INFECTED BLOOD INQUIRY

NHSBT OPENING STATEMENT

SPEAKING NOTE
(CHARLIE CORY-WRIGHT QC)

A. INTRODUCTION

1. Initial Introductions

- My name is Charlie Cory-Wright. I am going to be representing the NHS Blood and Transplant Service in this Inquiry

- I am a barrister instructed by Weightmans, solicitors. At the moment I am the only barrister instructed; that may change if it turns out that it is more cost-effective to instruct anyone more junior as well.

- I will explain more in a moment about NHS Blood and Transplant and its place within the NHS

- NHS Blood and Transplant is an unwieldy name, and staff in the organisation generally refer to it as NHSBT. Initials can sometimes be annoying and sound like jargon, particularly when lots are being used - but I hope using that shorter form today is sensible.

- I am also going to use the word “we” both for accuracy and for economy, when describing NHSBT and its team for the Inquiry.

2. **Preliminary**

- I should explain what I propose to do in my 15 minutes
- People are entitled to know about NHSBT and our role here
- So I am going to do the following
- **First** - to make a few important preliminary remarks about this Inquiry and NHSBT's approach to it
- **Secondly** - to explain a little about NHSBT's history (important given historical scope of the Inquiry)
- **Thirdly**, to describe in a little more detail NHSBT's hopes for the Inquiry and what it aims to help achieve for everyone concerned.

3. **The Inquiry and NHSBT's Approach to It**

- It goes we hope without saying that NHSBT fully supports the Inquiry and all of its terms of reference
- Our primary concern is for those who were given infected blood or infected blood products, and for their families and others affected.
- We know that we can never truly understand the impact this has had on the infected, their families and loved ones. We do of course know that that impact has been devastating; one only has to have paid attention to what has been said over the last three days to be aware of that.
- We understand that our job is to provide the Inquiry team with all the help that we can in fulfilling its Terms of Reference
- We will do whatever we can to assist the Inquiry in order that answers can be provided to the questions asked by the infected and affected.

- We will be open, constructive and honest, our motivation is to get to the truth for those infected and affected, to the best of our abilities. In that sense we share (we hope) the same approach as the Inquiry Team itself.

- Indeed, we understand that this Inquiry is, *above all things*, a search after truth - the unvarnished truth about all of the many disquieting things that we have been hearing about over the last 3 days.

- We do get it that if the Inquiry is able to do that job properly then that is likely to include the uncovering of facts that are seriously unpalatable.

- Whatever those truths may be, we want to say loud and clear that we too are very sorry for what happened to all those infected, all those affected - all who are victims.

- We also understand that actions speak louder than words. We hope that we are demonstrating that, in our cooperation with the inquiry – both thus far and as it continues, as well as – very importantly – by the safety measures we now apply in terms of screening protocols and the like which I will outline in a moment.

- We do understand, and embrace, the need for the Inquiry to apply current clinical science and current standards and norms to its scrutiny of what went wrong. It is only by doing that that the lessons that need to be learnt will be clear.

- Finally, this morning Steven Snowden QC raised Bishop James Jones's suggested six-point Charter for public bodies, and invited the public bodies here concerned to sign up to this. That question having been raised, NHSBT has considered the Charter and its 6 points. We do not see those 6 points as any different to the commitment that we are already making to the Inquiry. In those circumstances, NHSBT confirms its intention to be guided by, and to strive to follow, those 6 principles.

4. **Attendance**

- I should explain who has been here this week from NHSBT

- On **Monday**, at the Commemoration and Opening of the Inquiry, there were:

    - Dr Gail Miflin , NHSBT Medical and Research Director
    - Roy Griffins, one of our longest standing non-executive Directors

- **Yesterday**, there were:

    - Millie Banerjee, the Chair of NHSBT
    - Sally Johnson, our Interim Chief Executive
    - Dr Gail Miflin (again)

- **Today,** there are:

    - Dr Sheila MacLennan, a very senior Consultant at NHSBT, who is also the Chair of the Joint United Kingdom Blood Transfusion and Tissue Transplantation Services Professional Advisory Committee, otherwise known as JPAC, of which more in a moment
    - Professor David Roberts who is also a longstanding senior Consultant and Associate Medical Director at NHSBT

B. <u>NHSBT</u>

5. **What is NHSBT?**

- NHSBT is, as you have heard, one of the four "blood services" (each dealing with a different part of the UK) involved as core participants in the Inquiry

- It is as such an NHS body involved in the provision of blood to others for the treatment, by clinicians, of patients who require them

- NHSBT is an independent (formally described as an *"executive arms-length")* body of the Department of Health and Social Care.

