

Witness Name: Ms Shona Robison

Statement No: WITN6648001

Exhibits: 0

Dated: 11/03/2022

## **INFECTED BLOOD INQUIRY**

---

### **WRITTEN STATEMENT OF MS SHONA ROBISON**

---

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 1 December 2021.

I, Shona Robison, will say as follows:

#### **Section 1: Introduction**

**1. Please set out your name, address, date of birth and any professional qualifications relevant to the duties you discharged while Minister for Public Health and Cabinet Secretary for Health and Sport.**

1. My name is Shona Robison. My constituency office address (in my capacity as a MSP) is Shona Robison MSP, Fun Factory, 15 Balunie Drive, Dundee, DD4 8PS and my date of birth is GRO-C1966.

**2. Please describe your employment history, including the various roles and responsibilities that you have held throughout your career, as well as the dates.**

2. I have been an MSP since May 1999 to the present day.

1999-2003 - Member of the Scottish Parliament's Health and Community Care Committee. 2003-2007 - Member of the Scottish Parliament's Health Committee.

2003-2007 - SNP spokesperson for health at the Scottish Parliament.

[For the period 2007 to present day, please see my Scottish Government response]

**3. Please identify the other Members of the Scottish Government holding ministerial roles relevant to the Inquiry's Terms of Reference between 2007 – July 2018.**

[Please see my Scottish Government response]

**4. Please identify, by name, senior civil servants involved during the time you were Minister for Public Health and Cabinet Secretary for Health and Sport in decisions about blood and blood products, the assessment of the risks of infection arising from blood and blood products, and the response to such risks, and in providing advice to ministers in relation to such issues.**

[Please see my Scottish Government response]

**5. Please set out your membership, past or present, of any other committees, associations, parties, societies, or groups relevant to the Inquiry's Terms of Reference, including the dates of your membership and the nature of your involvement. In particular, please set out the part played by the Health and Community Care Committee in the Scottish Government.**

3. I am a member of the Scottish National Party (SNP), and I was a member of the Scottish Parliament's Health and Community Care Committee from 1999 to 2003 and its Health Committee from 2003 to 2007. I should clarify that these committees were both Parliamentary Committees and not part of the Scottish Executive (now Government). Both Committees did take an interest in and consider matters relating to infected blood. Apart from that, I have not been a member of any committees, associations, parties, societies, or groups relevant to the Inquiry's terms of reference.

**6. Please confirm whether you have provided evidence to, or have been involved in, any other inquiries, investigations or criminal or civil litigation in relation to human immunodeficiency virus ("HIV") and/or hepatitis B virus ("HBV") and/or hepatitis C virus ("HCV") infections and/or variant Creutzfeldt-Jakob disease ("vCJD") in blood and/or blood products. Please provide details of your involvement and copies of any statements or reports which you provided.**

4. I have not provided evidence to or been directly involved in any other inquiries, investigations, or litigation in relation to these matters. As Public Health Minister and then Cabinet Secretary for Health, I was aware of and monitoring the progress and outcomes of the Penrose Inquiry, but I was not asked to provide any evidence to the Inquiry myself.

## **Section 2: The Alliance House Organisations ('AHOs')<sup>[1]</sup>**

**7. How and when did you first become aware of the infected blood scandal?**

5. From memory, I first became aware of the infected blood scandal in the run up to the first elections to the Scottish Parliament in 1999. My recollection is that campaigners such as the Haemophilia Society and others had been campaigning in the run up to that election and had been in touch with political parties and candidates to make them aware of the issue. Once elected, as a member of the Health and Community Care Committee at the time I gained a much deeper understanding of the issues given the Committee's Report on Hepatitis C on 3 October 2001.

