

Witness Name: Josephine Whitehead

Statement No.: WITN6904001

Exhibits: WITN6904002 to WITN6904013

Dated: 14 September 2021

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF JOSEPHINE WHITEHEAD

I provide this statement on behalf of Betsi Cadwaladr University Health Board in response to a request under Rule 9 of the Inquiry Rules 2006 dated 7 September 2019.

I, Josephine Whitehead, will say as follows: -

Section 1: Introduction

1. My name and address are as follow:

Josephine Whitehead
Betsi Cadwaladr University Health Board
Block 5 Carlton Court
St Asaph Business Park

2. My date of birth is: GRO-c 65

3. My professional role is:

- 1- Current role: Chief Executive Officer at Betsi Cadwaladr University Health Board and responsibilities is Accountable Officer.
- 2- Betsi Cadwaladr University Health Board (the Board) operates Ysbyty Gwynedd, Ysbyty Glan Clwyd and Ysbyty Wrexham Maelor.

Section 2: Response to statement of Witness W5232

1. We express our sympathy to witness W5232 on the passing of her husband, witness W1360, in 2020, following a difficult health related journey that spanned several years and included treatment in hospitals in Cheshire and Merseyside as well as in North Wales.
2. With reference to witness W1360 attending Ysbyty Glan Clwyd, an acute hospital within Betsi Cadwaladr University Health Board (BCUHB) with bleeding in October 2019, the arrangements in place at that time were for specialist services for haematology, including specialist nurses, to be available Monday-Friday between 9am-5pm and for specialist advice being available round the clock at other times through an on-call system.
3. It is noted in the notes [Exhibits WITN5232002, WITN5232003, and WITN5232004, WITN5232005] that witness W1360 received Factor on 6th October and then again on 7th October. Witness W1360 was formally reviewed face to face on 10th October and 11th October. For the duration of his admission, witness W1360 received Factor as advised by the haematology team. It was arranged that witness W1360 would then receive Factor treatment on the day unit and then for witness W1360 to be reviewed in clinic with Dr Mannan. Witness W1360's bleeds were treated as per guidelines with the correct Factor dosages. At the time there was an unknown cause for the bleed, but in hindsight, it was proven this was a malignancy and therefore witness W1360 may have required more Factor.
4. The haematology team has also improved the service for patients further by advising all patients with a diagnosis of a bleeding disorder to attend their local Emergency Department if they have any issues out of hours with bleeding. We have also since liaised with local Emergency Departments to try to improve patient experiences when they attend. All patients are issued with a bleeding disorder card that they present on arrival to the attending team to show that they have a bleeding disorder, in order to not to delay treatment. A pathway has also been created by the inherited bleeding disorder team that will guide medical teams in Emergency Departments as to how to manage patients with differing bleeding disorders while mentioning the details as to how to contact the haematology team.
5. According to the medical notes [Exhibits WITN5232006, WITN5232007, WITN5232008, WITN5232009, and WITN5232010], witness W1360 was referred to

Liverpool following his CT scan as it was agreed that he should attend a tertiary centre and a comprehensive care centre for advice. This is the process for patients with bleeding disorders who may require complex treatments. The team in Liverpool saw witness W1360 on 5th November 2019 however, witness W1360 did not want to pursue any further medical treatment by the team in Liverpool and did not liaise with them following his appointment. This was noted in witness W1360's notes. The above circumstances may have contributed to the delay in his treatment for cancer.

6. Further in his medical notes [Exhibits WITN5232011, WITN5232012, and WITN5232013], it is noted that witness W1360 returned for care in Betsi Cadwaladr University Health Board (BCUHB) in February 2020 when his bleeding started again. It should be noted that it was the local haematology team at BCUHB who arranged for him to have the relevant referrals and investigations for his bleeding. Witness W1360 at the time felt that it was a problem with his tooth, despite the local Haematology team expressing their concerns about his bleeding in the area in the mouth. The local haematology team subsequently arranged for him to be reviewed by the Maxillo-facial team for a biopsy which witness W1360 agreed to. This process was supported by the Liverpool team at all times, during our fortnightly Multi-Disciplinary team meetings and all the emails that can be seen in the notes. Witness W1360 was subsequently referred to the Oncology Team and received treatment for his oropharyngeal cancer. He was supported closely by the local haematology team in BCUHB during this period and received Factor on a daily basis due to the nature of his cancer. Unfortunately, his cancer was encasing the major vessels in the neck and that is the reason why he was on daily Factor replacement during and immediately following chemotherapy and radiotherapy. In fact, witness W1360 was asking to reduce the dosing frequency and we understand his situation at this point as he has gone through a difficult time with all his treatment. After a lengthy discussion, they agreed for daily Factor replacements. It was discussed with both witness W5232 and witness W1360 throughout his treatment by the Haematology and Oncology team that he was at risk of a catastrophic bleed due to the location of his disease.
7. Witness W1360 continued his treatment for his mild haemophilia, receiving support by the local haematology team throughout his cancer treatment either face to face or over the phone. His main care was under the oncology team. Witness W1360 was reviewed frequently by that team along with the palliative care team with regards to his pain and discomfort. We had previously discussed with witness W1360 and witness W5232 about the likelihood of witness W1360 having a catastrophic bleed due to his

malignancy. Witness W5232 was contacted by the Haematology Specialist nurse following his death offering support.

8. Currently the Inherited Bleeding Disorder Service is being expanded and with that, further improvements are being made. There is now a full time Advanced Nurse Practitioner in post who covers North Wales. We are working towards the national standards to improve the service across BCUHB, with these changes we hope that patients will be able to access the care they need in a more timely manner.

Section 3: Other Issues

1. The Health Board is not in a position to respond to the criticisms (1-3) highlighted in the Rule 13 Notification. To respond, the Health Board would require specific dates and times when the suggested failings occurred.

Statement of Truth

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

Signed

GRO-C: Josephine Whitehead

Dated **14 September 2021**

Table of exhibits:

Date	Notes/ Description	Exhibit number
14-10-2019	Datix Clinic Letter to Dr Baedsworth	WITN6904002
16-10-2019	Datix Clinic Letter to Dr Arora – meeting with patient's wife	WITN6904003
25-10-2019	CT scan scheduled	WITN6904004
24-10-2019	Datix Clinic Letter to Dr Hammad ENT surgeon	WITN6904005

30-10-2019	CT Scan report by radiology	WITN6904006
25-10-2019	E mail communications with royal Liverpool team (CCC)	WITN6904007
24-10-2019	E mail communications with royal Liverpool team (CCC)	WITN6904008
24-10-2019	E mail communications with royal Liverpool team (CCC)	WITN6904009
5-11-2019	MTD discussion and decision	WITN6904010
20-2-2020	Referral to Oral and maxillofacial team	WITN6904011
06-4-2020	Letter addressed to oncology	WITN6904012
16-4-2020	Clinical oncology Letter	WITN6904013