Witness Name: Andy Burnham
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INFECTED BLOOD INQUIRY

FIRST WRITTEN STATEMENT OF ANDY BURNHAM

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Preface

I, Andy Burnham, will say as follows: -

0.1. My name is Andy Burnham. My date of birth is GRO-C 1970 and my address is GRO-C I was the Minister of State for Delivery and Reform in the Department of Health (DH) from 5 May 2006 to 28 June 2007. I was also the Secretary of State for Health from 6 June 2009 to 6 May 2010. I am currently the Mayor of Greater Manchester.

0.2. I make this statement in response to a Rule 9 request from the Inquiry dated 15 March 2022.

Reflections

0.3. I would like to begin my written statement by making a few brief opening comments. I make this statement conscious of the sheer enormity of the harm caused by contaminated blood and blood products in the UK. I want to say at the outset that the individuals affected, and their families, have been in my thoughts as I have prepared this statement. Those thousands of people, scattered across the UK, have suffered not only from the direct damage to their health but also from the huge psychological harms of being left in the wilderness for many years, pushed away by the authorities, trying to come to terms with the injustice they have suffered. I believe they are victims of gross negligence not only by members of the medical profession but also by successive governments and Parliaments which failed to right this wrong despite the evidence that existed. The former Prime Minister was right to issue a national apology for this collective failure, in which we all must accept a share of the responsibility, but that apology will only have meaning if this public inquiry now establishes the full truth, secures full redress for those affected and leads to changes that will prevent such a colossal failing from being repeated in the future.

The process of providing this Statement

0.4. I left the Department of Health (for the second time) now more than 12 years ago. While I have continued to be involved in contaminated blood issues since leaving office, my recollection of the details of my period both as a junior minister and as Secretary of State for Health has inevitably deteriorated over time. I have sought faithfully to make my statement as accurate as my recollection allows.

0.5. I have been assisted in the task by the documents provided to me. I was provided by the Inquiry with a set of documents. I am told by my advisers that the Inquiry carried out searches on the "Preservica" database and that those documents that the Inquiry deemed relevant were provided to me by the Inquiry.

0.6. My advisers have conducted their own searches of the "Preservica" database. I have been told that the searches for my two periods in office generated some 20,000 documents (the large majority of which apparently relate to my time as Secretary of State). I have also been told that for various reasons (the detail of which is not known to me) the review of these documents has taken much longer than anticipated and is not yet finished. It may therefore be necessary for me to revise my statement once that review is complete.

0.7. If the Inquiry wishes to provide me with any further documents, then I would be happy to consider them.

Section 1: Introduction

Q1, Q2: Employment history

1.1. I was elected as the Member of Parliament for Leigh on 7 June 2001 and remained its MP until 3 May 2017, when I stood down to run for election as the Mayor of Greater Manchester.

1.2. The Inquiry has asked me about my qualifications and employment history, which I summarise below:

Education/qualifications:

a) 1988 – 1991: MA (Hons) English, University of Cambridge

Career overview:

b) 1991 – 1994: Journalist for the Middleton Guardian and Baltic Publishing
c) 1994 – 1997: Parliamentary Researcher to the Rt Hon Tessa Jowell MP (supporting the Shadow Health Team)
d) 1997 – 1998: Parliamentary Officer, NHS Confederation
e) 1998 – 1999: Administrator, Football Task Force
f) 1999 – 2001: Special Adviser to the Rt Hon Chris Smith MP
g) 2001 – 2017: MP for Leigh
h) 2017 – Present: Mayor of Greater Manchester

In Government

i) May 2005 – May 2006: Parliamentary Under-Secretary, Home Office
j) 5 May 2006 – 28 June 2007: Minister of State for Delivery and Reform, Department of Health
k) June 2007 – January 2008: Chief Secretary to the Treasury
l) January 2008 – June 2009: Secretary of State for Culture, Media and Sport
m) 6 June 2009 – 6 May 2010: Secretary of State for Health

In Opposition

n) May 2010 – October 2010: Shadow Secretary of State for Health
o) October 2010 – October 2011: Shadow Secretary of State for Education
p) October 2011 – September 2015: Shadow Secretary of State for Health
q) September 2015 – October 2016: Shadow Home Secretary

Select Committees:

r) July 2001 – October 2003: Health and Social Care Committee

Q3: Roles and responsibilities within the Department of Health

2.1. The Inquiry asks me to describe, in broad terms, my role and responsibilities: (i) as Minister of State in the DH; and (ii) as Secretary of State for Health.

Minister of State

2.2. In the period 5 May 2006 to 28 June 2007, I served as a Minister of State in the Department. The Secretary of State during this time was Patricia Hewitt MP. Rosie Winterton MP was the Minister of State for Health Services (MS (HS)). Lord (Norman) Warner was the Minister of State for NHS Reform (MS (R)), until 4 January 2007 when Lord (Philip) Hunt took over as Minister of State for Quality (MS (Q)). Caroline Flint MP was the Minister of State for Public Health (MS (PH)) throughout the period. Ivan Lewis MP was Parliamentary Under Secretary of State for Care Services (PS (CS)).

2.3. The Inquiry's request describes my role as Minister of State for Quality and Patient Safety. This was, at one stage, the title of the role held by my predecessor, Jane Kennedy MP (see the 2005 Departmental report [DHSC5834523], published in June 2005). I was never described by that title.

2.4. The 2006 Departmental report [DHSC5011184] (published in May 2006, so very shortly before I came into the Department) records that Jane Kennedy's title had changed to Minister of State for Delivery and Quality (MS (DQ)). That is the role that I took up when I first came into the Department (for confirmation see the Civil Service Yearbook 44th edition, [WITN7060002] published in July 2006).

2.5. My title changed to Minister of State for Delivery and Reform (MS) (DR)) when Lord Warner left his role, in January 2007. The change in my title is reflected in the 2007 Departmental report [DHSC5011714] (published in May 2007).

2.6. Both the 44th and 45th edition [WITN7060003] of the Civil Service Yearbook (the latter published in December 2006) listed my Ministerial responsibilities as follows:

> *"Delivery of targets, including access, 18 weeks and winter;*
>
> *Financial recovery;*
>
> *NHS efficiency and productivity, including DH/Arms Length Bodies (ALB) efficiency, Better Regulation Taskforce, Purchasing and Supply Agency (PASA), Logistics and Supply Chain Excellence Programme (SCEP);*
>
> *PFI and major service reconfigurations;*
>
> *Safety and quality, including MRSA, patient safety and the National Patient Safety Agency (NPSA), professional regulation; clinical negligence, inquiries and investigations;*
>
> *Research, pharmacy and healthcare products, including MHRA, National Institute for Clinical Excellence (NICE) pharmaceutical industry, R&D, genetics, biotech, Healthcare Industries Taskforce (HITF) and innovation;*
>
> *ID cards; and East Midlands and East of England SHAs."*

2.7. Similarly, the 2007 Department report said my ministerial responsibilities included:

> *"strategic finance (including allocations and Comprehensive Spending Review); financial recovery; NHS efficiency and productivity; capital development; system reform; reconfigurations; delivery of targets*

> *(including 18-weeks); primary care; unscheduled and emergency care; and statistics."*

2.8. I did not have responsibility for blood or blood products during my period as Minister of State. Responsibility for issues relating to blood and blood products was held by Caroline Flint, as Minister of State for Public Health. There will have been moments as a junior minister when contaminated blood would have come fleetingly into view, for example discussed at team meetings or with ministerial colleagues, but I do not recall that it was an issue in which I had any significant involvement.

Secretary of State for Health

2.9. As set out above, I was Secretary of State for Health from 6 June 2009 until 6 May 2010.

2.10. Beyond my broad responsibilities as Secretary of State overseeing the NHS and all of the work of the Department, there were a number of specific issues which dominated my time in the role. The initial focus was swine flu, which was declared a global pandemic days after my entering office. Another early priority was also to initiate a more formal inquiry into Mid-Staffordshire NHS Foundation Trust and to that end, in July 2009, I appointed Robert Francis QC (now Sir Robert Francis) to conduct the first stage inquiry. Towards the end of the year, my focus turned to social care and completion of a Green and White Paper on proposals for a National Care Service. This became urgent in the context of the growing work within the department on making financial efficiencies – I believed investing in preventative social care would be critical in relieving pressure on the NHS. In early 2010, I brought forward a new package of support for Thalidomide victims. I also asked the Department to look again at bringing forward a review of support those infected with Hepatitis C as a result of contaminated blood products following an intervention by the late Paul Goggins, then MP for Wythenshawe and Sale East, and worked with Gillian Merron to make sure an announcement was made before the dissolution of Parliament. I discuss this development further below.

Q4: Ministerial Colleagues

3.1. I have been asked to identify by name the other ministers within the DH during my time in office as Secretary of State and identify which minister or ministers had responsibility for matters relating to blood and blood products.

3.2. When I served as Secretary of State for Health, my team was as follows:

a) Mike O'Brien QC MP – Minister of State for Health Services (8 June 2009 to 6 May 2010);

b) Gillian Merron MP – Minister of State for Public Health (8 June 2009 to 6 May 2010);

c) Phil Hope MP – Minister of State for Care Services (6 October 2008 to 6 May 2010);

d) Ann Keen MP – Parliamentary Under Secretary of State for Health Services (30 June 2007 to 6 May 2010);

e) Lord Darzi – Parliamentary Under Secretary of State in the Lords (29 June 2007 to 21 July 2009); he was succeeded by,

f) Baroness Thornton – Parliamentary Under Secretary of State in the Lords (19 February 2010 to 6 May 2010).

3.3. Lead responsibility for blood products rested with:

a) Gillian Merron, as Minister of State for Public Health;

b) Baroness Thornton, the Parliamentary Under Secretary of State in the Lords, who was the spokesperson on blood policy in the Lords, once she took up her role in February 2010.

Q5: Senior civil servants

4.1. I have been asked to identify by name the senior civil servants involved during my time as Secretary of State for Health 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 (including the provision of financial support), and in providing advice to ministers in relation to such issues.

4.2. Hugh Taylor was the Permanent Secretary during my time as Secretary of State. David Nicholson was the NHS Chief Executive. Professor Sir Liam Donaldson was the Chief Medical Officer. These three were big figures in the Department; I recall that the most significant decisions would usually involve the four of us in consultation.

4.3. I remember the names of certain other senior civil servants, although I cannot now say to what extent they had any involvement in blood issues. I remember, in particular:

a) Professor David Harper, Director General of the Health Protection, International Health and Scientific Development Directorate;

b) Una O'Brien, Director General of the Policy and Strategy Directorate;

c) David Flory, Director General, NHS Finance, Performance and Operations;

d) Richard Douglas, Director General of Finance at DH – he was a key figure in all significant decisions that impacted on spending;

e) Elizabeth (Liz) Woodeson, Director of Health Protection Division – I see from the documents that she was involved in blood policy.

4.4. With the passage of time, it is difficult for me to remember independently the names of those civil servants who were involved in blood policy. The names that appear in the documents, and which seem to be most relevant, along with roles (where apparent from the documents), are listed below. However, my recollection is that I probably would not have had direct contact with these individuals; communications would have run through my Private Office:

a) Jonathan Stopes-Roe, Deputy Director of Strategy and Legislation Branch in the Health Protection Division;

b) Dr Ailsa Wight, Deputy Director of General Health Protection Branch in the Health Protection Division;

c) Brian Bradley;

d) Rowena Jecock, Head of Blood Policy team;

e) Debby Webb, Blood Policy Team.