**8. How and when did you first become aware of the financial schemes that had been set up by the Government to make financial payments to those who had been infected with blood and blood products?**

6. I first became aware of the financial schemes during the committee inquiry as we took evidence on the MacFarlane Trust set up by the UK Gov in 1988 to provide ex-gratia payments to those infected with HIV as a result of blood or blood product transfusions. This was referred to in the committee report as an example of exceptions to the principle that governments only pay out compensation when they or their agencies have been found demonstrably negligent as was being argued by the Scottish Executive at the time to support their policy of refusal of financial compensation. The Haemophilia Society strongly argued that it was unfair that people who contracted one type of virus should have recourse to financial assistance on a no-fault basis but those who contracted Hepatitis C in the same way did not. The committee agreed with that assessment in their report.

**9. What contact did you have with those who had been infected or affected by infection with HIV or HCV via blood and blood products? Please detail the contact you had with individuals and with organisations such as Haemophilia Scotland.**

7. I cannot recall the precise dates that I met with individuals and organisations infected or affected by HIV or Hepatitis C contaminated blood or blood products but as I said earlier, I recall being made aware as a candidate for the 1999 Holyrood elections and I believe that a representative of the SNP would have met with the Haemophilia Society. My main contacts were Bill Wright and Philip Dolan, who I met with on several occasions over the years. I also met Bruce Norval on a few occasions. Also, in my capacity as an MSP, I met with constituents affected by the issue. I met a particular constituent at a surgery I was holding in late 2005 or early 2006, who had become

aware of her Hepatitis infection after seeking a vaccination for Hepatitis C for travel purposes. She believed that she contracted this due to a post birth transfusion in the 1980s, I raised this case with the Health Minister at the Health Committee meeting on 31 January 2006.

**10. What, if anything, did your constituents or other members of the public tell you about the AHOs, either before or during your tenure as Minister for Public Health and Cabinet Secretary for Health and Sport? You may find [CAXT0000041\_121 and WITN2287070] to be of assistance.**

8. I have some recollection of the limitations of the schemes being brought to my attention by campaigners, in that they were either insufficient in the level of support or the criteria was too restrictive.

[Please see my Scottish Government response for more]

**11. What steps, if any, did you take to advocate for change or a particular outcome from the AHOs on behalf of your constituents? You may find [SCGV0000186\_041; DHSC0004197\_079; DHSC0004197\_081 and DHSC0004197\_085] of assistance.**

9. In 2004, I wrote to the then Health Minister, Malcolm Chisholm, asking for further details about the new ex-gratia scheme (Skipton Fund) to support those who have Hepatitis C as a result of NHS Treatment with blood or blood products and specifically raising concerns that any deduction would be made to payments if someone had received compensation from other sources of funding.
10. In December 2004, I asked several PQs covering which Minister would monitor the operation of the Skipton Fund, which confirmed that payments would be made from the Scottish Consolidated Fund and that Ministers are all accountable to the Scottish Parliament for payments. I asked how many people had applied to the Skipton Fund and received an answer on numbers who had asked for application forms, how many had applied and how much had been received for both Stage 1 and Stage 2 applications as at 26 November 2004. I also asked about the admin costs associated with the operation of the Skipton Fund but was told the information was not held.
11. I asked these questions in order to find out whether the Skipton Fund was working for those affected and whether the money was reaching them.
12. During this time, I also argued for the Skipton Fund to be extended to cover bereaved families who were excluded as I felt their exclusion to be unfair.

**12. Why did you participate in parliamentary debates (see for example [SBTS0000357\_013; HSOC0001748; HSOC0009470 and MACK0001199\_001]) and ask questions in parliament (see for example [DHSC0004197\_094; RLIT0000600; DHSC0004197\_079; DHSC0004197\_081; DHSC0004197\_085 and SCGV0000250\_019]) about the AHOs?**

