

# INFECTED BLOOD INQUIRY: NHSBT

---

## NHSBT Family Tree

---

### A. INTRODUCTION

1. This note is a family tree of NHSBT, which sets out how the national blood service has morphed over time.
2. In summary, the blood service has evolved from a disparate grouping of independently and locally managed Regional Transfusion Centres and laboratories in the 1940's, with gradually increasing levels of executive influence and leadership in the 1970's and 1980's, to a single body with overall responsibility with the establishment of the National Blood Authority in 1993, which was merged with the transplant services in the foundation of NHSBT in 2005.
3. In drafting this family tree, I have particularly relied upon the witness statement of Dr H Gunson (former Medical Director of the National Blood Authority, and prior to that, successively former Director of two Regional Transfusion Centres), dated March 2000 and prepared on behalf of the Defendant in support of its case in *A and Others v The National Blood Authority and Others* [2001] 3 All E.R. 289; [2001] 3 WLUK 710.

### B. CHRONOLOGY

#### 1921-1946: The National Blood Transfusion Service

4. In 1921, a civil voluntary blood donation service was set up in London by

Percy Lane Oliver. From 1939, the Ministry of Health approved the establishment of a number of blood depots. Four civilian blood depots were established in London by the Medical Research Council (“MRC”),<sup>1</sup> and an Army Blood Supply Depot was established in Bristol by the War Office. In 1940, a further eight regional centres were established (Regional Transfusion Centres (“RTC”)).<sup>2</sup>

5. In 1946, these centres were consolidated and formally constituted as a National Blood Transfusion Service (NBTS). The NBTS was centrally managed and funded by the Ministry of Health.
6. The Blood Group Reference Laboratory and Blood Group Unit were also established in 1946, at Lister Institute for Preventive Medicine. Both were managed by the MRC.

#### **1948-1973: Establishment of the NHS and regional administration**

7. On 5 July 1948, the National Health Service was established by the coming into force of the National Health Services Act 1946 (“the 1946 Act”) and the National Health Service (Determination of Regional Hospital Areas) Order, 1946 (SI 1946 No 2158). Pursuant to sections 11 to 14 of, and Schedule 3 to, the 1946 Act, Regional Hospital Boards were established within areas of England and Wales for the purpose of ‘exercising functions with respect to the administration of hospital and specialist services in those areas.’
8. Following the coming into force of the 1946 Act, the RTCs became managed

---

<sup>1</sup> The Medical Research Council (MRC) is responsible for co-coordinating and funding medical research in the United Kingdom. It was founded as the Medical Research Committee and Advisory Council in 1913, and then became the Medical Research Council under Royal Charter in 1920.

<sup>2</sup><https://www.welsh-blood.org.uk/about-us/history-of-blood-services/>, and;  
<https://mrc.ukri.org/news/blog/blood-donation-the-lifeblood-of-the-nhs/?redirected-from-wordpress>.

by the twelve (later fourteen) Regional Hospital Boards in which they were located within England and Wales. By 1970, there were thirteen RTC's.

9. RTCs were responsible for the collection of blood from voluntary donors, the processing and testing of blood donations, and the supply of blood to hospitals within their area. On some occasions, RTC's also supplied blood to other hospitals and bodies outside their Region (for example, to the Ministry of Defence).<sup>3</sup> Moreover, not all RTC operational areas corresponded with the areas of the Regional Hospital Board which managed it.<sup>4</sup>
10. Each RTC was managed by a Regional Transfusion Director ("RTD"), who was independent and medically-qualified. The RTD was appointed by, and accountable to, the Regional Hospital Board. Dr Gunson observes that, as a result of the regional geographical and demographical diversity:

*matters of policy relating to collection of blood within the Regions, and arrangements for the management and operation of the RTC came to vary substantially over the years.*<sup>5</sup>

11. There was a very limited degree of central co-ordination through Dr William Maycock, who was Consultant Adviser on blood transfusions to the Minister of Health from 1946. However, this role was essentially limited to chairing regular meetings of the RTD's, and seeking to encourage uniformity of practice where he considered appropriate.

---

<sup>3</sup> Dr H Gunson's Witness Statement, para 6.

<sup>4</sup> Dr Gunson notes (at paragraph 5), that: 'In the case of Wales, which did not have a regional structure, South Glamorgan Health Authority maintained and operated a Transfusion Centre in Cardiff for all the Welsh Districts save Gwynedd Health Authority and Clwyd Health Authority which were served by the Mersey RTC.'

<sup>5</sup> Dr Gunson Witness Statement, para 7.