4.5. As Secretary of State, my Private Office comprised:

a) Principal Private Secretary – this was Maeve Walsh for my initial months as Secretary of State and thereafter it was Paul Macnaught;

b) Private Secretary – Catherine (Cat) Hawes, and I have also seen the name Graham Tunbridge on the documents;

c) Assistant Private Secretaries – I see from the documents that Penelope (Pen) Irving, Matthew (Matt) Baird, and Clare MacDonald were all involved in blood issues; I also recall Sarah Bickerstaffe;

d) Diary Manager – Toby Brown.

Q6: Roles and responsibilities in Opposition

5.1. I have been asked to describe, in broad terms, my roles and responsibilities in Opposition from 7 May 2010 to 3 May 2017. Throughout the 2010 to 2015 Parliament, my main role was as Shadow Health Secretary. In that role, I regularly came into contact with MPs on all sides of the House who were raising issues related to contaminated blood. During this time, it is also important for me to say that I was heavily involved in the Hillsborough campaign and, later on, other justice campaigns. This is significant because the work I did on Hillsborough very much began to influence how I saw the issue of contaminated blood. Indeed, my close friend Paul Goggins very much encouraged me to see the parallels between the two. Until this point, whilst very aware of the serious harm that had been caused, I had always seen contaminated blood in the context of financial compensation, as that is where the focus of the Parliamentary campaign had always been during my time there. However, Paul said to me that victims needed more than that. Victims needed answers and accountability, just like the Hillsborough families.

Q7: Committee memberships

6.1. I have not held membership, past or present, of any committees, associations, parties, societies or groups relevant to the Inquiry's Terms of Reference. I was an active member of the All-Party Parliamentary Group on Hillsborough, which I mention here because of the parallels with contaminated blood that I discuss elsewhere in my statement.

Q8: Involvement in other inquiries

7.1. I do not believe that I 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.

7.2. I gave evidence to the Mid-Staffordshire Public Inquiry in 2011. I have also had a long involvement in issues related to the Hillsborough tragedy, and the investigations and inquests related to this. This influenced my attitude to the issues raised by infected blood, as I have described more fully in this Statement below.

Section 2: Engagement with the Archer Inquiry

Q9: Involvement in DH's engagement with Archer Inquiry

8.1 The Inquiry asks me whether I was involved in the DH's engagement with the Archer Inquiry during my time as Minister of State. I have been referred to the following documents:

a) Letter from Caroline Flint to Michael Moore MP, dated 12 December 2006 [MACK0001606_002] The letter said that it had been sent in reply to Michael Moore's letter to me dated 10 November 2006.

b) Minute from Parliamentary Relations Unit to a DH official, Zubeeda Seedat, dated 23 February 2007 [DHSC0041193_083]. The minute noted that an early day motion (EDM) had been tabled which welcomed the announcement of Lord Archer's inquiry. The EDM called on government departments to offer cooperation.

c) Minute from the Head of Blood Policy, William Connon, to Patricia Hewitt and Caroline Flint, dated 28 March 2007 [DHSC0041193_054]. This concerned a draft letter to Lord Archer and advice about whether DH officials should give evidence to Lord Archer's inquiry. The minute was copied to Lord Hunt's Private Office but not to mine.

d) Letter from Patricia Hewitt to Lord Archer, dated 30 March 2007 [DHSC0041193_048] . The letter appears to follow on from William Connon's advice. It said that while the Government did not think a public inquiry was justified the DH was willing to assist Lord Archer, in particular by sharing the results of a DH review of documents held relating to safety of blood products between 1970 and 1985.

e) Minute from the Director of Health Protection, Liz Woodeson, to Caroline Flint and Lord Hunt, dated 24 April 2007 [DHSC0041193_026]. The minute was copied widely but it does not appear that it was sent to my Private Office. The minute referred to an internal review into papers held by DH relevant to the emergence of non-A non-B (NANB) hepatitis in the period 1970 to 1985 (i.e.

the same review mentioned above). Liz Woodeson recommended that the report of the review should be released to interested parties.

f) Minute from the Permanent Secretary, Hugh Taylor, to Patricia Hewitt, dated 2 May 2007 [DHSC0041307_119]. The minute was copied to the Private Offices of Caroline Flint and Lord Hunt but does not appear to have been copied to me. The minute concerned a draft letter to Lord Fowler and Kenneth Clarke permitting them access to papers from their time in office. Lord Fowler had apparently requested access in the event he was contacted by Lord Archer's inquiry.

g) Report of The Archer Inquiry on NHS Supplied Contaminated Blood and Blood Products, published 23 February 2009 [ARCH0000001].

8.2 The letter from Caroline Flint to Michael Moore dated 12 December 2006, referred to above, noted that Michael Moore wrote first to me on 10 November 2006 [DHSC6548340]. His letter said:

> *"My constituent has requested that I add my name to Early Day Motion 2637, which calls for a public inquiry into this issue and for compensation to be paid to people who have been infected as a result. However, I understand that there is dispute about where the fault lies in these cases and I should therefore be grateful to know the Department's views and whether any compensation has been paid to people who have been infected as a result of receiving contaminated blood."*

8.3 I see from documents shown to me that the letter was passed to officials, who liaised and produced a draft reply [DHSC6704926] and [DHSC6548339]. As Caroline Flint's letter said, the reply was sent by her as the Minister responsible for blood policy. I do not know why Michael Moore wrote to me in the first instance, rather than Caroline Flint. This was not my area of ministerial responsibility, so I do not believe that I would have had any further involvement.

8.4 None of the documents to which the Inquiry have referred me indicate that I was involved in the DH's engagement with the Archer Inquiry while I was the Minister of State for Delivery and Reform (and I have already explained that I do not think that it would have been part of my Ministerial role to do so). In the circumstances, I do not think I can add anything further to what is said in the documents listed above. I would be happy to revisit this issue should the Inquiry provide me with further documents.

8.5 I explained in Section 1 that my junior ministerial role included responsibility for "*inquiries and investigations*". My understanding is that at the time the Archer Inquiry was treated as part of the public health issues around contaminated blood. Responsibility for engagement with the Archer Inquiry therefore probably sat with Caroline Flint. By contrast I had responsibility for formal or official inquiries; for example, I was heavily involved in the Department's response to the Shipman Inquiry chaired by Dame Janet Smith.

Section 3: Response to the Archer Inquiry

Q10: Briefing on Government's response to the Archer report

9.1 The Government's response to Lord Archer's report was published on 20 May 2009, shortly before I became Secretary of State for Health. The Inquiry asks whether I was briefed on, or otherwise told, about the matter and what was the nature of the briefing or discussion.

Background

9.2 The Inquiry has referred me to the following documents that pre-date my time as Secretary of State:

a) Ministerial submission from Debby Webb of the Blood Policy Team to the then Minister of State for Public Health, Dawn Primarolo, [DHSC0041307_029]. The submission concerned the publication arrangements for the Government's response to Lord Archer's report. The submission said that the response would meet a number of Lord Archer's key recommendations *"in part"* and listed them. It noted that the Government's response would *"not* *satisfy everyone"* and quoted from Dawn Primarolo's earlier note to the then Secretary of State, Alan Johnson:

> *"This package of measures will not satisfy Lord Archer or his supporters entirely. In particular we are likely to face significant criticism from the hepatitis C community as we will not be making any changes to the Skipton Fund. As mentioned above, to rectify the main anomaly in the Skipton Fund to make payments to dependents of those who died before it was introduced would cost up to £54m. And to introduce annual payments for Skipton Fund recipients, even if limited to those with the most serious form of the disease, would cost £10m per annum. (This assumes the same payment of £12,800 as for the HIV patients as it would be very difficult to justify giving them any less.)*

b) The Government's response to Lord Archer's Independent Report, which was published on 20 May 2009, some two weeks before I became Secretary of State [DHSC0015670] .

c) Labour Party briefing note on the Government's response to the Archer Inquiry, dated 27 May 2009 [ARCH0001160]. This was issued by Alan Johnson's office for the benefit of Labour Party members. It summarised the key messages contained in the Government's response and set out a Q&A.

9.3 I did not have any involvement at the time of the Government's response to the Archer Report, as I was not in the Department at the time. I would not have seen the submission of 13 May 2009 as it fell between my two periods in office. I had limited awareness of the Government's response before taking over as Secretary of State for Health, other than some unhappiness about it on the part of Parliamentary colleagues.

Briefing received following appointment as Secretary of State

9.4 I became Secretary of State for Health on 6 June 2009.

9.5 The Inquiry has referred me to a submission to me from Rowena Jecock, Health Protection Division, dated 19 June 2009 [DHSC5172177] , some two weeks after I took office. The background to Lord Archer's recommendations was given as follows:

> *"1. In the report of his independent inquiry into HIV/hepatitis C infection acquired during the 1970s and 80s following treatment with contaminated blood/blood products, Lord Archer made a number of recommendations about financial relief for those affected, including making significant increases in the levels of those payments. This is based on the much higher level of payments made in Ireland, where the Blood Transfusion Service was found to have been at fault (not the case here).*
>
> *2. Another recommendation was that Government should change the eligibility criteria of the Skipton Fund, which makes payments to those infected by hepatitis C, to allow payments to surviving spouses of those who died before the scheme was announced in August 2003. This would bring it into line with the existing HIV arrangements."*

9.6 The submission said that my predecessor, Alan Johnson, had agreed to increase payments for those affected by HIV. HIV infected individuals would receive a flat rate annual payment of £12,800 tax free in future. Payments to dependents would also increase, at the Trustees' discretion. Alan Johnson had also decided to make no change to financial relief for Hepatitis C sufferers, on grounds of cost. He has also given a commitment to review the Skipton Fund in 2014.

9.7 The submission from Rowena Jecock was a briefing submission, with no request for any specific action to be taken.

Q11: Issues arising out of the Archer report

10.1 I have been asked what my understanding of the issues arising out of the Archer report was in the period after I became Secretary of State for Health.

10.2 I cannot now recall exactly what I knew and when. In my early weeks as Secretary of State, the main source of my understanding of the issues would have been from any submissions that I received from officials (see submission dated 19

June 2009, referred to above) [DHSC5172177] and discussions with ministerial colleagues, especially Gillian Merron.

10.3 The Inquiry has also asked me how my understanding of the issues arising out of the Archer report was affected by: correspondence that I received (see (a) below); a protest held outside my constituency office (see (b) below); a meeting with Paul Goggins and others (see (d) below); and, a (suggested) meeting with Lord Archer (see (f) below).

(a) Correspondence received

10.4 At the outset I wish to make a general point about correspondence in this period, whether addressed to me personally or as Secretary of State, and how this was handled within DH. It is the case that I did not see the vast majority of the correspondence that was sent to me by members of the public in this period. It may help if I explain the conventions for handling correspondence sent to the Government. The standard practice within the Department would be that letters to the Secretary of State from members of the public or from organisations were sent to officials to reply to ("*Treat Official*" was the phrase), with input into the responses given by those with policy responsibility. I think that this is the background to David Tonkin's observation in his first statement (WITN1567001 at paragraph 78) when he said that I never received any letters regarding contaminated blood products. Responses to letters from Members of Parliament or Members of the Devolved Parliaments or Assemblies, although still drafted (in the first instance) by officials, would be answered by a Minister, but generally the junior Minister with policy responsibility. There were conventions about which letters (such as those from First Ministers and Privy Councillors) would receive a reply from the Secretary of State.