- It is technically constituted as a "Special Health Authority".

- We are not a government department nor part of one.

- We do work closely with the UK government and the Department of Health & Social Care and are accountable, through our Chief Executive, to them and ultimately the Secretary of State

- I should add that NHSBT is not to be equated with "the NHS" as a whole - or indeed to be treated as in some way representing the NHS as a whole.

- NHSBT's role as described just now clearly justifies its status as a core participant in this Inquiry

- If other NHS bodies ought to be involved in the Inquiry, no doubt they will be. We all heard on Monday that the Inquiry is considering involving other NHS bodies – that is obviously a developing picture

6. **History of NHSBT**

- NHSBT was established in 2005 when the National Blood Authority and UK Transplant merged with the responsibility to provide a blood and transplantation service to the NHS.

- We initially provided a Blood Service to England and North Wales - that changed to England alone in May 2016 with the formation of the All Wales Blood Service.

- Providing a Blood Service includes the recruitment of blood donors and collection, testing and manufacturing of the blood components, which we then deliver to hospitals in the NHS.

- We have always been responsible for organ donation and transplantation services to the whole of the UK.

- We also manage the donation, storage and transplantation of tissues and stem cells.

7. **Particular Responsibilities of NHSBT**

In particular our responsibilities are to:

- Encourage people to donate organs, blood and tissue;

- Optimise the safety and supply of blood, organs, stem cells and tissue;

- Help raise the quality, effectiveness and clinical outcomes of blood and transplant services;

- Provide expert advice to other NHS organisations and the four UK Health Departments;

- Commission and conduct research and development to improve outcomes for patients; and

- Implement relevant EU statutory frameworks and guidance.

8. **Prior Historical Position**

As I have said already, the history of the organisation is very important given the historical scope of the Inquiry

- Although NHSBT itself has only existed since 2005, there have obviously been a number of predecessor bodies, many of which no long exist. The precise family tree is complicated (and we are going to provide a diagram to the Inquiry showing this family tree so that all can see clearly how it works)

- For present purposes it is enough we hope to say that we recognise that we will be speaking for and providing documents in place of those defunct predecessor bodies in regard to the Inquiry.

- To this end, we will provide information to the Inquiry relating to the National Blood Authority which was formed in 1993, itself formed by a combination of earlier bodies with equivalent responsibilities.

- I have referred to JPAC already - the Joint United Kingdom (UK) Blood Transfusion and Tissue Transplantation Services Professional Advisory Committee. JPAC is not a legal entity itself, and it now lies under the governance of NHS Blood and Transplant. .We will also be ensuring that documents relating to JPAC and its predecessor bodies are made available to the Inquiry.

C. ROLE IN THE INQUIRY

9. Contact and Assistance for the Inquiry Team

- We have already had a good and co-operative dialogue with the Inquiry Team about such obvious and highly important matters as the location and disclosure of relevant documentation (a very significant exercise for all concerned)

- We have suggested co-operation between us and the Inquiry team in the task of searching (by computer and manually) the extensive archive now available.

- We are planning an event for Core Participants, including those infected and affected to demonstrate how Blood Services have changed beyond recognition since the 1970s and 1980s, both in our policy making (particularly around who is allowed to donate), but also in the technology and processes used for testing and manufacturing blood components.

- We have also invited the Inquiry team to visit any part of our organisation to show how modern blood testing and manufacturing is now performed. We are glad to hear that the Inquiry is keen to take us up on this invitation.

10. **Relationship with the Public**

- I would like to say something more about NHSBT's relationship with the public

- The first thing to say is that we are extremely grateful to *all* who become blood donors and we thank them for their continued support and commitment to our Blood Service. The NHS could not run as it currently does without them. They are every day heroes in what they do to save and improve other peoples' lives.

- Next, a number of very important things about the need to maintain the trust of all members of the public in the blood services we provide

- We would hope that all this would be obvious, but sometimes it is important to say things expressly even if they should be implicit)

- Any one of us here today may have been or may be in the future a recipient of a blood component. Transfusion of a human substance can never, by its very nature, be entirely risk free and to receive one you must be unwell, or sufficiently in need of a transfusion for the benefits of the procedure to outweigh any inherent risks.