12. By contrast, Scotland retained its own, centrally-managed and independently funded, service – the Scottish National Blood Transfusion Service (SNBTS), founded in 1940 and comprising five RTCs.<sup>6</sup>

13. In 1953, the Blood Products Laboratory (“BPL”) moved from the Lister Institute to Elstree in Hertfordshire, and the responsibility was transferred from MRC to the Lister Institute. Dr Maycock was also Superintendent of the Lister Institute Laboratories at Elstree in 1949. He later became Head and subsequently Director of the BPL. Plasma supplied by the RTCs was fractionated at the BPL to produce blood products. The RTS did not have their own fractionation facilities.

#### **1973-1988: Re-organisation of regional administration**

14. In 1973, there was a re-organisation of the NHS. The National Health Service Reorganisation Act 1973 (“the 1973 Act”) replaced the concept of Regional Hospital Boards with Regional Health Authorities. Members of the Regional Hospital Boards (including the Regional Transfusion Director) were directly appointed by the Secretary of State.<sup>7</sup>

15. The National Health Service Act 1977 (“the NHS Act 1977”) consolidated various provisions relating to the National Health Service and made some additional changes.

16. A multi-disciplinary Central Committee for the National Blood Transfusion Service (“the Central Committee”) was established, under the chairmanship

---

<sup>6</sup> Masson, 1983, Ref. 82.

<sup>7</sup> NHS Reorganisation Act 1973, schedule 1 para 1. See also Office of Health Economics, *NHS Reorganization* (1974), available online here: <https://www.ohe.org/publications/nhs-reorganisation>.

of Dr Maycock, with responsibility:

*to keep under review the operation of the National Blood Transfusion Service, including the Blood Products Laboratory and Blood Group Reference Laboratory, in England and Wales and advise the Department of Health and Social Security ["DHSS"] on the development of the service.*<sup>8</sup>

17. The Central Committee's first meeting was held on 19th June 1975.<sup>9</sup>

18. After 1978, the RTCs were grouped into three geographical "Divisions": Eastern, Western and Northern.<sup>10</sup>

19. In 1978, Dr Geoffrey Tovey succeeded Dr Maycock as Consultant Advisor on blood transfusions to the DHSS. In 1980, the DHSS, on Dr Tovey's initiative, replaced the Central Committee with a smaller Advisory Group which had the following terms of reference:

*"to advise the DHSS and the Welsh Office on the co-ordination of: (1) the development and work of Regional Transfusion Centres and the Central Laboratories in England and Wales and (2) as necessary the English and Welsh Blood Transfusion Service with that of Scotland".*<sup>11</sup>

20. The Advisory Committee met on 14 occasions between 1st December 1980 and 8th February 1988.

---

<sup>8</sup> Dr H Gunson's Witness Statement, para 10.

<sup>9</sup> Dr Gunson considers that the Central Committee was largely ineffective: see witness statement, paragraph 10.

<sup>10</sup> The Eastern Division comprised NW Thames (North London), NE Thames (Brentwood), SE/SW Thames (South London) and East Anglia (Cambridge). The Western Division comprised Oxford, South Western (Bristol), Wessex (Southampton), West Midlands (Birmingham) and Wales (Cardiff). The Northern Division comprised Northern (Newcastle), North Western (Manchester), Trent (Sheffield) and Yorkshire (Leeds).

<sup>11</sup> Dr H Gunson's Witness Statement, para 11.

21. In 1981, Dr Gunson succeeded Dr Tovey as Consultant Advisor to the DHSS.
22. In 1982, the Central Blood Products Laboratory ("CBPL") was established pursuant to the Central Blood Laboratories Authority (Establishment and Constitution) Order 1982 SI No. 1515 ("CBPL Order"). Pursuant to article 3(2) of that order, the CBPL was conferred the following functions:
- (a) The provision of laboratories for the manufacture of blood products and other purposes;*
  - (b) The preparation of plasma fractions for therapeutic, diagnostic and other purposes;*
  - (c) Research and development of plasma protein fractionation and for other purposes;*
  - (d) The manufacture of blood grouping reagents and other related reagents.*
23. The CPBL's included the Blood Products Laboratory at Elstree, and the Blood Group Reference Laboratory and Plasma Fractionation Laboratory, which were both located in Oxford.<sup>12</sup>
24. The creation of the CBPL became the catalyst for the establishment of a centrally funded and managed service. 'Major inconsistencies' emerged in respect of how the RTCs supplied plasma to the BPL, and in introducing HIV testing.<sup>13</sup>
25. Following an investigation carried out by a DHSS Central Management Services team, it was decided that management of the RTCs would be

---

<sup>12</sup> Central Blood Laboratories Authority (Establishment and Constitution) Order 1982 SI No. 1515, Schedule.