10.5 As a result, the only time that I did reply directly to letters from members of the public was when letters were handed directly to me, such as at the protest outside my constituency office, which I discuss below. This reveals an issue which also came up during the Mid-Staffordshire Inquiry. The Department's "Treat Official" policy for correspondence is understandable on one level given the vast volume of material that it receives. But, for Ministers, it also presents real risks in that it can prevent them from seeing what is coming in and can give an impression that they are either detached from, or dismissive of, people's concerns when that is not the case.

10.6 The Inquiry has referred me specifically to the following items of correspondence, dated June to July 2009:

a) On 10 June 2009, the Chief Executive of the Haemophilia Society, Chris James, wrote to me, in my capacity as Secretary of State [HSOC0011228_002]. His letter said that the Haemophilia Society was *"extremely disappointed"* with the Government's response to the Archer Report. He asked me to meet with a delegation from the Haemophilia Society. I cannot recall whether I saw this letter at the time. I see from the letter that Lord Morris was the President of the Haemophilia Society. I do not recall ever meeting representatives of the Haemophilia Society. It may well be that I thought my meeting with Lord Morris (discussed below) would represent a response to the Haemophilia Society. It is also possible that this correspondence was handled by Gillian Merron's office.

b) I have been shown a letter from a gentleman (his name has been redacted by the Inquiry), dated 16 June 2009. The letter was addressed to the Department and for my personal attention [WITN1056098]. He explained that his wife had contracted Hepatitis B and C through NHS treatment. She had suffered terribly. He had to give up work to care for her and their young daughter. He was worried about how he would afford their daily needs. He appealed for the Government to implement Lord Archer's recommendations. I am fairly sure that this letter was never shown to me at the time. Given that it was handled by the Customer Service Centre, it would have been categorised as what the Department describes as a "TO" (Treat Official) letter (see above).

c) Paul Larkin of the DH's Customer Service Centre replied to this letter on 22 June 2009 [WITN1056099]. The reply said the Government had made *"as positive a response as possible"* to the Archer report.

d) The man replied further to me personally on 29 June 2009 [WITN1056100]. I have been shown an email dated 16 July 2009 from the Customer Service Centre to an official, Ted Goff, which attached a copy of the gentlemen's letter of 29 June 2009. Ted Goff provided a draft reply to the gentleman's letter [WITN7060004] and commented, *"Presumably, if they continue to ask similar questions we ought to tell them that we do not intend to reply"* [DHSC6696667]. As I explained, given that the replies came from the Customer Service Centre (rather than a draft reply provided for me to sign), I would not have been not shown the correspondence. This would follow the "Treat Official" policy that I have outlined above.

e) I have been shown a letter to me from Carol Grayson, dated 29 June 2009 [WITN1055142]. The letter sought to explain that the DH were wrong to say that the compensation scheme in Ireland was introduced because of fault on the part of the Irish blood service. The letter said it attached letters that supported her position (not attached to the version sent by the Inquiry). She made the point that the situation in the UK was no different to Ireland. She asked for Lord Archer's recommendations to be implemented, including parity with Ireland on compensation.

f) I have been shown an email that Carol Grayson sent to my constituency office email address, which appeared to attach her letter of 29 June 2009 [DHSC6701475]. My constituency office manager, Caroline Pinder, forwarded Carol Grayson's email to an official at the Department and said:

> *"This lady contacted us yesterday – if she is what and who she says she is, it seems that this information should be brought to Andy's attention – I am sure that you receive this sort of material frequently and I leave it to your judgement as to its value and urgency. I am also faxing to you other documents from Ms Grayson."*

My APS, Pen Irving, then forwarded the email to Rowena Jecock, who replied saying:

"I discussed with Ailsa today, and we plan to deal with these as TOs [Treat Official]*"*.

g) I have also been shown a similar letter sent to me by Colette Wintle, also dated 29 June 2009 [WITN1056101]. The letter said that the UK Government had been wrong to say that compensation was paid in Ireland only because of wrongdoing on the part of the Irish blood service.

h) Mary Heaton of the DH's Customer Service Centre replied to Colette Wintle on 29 July 2009 [WITN1056107]. I am reasonably sure that I never saw Collette Winter's letter or the Department's reply. It would have been another "Treat Official" letter.

i) On 16 July 2009, I signed a letter to the Chair of the Manor House Group, David Tonkin, [PMOS0000191]. My letter said that it was in reply to David Tonkin's letter of 19 June 2009, which had been delivered along with other letters from those affected. I am fairly sure that David Tonkin's letter was delivered by hand at the protest. I have seen an email that shows my Private Office liaised with officials over a draft reply [DHSC6701475]. My letter said:

   i. *"I know that your members are disappointed that we have not responded to Lord Archer's report as fully as some would have liked, but I would like to assure you that we are committed to providing support to those affected and to the Haemophilia Society. We have increased the amount paid to infected individuals via the Macfarlane and Eileen Trusts and have committed to review the Skipton Fund in 2014, when that Fund will have been in existence for ten years. I understand that some of your members think this is too far into the future, but we consider ten years to be an appropriate length of time after the establishment of the Fund to allow it to be properly reviewed. I will ensure that the points you and others have raised will be considered by the 2014 review."*

j) On 22 July 2009, Gillian Merron signed a letter to Collette Wintle [WITN1056106]. The letter said that it was in reply to Colette Wintle's letter of 19 June 2009 about contaminated blood which had been delivered with a number of other letters from affected people to my constituency office. Gillian Merron's letter referred to my reply to David Tonkin and said, *"As I am the Minister responsible for this policy area, the Secretary of State has asked me to send a copy of his reply to you."*

(b) Protest outside constituency office

10.7 I have been asked how my understanding was affected by a protest on contaminated blood that took place outside my constituency office in Leigh on 19 June 2009, [GFYF0000046]. I have seen an email from my Assistant Private Secretary, Pen Irving, to the DH Press Office regarding the protest [DHSC5578928]. Her email said, *"I've sent up top line briefing and asked him* [me] *not to speak to them* [the protesters]*."* The briefing was provided to Pen Irving by Rowena Jecock, along with a note on GRO-A of the Manor House Group [DHSC5213443 and DHSC5037902].

10.8 The protest outside my constituency office did make an impact on me at the time. In the eight years I had been an MP, it was by far the most serious protest I had experienced and I recall that it left my constituency staff a little shaken. I was not in the office at the time it started, and my staff had been in touch with my Private Office in the Department asking for advice on how best to handle it. That is when the advice was given not to speak to the protestors. This had been the standard Departmental advice to Ministers on this and other contentious issues during my time as Secretary of State and as a Minister.

10.9 On the day in question, I had been away from the constituency office for most of the day before arriving back mid-afternoon and remember being advised to enter the office via a rear entrance. I was informed of the Department's advice by my office team but decided to ignore it as, given their concerns, I believed the protestors deserved the dignity of a conversation and to be heard. Looking back, I think the overall effect of my encounter with the protestors left with me was that it planted the seed in my mind that the Department's position was unsustainable and unjustifiably impersonal, given the difficult and tragic nature of their concerns.

10.10 I have been shown an email that GRO-A sent to my Parliamentary email address on 23 June 2009 [DHSC5579814]. The email alleged that my constituency staff said that I would not talk to the protesters. The email was forwarded by Caroline Pinder in my constituency office to my Private Office at DH. I have also been shown an undated email from GRO-A The email complained that my constituency surgery had been cancelled when the demonstration had been peaceful and said "*You chose not to meet any of us in public or private*" [DHSC5094046]. My recollection is that I went outside my office while the protest was ongoing and spoke to some of those who were protesting.

(c) Meeting with junior Ministers, 10 September 2009

10.11 On 28 August 2009, I was sent a submission from Debby Webb of the Blood Policy Team setting out the Government's response to the Lord Archer Inquiry [DHSC0041307_002]. Its purpose was to acquaint me with the key issues ahead of a meeting with Gillian Merron planned for 2 September 2009 (which was rescheduled to 10 September 2009 [WITN7060005] to discuss the response to Lord Archer's report and the question of a meeting with Lord Morris and others. The handling advice was:

> *"**Handling***
>
> *This is a sensitive issue, which although it has not received a high level of media coverage, has support from parliamentarians in both the Commons (especially Jenny Willott, secretary to the APPG on haemophilia), and the Lords (especially Lord Morris, President of the Haemophilia Society). It is likely that you will be lobbied about the Government's response, which is viewed as inadequate by those affected by HIV/hepatitis C and their supporters. In addition, we have also received notice of an application for a judicial review of the Government's response to Lord Archer's recommendation on financial relief for those affected."*

10.12 The submission set out a background summary of the key events. It said that those affected had campaigned for many years for more money (the submission alluded to the position in Ireland, where significantly higher payments were made to those affected) and for a public inquiry. The submission attached a summary of Lord Archer's recommendations and the Government's response to each [DHSC5071588]. Interested stakeholders had been highly critical of the Government's response. The main areas of criticism were listed as:

> *"• Although we are increasing the payments for those affected by HIV from an overall average of £6,400 a year to a flat rate of £12,800 per annum for those infected, this was considered to be nowhere near enough (Lord Archer described it as "tossing a bone to a dog")*
>
> *• That we should be increasing payments now to hepatitis C patients and their dependents — rather than just promising to review the Skipton Fund in five years time (ten years after its establishment).*
>
> *• The level of payments should be closer to the amounts paid in Ireland which are claimed to be an average of £1m per person (for both HIV and hepatitis C sufferers) and up to £5m per person in some cases."*

10.13 I was briefed to expect that the lobbying would continue. The submission noted that the key developments going forward would be the Andrew March judicial review, which had been served on the DH in the preceding days; the Penrose Inquiry in Scotland, which had begun in January 2009; and the Haemophilia Society's campaign. The submission recommended:

> ***"Recommendation***
>
> *• That Ministers maintain the position set out in the Government's response, published on 20 May 2009 (attached with Lord Archer's recommendations at Annex B)*
>
> *• That you accept requests to meet with parliamentarians to explain the Government position:*
>
> *o MS(PH)'s office is arranging a meeting with Jenny Willott and other MPs in the near future*
>
> *o You may also wish to meet Lord Archer and/or Lord Morris."*

10.14 There is a handwritten comment on this last bullet point where my APS, Pen Irving, wrote, *"You* [i.e. me] *said you would meet with both following Lord Morris' letter to you"*. I believe that the tick and the word *"yes"* against Pen Irving's comment is my handwriting. I underlined the word *"yes"* to indicate to my Private Office that it was a priority.

10.15 There is a later comment on the same document from another APS, Matt Baird, who on 9 September 2009 wrote: *"Andy, you are meeting Gillian* [Merron] *and Baroness Thornton to discuss Archer ahead of your meeting with Lord Morris."*

10.16 I met with Gillian Merron and Baroness Thornton on 10 September 2009 [DHSC5803265]. The follow-up note records that:

a) I wanted to invite Paul Goggins *"to explain his proposals eg about access to NHS services for those affected – to see if there was anything the NHS could do better"*;

b) Ministers were "*keen for some work to be done on the smaller points we can address such as working with DWP on the benefits forms."* This was to be pursued by Baroness Thornton;

c) Generally, there was a desire for Ministers to be more on the *"front foot"* on this issue – Gillian Merron was to report back on this.

