FURTHER PRESENTATION NOTE ON GOVERNMENT DECISION-MAKING IN WALES

1. This presentation note should be read in conjunction with the Inquiry's earlier written presentation **[INQY0000364]** and the oral presentation on 18 July 2022 **[INQY1000229]**. The purpose of this additional note is to describe for Core Participants such further evidence as the Inquiry has been able to identify and/or obtain regarding government decision-making in Wales.[1]

Lord Barry Jones

2. Lord Jones (then Barry Jones MP) was Parliamentary Under-Secretary of State in the Welsh Office between 1974 and 1979. John Morris MP (now Lord Morris) was the Secretary of State for Wales.[2] Lord Jones has provided a written statement to the Inquiry **[WITN5708001]**, in which he explains that the Welsh Office was *"the youngest UK department (other than the Northern Ireland Office) ... The Welsh Office in Whitehall was far from its Civil Service in Cardiff, which was broadly structured like a Whitehall department, with a few tweaks... It was very much a territorial department ..."*[3] **[§11]**. Further:

> *"The role and function was very challenging. It was a recent department with a broad portfolio and a distinct national identity. Its civil service had to face up to bigger departments, the Cabinet Office and the Downing Street apparatus. On the face of it the Welsh Office was autonomous. We were not a junior department but others always had a greater depth of research, massive staffing*

[1] This presentation note does not address the evidence which the Inquiry has received regarding more recent decision-making in Wales, some of which was explored during the Inquiry's hearings in May 2021 which examined the current financial support scheme and issues relating to parity. A list of relevant statements regarding the scheme in Wales is, however, appended to this note.
[2] The Inquiry has not been able to obtain a statement from Lord Morris.
[3] The post of Secretary of State for Wales was created in 1964.

and history. This was pre-devolutionary governance and Wales would make use of English resources where appropriate. In practice it was independent but our loyal conscientious Welsh officers would liaise with their Whitehall counterparts on the implementation of Government policy. Constitutionally it was a half-way house, as there were 'excepted subjects' e.g. Defence." **[§12]**

3. The Welsh Office had a number of major portfolios, including health. In his statement Lord Jones explains that there were eight recently created area health authorities and that the minister would chair monthly meetings with the eight chairs of the area health authorities **[§14]**.

4. The Welsh Office's budget would be negotiated between the Secretary of State for Wales and the Chief Secretary to the Treasury, which was, according to Lord Jones, *"never easy, especially so from 1974-79"* **[§16]**. If the Secretary of State (or Lord Jones) wished, on advice from the civil service, to implement a Welsh health initiative, *"he would usually have to find the funding from within Wales' budget"* **[§17]**. In terms of the relationship with the DHSS, and the latter's influence on health policy, Lord Jones observes as follows **[§18]**:

> *"DHSS was always a giant department compared with the Welsh Office, a small new department. The broad relationship one guesses would not be easy but [the Secretary of State for Wales] would always cope with this. Whilst Wales might have had some wriggle room on policy, it would not have a lot more. I do not recollect blood crossing my desk but presume that it must have done. In so far as the DHSS took major responsibility then the detail of blood, blood products, haemophilia and other bleeding disorders, and hepatitis, would be in the purview of senior civil servants in Cardiff. DHSS would always take the lead in handling both public concern and when these matters were raised in Commons' debates."*

5. The Chief Medical Office (CMO) for Wales during Lord Jones' time as minister was Dr Richard Bevan followed (from 1978) by Dr Gareth Crompton[4]; Lord Jones recalled

[4] The Inquiry has not been able to obtain a statement from Professor Crompton.

meetings with both of them **[§39]**. In response to a question from the Inquiry about the extent to which it was the CMO's responsibility to inform ministers about risks to public health, Lord Jones has explained that *"It was a principal necessity for the CMO to inform either the Ministers' officials or possibly the Minister directly about such risks"* **[§35]**. In terms of the CMO's role in shaping policy or informing ministers of policy options, he stated that *"They sometimes sought to see me and give their view"* **[§36]**. The CMO *"certainly did"* have responsibility for issuing guidance, advice or instruction to clinicians **[§37]**; Lord Jones believed it was also *"their duty"* to issue guidance or advice to patients or the public **[§38]**.

