



Fleetbank House  
1<sup>st</sup> Floor, 2-6 Salisbury Square  
London  
EC4Y 8AE

9 June 2020

To all Core Participants

### **Infected Blood Inquiry**

Your thoughts may well be turning towards the next hearings of the Inquiry, so I am now writing to let you know my current thinking as to when, where and how, public hearings will begin again, and to welcome any comments or contributions you, and other core participants, may have.

First, though, let me report that (as I promised they would) the Inquiry team have been doing all that has been asked of them and more during the “Covid” lockdown, working every bit as hard as if they were in the office. Good progress has been made.

To the main purpose of this letter: you will recall that we had planned to hold hearings in June and July this year to hear evidence from clinicians and others who could shed light on the policies and practices of haemophilia centres across the UK. Subject to the course of the pandemic, to government guidance and public health considerations, we are now working towards holding those hearings this autumn.

The public hearings we have held so far have been characterised by high attendance by people infected and affected, and many have told me how much they valued the opportunity to meet other participants, and members of the Inquiry team. It goes without saying that any hearings we hold in line with the guidance to protect us all from coronavirus will feel very different. But

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waiting for the public health context to change would result in considerable delay which I cannot justify in light of the length of time many have already waited for the answers this Inquiry is tasked to deliver.

I am determined to maintain my principle of keeping people at the heart of this Inquiry. Doing so means I must consider the wellbeing of all participants. With more people now beginning to return to their places of work, we believe that – with full safety protocols in place – it should be possible by autumn to hold public hearings in Fleetbank House. We have been giving some thought to how best to do this in line with the principles I set out for this Inquiry at the preliminary hearings. Government guidance and public health considerations will determine the maximum numbers who can attend in person. We hope that in addition to myself, Counsel to the Inquiry, the witness – with their legal team and a personal supporter if they wish – and the essential technical team we will also be able to accommodate small numbers of participants safely in the hearing room.

The Inquiry's aim is that each witness is enabled to give the best evidence they can. Wherever possible I would like witnesses to give evidence in person. Witnesses will have use of a preparation area reserved for them. I recognise, however, that sometimes a witness will have to give evidence remotely (due to public health measures for coronavirus or existing health conditions) while I am in the hearing room. Where this has to happen, Inquiry Counsel and the technical team will do their best to make this process as straightforward as possible.

Recognised legal representatives will be able to follow proceedings and discuss lines of questioning with Inquiry Counsel, both in person or, if they prefer, remotely. The legal desks in the hearing room will not allow all lawyers to be accommodated while preserving a safe distance so we will also provide screens in the legal rooms.

For the first set of hearings from clinicians, Inquiry participants who have a link with the witness, or with the relevant haemophilia centre, will have priority

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for the limited seats likely to be available. We are also open to facilitating gatherings outside London for participants who prefer not to watch alone the evidence sessions relating to their haemophilia centre. At all locations, my team will ensure there is social distancing and enhanced cleaning in line with public health requirements at the time.

People who have been following the Inquiry by watching the broadcast online may not notice any difference. However, I know that there are people infected and affected who will regret the loss of the support they have experienced from people attending the same session. I have asked the Inquiry team to do what we can to encourage that sense of mutual support, for instance by hosting virtual private discussions during the breaks between sessions, similar to the virtual local meetings that are going on in June and July.

I can confirm that psychological support will continue to be provided by the Inquiry's British Red Cross team who will be available throughout the hearings.

I would like to think that a time will come when we can hold Inquiry hearings in much the same way as previously. However, I must be realistic. Work remains to be done on the detailed arrangements to prepare for these hearings, affected as they are bound to be by public health restrictions. I welcome your views on the broad approach I have outlined here. I would ask you to share these by Wednesday 24 June through your recognised legal representative, or directly with the Inquiry team if you are not legally represented.

Yours sincerely,

A handwritten signature in blue ink that reads "Brian J Langstaff". The signature is written in a cursive style and is underlined.

Sir Brian Langstaff  
Chair, Infected Blood Inquiry

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