(d) Meeting with Lord Morris, September 2009

10.17 I have been supplied with a copy of a letter to me from Lord Morris of Manchester, dated 3 July 2009 [DHSC0041307_006]. Lord Morris requested a private meeting to discuss the Government's response to the Archer Report. I followed up the letter from Lord Morris by having a private, one-to-one meeting with him in one of the tea rooms in the House of Lords.

10.18 From memory, the meeting with Lord Morris took place in September 2009, but it could have been later. At the time when we met, I acknowledge that issues related to the Archer Report were not at the top of my in-tray. But I had readily agreed to the meeting with Lord Morris as I had a huge respect for him and knew he was very close to my friend, Paul Goggins. The view that was being repeatedly conveyed to me by the Department, by verbal and written briefings, was that the matter had been dealt with by Alan Johnson's response just before my arrival. In truth, I believed that made it very difficult for me to do anything. However, my view began to change. The constituency protest was perhaps the start of that and the meeting with Lord Morris further compounded my feeling about the issue.

10.19 Whilst I cannot recall the precise detail of our discussion, I do have a clear recollection of the nature of it. Lord Morris was more direct than I had expected and the meeting left an impression on me. He made a passionate case that Labour of all parties could not leave this issue where it was, and that the treatment of the victims was in breach of natural justice.

10.20 I have not been supplied with any note of the meeting. I think that this was because it was a private, one to one meeting without civil servants in attendance.

(d) Meeting with Paul Goggins and others – January 2010

10.21 The Inquiry has asked me how my understanding was affected by a meeting with Paul Goggins MP, Dr Brian Iddon MP and affected haemophilia patients in January 2010. I am asked what happened at the meeting and whether I took any actions as a result.

10.22 I have been referred by the Inquiry to the following documents:

a) Email from my constituency office manager, Caroline Pinder, to my diary manager, Toby Brown, dated 1 December 2019 [DHSC6481027]. The email referred to the planned meeting and asked if I needed a briefing. My APS, Clare MacDonald, forwarded the email to Debby Webb, and sought a briefing on the background issues, the points likely to be made by those infected and asked for *"any strong defensive lines"* on demands that the group was likely to make (thus assuming that I would want to push back on requests made, even though I would not have been thinking of responding in that way). The email noted that I was *"quite familiar"* with the issue of contaminated blood.

b) Debby Webb replied to my APS and attached a submission dated 14 December 2009, which set out a briefing for my meeting with Paul Goggins and others [DHSC5190274]. At this stage the meeting was planned for December 2009, but in fact took place in January 2010. The briefing noted that Gillian Merron had met Brian Iddon and other MPs in October 2009. The briefing set out the Departmental lines on: (i) the increased HIV payments; (ii) review of the Skipton Fund; (iii) the argument for parity with Ireland; (iv) an anomaly with the Skipton Fund in relation to widows; and (v) access to insurance.

c) Second Written Statement of David Tonkin, dated 30 April 2020 [WITN1567008]. He was the Chair of the Manor House Group. Paragraphs 89 to 90 of his statement describe a meeting between me and members of the Manor House Group in 2010. His statement says that civil servants had advised me not to meet with them and that "*we* [the Manor House Group] *weren't allowed to tell a soul*". My understanding is that David Tonkin was not present personally at the meeting with Paul Goggins.

10.23 Throughout the second half of 2009, and into early 2010, the seed planted by the protest started to grow. My meeting in the autumn with Lord Morris had developed that feeling, as had conversations around Westminster with other MPs and Peers. But it was the request that came from two close friends – Paul Goggins and Brian Iddon – that finally led to a much deeper understanding on my part of the extent of the injustice that had been suffered by victims and a conviction that I needed to act to change things. This meeting was the first lengthy meeting with individuals who had been directly affected by these events and in which I really came to understand their experiences.

10.24 The impact that it had can be seen from the House of Commons debate on contaminated blood which took place on 15 January 2015 [RLIT0000771], where I spoke about the meeting with Paul Goggins and campaigners. I said: *"I had no real understanding of what they had been through, and were going through, until I sat down with them, at Paul's request, and listened to what they said."*

10.25 Equally, in an email that I sent to Carol Grayson on 26 November 2015, more than five years after I left my position as Secretary of State [WITN1055154], I wrote:

> *"I thought it might help if I set out my own involvement in this issue.*
>
> *I arrived in the Department of Health as Secretary of State in June 2009, shortly after the previous ministerial team had formally responded to the Archer Report. In the eyes of the Department, the matter was 'closed'. Any letters sent to me in that period would have been dealt with by civil servants and simply repeated the decision taken in respect of Archer.*
>
> *However, you are absolutely right to say that I was aware of the on-going anger amongst those affected, including the demonstration outside my office.*
>
> *Around that time, I was approached by the former MP for Wythenshawe and Sale East, Paul Goggins, to see if I would be prepared to sit down with a group of his constituents to hear first-hand from them about their experience in getting justice from the system.*
>
> *This meeting took place in January 2010. I have to be honest and say that, until then, I did not have a full understanding of the full extent of suffering and injustice. But that meeting changed my perspective on the issue and, as a result, I went back to the Department of Health and asked them to reopen the issue. At my instruction, the then Public Health Minister, Gillian Merron MP was asked to initiate a review of what more could be done to help. That review eventually reported after the General Election and, as a result, there were some improvements made to the various funds.*
>
> *However, I would be the first to accept that these changes were modest and did not go anywhere near providing a full answer. That is why, ever since, I have given my support to those campaigning for a full, fair and final settlement. Shortly before he died, Paul Goggins called a debate in Westminster Hall and you will see from the record of that debate that I attended and lent my support from the Frontbench. I have since spoken a number of times in the House on this issue.*
>
> *I hope this information is helpful and goes some way to explaining my own involvement and actions.*
>
> *I remain convinced that this is a major injustice and that those affected deserve nothing less than full truth and justice. I will continue to do whatever I can to help secure that."*

10.26 Turning back to the meeting: in setting out its proposed structure, Paul suggested that I set a few hours aside in the constituency office and do nothing more than listen to the experiences of his constituents. He knew of the work I had been doing with the Hillsborough families and suggested that I should give his constituents the same hearing. We finally met on a Monday morning in early January and I recall it was a time when there was deep snow across the country and my children's school was shut for the day. Given that there were also problems with travelling to London, it meant that I was under less pressure to get to London than would normally have been the case and, consequently, it meant the meeting in the Leigh office could proceed without the usual interruptions. Accompanying Paul were GRO-A and GRO-A from GRO-A who had been long-standing members of the Manor House Group. Brian Iddon was there, and I think he brought GRO-A with him. I believe that GRO-A and GRO-A were also present. As I said above, my understanding is that David Tonkin was not present.

10.27 I do recall asking those present not to disseminate the details of our discussion as I was not sure at that time what, if anything, I would be able to do to help given the imminence of the General Election. I did not want to raise the expectations of people who had been let down many times before. Two things from the meeting stand out in my memory and fundamentally changed my appreciation of the issues involved and the experience of those affected. Firstly, GRO-A and GRO-A spoke in detail of their dealings with the Skipton Fund and what they described as the indignity of it all. They explained how GRO-A would often need new personal items as a result of his condition – for instance, a new mattress – and they would have to apply with a detailed explanation of why in what they felt was quite a degrading way. That stayed with me. For the first time, I got an insight into the lives of those affected. People already harmed through no fault of their own and having to come to terms with the injustice of that, but then, in GRO-A words, were being "*forced to beg for scraps off the table*" and for very basic things to enable them to deal with the consequences.

10.28 Secondly, I can recall my profound sense of shock when GRO-A explained that the first time that she became aware of GRO-A Hepatitis B diagnosis was from a lawyer, not a doctor. She described how, when the families were considering litigation (in relation to Hepatitis C), GRO-A full medical notes were released to his solicitor in Liverpool. At a meeting in their office, the lawyer had casually mentioned the diagnosis when reviewing the notes and GRO-A interrupted to ask what that meant. It transpired that GRO-A medical notes reveal that a diagnosis for Hepatitis B had been made in 1977, and recorded on his notes, but this had never been communicated to him at the time. The first time that he and GRO-A had found out about it was at a meeting with their solicitor in 1994.

(e) Meeting with the Permanent Secretary

10.29 Following my meeting with Paul Goggins and others, I notified the Permanent Secretary that I wanted a meeting with senior officials to discuss contaminated blood issues. I think that this meeting took place in late January 2010 but in the context of a meeting that was called to discuss Departmental priorities. As far as I can recall, those in attendance included me, Gillian Merron, Hugh Taylor and other senior Departmental officials. My advisers have told me that extensive efforts have been made to find a record of this minute/ not of meeting, but, so far, without success.

10.30 I can recall raising both of the issues that had come over to me so forcefully in the meeting in my constituency office. On the issue of the failure to communicate the diagnosis, I asked officials whether there was a case for full disclosure of all official papers related to these issues as clearly there was something seriously amiss if patients had not been informed of a diagnosis of something as potentially serious as Hepatitis B. I drew a parallel with Hillsborough and the independent panel that had recently been established to oversee disclosure of all papers. In that case, we had specifically asked the panel to match any papers held at a policy level with instructions that may have led to an operational impact (i.e. amendment of police statements). On the basis of what GRO-A had told me, I wondered how a diagnosis could come to be withheld from a patient and whether any instruction or policy to this effect would be revealed in the paperwork.

10.31 Senior officials replied by saying that they had been fully transparent over the years and that all relevant documents were in the public domain and had been passed to the Archer Inquiry. At the time, I accepted what I was told.

10.32 On the issue of the Skipton Fund, I said waiting until 2014 for a review was unacceptable and that it must be brought forward. In the discussion that followed, the point was repeatedly made that there was no way of financing any enhancement of the fund following a review and that, if I was minded to proceed in that direction, difficult choices would have to be made. I specifically remember officials raising the idea of selling off the Blood Products Laboratory (BPL) as one way of financing the review. It occurred to me at the time that this was possibly one way of making me go cold on the idea of bringing forward the review as officials knew that this was an idea that I was unlikely to support.

(f) (Suggested) Meeting with Lord Archer

10.33 The Inquiry has referred me to an email from Alan Johnson's APS to policy officials, dated 13 March 2009 [DHSC0006756] and has suggested that I met with Lord Archer in March 2010. However, this email refers to a meeting on 11 March 2009 between Alan Johnson, Dawn Primarolo and Lord Archer; so this meeting in fact took place a year earlier, in March 2009, and was with Alan Johnson, not me.

10.34 The submission of 28 August 2009, [DHSC0041307_002] referred to above, also mentioned in passing the possibility of meeting Lord Archer. To the best of my recollection, I did not have a meeting with Lord Archer.

Q12: Changes to Government's response to the Archer report

11.1 I have been asked what involvement I had in the decision-making process regarding possible changes to the Government's 20 May 2009 response to Lord Archer's report, including bringing forward a review of the Skipton Fund. I have explained how I believe that this followed from the meeting with campaigners in January 2010.