<sup>13</sup> Dr H Gunson's Witness Statement, para 12.

retained by Regional Health Authorities, but formal co-ordination would be introduced.

### **1988-1993: The National Directorate**

26. On 8<sup>th</sup> July 1988, the National Directorate of the NBTS was established. Dr Gunson was appointed National Director. Primary responsibility for the management of the RTCs was retained by the RHA. It was funded by the DHSS. The National Director reported to the Director of Operations of the NHS Management Board. A co-ordinating committee was formed to review the National Directorate.<sup>14</sup>

27. The National Directorate did not have an executive authority. It was merely a co-ordination body that, according to Dr Gunson, attained its successes by '*persuasion*'. Those successes included the establishment of a formal system for transferring blood supplies from one centre to another management information system and quality assurance policies.<sup>15</sup>

28. In 1990, the Blood Products Laboratory was renamed the Bio Products Laboratory.

### **1993-2005: The National Blood Authority**

29. On 1st April 1993, the Department of Health announced its intention to establish a single body with executive authority, the National Blood Authority ("NBA"), with responsibility for both the central laboratories and the RTCs. The NBA was established by the National Blood Authority

---

<sup>14</sup> Dr H Gunson's Witness Statement, paragraphs 13 to 14.

<sup>15</sup> Dr H Gunson's Witness Statement, paragraph 14.



(Establishment and Constitution) Order 1993 SI No 585 (“the NBA Order 1993”) as a special health authority. Shortly after the NBA Order was made, it was significantly amended by the National Blood Authority (Establishment and Constitution) Amendment Order 1994 SI No 589 (“the NBA (Amendment) Order 1994”).

30. Pursuant to article 2 of the NBA Order 1993, the NBA’s functions were prescribed as follows:

*(aa) collecting, screening and processing blood and its constituents and supplying blood, plasma and other blood products for the purposes of the health service<sup>16</sup>*

*(a) the provision of laboratories for the manufacture of blood products and for other purposes;*

*(b) the preparation of plasma fractions and other products for therapeutic, diagnostic and other purposes;*

*(c) research and development in plasma protein fractionation and for other purposes;*

*(d) the manufacture of blood grouping re-agents and other related re-agents;*

*(e) the supply of products prepared or manufactured under sub-paragraph (b) or (d) above for the purposes of the health service;*

*(h) the promotion, by advertisement and otherwise, of the giving of blood and its constituents for the purposes of the health service, with a view in particular to maintaining an adequate number of persons who are willing to give blood or its constituents for those purposes;<sup>17</sup>*

*(i) the making of arrangements, on behalf of Regional Health Authorities, for*

---

<sup>16</sup> As inserted by National Blood Authority (Establishment and Constitution) Amendment Order 1994 SI No 589.

<sup>17</sup> As amended by the National Blood Authority (Establishment and Constitution) Amendment Order 1994 SI No 589.



*the supply under NHS contracts of blood between those Authorities.*<sup>18</sup>

31. Pursuant to article 1 of the NBA Order 1993, 'the transfusion service' was defined as *"the arrangements made by Regional Health Authorities with respect to the collection and supply of blood in their respective regions for the purposes of the health service."* This definition was removed from the NBA Order 1993 by the NBA Amendment Order 1994.<sup>19</sup>

32. The Central Blood Laboratories came within the remit of the NBA. Pursuant to the Central Blood Laboratories Authority (Revocation) Order 1993 SI No 587, the Central Blood Laboratories Authority (Establishment and Constitution) Order 1982 was revoked, and the Central Blood Laboratories Authority was accordingly abolished.

33. In 1999, the Velindre National Health Service Trust (Establishment) Amendment Order 1999/826 provided that one of the functions of the Velindre NHS Trust was:

*(b) to own and manage Welsh Blood Service Headquarters, Ely Valley Road, Talbot Green, Pontyclun CF72 9WB and associated premises, and there to provide and manage services relating to the collection, screening and processing of blood and its constituents and to the preparation and supply of blood, plasma and other blood products.*

34. As summarised by Burton J in *A and Others v The National Blood Authority and*

---

<sup>18</sup> This was inserted by the NBA (Amendment) Order 1994.

<sup>19</sup> This list of functions is as amended by the NBA (Amendment) Order 1994. In particular, the following two functions were omitted and replaced with function (aa) above: *"(f) the monitoring of the operation by Regional Health Authorities of the transfusion service, and the provision of advice to the Secretary of State in connection with that service"* and *"(g) the provision of advice to Regional Health Authorities as to the co-ordination of their respective activities in connection with the transfusion service, with a view to securing and maintaining an adequate supply of blood and plasma for the purposes of the health service"*.