- Therefore we must do all we can to ensure that we recognise properly the value and importance of individuals' lives, health, and well-being, and that of their loved ones, and effectively to reassure all concerned that this is so.

- We repeat our commitment to do all we can to make the blood components that we deliver to hospitals today as safe as we reasonably can. More on that in a moment.

- However we also recognise that we are part of the NHS and that we do this within the system as a whole.

- We wish to reassure the Inquiry and the wider public that modern safety standards are rigorous and our blood supply is one of the safest in the world. Again, more on that in a moment.

11. **Current Guidelines and Protocols, etc.**

- In terms of reassurance as to the current position, it is important in the circumstances that I should say something now about current practice and procedures – about how things are now - so that everyone here, and the public at large, is aware of them.

- Safety is at the forefront of everything we do. These are not just words. Our actions are prompted and directed by the guidelines and testing that are in place to protect both donors and patients and we are subject to regular inspections by independent regulators.

- To be explicit our safety policy is formulated by two advisory committees.

    - JPAC – referred to already

    - the Advisory Committee on the Safety of Blood, Tissues and Organs (SaBTO).

- All blood donations are routinely tested for hepatitis B, hepatitis C, hepatitis E, human immunodeficiency virus, syphilis and for first time donors, human T-lymphotropic virus, before they are released into the supply chain.

- If any blood donation tests positive for infection it is not released into the blood supply chain and therefore cannot be issued to a patient. The donor is also given appropriate support and advice.

- Also
    - Every donor completes an extensive donor health check questionnaire before each donation.
    - This is designed to detect donors who have a recognisable risk of infection who can then be excluded or subject to further testing.
    - Those considered at risk are asked to defer donation until it is safe for them to do so.
    - For example, if a donor has travelled to an area where malaria is present they are asked not to donate for four months, even if they have remained well throughout, due to the risk of passing on an undiagnosed malarial infection.
    - If someone has had their ears pierced, even though the risk of getting Hepatitis B from such is very small, they are also asked not to donate for four months.
    - These are very low risks indeed but demonstrate the lengths we go to protect recipients of blood today.
- We have also, with the other UK Blood Services, established a UK wide haemovigilance system called SHOT (Serious Hazards of Transfusion).
    - This is a blood supply surveillance scheme, where all hospitals in the UK report, as a condition of their registration, any recognised or unexpected reactions to blood products to this body.
    - This operates through a group of internal and external experts who work with professional independence and make recommendations to hospitals and blood services.
    - It allows us to understand how changes we have made have impacted on patients and also allows us to pick up early signs of any unexpected impending problems.

- Whilst we hope that the rigour of our current systems offers some assurance going forward, we are constantly vigilant to any possible threat to the safety of the blood supply.

- We also appreciate that this does not at all address the historic issues that have brought us here and we fully understand and believe in the need to answer questions and provide explanations to those whose lives have been devastated from whom and on whose behalf we have heard so powerfully.

D. CONCLUSION

12. We hope that all of this provides some assurance both to the Inquiry and to the wider public as to NHSBT's desire and determination to assist the Inquiry process as fully as possible.

- We are acutely aware of the particular importance that this Inquiry is able to submit its report quickly in order to benefit as many people as possible.

- We reiterate our absolute commitment to honesty, openness and transparency and to assisting the Inquiry in every way we can.

- We have provided the Inquiry team with initial evidence and disclosed a large amount of information to it.

- As we have already said, we have also met with them to discuss arrangements for them to inspect of a considerable number of documents and undertake searches for what they consider relevant to the Inquiry.

- We have confirmed to them that they will have access to search and examine any of the documents that we hold. We will continue to work closely with the team to ensure that all requests for information are properly dealt in a timely manner.

- We will also be working closely with the Inquiry and the Department of Health & Social Care to ensure that any documents from our predecessor organisations that have not already been identified are made available.

13. Those whose lives have been so tragically affected have waited a very long time for an investigation that satisfies their concerns. It has come too late for some – and to say that that must be a matter of huge regret for all of us does not remotely do justice to the situation. However we have an opportunity here to help provide answers for those who so unquestionably deserve them. We intend to take it

CHARLIE CORY-WRIGHT QC
for NHSBT

26 September 2018