11.2 The Inquiry has referred me to certain documents. Dealing with the following three documents at the outset:

a) Draft letter from me to Norman Lamb MP, in reply to his letter of 14 September 2009 [DHSC6476223]. The draft explained that Norman Lamb's constituent fell outside the criteria for the Skipton Fund because her father had died before 29 August 2003. It referred to the fact that we had committed to review the Skipton Fund in 2014. My Private Office asked for the draft to be amended to explain why it was appropriate to exclude the correspondent's father from the Skipton Fund [WITN7060005A]. I have not seen a final version of the letter.

b) Undated and unsigned officials' note about Secretary of State's agreement in relation to the Skipton Fund [DHSC0041266_044]. My advisers have identified that the reference in this document to a submission of 7 December is likely to refer to a submission of 7 December <u>2010</u> [DHSC0003814_090] [DHSC0041266_030], so this document likely dates from after my time in office.

c) DH Provisions and Contingent Liabilities 2011/12 [DHSC5700304]. It is apparent from the contents that this post-dates my time (see reference to (see *"As at 31 March 2012"*). I assume that the significance of this document to the Inquiry is the reference on page 4 to *"The Secretary of State announcement of a significantly enhanced package of financial support for those infected with hepatitis C in Jan<u>uary 2</u>010"*. However, I think this must be a typographical error: the announcement of the enhancements to the Skipton Fund was made by my successor, Andrew Lansley, on 10 January 2011 [SKIP0000057_050].

11.3 Possibly more helpful is the email correspondence between Gillian Merron's APS and Rowena Jecock, dated 24 February 2010 [DHSC6482184]. This refers to an *"earlier discussion"* that I had with Gillian Merron on contaminated blood, probably a reference to a meeting held with Gillian on 23 February. I wanted to know the options for bringing forward the planned review of the Skipton Fund – I have explained above how I had decided that it was not acceptable to wait for five years for this.

11.4 The email set out a series of action points. It is notable that these 'actions points' related exclusively to financial matters; I had raised the prospect of a disclosure process in the earlier January 2010 meeting, but it seems this was not picked up in the subsequent correspondence between officials.

11.5 An options paper for Gillian Merron was to be drafted by officials. I can see from the documents now supplied to me that Rowena Jecock was responsible for the initial work. Advice was sought from DH lawyers [DHSC6698792] and also from DH finance who said [DHSC5051039]:

> *"I am concerned about the costs for this because the last I heard, the 2010-11 budgets were still not in balance, so I think it will be very difficult to find this funding, especially as this is a very substantial funding pressure."*
>
> [...]
>
> *"We can discuss the payment for future years further. We secured this for Thalidomide because there was an economic case for doing so, but Treasury generally does not accept this approach, and has turned down other similar cases."*

11.6 On 3 March 2010, Rowena Jecock sent Gillian Merron (copied to my APS, Clare MacDonald) advice on two options: (1) a scheme similar to that announced for Thalidomide survivors or (2) bring forward the review of the Skipton Fund [DHSC0041307_015], plus annexes. The submission concluded:

> *"Because of the funding situation, we are unable to recommend that the review be brought forward. If you wish us to identify funding for this, then cuts will be required in other priority programmes."*

11.7 Email correspondence between my APS, Clare MacDonald, and policy officials, dated from 18 March 2010 [DHSC5616528] shows that on 18 March 2010, Debby Webb sent Gillian Merron a submission on options for reviewing the Skipton Fund [DHSC0041307_014]. The submission was copied to my APS, Clare MacDonald.

11.8 Gillian Merron's APS replied, saying *"SofS and MS(PH) are keen to take this forward and have asked for a meeting as soon as can be arranged".*

11.9 I subsequently met Gillian Merron, Rowena Jecock, Debby Webb and DH finance on 24 March 2010. I have been shown an email from Rowena Jecock to another official sent in advance of the meeting, which said [DHSC6513564]:

> *"You and I briefly discussed yesterday ministers' apparent intention to either address some of the SKF* [Skipton Fund] *anomalies in 10/11 or possibly to bring forward the entire review from the planned date of 2014 - both would have significant price tags attached., and major implications for both HIP budget and the wider departmental budget going forward.*
>
> *I had been pressing for senior representation from Finance at our meeting with SofS this afternoon. Note that Richard Douglas will now be attending."*

11.10 The following day, my APS (Clare MacDonald)'s circulated a read-out of the meeting to officials, which stated [DHSC5616528]:

> *"SoS and MS(PH) were clear that although they recognised this was a very difficult area, they were keen to take action on the issue of contaminated blood because they felt on a number of policy issues the Department's line could not be maintained. There was a broad discussion of a range of different policy options along with the associated risks.*
>
> *Ministers had a clear preference for Option B in the submission - bringing forwards in full the review of the Skipton Fund. They were attracted to the*

> *idea of placing a finite funding envelope on a review and of addressing anomalies with regards to widows, but were persuaded by the various legal risks that these options would be extremely hard to implement.*
>
> *Ministers have therefore urgently requested some further briefing on how the review could be brought forwards and what the broad scope of such a review would be - this should not be in the form of detailed terms of reference, but explore options for any constraints that could be placed on the review, what sort of timescales it would report to, and other ideas discussed in the meeting."*

11.11 I should emphasise that at this stage we were close to the General Election period. The system can be hard to move, but particularly so when it is close to the end of a Parliament.

11.12 A Written Ministerial Statement from Gillian Merron dated 6 April 2010 [ARCH0001105] subsequently announced that the review of the Skipton Fund scheduled for 2014 had been brought forward. We undertook that the review would begin as soon as possible in 2010 and would be independently chaired.

11.13 I believe that this commitment is what David Tonkin must have been referring to when he said in his second statement: "*Andy put something in motion that meant no matter who came in power in the May election they had to take a look at the Skipton Fund*" [WITN1567008] at paragraph 90.

11.14 Finally, I have been shown copies of email correspondence between my APS, Clare MacDonald, and policy officials, dated from 15 April 2010 [DHSC5618868]. The judgment in the Andrew March judicial review had just been handed down. My APS told officials that I wanted the Department line on the judgment to be made *"more sympathetic"* and to refer to the previous week's announcement on the Skipton Fund review. Officials were concerned to produce a line to take that was suitable for use in the pre-election purdah period.

11.15 As the Inquiry will be aware, on 6 April 2010, the then Prime Minister, Gordon Brown MP, called a general election. On 8 April 2010, Parliament was prorogued and on 12 April 2010 it was dissolved, in preparation for the General Election that took place on 6 May 2010. This resulted in the formation of the Coalition government. I had no further role as an office-holder in government after that date.

Q13: House of Commons debate, 15 January 2015

12.1 I have referred briefly already to the House of Commons debate on contaminated blood, which took place on 15 January 2015 [RLIT0000771]. In my speech I said:

> *I want to bring a new perspective to this debate—that of a former Minister who tried to do something; indeed, a former Secretary of State, because that is what I was at the time. I do not say this to blame any individual in the Department of Health, but more in terms of speaking as I found as I tried to lift the shutters that had been pulled down on an issue that the Department wanted to go away.*
>
> [...]
>
> *I do not detect the failure being caused by Members of Parliament or, indeed, Ministers; I have met many who want to resolve this in the right way. I have to say that in my experience the resistance is found in the civil service within Government. That is often the case in examples such as this; I found the same with Hillsborough too. It is very hard to move that machine to face up to historical injustice.*

12.2 On 25 April 2017, I made my valedictory speech in Parliament [RLIT0001578]. The greater part of the speech concerned steps that I felt should now be taken. However, I also spoke of my time in office. I said that *"At the instigation of the late Paul Goggins, I sought to reopen the whole issue, and I encountered a lot of institutional resistance, if I may put it that way"*.

12.3 I have been asked by the Inquiry to, first, set out what, as a former Minister, I *"tried to do"*. In this regard, I refer the Inquiry to the matters I set out in Section 3 above.

12.4 The Inquiry also asks me what resistance I encountered and whether I encountered resistance to the idea that the Government's response to Lord Archer's report should be changed or improved. I think this has been covered by my previous answers. During all of my time as Secretary of State, I got the strong impression that the Department did not want the position agreed by my predecessor to be in any way revisited. This much is evident in the advice not to meet protestors and the preparation of *"strong defensive lines"* for meeting with MPs, but it was also clear in my interactions with civil servants.

Q14: DH response to Lord Morris' Private Members Bill

13.1 I have been reminded that in November 2009 Lord Morris introduced a Private Members Bill, the Contaminated Blood (Support for Infected and Bereaved Persons) Bill, in the House of Lords to establish a compensation package for people who had been infected, their widows, dependants and carers. The Inquiry asks what involvement, if any, I had with the DH's response to Lord Morris' Bill.

13.2 I have been referred by the IBI to a number of documents, which set out the chronology as follows.

13.3 On 25 November 2009, a submission was sent by Rowena Jecock to Gillian Merron, which concerned the Contaminated Blood (Support for Infected and Bereaved Persons) Bill [DHSC6475096] and [DHSC0041240_016]. The submission was copied to Clare MacDonald in my Private Office. It explained that Lord Morris' Bill, introduced on 19 November 2009, was based on a number of the recommendations made in Lord Archer's report. The submission recommended that the Government should oppose the Bill. It advised:

> *"The majority of the proposals contained in the Bill are either already in place, or are being put in place, in one form or another. There is no need to legislate in this area."*

13.4 Rowena Jecock recommended that the Minister should write to the House's Legislation Committee recommending that the Government express reservations about the Bill in the House of Lords and oppose it should it reach the House of Commons.

13.5 I understand that the Bill passed through the Lords and was introduced to the Commons on 21 January 2010.

13.6 A further submission was sent from Debby Webb to Gillian Merron, dated 20 January 2010. This concerned an announcement of funding for thalidomide victims and the implication for those infected by contaminated blood [DHSC5025363]. This was copied to Matt Baird in my Private Office. The submission concluded,

> *"10. The Thalidomide apology and payment will increase the pressure on the Government's position in relation to haemophiliacs and others who acquired infection via blood transfusion — especially those with hepatitis C.*
>
> *11. However, because of the way the funding has been framed and the differences between the circumstances of each patient group, as outlined above it should be possible to maintain the current position in relation to haemophiliacs and others who acquired infection via blood transfusion."*

13.7 I have also been referred to an email to me from GRO-A dated 17 February 2010 [HSOC0017066]. The email urged me to sign an Early Day Motion that supported Lord Morris' Bill.

13.8 I have seen an email dated 12 March 2010 from Gillian Merron's APS to Rowena Jecock [DHSC0006615_132]. The email noted that Gillian Merron met Eddie O'Hara MP, the Bill's sponsor in the Commons, and Sylvia Heal MP in March 2010. I have been shown an email chain between Gillian Merron and her APS which suggests that Gillian Merron met Lord Morris on 11 March 2010 [WITN7060006].

13.9 My understanding is that the Bill was objected to on the three occasions it was presented for a Commons second reading. It fell when Parliament was dissolved ahead of the General Election of 6 May 2010.