13. The SNP called a debate on 4th June 2001, due to concerns about the Scottish Executive saying they would not review their decision on compensation in the light of the English judgment giving a small number of those affected compensation. Given my involvement in the Committee report I would have been keen to take part in that debate. We wanted the Scottish Executive to go much further in providing financial assistance to those affected and no-fault compensation.
14. I took part in the Health Committee debate on 10 January 2002 on their Hepatitis C report, given I was a member of the Committee and had an ongoing interest in the issue. In that debate, I said that justice delayed is justice denied and expressed some concern over the role and remit of the just announced expert working group. I called for the committee's recommendations on financial assistance to be progressed within 12 months. I urged that the expert group be given a clear remit to come up with a compensation package for Hepatitis C sufferers at an urgent pace. I was concerned that things were taking too long and that some of those affected were extremely ill.
15. I took part in a further debate on 22nd December 2005, initiated by Carolyn Leckie MSP on Blood products again because of my ongoing interest and commitment to seeing progress on the matter. The SNP supported the motion that day calling for a Public Inquiry. In that debate I said that there was frustration at the limitations of the Scottish Executive internal inquiry to provide answers that victims were seeking. Scottish Executive Ministers said they would consider holding a Public Inquiry if new evidence emerged. During my time on the Health Committee, the focus had been on the issue of gaining financial assistance and avoiding any delay in progress towards such assistance and concerns that a Public Inquiry may delay such progress rather than being hostile to a Public Inquiry. However, we felt that many questions remained unanswered and believed that an inquiry may be able to help answer some of these, such as who knew what when, what were the practices of the SNBTS at the time, and what were the sources of blood being used at that time.
16. During this debate I also asked questions about delays in establishing an appeal process for the Skipton Fund as 50 people had been turned down for support and this was of concern to me. I was told that work was underway to establish an appeals process.

17. As I said in the answer above, in December I asked several Parliamentary Questions covering which Minister would monitor the operation of the Skipton Fund, which confirmed that payments would be made from the Scottish Consolidated Fund and that ministers are all accountable to the Scottish Parliament for payments. I asked how many people had applied to the Skipton fund and received an answer on numbers who had asked for application forms, how many had applied and how much had been received for both Stage 1 and stage 2 applications as of 26 November 2004. I also asked about the admin costs associated with the operation of the Skipton Fund but was told the information was not held. My concern was to make sure as much money as possible got into the hands of those affected.
18. At a session of the Health Committee on 18 December 2002, I asked the Health Minister Malcolm Chisholm about problems people with Hepatitis C have in accessing financial products such as insurance and mortgages and I asked the Minister whether the Scottish Executive would consider underwriting the additional costs of insurance and mortgages for people with Hepatitis C. I was very aware of the concerns people affected had about being able to access these financial products and the cost of doing so.
19. On 1 April 2004, I asked the then First Minister whether people with Hepatitis C through contaminated blood products will have to waive their right to legal action to receive an extra gratia payment. I asked this question due to a newspaper article suggesting this may be the
20. case. The First Minister said no such requirement would be required and that new guidance would make this clear. I thought this important given the right for people affected to pursue remedy through the courts should not be impacted by them applying for and receiving financial assistance.

**13. In a statement from a campaigner [WITN2235003, para 13.29], he noted that both yourself and Malcolm Chisholm attended the play 'Factor 9'. Malcolm Chisholm commented that 'he hadn't known any of the information in the play when he was health minister...ministers were not always passed information by civil servants.' Was this your experience? In particular, did the civil servants dealing with blood and blood products have an understanding, in your view, of the experience of those infected and affected by contaminated blood?**

[Please see my Scottish Government response]

**14. What briefing were you given about the AHOs and the devolved schemes (in particular SIBSS) upon first taking office as Minister for Public Health and Cabinet**

## **Secretary for Health and Sport?**

[Please see my Scottish Government response]

**15. Please explain the involvement you had with the AHOs and the devolved schemes (in particular SIBSS) first as Minister for Public Health and then later as Cabinet Secretary for Health and Sport and, in particular, which issues were brought to you in this role and which issues were dealt with without your involvement. What was your understanding of how these decisions were made?**