6. A list of Welsh Office documents identified during searches in 1990 in the context of the HIV Haemophilia Litigation **[DHSC0042607]** includes a letter dated 8 April 1975 from Lord Jones to Raymond Gower MP (MP for the constituency of Barry in South Wales). The letter is described as *"stating an intention to make the NHS self-sufficient as soon as possible (in AHG concentrate)"*. The Inquiry has not been able to locate a copy of that letter and (unsurprisingly) Lord Jones has no recollection now of its content **[§45]**.

Professor Stephen Palmer

7. Professor Stephen Palmer (then Dr Palmer) was appointed as PHLS CDSC's first medical consultant epidemiologist for Wales, taking up post in May 1983 and continuing in that role until 1998. Between 1992 and 1998 he was head of CDSC Wales on a part time basis whilst also Director of the Welsh Combined Centres for Public Health in the Welsh National School of Medicine. Professor Palmer has provided a statement to the Inquiry which is in the process of being finalised; it will be disclosed to Core Participants as soon as practicable **[WITN7654001]**.

8. Prior to taking up his role in Cardiff, Professor Palmer was seconded to the CDC in Atlanta from late 1982. He was in the Division of Enteric Diseases but attended weekly briefing meetings where the earliest reports of AIDS were shared. He observes that *"The risk groups became evident quickly including reports of patients with haemophilia developing AIDS. Though the cause of AIDS was not known, the most likely scenario was transmission following a Hepatitis B model"*.

9. In terms of access to medical literature, Professor Palmer explains that the PHLS ran an excellent abstraction service and that all key medical journals (including Morbidity and Mortality Weekly, the New England Journal of Medicine, the Lancet and the British Medical Journal) were reviewed each week and a listing of notable articles circulated.

10. Although based in Cardiff, Professor Palmer was a member of the epidemiological team of CDSC directed by Dr Spence Galbraith and he reported to Dr Galbraith (and after his retirement, to Dr Chris Bartlett). In Wales, Professor Palmer's role included supporting the professional team of the CMO (Dr Gareth Crompton and then Dame Deirdre Hine[5]). In this capacity he acted as Welsh Office observer on various government scientific and medical committee meetings, including the Advisory Committee on Dangerous Pathogens and the Advisory Committee on Hepatitis. There were also weekly Friday morning internal meetings of the professionals within the CMO's department, chaired by the CMO, where information was shared on emerging issues and reports of meetings. The greater part of his time was devoted to supporting the NHS and local authorities in Wales by developing epidemiological surveillance of communicable diseases, undertaking field investigations, giving advice on the management and control of incidents and supervising training in field epidemiology.

11. When Professor Palmer took up his post in 1983, he was the only CDSC epidemiologist in the regions. He describes information sharing, both formally and informally, as the *raison d'être* of CDSC. At this stage Dr Galbraith was personally handling matters to do with AIDS, but was GRO-A with the result that Professor Palmer attended some early scientific meetings on his behalf, including the meeting of the MRC's Working Party on AIDS on 10 October 1983 **[CBLA0001749]** and the WHO Europe Conference on AIDS in Europe, in Aarhus, on 19-20 October 1983. Following the latter meeting, Professor Palmer sent a minute to Dr Crompton on 27 October 1983 **[HSSG0010056_053]**. That minute referred to endorsement of the CDC recommendations which amounted to treating AIDS on the Hepatitis B model in respect

[5] The Inquiry expects to receive a statement from Dame Deirdre Hine. That statement may not be received in time for the finalisation of this note, but once received will be disclosed to Core Participants and then published on the Inquiry's website.

of the management of the disease in hospitals, laboratory specimens and similar settings. Professor Palmer thought that this was already accepted by Dr Crompton as the best working model and that the Aarhus meeting, and his note of it, would not have had any particular influence on policy in Wales.

