided I have included the relevant notes and caveats for the information provided.

4. I have provided the answers to questions 1, 2, 3, 5, & 9 as this information has been able to be provided in keeping with the Rule 9 due date of the 29 July 2022 stated for questions 1 – 2.
5. I confirm that wherever possible our responses have been structured to provide the most detailed level of data possible. This is in keeping with the rule 9 request “When answering the below questions, where not otherwise indicated, please disseminate the information by year since EIBSS’ inception, in addition to total cumulative figures.”
6. 1) Please provide the Inquiry with the total number of beneficiaries, to date, who have registered with EIBSS since the scheme's inception.

NHSBSA response is provided below:

Table 1: Combined data (Current Beneficiaries + Deceased)

Category	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023 (30th June)	Rule 9 Totals
Hepatitis C stage 1	1,183	1,194	1,227	1,260	1,301	1,304	1,304
Hepatitis C stage 2	654	624	658	681	694	698	698
Special Category Mechanism	512	543	573	583	585	584	584
HIV	64	65	66	64	64	64	64
Co-infected (stage 1 and HIV)	95	90	87	88	88	88	88
Co-infected (stage 2 and HIV)	60	58	57	57	58	58	58
Co-infected (SCM and HIV)	84	88	88	88	88	88	88
Bereaved (Total)	415	425	457	482	513	523	523
Bereaved Hepatitis C stage 1	Note b.				77	81	Note b.
Bereaved Hepatitis C stage 2					220	223	
Bereaved (stage 1 and HIV)					53	54	
Bereaved (stage 2 and HIV)					92	92	
Bereaved (SCM and HIV)					1	1	
Bereaved HIV					56	57	
Bereaved SCM					14	15	
Dependents / Carers	Note c.			23	55	57	57
TOTAL	3,067	3,087	3,213	3,326	3,446	3,464	3,464

Notes/Caveats

- a. This includes all beneficiaries (primary and secondary). Source information is from the EIBSS annual reports (2017/18-2020/21); the information for 2021/22 onwards is provided from data extracted from our Datawarehouse. Figures are correct as of 31 March for each corresponding year.
- b. Prior to Financial Year 2021/22, Bereaved were not broken down by infection.
- c. Prior to Financial Year 2020/21 dependents/carers were not reported separately from bereaved.
- d. Figures include deceased beneficiary figures. As the data is a representation of scheme registered totals.
- e. The data in Table 1 is correct as at 28/07/2022.
- f. HIV figure for 2017/18 is correct in the table above. This differs to the current version of the published EIBSS annual report, as a data error has been identified. EIBSS are currently in the process of updating the report and will republish the report including an explanation of the error.
- g. Master data table has been provided as Exhibit 1 [WITN4496027].

7. 2) Of the total number of beneficiaries enrolled in the scheme, please confirm how many were enrolled to receive support as a result of hepatitis C infection caused by:

- a. Blood transfusions;
- b. Blood products.

NHSBSA response is provided below:

Table 2: Hepatitis C Related Data (Current Beneficiaries + Deceased)

Category	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023 (30th June)	Rule 9 Totals
Hepatitis C stage 1	1,183	1,194	1,227	1,260	1,301	1,304	1,304
Hepatitis C stage 2	654	624	658	681	694	698	698
Special Category Mechanism	512	543	573	583	585	584	584
Bereaved (Total)	415	425	457	482	311	319	319
Bereaved Hepatitis C stage 1	Note b.				77	81	Note b.
Bereaved Hepatitis C stage 2					220	223	
Bereaved SCM					14	15	
TOTAL	2,764	2,786	2,915	3,006	2,891	2,905	2,905

Notes/Caveats

- a. This includes all beneficiaries (primary and secondary). Source information is from the EIBSS annual reports (2017/18-2020/21), 2021/22 onwards is provided from data extracted from our Datawarehouse. Figures are correct as of 31 March for each corresponding year.
- b. Prior to Financial Year 2021/22, Bereaved were not broken down by infection.
- c. **EIBSS cannot provide data to show where Hepatitis C infection has been caused by either a) blood transfusion or b) blood products. This information is not stored as part of an application to the scheme.**
- d. Figures include deceased beneficiary figures. As the data is a representation of scheme registered totals.
- e. The data in Table 2 is correct as at 28/07/2022.
- f. Master data table has been provided as Exhibit 1 [WITN4496027].

8. 3) Of the total number of beneficiaries registered with the scheme, please confirm how many were enrolled to receive support as a result of HIV infection caused by:
- Blood transfusions;
 - Blood products.