[Please see my Scottish Government response]

**16. What role, if any, did you have (whether in campaigning or otherwise) in the creation of a scheme to make financial payments to those who had been infected with HCV by blood and blood transfusions? You may find [SCGV0000186\_041, SCGV0000250\_019 and SBTS0000357\_013] of assistance.**

21. I argued in favour of the creation of a scheme to make financial payments to those infected with HCV by blood and blood transfusions as I believed this to be the right thing to do having heard the evidence and testimony of those affected. I urged Ministers to agree to this then made frequent enquiries to ministers for updates on progress.
22. On 26th April 2001, the SNP brought a motion for debate in Parliament on the issue of compensation or financial assistance, regardless of whether negligence could be proved, so in essence making the case for no fault compensation for those infected with Hepatitis C through contaminated blood or blood products. The motion called for the Scottish Executive to review its decision to refuse compensation or financial assistance to patients who contracted Hepatitis C through NHS treatment with contaminated blood products. I took part in that debate supporting these points and focussing my remarks particularly on the precedent set by the MacFarlane Trust to support those infected with HIV through contaminated blood or blood products, and I argued that to not do the same for those infected with HCV was unfair and inconsistent.
23. I pursued these matters about financial support at meetings of the Health Committee such as the meeting on 11 December 2002 and had an exchange with the then Minister for Health, Malcolm Chisholm, about whether or not the public would be supportive of compensation for those affected, which I said I believed they would be. There was some discussion about the language used and the Minister was keen to

avoid the use of the word compensation and rather use the words ex-gratia payments to avoid the inference of fault and blame. I also pursued matters relating to financial difficulties relating to mortgages and insurance at that meeting and requested that the Scottish Executive consider underwriting mortgages and insurance products to reduce risk. On 3 March 2004, I wrote to the then Minister for Health Malcolm Chisholm asking him for an update and further details of the proposed ex-gratia payment scheme and making representation that any award under such a scheme should not lead to deducting compensation received from other sources.

**17. What was your view about the adequacy of the financial payments made to the beneficiaries of the Skipton Fund, at the time that it was set up? In particular:**

**a. What was your understanding of the reasons why the recommendations made in the Ross Report 2003 [HSOC0020367] were not implemented by the Scottish Government? [page 52, WITN2287032]**

24. My view on the adequacy of the financial payments made to beneficiaries of the Skipton Fund was that the recommendations of the Ross report should have been implemented.

**b. What, if any, representations did you make to the Scottish Government about implementing the recommendations in the Ross Report?**

25. In an exchange at FMQs on 2 October 2003, I asked the then First Minister, Jack McConnell, to reconsider the level of support to be given to those infected with HCV through contaminated blood and blood products in the light of the comments made by Lord Ross expressing concern about the level of financial assistance being offered. The response of the First Minister was that such a level of support would have a negative financial impact on other parts of the NHS and that the financial assistance on offer struck the right balance.
26. I also expressed concern in media articles on 9 December 2003 that the Health Committee should not have stopped their inquiries into Hepatitis C and should have heard evidence again from campaigners on their views as to the adequacy of the Scottish Executive financial assistance.

**c. What was the response? You may also find [SCGV0000256\_018 and SCGV0000255\_018] of assistance when answering this question.**



27. At a meeting of the Health Committee on 12 September 2003, the then Minister for Health, Malcolm Chisholm, attended to provide an update on the proposed scheme after agreement had been reached with the UK Government after what appeared to be protracted and difficult negotiations. The Minister was asked about the comparison with the Ross recommendations and that of Ireland, as well as the lack of support for surviving family members. The response was that the resources available were the right balance and fair and that they should be focused on those still living only. I asked about the start date of the scheme and whether if someone died before receiving the payment after being eligible whether surviving family members would receive it, which was confirmed that they would. I asked further about the Ross recommendation that family members of deceased sufferers should also receive support, which at that time were around 150 families in Scotland. I argued strongly in favour of support for families of those deceased due to HCV infection through blood and blood products.