13.10 Looking back on this now, what I remember is that I was not extensively involved in discussions around the Bill at the time it was introduced into the Lords by Lord Morris in late 2009. However, I do have a recollection of discussing it with Gillian Merron in the context of our wish to revisit the Government's position on the Archer Report. My memory is that we discussed whether we could change the Government's position to one of support for the Bill. In the end, we decided that would be difficult in that we have to write to other Government departments – including HM Treasury – and it would be difficult to secure such a change so late in the Parliament. Instead, we decided to pursue our plan of bringing forward the review of the Skipton Fund with any financial consequences to be met from within the Department and that was communicated to MPs and Peers who were calling on the Government to support the Bill.

Section 4: Response to the Andrew March Judicial Review

Q15: Government decision not to adopt recommendation for parity with Ireland

14.1 The Inquiry has referred me to an Oral Answer given by Gillian Merron on 23 June 2009 in reply to a Topical Question regarding a recommendation made in the Archer report for parity of funding with Ireland [DHSC0015671]. She said, "*I cannot accept the comparison with Ireland, because the Irish blood transfusion service was found to be at fault, and that was not the case here*". I am asked what my understanding was at the time regarding the reason or reasons for the Government's decision not to adopt the recommendation for parity with Ireland.

14.2 I see that the question was put by Brian Iddon. I am certain that the answer given by Gillian Merron would have been based on a departmental briefing. I have been shown a briefing from officials dated 2 June 2009, which was given to Dawn Primarolo and which takes a similar line [DHSC0041219_077]. The blunt line taken here, that there was "*no fault*", was something that I came to query later.

14.3 Alan Johnson was Secretary of State when the decision was taken not to adopt Lord Archer's recommendation that payments to those infected should be at least the equivalent of those payable under the Irish scheme (Archer Report, paragraph 6(h), Chapter 12). I cannot now recall receiving any detailed briefings on the reasons for rejecting the recommendation after I came into office.

14.4 The Inquiry refers me to two letters. First, a letter dated 5 June 2009 from Andrew March to William Connon, Head of Blood Policy [ARCH0000468] . The letter says it was copied to the Secretary of State for Health (Alan Johnson at the date of the letter, but me by the time it likely arrived). Secondly, a letter of reply dated 24 June 2009 from Dora East of the DH's Customer Service Centre [PMOS0000192]. Dora East's letter said:

> *"Payments made by the Republic of Ireland are a matter for that country and were introduced following a judicial inquiry which found failures of responsibility by the Irish Blood Transfusion Service and concluded that wrongful acts were committed.*
>
> *The situation in the UK was different* [...]"

14.5 I repeat the observations that I made above about "*Treat Official*" correspondence. The fact this letter was replied to by the Customer Service Centre suggests to me the letter and reply were probably not shown to me at the time.

been repeated in any briefings given to me. Indeed, Debby Webb's submission to me dated 28 August 2009, referenced above, said something similar about comparisons with Ireland at the bottom of the third page [DHSC0041307_002].

14.7 Reading the documents now, the general gist of the line taken about why the Government did not accept the case for parity with Ireland sounds familiar to me. I understood the Department's line but was not then in a position to query or investigate further. This was an area of policy overseen by junior ministers. There was a limit to the amount of probing I would realistically do on this issue in the time available, prior to my meetings with MPs and campaigners and my greater understanding of these issues.

14.8 I do remember the point about parity with Ireland being made in conversations with campaigners. We had inherited a culture of *ex gratia* schemes – at the time I had no evidence to say that approach was not justified. I was aware from what campaigners told me that interaction with the schemes could be demeaning but I did not know then that it was the wrong way to be doing things. I was being consistently told there was no evidence of any wrongdoing.

Q16: Approach to defending Andrew March judicial review

15.1 The Inquiry has referred me to a pre-action letter from Andrew March dated 25 August 2009 [DHSC0006611_151] and the subsequent claim for judicial review against me as Secretary of State for Health [DHSC0006609_003]. I am asked what approach was taken in defending this judicial review, the reasoning behind that approach and why the claim was opposed.

15.2 I have been referred to the following documents:

a. Briefing note dated 12 November 2009 headed "*Rationale for the approach adopted by the Government in responding to Recommendation 6 of Lord Archer's Report*" [DHSC0006772_008]. It sets out the history and the background, but it is unsigned and undated; there is no suggestion that it is a submission to my Private Office. The heading *"Contribution to DH Legal Services…."* suggests that it was written by officials, as s briefing for the DH legal

b. DH Commentary on Grounds for Judicial Review [DHSC0006772_010]. This summarised the claims in the legal Grounds or claim against the Department, which referred to the statements by Gillian Merron in the House of Commons on 23 June 2009 and 1 July 2009. The Claimants argued that Gillian Merron had mischaracterised the situation in Ireland (i.e. the reason why significantly more generous payments had been made in Ireland). That suggestion was resisted, but, again, there is no suggestion that this was a briefing to me.

15.3 I have no recollection of being briefed about, or involved in, the Judicial Review brought by Andrew March. If the Inquiry wishes to refer me to any further documents, I would be happy to consider them.

Q17: Response to outcome of Andrew March judicial review

16.1 I am told that Mr March's claim for judicial review was successful and the decision regarding the parity recommendation was quashed. I have been referred to the judgment of the High Court dated 16 April 2010 [DHSC0003819_011] . I have been asked what involvement I had had in the decision-making process to reconsider the recommendation for funding parity with Ireland.

16.2 I have already referred to the fact that on 8 April 2010, Parliament was prorogued. When Parliament was dissolved on 12th April 2010, in preparation for the General Election, I left the Department of Health and did not return. By the time the judgment was delivered, the election campaign was well established and the government was in "purdah". Ministers remained in office and in charge of their departments but there would be caution in making decisions of a long-term character.

16.3 During the period of the General Election campaign, only a small number of urgent issues were put to me by the Department for decision. I have been shown a submission dated 15 April 2010 that was sent to me by Debby Webb [DHSC5081242]. I do not now recall seeing the submission at the time. The submission advised me of the outcome of the judicial review and that the Department would seek permission to appeal so that the option of an appeal would be left open. The response to the judgment would have been delayed until the arrival of the new Ministerial team.

16.4 There was a submission (which I would not have seen) sent on 26 May 2010, i.e. after the General Election, about whether or not to appeal the Andrew March judgment [DHSC0003819_011]; that would presumably have 'kicked off' the process of reconsideration.

16.5 The Inquiry has referred me to a Written Ministerial Statement (WMS) dated 14 October 2010 [DHSC0006626]. This was after the General Election and my time in office. At that point, the new Parliamentary Under Secretary, Anne Milton MP, reconfirmed that Recommendation 6(h) (parity of payments to Ireland) would still not be accepted by the Government. The reason given in the WMS was affordability.

Section 5: Other Inquiries

Q18: Involvement in DH's engagement with the Penrose Inquiry

17.1 The Inquiry has asked me whether I was involved in DH's engagement with Scotland's Penrose Inquiry during my time as Secretary of State for Health.

17.2 I have been referred again to Debby Webb's submission, dated 28 August 2009 [DHSC0041307_002]. She identified the Penrose Inquiry as a key development in future campaigning in relation to the Government's response to Lord Archer's report. She said:

> *"... a public inquiry (the Penrose Inquiry), began in Scotland in January 2009 to examine the circumstances in Scotland surrounding the deaths of two patients who acquired infection from treatment with blood/blood products. An attempt was made by the petitioners to require the Westminster Government to join the Scottish Inquiry. This was unsuccessful, but the Department has committed to be helpful to the Penrose Inquiry, e.g. by making relevant documents available, where they are not already in the public domain, The Penrose Inquiry is expected to take at least two years. Although we cannot speculate on what Lord Penrose may conclude and recommend, it is reasonable to assume that his inquiry may increase the pressure on DH ministers to do more for those affected."*

17.3 Whilst I was therefore aware of the Penrose Inquiry, I cannot recall having any direct involvement in it during my time as Secretary of State.

Q19: Calls for a public inquiry

18.1 The Inquiry has asked what consideration I gave, during my time in office, to calls for a public inquiry.

18.2 Immediately prior to entering DH as Secretary of State, I had attended the 20th anniversary of the Hillsborough Disaster as Culture Secretary. I was aware of the feelings in Liverpool about the Government's failure to act on Hillsborough and agonised about whether I should attend. I debated the issue with my family and, in the end, took the advice of my younger brother, John, who said that I should go only if I was prepared to do something for the families. What I could realistically achieve for them was difficult, given that, as far as the then Government was concerned, the issue had been closed since 1998 and the publication of the Stewart-Smith Scrutiny. If I had written round the Cabinet requesting a public inquiry, then it would almost certainly have been opposed. So, I decided to come at it another way. Following a report in the Guardian by David Conn on the eve of the anniversary which revealed that police statements had been altered, I made a joint public call with Maria Eagle MP for the disclosure of all documents related to Hillsborough. My argument at the time was that, while justice would be hard to secure, the Hillsborough families at least deserved the full truth. I proposed the establishment of an independent panel to oversee the disclosure process and for a report to be written on the extent to which the disclosure changed public understanding of Hillsborough. I believed such a proposal would stand more chance of being accepted than a call for a public inquiry as it would be less costly and difficult for anyone to justify why the families should be denied the chance to know everything about the death of their loved-ones. On 16 April 2009, I put this proposal to a meeting of the Cabinet in Glasgow and, despite some opposition from those present, it was supported by the then Prime Minister, Gordon Brown MP, and the Hillsborough Independent Panel came into being in 2010.

18.3 The reason why this is relevant to my consideration of any further inquiry into contaminated blood is that it presented a similar scenario as Hillsborough – i.e. a long-standing and deeply contentious issue which the Government I was in had not properly reopened during the 13 years we had been in power. Changing the Government's position on these matters was clearly going to be very difficult, and particularly moving straight to a full public inquiry, given the costs that would be involved and the need for Treasury sign-off.

18.4 However, in January 2010, my plan in relation to Hillsborough was coming to a successful conclusion with the establishment of the Panel under Bishop James Jones. This was the backdrop to my meeting with Paul Goggins, Brian Iddon and their constituents in January 2010. At that meeting, I recall my shock when GRO-A said that she had only found out about her husband GRO-A Hepatitis B diagnosis in 1994 even though it was added to his medical notes in 1977. That was a crucial moment for me in my own understanding of contaminated blood. Similar to the issue of amended police statements, I believe this revelation presented an opportunity to reopen contaminated blood. I was aware of many other allegations from people who had been infected that information about diagnoses had been withheld from them. Many of the MPs and Peers I spoke to talked of medical records being mysteriously lost or whole sections being missing. When GRO-A made her comment, it was a moment of clarity for me. Just as I had argued that the Hillsborough families deserved to know the circumstances in which police statements had been altered, I believe GRO-A and GRO-A and many others in a similar position to them deserved to know the full circumstances as to how the diagnosis of a serious medical condition could be withheld from them.

18.5 When I returned to the Department to discuss the issues raised in the meeting, I asked officials to consider establishing an independent disclosure process of contaminated documents held at the hospital level, and every level above, so that families could at least have answers on some of these troubling questions about the handling of medical records. The answer from officials was that all significant documents related to the matter were already in the public domain and that the disclosure process would not achieve much. Given that we were getting closer to the dissolution of Parliament, I had to make a decision about what I could realistically achieve in the time left. I decided that bringing forward the review of the Skipton Fund was more achievable and would also send a clear sign to the next Parliament that issues related to contaminated blood were not resolved and would need to be looked into further.