NHSBSA response is provided below:

Table 3: HIV Related Data (Current Beneficiaries + Deceased)

Category	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023 (30th June)	Rule 9 Totals
HIV	64	65	66	64	64	64	64
Bereaved HIV	Note b.				56	57	Note b.
TOTAL	64	65	66	64	120	121	121

Notes/Caveats

- This includes all beneficiaries (primary and secondary). Source information is from the EIBSS annual reports (2017/18-2020/21), 2021/22 onwards is provided from data extracted from our Datawarehouse. Figures are correct as of 31 March for each corresponding year.
- Prior to Financial Year 2021/22, Bereaved were not broken down by infection.
- EIBSS cannot provide data to show where HIV infection has been caused by either a) blood transfusion or b) blood products. This information is not stored as part of an application to the scheme.**
- HIV figure for 2017/18 is correct in the table above. This differs to the current version of the published EIBSS annual report, as a data error has been identified. EIBSS are currently in the process of updating the report and will republish the report including an explanation of the error.
- Figures include deceased beneficiary figures. As the data is a representation of scheme registered totals.
- The data in Table 3 is correct as at 28/07/2022.
- Master data table has been provided as Exhibit 1 [WITN4496027].

9. 5) Of the total number of beneficiaries registered with the scheme, please confirm how many were enrolled to receive support due to being co-infected with hepatitis C and HIV.

NHSBSA response is provided below:

Table 4: Co-infected Related Data (Current Beneficiaries + Deceased)

Category	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023 (30th June)	Rule 9 Totals
Co-infected (stage 1 and HIV)	95	90	87	88	88	88	88
Co-infected (stage 2 and HIV)	60	58	57	57	58	58	58
Co-infected (SCM and HIV)	84	88	88	88	88	88	88
Bereaved (Total)	415	425	457	482	146	147	147
Bereaved (stage 1 and HIV)	Note b.				53	54	Note b.
Bereaved (stage 2 and HIV)					92	92	
Bereaved (SCM and HIV)					1	1	
TOTAL	654	661	689	715	380	381	381

Notes/Caveats

- This includes all beneficiaries (primary and secondary). Source information is from the EIBSS annual reports (2017/18-2020/21), 2021/22 onwards is provided from data extracted from our Datawarehouse. Figures are correct as of 31 March for each corresponding year.
- Prior to Financial Year 2021/22, Bereaved were not broken down by infection.
- Figures include deceased beneficiary figures. As the data is a representation of scheme registered totals.
- The data in Table 4 is correct as at 28/07/2022.
- Master data table has been provided as Exhibit 1 [WITN4496027].

10. 9) Please set out how many beneficiaries registered with the scheme were infected with:

- Hepatitis C;
 - HIV;
 - Both Hepatitis C and HIV;
- have subsequently died/have been deregistered due to death.

NHSBSA response is provided below:

Table 5: Deceased Related Data (Deceased Only)

Category	2017-2018	2018-2019	2019 - 2020	2020-2021	2021-2022	2022-2023 (30th June)
Hep. C Stage 1	15	41	62	89	105	108
Hep. C Stage 2	12	45	83	112	134	135
Special Category Mechanism	2	8	10	19	29	29
HIV					2	2
Co-Infected (HIV and Stage 1)				3	5	5
Co-Infected (HIV and Stage 2)				1	1	1
Co-Infected (HIV and SCM)				1	2	3
Total	29	94	155	225	278	283

Notes/Caveats

- a. *This includes all beneficiaries (primary and secondary). Source information is from the EIBSS annual reports (2017/18-2020/21), 2021/22 onwards is provided from data extracted from our Datawarehouse. Figures are correct as of 31 March for each corresponding year.*
- b. *The deceased totals in Table 5 do not account for potential movement in deceased beneficiaries between condition type due to evidence received by bereaved partners from FY 2021/2022 onwards*
- c. *The data in Table 5 is correct as at 28/07/2022.*
- d. *Master data table has been provided as Exhibit 1 [WITN4496027].*

11. The answers to the remaining questions 4, 6, 8, 10, 11 & 12 will be compiled to meet the due date of 19 August 2022.

12. I would like to provide some additional information regarding the caveat 'EIBSS cannot provide data to show where HIV infection has been caused by either a) blood transfusion or b) blood products. This information is not stored as part of an application to the scheme.'

The source of the infection would likely be manually identified through examining a beneficiary's file, which would be very labour intensive. Additionally, the majority of files would not be held by EIBSS, as minimal data was transferred to EIBSS by the Alliance House Organisations at the start of the scheme.

Statement of Truth

I believe that the facts stated in this witness statement are true.

GRO-C

Signed _____

15 August 2022

Dated _____

Table of exhibits:

Date	Notes/ Description	Exhibit URN
28/07/2022	Rule 9 Data-28072022	WITN4496027