**18. What role, if any, did you have in addressing the question as to whether or not beneficiaries of the Skipton Fund and the Caxton Foundation, did not have to sign a waiver? You may find [RLIT0000600, SCGV0000257\_004 and WITN2050070] to be of assistance.**

28. I argued strongly that beneficiaries of the Skipton Fund and Caxton Foundation should not have to sign a waiver. On 1 April 2004, I asked the then First Minister Jack McConnell whether they would have to waive their right to future legal action to receive an ex-gratia payment. I recall I was given an assurance that they would not be required to do this, and that new guidance would be issued putting that beyond doubt, after a newspaper article (Sunday Herald on 28 March 2004) suggesting otherwise had caused concern. The civil service advice to Ministers at the time appears to have been that such a waiver was standard practice, but my understanding is that Ministers were not comfortable with this position.

**19. In your motion in Scottish Parliament on 15 June 2004, you stated the following: "...regrets that there has been a delay of over a year in establishing this [ex-gratia] scheme due to protracted negotiations between the Scottish Executive and Her Majesty's Government; believes that the scheme is flawed as it does not include payments to the relatives of those who have died from Hepatitis C, and further believes that the Executive should reconsider the level of payments and the exclusion of family members from the ex-gratia payment scheme"[SCGV0000044\_009]. Please can you comment on how this was received by the Scottish Parliament and what actions were**

**taken to resolve your concerns regarding the ex-gratia payment scheme?**

29. My motion in the Scottish Parliament was lodged on 29 January 2004. It did not receive cross-party support, as defined by the Scottish Parliament's Standing Orders, and was not debated. A motion lodged by Keith Raffan MSP [S2M-01481] was lodged on 15 June 2004 and debated in the chamber at Members' Business on 30 June 2004.
30. Having considered document DHSC5123519 (see page 20 in particular), and the Official Report of the Scottish Parliament for 30 June 2005 (Stage 3 debate of the Smoking, Health and Social Care (Scotland) Bill) (RLIT001092) it appears that Scottish Ministers at that time were determined to retain the same cut-off date as England, as they appeared concerned about the potential impact on social security payments for those getting assistance under the scheme.
31. The Minister, Andy Kerr, set this out during the Stage 3 debate and explained the reasoning for this, as the derogation that had been granted by the UK Government in relation to Skipton Fund payments (in terms of being disregarded as capital when considering eligibility for social security payments) was specifically restricted to the Skipton Fund criteria and would not extend beyond that. The Minister's concern was that that could disadvantage anyone who received such payments, depending on their circumstances.
32. I had proposed an amendment at Stage 2 of the above bill, to remove from section 24 the eligibility date of 29 August 2003. The Minister, Andy Kerr, explained at Stage 3 that he had lodged an amendment to restore the eligibility date. The Minister explained that the purpose of the ex gratia payments under the Skipton Fund scheme were, in his view, intended to alleviate the suffering and life changes of those who were alive when the scheme was announced on 29 August 2003. The Minister also, however, set out his view that his approach would balance the interests of those who have a "real need for assistance against the wider interests of patients and the delivery of health services", therefore he had lodged
33. an amendment (24) to "restore to the bill the commencement date of the scheme in relation to primary infectees."
34. The Minister also set out his opposition to Amendment 65 that I had lodged, which would have removed the cut-off date of 29 August 2003 for secondary infectees. The Minister stated that "[I]n effect, it would permit claims to be made on behalf of secondary infectees who died before the scheme was introduced on 29 August 2003. For the reasons that I have explained, I cannot support an amendment of that nature, as it is not commensurate with an ex gratia payment scheme to help support the living."