Q20: Reasons why a public inquiry was not instigated

19.1 I have been asked about the reason or reasons why a public inquiry was not instigated at the time I was in office.

19.2 I have been referred to a submission from Rowena Jecock to Dawn Primarolo, dated 26 February 2009 [DHSC0011467] . This, of course, pre-dated my time as Secretary of State. The submission concerned Lord Archer's report, which had been published recently, and set out the Government's view on holding a public inquiry:

> *"This and previous administrations have maintained that an official inquiry was not necessary or justified, given:*
>
> - *the time that has elapsed*
> - *previous litigations and settlements - funds have been established to make payments to those infected with HIV and hepatitis C*
> - *we have issued a full review of all the papers to 1985, with relevant documents - the review found no evidence of any wrongdoing by government or the NHS*
> - *we have issued all available relevant official documents 1970-1985 - there is no need for an inquiry to find and set out the evidence*
> - *the lack of prospect of new lessons being learnt - the causes of contamination in the 1970s and 1980s are well known, and the necessary remedies have been in place for many years*
> - *and the high cost of a public inquiry (e.g. , Bristol Royal Infirmary, over £14 million; Royal Liverpool Children's (Alder Hey) inquiry, £3.5 million; Victoria Climbie inquiry, £3.8 million)."*

19.3 The Inquiry also refers me to a briefing from Rowena Jecock to the Private Offices of Alan Johnson and Dawn Primarolo, dated 10 March 2009 [DHSC0041157_052]. As indicated above, on 11 March 2009, Alan Johnson and Dawn Primarolo met Lord Archer. The briefing summarised Lord Archer's key findings on page 4. One of these was that:

> *"Successive Governments, as the report makes clear, have declined to establish an inquiry, which might have helped to identify problems earlier."*

19.4 One of Lord Archer's conclusions (as set out at page 6, Annex B, of the briefing was also set out: *"A full public inquiry should have been held much earlier."*

19.5 I have also been referred to a House of Commons library paper on HIV and Hepatitis C infection from contaminated blood and blood products, dated 13 July 2011 [MACK0002055]. At paragraph 2.4, the paper summarised calls for compensation and a public inquiry. Successive governments had argued that everything possible was done to minimise the risk of infection and that nobody acted wrongly given the evolving understanding of HIV and Hepatitis C at the time, and the balance of risks of treatment versus the possible severe complications of untreated haemophilia.

19.6 The paper pointed out that patient groups had contested this claim and lobbied for many years for both financial compensation and a public inquiry. Despite this, UK Governments had continued to resist calls for a public inquiry, arguing that there had been no wrongdoing and that existing support for victims is sufficient.

19.7 The Department's position as indicated in these documents continued during my time in office. As for my response to it, I think that I have addressed this in the response to Q19, above.

Q21: House of Commons debate, 26 March 2015

20.1 I have been referred to the Hansard record of a House of Commons debate on the Penrose Inquiry, which took place on 26 March 2015 [RLIT0001575].

20.2 For context, the Penrose Inquiry report had been published the previous day and the then Prime Minister, David Cameron MP, had apologised in the House of Commons on behalf of the Government.

20.3 During the debate, I set out my view that:

> *"The 2010 to 2015 Parliament will be remembered for some extraordinary work to right historical wrong—on Bloody Sunday, on Hillsborough, on child abuse—but as it comes to an end this Parliament has not made enough progress on perhaps the greatest injustice of them all: the loss and ruination of many thousands of lives through the use of contaminated blood."*

20.4 It is clear from my speech that I believed that the Penrose Inquiry had left many questions unanswered and that far more needed to be done for those affected by contaminated blood:

> *"Given that, as my hon. Friend says, Penrose does not answer all the questions, and nor does it apply accountability to those who made decisions in this regard, does the Minister think there now needs to be a further process of inquiry in the next Parliament to produce that accountability? Finally, while we cannot bring about a resolution today, does the Minister agree that the best thing we can say to the many thousands of people affected who will be watching these proceedings is that we will work together across the House in the next Parliament to bring a full, fair and final resolution to this terrible injustice?"*

20.5 The Inquiry asks what led me to conclude that a further process of inquiry was necessary.

20.6 In the 2010 to 2015 Parliament, beyond my Shadow Cabinet and constituency responsibilities, most of my time was taken up pursuing issues related to Hillsborough. But, recalling my conversation with GRO-A in my constituents, I was very clear that those affected by the injustice of contaminated blood had not had all their questions answered – just like the Hillsborough families. Why had they not been informed of a Hepatitis B infection? Families did not just need on-going financial support but also a wider process of truth and reconciliation.

20.7 As Shadow Health Secretary, it was in my gift to make a commitment to this. On 29 October 2013, I made a point of attending Paul Goggins' Westminster Hall debate on Hepatitis C and placing it on the Parliamentary record that I would institute a further process of inquiry if I were to return as Health Secretary. I made the same point at the Despatch Box on 26 March 2015 in my question to the Minister. I did this because I knew tha GRO-A and GRO-A were not alone. There were a great many people who had not been informed of a diagnosis of Hepatitis or HIV. There were repeated allegations from families that medical records had been withheld, lost or deleted. As far as I knew at that time, there had not been a definitive inquiry into these claims, whether they were true and, if they were, how such actions had come about.

20.8 In July 2015, during a Commons debate on Contaminated Blood, I called for a panel on the Hillsborough model to review documents released by the Government [RLIT0001576]. I envisaged a process that could look at how Government records link all the way down to records held at the local level, like medical notes.

Section 6: Campaigning work

Q22: Engagement with infected blood issues

21.1 I have been asked to describe how my engagement with infected blood issues has evolved over the time since I was Secretary of State for Health.

21.2 My engagement with infected blood issues, and understanding of them, grew in every one of the 16 years I was in Parliament and culminated in the valedictory speech I made on the 25 April 2017.

21.3 In my first term in Parliament, from 2001 to 2005, I had limited dealings with the issue beyond a small number of constituency cases. At that time, I was much more closely involved with the Coal Health Compensation Scheme, as an MP for a former mining constituency, however my knowledge of that issue later would later become valuable in helping me understand what was needed in the case of contaminated blood.

21.4 In my second term, from 2005 to 2010, I have described how my involvement and understanding increased significantly during my time as Secretary of State when dealing with the aftermath of the Archer Report. I was taken somewhat aback by the anger I saw at the protest outside my office, and later in an intense encounter with Lord Morris, but it was only when I had the long meeting with Paul Goggins, Brian Iddon and their constituents that I began to see the full picture. When GRO-A said that her husband's Hepatitis B diagnosis was withheld from him and the family for 17 years, that was a very significant moment for me.

It was the point at which I began to question whether the Department's line was right or justifiable.

21.5 In the reply I sent to David Tonkin dated 16 July 2009, which was drafted by officials for my signature, I said:

> *"As Lord Archer acknowledges, there is no evidence that individuals were knowingly infected with contaminated blood and blood products. Although there was recognition at the time among the medical community that there was some degree of risk, it was not possible to test donors for these infections. The overwhelming consensus amongst the experts was that the risks were outweighed by the benefit that these new treatments brought."*

21.6 In early 2010, following the meeting in Leigh, I began to have serious doubts about this statement. If it was true, why would the details of a new infection be withheld from a patient? And wasn't the failure to inform a patient of a new diagnosis, even though it was recorded on medical records, a very serious offence?

21.7 As Secretary of State, I have to admit that I had left things too late to open these questions up. I concluded that the best I could do was bring forward the review of the Skipton Fund.

21.8 In my third term, from 2010 to 2015, the Parliamentary record shows that I began to call consistently for a much fuller process of truth and reconciliation (see, for example, my contribution to Paul Goggins' Westminster Hall debate on Hepatitis C on 29 October 2013). Beyond my statements in the House, I was working very closely with members of the All-Party Group, particularly Diana Johnson MP and Alistair Burt MP, who were beginning to make progress with the Coalition Government. The word was that real headway was beginning to be made and hopes were rising of a major breakthrough. The publication of the Penrose Report would be the catalyst for a change in the Government's position. But, when it came, it is fair to say that it was a disappointment to many and, as the exchanges in Parliament on it show, a real sense that it hadn't moved things forward in the way expected.

21.9 In my fourth and final term, from 2015 to 2017, there was a raised level of activity on the issue from all MPs. The second Hillsborough Inquest was coming to a conclusion and that gave hope to blood campaigners that a breakthrough could be achieved despite the passage of time. The word in Parliament was that, following the national apology from David Cameron at one of the last PMQs before the General Election in 2015, there would be an early move to put in place a range of new measures to support people. However, it would seem that this work was disrupted by the political turbulence of the period in question. At his last PMQs in July 2016, David Cameron promised welcome extra support for people, around £125 million, but it was generally felt to have fallen far short of what was expected and left a great sense of despondency amongst those affected and their families, campaigners and MPs.

21.10 While I was doing what I could to support them, my main focus in the middle of 2016 was Hillsborough, as the inquest was soon to reach a conclusion. That came in April 2016 and recorded a verdict of unlawful killing after 27 years of campaigning by the families. It was shortly after this that I received an approach from the Chair of the All Party Group, Diana Johnson MP. Would I come to the group to speak to them about the Hillsborough campaign, the parallels with contaminated blood, and whether there was any learning that could help them?

21.11 I took this request extremely seriously and thought long and hard about what Diana was asking me to address. I knew the All Party Group, and the many thousands of people they represented, were feeling very deflated at that time and were struggling to see a way forward. How could I lift them?

21.12 I had always felt that the big problem around the Parliamentary campaign on blood was that it was overly focused on finance. From time to time, the

Government would throw a few scraps off the table to ease any pressure, but it rarely stopped to ask how we got to this position in the first place. With Hillsborough, I had managed to reopen it by putting a proposal to the Cabinet that at very least the families deserved answers, the full truth no matter how difficult it might be. In answer to Diana's question, I suggested to the All Party Group that they should do exactly the same. Go back to the beginning and demand the full truth.

21.13 With Hillsborough, the evidence I had that people had not been given the full truth was the emergence of police statements that had clearly been amended. I saw a direct parallel with the medical records of people who had been infected by contaminated blood or blood products. One of the things common to all MPs was they were in receipt of testimony from constituents reporting medical records being withheld, deleted, lost or even amended. There were thousands of such claims. There were others, like GRO-A and GRO-A who had not been told of a diagnosis. Just like the Hillsborough families, they had not been given the full truth. Why?

21.14 By the time that I addressed the group, I was preparing to leave Parliament having been selected as the candidate for Mayor of Greater Manchester. From all of the work I had done on justice campaigns, from Bloody Sunday, Hillsborough to contaminated blood, I was clear that the same pattern of events keeps repeating. A major disaster or act of harm happened. The State would form a narrative to protect itself reputationally or financially. It would have access to all the levers of power to entrench that narrative at inquiries or inquests. And then families would be left fighting for years in the wilderness to try and unpick that narrative and get some form of redress. While we could individually help the Hillsborough families or those infected with blood, what was needed was a complete rebalancing of the system to prevent this pattern repeating and recurring long injustices that have scarred this country. This is what the Public Authority (Accountability) Bill was intended to do. I discuss this further below at Q23 and Q25.