*Others* [2001] 3 All E.R. 289; [2001] 3 WLUK 710 (at paragraph 3):

*The National Health Service bodies responsible for the production and supply of blood and blood products prior to 1 April 1993 in England (and also covering northern Wales) were fourteen regional blood transfusion centres ('RTCs', controlled and administered by Regional Health Authorities. From that date, by the National Blood Authority (Establishment and Constitution) Order 1993 (SI 1993 No. 583), the National Blood Authority ('NBA' was established, with responsibility for the RTCs and both central blood laboratories (the Central Blood Laboratory Authority ('CBLA', which itself had responsibility for the Blood Products (later Bio Products) Laboratory ('BPL', and the Blood Groups Research Laboratory ('BGRL'). Subsequently the National Blood Authority (Establishment and Constitution) Amendment Order 1994 (SI 1994 No. 589) provided that all rights enforceable by or against a Regional Health Authority in respect of the exercise of functions which became exercisable by the NBA were to be exercisable against the NBA. So far as Wales is concerned, those parts of Wales not serviced by the Mersey RTC were covered by a transfusion centre in Cardiff operated by the South Glamorgan Health Authority. Responsibility for that, and for the provision of a blood transfusion service in Wales, was transferred not to the NBA but to the Welsh Health Common Services Authority, and as from 1 April 1999 was further transferred to Velindre NHS Trust, which is now the relevant Defendant so far as any liabilities to the Claimants in respect of the balance of Wales is concerned.*

## **2005-present: NHS Blood and Transplant Service**

35. The National Blood Authority and United Kingdom Transplant (Abolition) Order 2005 SI No 2532 abolished the NBA and UK Transplant, which came into force on 1 October 2005.
36. The NBA and UK Transplant were replaced by the establishment of the NHS dBlood and Transplant ("NHSBT"), a special health authority, by the NHS Blood and Transplant (Gwaed a Thrawsblaniadau'r GIG) (Establishment and Constitution) Order 2005 SI No 2529, and NHS Blood and Transplant (Gwaed a Thrawsblaniadau'r GIG) Regulations 2005 SI No 2531.

37. Pursuant to Reg 3 of the NHS Blood and Transplant (Gwaed a Thrawsblaniadau'r GIG) (Establishment and Constitution) Order 2005/2529, NHSBT's functions include:

- (a) collecting, screening, analysing, processing and supplying blood, blood products, plasma, stem cells and other tissues to the health service;*
- (b) the preparation of blood components and reagents;*
- (c) facilitating, providing and securing the provision of services to assist tissue and organ transplantation;*
- (d) such other functions as the appropriate authority may direct.*

38. Pursuant to Article 5 of the Abolition Order 2005, any right that was, immediately before 1st October 2005, enforceable by or against the NBA shall, on or after that date, be enforceable by or against NHSBT.

### **2010-Present: Transfer of the Bio Products Laboratory**

39. On 26 July 2010, the Department of Health conducted a review of its arms-length bodies, including NHSBT.<sup>20</sup> It concluded that the Bio Products Laboratory ("BPL") should be transferred out of NHSBT into a Department of Health owned company. This was on the basis that it was considered that (at paragraph 3.48):

*Bio Products Laboratory will benefit from greater commercial freedom and closer integration with its plasma supply chain, and it will therefore be transferred into a Department of Health-owned limited company.*

---

<sup>20</sup> Available online here:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/216278/dh\\_118053.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/216278/dh_118053.pdf).

40. Consequently, on the 1 January 2011, BPL was transferred out of NHSBT to a new legal entity, Bio Products Laboratory Limited (“BPLL”). BPLL was a wholly owned subsidiary of Plasma Resources UK Limited (“PRUK”) that, in turn, was 100% owned and managed by the Department of Health.<sup>21</sup>

41. On 17 January 2013, the Parliamentary Under Secretary of State for the Department of Health, Dr Daniel Poulter, announced that the Government had decided to seek private sector investment in the government-owned limited company, Plasma Resources UK Ltd (PRUK) through the sale of the majority or all of the shares in the company. On 18 July 2013, Bain Capital purchased an 80% stake in PRUK.

**Gethin Thomas**  
**39 Essex Chambers**  
**31 May 2019**

---

<sup>21</sup> NHS BT, *Annual Report and Accounts 2010/11* (7 July 2011). Available online here: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/247332/1236.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/247332/1236.pdf).

## APPENDIX A: DIAGRAM OF NHSBT FAMILY TREE