**20. In a statement from a campaigner, he states that ‘we also got Shona Robison to agree that there would be regular payments for those “who had chronic hepatitis C who were severely infected and also secured agreement about widows receiving payments where their partners who had passed away had had chronic hepatitis C’ [WITN2235003, para 20.10].**

**a. Did you think the financial assistance for those infected with Hepatitis C was fair? If yes, why? If not, why not?**

[Please see my Scottish Government response]

**b. Did you think the financial assistance for widows, as a result of their late partners’ Hepatitis C infection was fair? If yes, why? If not, why not?**

[Please see my Scottish Government response]

## **Funding**

**21. Please set out your role as (i) Minister for Public Health and (ii) Cabinet Secretary for Health and Sport in making decisions about allocating funds to the AHOs.**

[Please see my Scottish Government response]

**22. What role did you understand the Scottish Government played in setting funding levels for the AHOs?**

[Please see my Scottish Government response]

**23. The Inquiry has heard evidence from the Trustees of the Macfarlane Trust, the Caxton Foundation and the Eileen Trust, that all three organisations were underfunded by successive Governments. Were you aware that this was the view of the trustees? If so, when did this come to your attention? What if anything did you do about it?**

[Please see my Scottish Government response]

**24. In your letter to Jane Ellison MP on 4 September 2015, you made a suggestion that some of the £25 million announced by David Cameron should be distributed by way of an increased winter fuel payment to Caxton beneficiaries [MACK0000979].**

**a. How was the £25 million announced by David Cameron distributed?**

[Please see my Scottish Government response]

**b. Who was responsible for making the decisions as to how the funds were Distributed?**

[Please see my Scottish Government response]

**c. Why did you suggest distributing to the Caxton beneficiaries only? What, if at all, were your proposals for those infected with HIV?**

[Please see my Scottish Government response]

**d. Was it originally suggested that this funding would only be for England? It is noted in a memo from Karin Simpson to Simon Hamilton of the Northern Ireland Health Protection Branch that they received no prior notice of this funding before the announcement [DHNI0001460]. Did Scotland also receive no prior notice of this funding? Were you surprised by the announcement of this additional funding?**

[Please see my Scottish Government response]

### **Section 3: The Penrose Inquiry**

**25. What role, if any, did you have in advocating for a Public Inquiry into the circumstances in which people became infected via blood and blood products in Scotland.**

35. I advocated for a Public Inquiry after concluding that the internal Scottish Executive investigation was too limited and was not going to be able to look in depth at the issues raised by campaigners who had been infected by blood and blood products. I called for a Public Inquiry in Parliament and in the media.

**26. The Inquiry is aware that you were a member of the Scottish Parliament's Health Committee [MACK0001929\_001; MACK0001936; SBTS0000356\_022; SCGV0000250\_019; SCGV0000255\_012; MACK0002371\_002; SBTS0000362\_021; ARCH0002521; HSOC0002983].**

**a. Please outline how you became a member of the Health Committee.**

36. I became a member of the Health Committee after requesting this from my party. Each party is allocated a few places on each committee and the SNP had asked members of the SNP Parliamentary group which committee preferences each person had, and I had given the health committee as my preference.

**b. Please set out how the Health Committee's view on calls for a Public Inquiry evolved over time.**

37. The Health Committee took evidence on the infected blood issue and its report was very focussed on the need for practical support, particularly financial support for those affected, given how many people were struggling financially. The committee did not explicitly rule out support for a Public Inquiry but rather said that the focus should be on providing much needed support as soon as possible. As the debate moved on and some progress was made in relation to improving the financial support available, it became clear that only a Public Inquiry would provide a mechanism to try to shine a light on what had happened to lead to the infection of people with contaminated blood and blood products in Scotland.

**27. The Inquiry is aware that you initially argued against a Public Inquiry in favour of immediate financial assistance [HSOC0009470].**

**a. At this stage, did you feel that a Public Inquiry was not necessary?**

38. I felt that the priority at that time was to secure financial support for those affected as quickly as possible. I was moved by the evidence and testimonies of those who were struggling financially. I was never opposed to a Public Inquiry but saw financial support as being the more important issue in the short term.