Q23: Public Authority (Accountability) Bill, March 2017

22.1 On 29 March 2017, I introduced the Public Authority (Accountability) Bill (or *"Hillsborough Law")* to the House [RLIT0001577] . I have been asked to describe the circumstances in which the Bill was prepared, and what happened to it.

22.2 I can see that, after the debate on 27 March, the bill was due to be presented again on 12 May 2017. However, by that date Parliament had been dissolved, in preparation for the General Election that took place on 8 June 2017. The continuing campaign for a Hillsborough law is addressed at Q25 below.

Q24: Valedictory speech in Parliament, 25 April 2017

23.1 I have been asked to explain my valedictory speech in Parliament [RLIT0001578] and to explain:

a) Why I chose to focus on infected blood issues.

b) My basis for describing "a criminal cover-up on an industrial scale."

c) The parallel I drew with the Hillsborough disaster.

23.2 When I presented the Public Authority (Accountability) Bill in March 2017, I made mention of contaminated blood and the Hansard record shows that I had already determined to make one final speech to the Commons on the subject. I chose to do so because, at the end of my Parliamentary journey, considering everything I had seen, I had a strong sense of the collective failure of Parliament to right what is a colossal wrong. By focusing on the financial aspect, I had come to the conclusion that Parliament had spectacularly missed the point – just as it had with Hillsborough for all those years. As I indicated in my speech, I felt a sense of guilt about that and said I wanted to "*break through that impasse*". I had been too slow to act and therefore was going to do my very best, on the last chance I had, to lay out the truth as I had come to see it informed by my experience and understanding. I felt I owed that to all those affected and to my friend Paul Goggins who had passed away three years before and to whom I had made a promise to fight this injustice.

23.3 The content of the speech had started taking shape in my mind about one month before – in February 2017 – when I had received a letter from Mrs GRO-A GRO-A following my attendance at the All Party Group [WITN7060007]. I cannot overstate the importance of this letter nor the effect it had on me.

23.4 Mrs GRO-A explained how her husband went from being a Haemophiliac patient with Non-A NonB Hepatitis to be classified as a clinical alcoholic on his medical notes – without his knowledge. He was denied a liver transplant and died in 1998. But, as she explains in her letter, Mrs GRO-A husband did not drink alcohol. She also points out that, at the time some of these untrue claims were added to his medical notes, the medical profession would not have expected families to be able to access them.

23.5 The reason why Mrs GRO-A letter had such an impact on me was that, finally, the connection with Hillsborough had become abundantly clear: the use of alcohol as a way of switching blame to victims.

23.6 I knew that Mr GRO-A plight was not isolated. Parliamentary colleagues spoke of multiple examples of constituency cases where there were gaps in medical records or claims that they had been lost. There was talk of epic battles by those affected to gain access. But Mrs GRO-A letter was the first time I had seen evidence of false medical records.

23.7 As part of my preparation, I began to ask colleagues for cases that I could use in my speech where individuals' records were incorrect or withheld and people were not informed of tests carried out nor their actual diagnosis. I gave examples of three cases in my speech, including Mrs GRO-A As I made clear, it is my view that it should be a criminal act to falsify records or withhold a diagnosis from a patient, as had happened to GRO-A and GRO-A all those years ago. As Nicola Enstone-Jones, one of the individuals I quoted in the Commons, and who has given a statement to the Inquiry [WITN1756001], said in an email to me: *"Perhaps there is different medical ethics for us? Ones we know nothing about, ones where if you are born with a bleeding disorder your human rights are taken away."* [WITN7060008].

23.8 So, as part of my preparation for the speech, I had established what I believed to be a widespread activity, at the hospital level, of withholding critical information from patients who had been tested and infected without their knowledge. What I hadn't at that point established was how this practice came to be so widespread. It felt to me that it was clearly coordinated and the fact that it was implied to me that there was guilty knowledge at that level of the harm that had been done. What I set out to find as part of my research for the speech was whether there was any evidence of advance knowledge at a higher level of the risks that were being taken with people's health.

23.9 As part of my research, I came across two documents which I believe provided evidence of this. The first was a letter sent in 1975 by Stanford University's medical centre to the Blood Products Laboratory, the UK Government's wholly-owned blood products operation, warning of the risks of the new Factor VIII products [CBLA0000249]. The second was a circular from the Oxford Haemophilia Centre to all centre directors in England, sent in 1982, which suggested studies in human beings of some of the more recent products to test their levels of infectivity [HCDO0000252_042]. I believe that these tests were conducted without the knowledge of the risks on the part of the patients affected.

23.10 When I was summarising the evidence that I had presented to the House, I thought very carefully about the words I would use to describe what it told us. I didn't want to be alarmist but nor did I want to minimise it; it just had to be accurate.

Just over five years on, I stand by what I said: this was a criminal cover-up on an industrial scale.

23.11 I believe the cover-up relating to medical records results from the knowledge that there clearly was in the system: knowledge of the risks that were being taken with the new products being used. Can widespread human trials of suspect products ever be justified without explaining clearly to those participating of the risks involved?

23.12 This brings me back to the view that I had formed in early 2010, without all the evidence at the time, that the official line that the Department of Health had pursued through the 1970s, 1980s and into the Government in which I served, was unsustainable. Looking back, I am concerned that the letter I signed and sent to David Tonkin, prepared by the Department and repeating the official line, was not accurate. I believe there is in fact evidence that it was known that individuals were likely to be infected, with contaminated blood products being given to them. More than that, I believe there is plentiful evidence that, once those infections had occurred, the patients involved were not informed of them. I cannot see how that is anything other than gross and wilful negligence.

23.13 I said earlier in my statement that my experience as a new MP dealing with the Coal Health Compensation Scheme eventually became helpful in understanding contaminated blood. In the case of coal, it was the emergence of evidence that the authorities knew of the risks to health of breathing in coal dust, but still failed to provide miners with PPE, which led to the establishment of a statutory compensation scheme. The date when that evidence was presented to the Government became the date of "guilty knowledge". In the case of blood products, the date of "guilty knowledge" is arguably 1975 when the authorities here were in receipt of the stark warning from Stanford University. For this reason, the decision to set up only ex-gratia financial support schemes for victims of contaminated blood is flawed. Like other countries, the UK Government should have set up a full statutory compensation scheme decades earlier.

23.14 On 2 May 2017, I wrote to the then Parliamentary Under Secretary of State for Health in the Lords, Lord O'Shaughnessy, enclosing copies of the documents that I referred to in my speech on 25 April 2017 [WITN7060009].

Q25, 26: Hillsborough Law campaign and statutory duty of candour

24.1 The Inquiry refers me to the Hillsborough Law campaign and the proposed statutory duty of candour. I am asked what difference such a duty would have made to those infected and affected by contaminated blood and what difference might it make in future.

24.2 At Q23 above, I was asked about the Public Authority (Accountability) Bill. The Bill was drafted with the help of Pete Weatherby QC and Elkan Abrahamson who had both been closely involved with the Hillsborough inquest. By placing a strong duty of candour on all public authorities, and public servants, it would create a situation where the truth following adverse incidents was more likely to be told at the first opportunity. It also proposed parity of legal funding for bereaved families at inquiries or inquests with state bodies to create a level legal playing field. In my view, such a reform would create a learning approach which would improve public services, prevent public money having to be spent on public inquiries many years after the fact but, most importantly, spare harmed or bereaved families the retraumatising effect of having to fight in the wilderness for so many years.

24.3 The Bill draws its legitimacy from a report produced by Bishop James Jones in November 2017, entitled *"'The patronising disposition of unaccountable power:' A report to ensure the pain and suffering of the Hillsborough families is not repeated"*.[1] His report was commissioned by the then Home Secretary, Theresa

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[1] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/655892/6_3860_HO_Hillsborough_Report_2017_FINAL_WEB_updated.pdf

May MP, following the second Hillsborough inquests in 2016. His report described three crucial points of learning: a charter for families bereaved through public tragedy; proper participation of bereaved families at inquests; and a duty of candour for police officers. As far as I am aware, the Government has yet to respond to Bishop Jones' report.

24.4 The Bill has not progressed since I left Parliament. But another Bill linked to Hillsborough, called the Public Advocate Bill, has been proposed by Maria Eagle MP. This Bill would establish an independent body to act in favour of bereaved families where major tragedy occurs. There is now a proposal to consolidate these two Bills into a single piece of primary legislation, combined with other measures, and the campaign in favour of that is known as the "Hillsborough Law" campaign. I believe many of the measures in it, particularly the duty of candour and the public advocate, would have been useful to those affected by infected blood.

24.5 I believe that the measures that I have outlined above would supplement the legal and ethical duties that already exist in the healthcare sphere and strengthen the prospects of their effective implementation. I understand that in the case of healthcare professionals, such as registered doctors and nurses, there are duties of candour imposed by the professional regulatory bodies. So, for example, the GMC requires that:

> *"Every health and care professional must be open and honest with patients and people in their care when something that goes wrong with their treatment or care causes, or has the potential to cause, harm or distress. This means that health and care professionals must:*
>
> - *tell the person (or, where appropriate, their advocate, carer or family) when something has gone wrong…."*

In addition, there is a statutory duty of candour, brought into effect in 2014 for NHS Trusts and in 2015 for all other care and health providers. The leaders of health and social care organisations – the registered manager or the registered provider, within the care sector, or the leaders of an NHS Trust - have a legal obligation to give patients or their families proper information about *"notifiable safety incidents"* – incidents that have or could have caused death or harm. These leaders are responsible for ensuring, in turn, that their employees and staff discharge the duty. However, the proposals that I have supported would widen duties of candour to public authorities and public servants outside and sitting above the health and care sector, as well as supporting families and other affected groups in inquests and other investigations. My hope is that this would complete the Sir Robert Francis duty of candour by extending the duty right to the top of the tree.

Section 7: Other issues

Q27: Parliamentary contributions in role as Secretary of State for Health

25.1 At this stage I cannot locate any statements, speeches or interventions made by me in Parliament during my tenure as Secretary of State for Health, insofar as relevant to the Inquiry's Terms of Reference.

Q28: Parliamentary contributions in Opposition

26.1 The table below sets out a chronological list of all statements, speeches or interventions made by me in Parliament during my time in Opposition, insofar as relevant to the Inquiry's Terms of Reference.

Period in Opposition – 7 May 2010 to May 2017

Period in Opposition – 7 May 2010 to May 2017			
29 October 2013	HC Deb 29 October 2013 Vol 569 Hepatitis C (Haemophiliacs) - Hansard - UK Parliament	Oral Answers (Commons)	Hepatitis C (Haemophiliacs)
15 January 2015	HC Deb 15 January 2015 Vol 590 Contaminated Blood - Hansard - UK Parliament	Oral Answers (Commons)	Contaminated Blood

Period in Opposition – 7 May 2010 to May 2017			
20 July 2015	HC Deb 20 July 2015 Vol 590 Contaminated Blood - Hansard - UK Parliament	Oral Answers (Commons)	Contaminated Blood
25 April 2017	HC Deb 25 April 2017 Vol 624 Contaminated Blood - Hansard - UK Parliament	Oral Answers (Commons)	Contaminated Blood

Q29: Any other comments

27.1 I do not have anything further to add to the matters set out above.

Statement of Truth

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

GRO-C

Signed……………………………………………………………………

Dated……24 June 2022……………………………………………