**b. Did the Health Committee discuss holding a Public Inquiry at the same time as providing financial assistance?**

39. My recollection was they did discuss holding a Public Inquiry at the same time as providing financial assistance. The committee heard evidence from campaigners that the Scottish Executive's internal inquiry was not open or transparent and not independent. On 10 January 2002, there was a debate in the Scottish Parliament on Hepatitis C, during which the committee Convener said that while a case could be made for further investigation, it questioned what that would seek to achieve and would take a long time and may not provide any answers. However, she also made clear that the Executive had been wrong to suggest the Committee had concluded that

a further independent inquiry was not desirable. I recall the Convener ended by saying that if the Scottish Executive rejected the committee's recommendation for a mechanism for financial assistance to be established within 12 months, then the committee would revisit the issue of whether an inquiry was needed.

**c. When did you personally come to the view that a Public Inquiry was necessary?**

40. I advocated for a Public Inquiry after concluding that the internal Scottish Executive's investigation was too limited. I believed it was not going to be able to look in depth at the issues raised by campaigners who had been infected by blood and blood products. I am unsure of exactly when I first came to the view that a Public Inquiry was necessary, but I did issue a press release in January 2005 calling for a Public Inquiry. I recall that I also supported the call for a Public Inquiry in Parliament on 22 December 2005, initiated by Carolyn Leckie MSP. The SNP supported the motion that day calling for a Public Inquiry. In that debate, I said that there was frustration at the limitations of the Scottish Executive's internal inquiry to provide answers that the victims were seeking.

**28. Please set out what you meant by the following comment "... so many doors have been closed to them" (sic) in a media article in the Sunday Herald, dated 9 May 2004 [DHSC0004425\_004].**

41. I recall that campaigners had been disappointed at the Scottish Executive's internal inquiry and were being refused the independent Public Inquiry they sought. Therefore, I believe they thought they had no option other than to attempt to raise funds to bring a legal case, via a judicial review, I believe, into the decision to refuse a Public Inquiry. I understand that their objective was to force the Scottish Executive to hold a Public Inquiry.

**29. Please refer to an email chain, in which you are copied, regarding the release of Scottish National Blood Transfusion Service (SNBTS) minutes following a request under the Freedom of Information Act [PMOS0000270\_021].**

**a. Please explain how you came to be aware of the contents of the SNBTS minutes referred to in the above-mentioned document.**

42. I recall that these minutes were sent to me by email, I believe by Bruce Norval, who had circulated them to several MSPs.

**b. Was Mr Andy Kerr's assertion that you chose to speak to the press before contacting him about these minutes correct? [SCGV0000262\_179; SCGV0000040\_173].**

43. Given the wide circulation of the email from Bruce Norval, and therefore significant press interest in the matter, I felt it was important to give my views on the matter and state that I would be writing to the Health Minister for a response.

**30. The Inquiry is aware that Mr Kerr pulled out of giving evidence to the Health Committee on 10 May 2005. How did the Health Committee view Mr Kerr's decision not to give evidence on this occasion? You may wish to refer to [SBTS0000362\_021; SCGV0000263\_065] for assistance.**

44. I recall that members of the Health Committee were frustrated that the Health Minister had not appeared to give evidence on 10th May 2005, ostensibly due to legal advice he had received. I understand that this advice related to the action being taken in the Court of Session.

**31. In the Scottish Parliament Official Report of the Health Committee dated 31 January 2006 [ARCH0002521], Carolyn Leckie and yourself were the only two members who wanted to call for a Scottish Public Inquiry. What did you understand to be the reason why other members wished to wait for further clarification from Minister Kerr. Did you think this was an appropriate stance to take? If so, why? If not, why not?**

45. At the Health Committee meeting on 31 January 2006, I understand that other members did not support the call for a Public Inquiry as they wanted to allow the Health Minister to respond to the issues that he had said he would investigate, particularly on traceability of those potentially infected. The committee also wanted to hear from the Lord Advocate on issues raised during the session relating to the role of the Crown Office and Procurator Fiscal Service in investigating deaths from Hepatitis C. I believed that it was important to put the issue to a Public Inquiry rather than wait any longer.

**32. In the Report of the Scottish Parliament Health Committee dated 18th April 2006, you advocated strongly for a Scottish Public Inquiry [HSOC0002983]. What did you understand to be the reasons why this was not taken forward at that time?**

46. At the meeting of the Health Committee on 18 April 2006, the Committee voted in favour of an independent Public Inquiry, on the casting vote of the Convener. I

understand that the then Scottish Executive decided not to hold an Inquiry, but the Scottish National Party made a commitment in its 2007 Manifesto to hold such an Inquiry, if elected to form the Government in Scotland.

**33. During your time on the Scottish Parliament's Health Committee, in your view, was the Scottish Executive's decision-making process in relation to holding a Public Inquiry transparent?**

47. I believe that the Scottish Executive at the time were very slow to address issues and to get on the front foot. It appeared to be reacting to information that emerged at the time rather than being proactive. I believe this left them looking less than transparent at times.

**34. In your opinion, to what extent was the Scottish Executive influenced by Westminster and/or the Department of Health in England when deciding whether or not to hold a Public Inquiry?**

48. It appeared that there was a reluctance to take action on an issue that was out of step with the decision making of the Department of Health / UK Government more generally.

**35. The Archer Inquiry was announced on 19 February 2007. Despite mounting pressure from both politicians and campaigners, and the fact that the Archer Inquiry was already underway, why do you think the Scottish Executive remained against holding a Public Inquiry?**

49. I recall that the Scottish Executive had become quite entrenched in its position against holding a Public Inquiry. Perhaps, they were of the view that it should be for Westminster to undertake an inquiry given the issues pre-dated devolution. The Archer Inquiry, while helpful, was not established under the Inquiries Act 2005 and therefore could not compel witnesses.

**36. Please describe the changes to the political landscape that led to the announcement of the Penrose Inquiry.**

[Please see my Scottish Government response]

**37. What view did you take about the terms of reference of the Penrose Inquiry? Were there any issues that you consider should have come within the terms of reference,**



**but were omitted. If so, what were they?**

[Please see my Scottish Government response]

#### **Section 4: Look Back**

**38. In 2006, you described the look-back exercise that was carried out by the Scottish Government and SNBTS as “inadequate” [CBCA0000007]. Please explain why you considered it to be inadequate. What more do you think could have been done?**

50. At the Health Committee meeting in April 2006, I expressed concern that the look back exercise was too limited and only looked at the donor population and was carried out between 1995 and 1997, I was concerned about the delay in beginning to trace people.

**39. What if anything was done, to your knowledge, after you made this statement?**

51. I am not aware of what, if anything, was done following this statement other than at that same April 2006 Health Committee meeting, it was agreed, on the casting vote of the Convener, to agree to call for an independent Public Inquiry into the matter.

#### **Section 5: Action taken after the Penrose Inquiry Report**

**40-47.** [Please see my Scottish Government response]

#### **Section 6: Scottish Infected Blood Support Scheme (SIBSS)**

**48-51.** [Please see my Scottish Government response]

#### **Section 7: vCJD**

**52-54.** [Please see my Scottish Government response]

#### **Section 8: Others**

**55-58.** [Please see my Scottish Government response]

#### **Statement of Truth**

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

Signed

GRO-C

Dated 11/03/2022

**Table of exhibits:**

<b>Date</b>	<b>Notes/ Description</b>	<b>Exhibit number</b>
12/07/2006	Transcript of Court proceedings	DHSC5123519
30/06/2005	Official Report of Scottish Parliament (Stage 3 of Smoking, Health and Social Care (Scotland) Bill)	RLIT0001092