12. Professor Palmer does not recall being party to decisions about blood and blood products although he would have discussed the probable sources of infection of AIDS with Dr Crompton and his colleagues. The Welsh Office looked to Professor Bloom, as Director of the Haemophilia Centre in Cardiff, and to Dr Napier, as Director of the Regional Transfusion Centre, for specialist advice, as well as to the Department of Health. Professor Palmer did not have a direct working relationship with Professor Bloom or Dr Napier: he attended one or two meetings where they were present and had one visit to Professor Bloom's office to follow up an offer from Dr Galbraith in 1985 about epidemiological studies **[DHSC0002269_043].**

13. Professor Palmer does not have any recollection of discussions with Dr Galbraith in relation to the latter's proposal, in May 1983, that there should be a withdrawal of blood products from the USA **[CBLA0000043_040]**; he adds that Dr Galbraith GRO-A GRO-A was not able to be present at CDSC over the period, although the subject would most likely have been aired at CDSC internal meetings.

14. Professor Palmer attended a meeting on 19 November 1984 convened by Dr Crompton and attended by (amongst others) Professor Bloom and Dr Napier **[HSSG0010054_008]**.[6]

15. In relation to the role of the CMO, it was Professor Palmer's understanding that the CMO was responsible for advising senior civil servants and ministers about public health risks; that the CMO contributed to policy development, drawing on advice from expert committees, the Department of Health and his and his team's own expertise; that the CMO would issue advisory letters to the medical profession in Wales on all medical matters (in consultation with the other CMOs in the UK, especially CMO England, so

[6] Professor Palmer did not see the briefing note prepared for ministers following the meeting **[HSSG0010054_005]**

that there was a coordinated national approach); and that in general terms the CMO would have been involved in advising senior civil servants on the need for health promotion messages for the public and would be involved in advising the director of the NHS in Wales on the need for advice to patients.

16. Professor Palmer was not directly involved in developing policies on blood, blood products and the response to risks of HIV/AIDS; the focus of the meetings he attended was more to do with the sexual route of transmission, although he *"would have identified the growing evidence that transmission was following the model of Hepatitis B, and therefore likely to include blood-borne transmission as well"*.

Lord David Hunt

17. Lord Hunt (then David Hunt MP) was the Secretary of State for Wales between May 1990 and May 1993 (and again for a very short period from late June to early July 1995). In his written statement to the Inquiry **[WITN5583001]** he explains that he was nominally in charge of, and accountable for, health policy in Wales but *"day-today responsibility was delegated to a junior minister"*, *"operational matters were the day-to-day responsibility of officials"* and *"ministers would generally operate on the basis of their advice, especially when matters were technical (or scientific) in nature"* **[§20]**.

18. The discretion (or room for manoeuvre) that he enjoyed as Secretary of State was, according to Lord Hunt, *"in practice very limited in most instances, except at the margins of policy"*:

> *"Where there was any significant departure from England policy ... there was always a clear "Welsh dimension" to justify the difference of approach (and in many instances the expenditure involved was relatively low). I have no recollection of there being any distinctive "Welsh dimension" when discussions about Infected Blood took place. As Infected Blood affected the whole of the UK, the matter was dealt with on a UK basis, with the lead taken by the Department of Health, with financial support schemes (and any other initiatives*

requiring additional public expenditure) dependent upon agreement from HM Treasury." **[WITN5583001 §23]**

19. The budget for the Welsh Office was, according to Lord Hunt, decided by means of annual negotiation with the Treasury, based upon an agreed formula that protected public expenditure in Wales. This is consistent with other evidence which the Inquiry has heard. The amount for health was, he explains, principally a consequential of the health settlement for England, with minor adjustments made for specifically Welsh challenges (such as the relatively high incidence of lung conditions suffered by former miners) **[WITN5583001 §23].**

20. As to the role of the CMO, Lord Hunt's recollection is that briefings to ministers about risks to public health were primarily the responsibility of the Director of the NHS in Wales (Mr John Wyn Owen), as was responsibility for shaping policy and informing ministers of policy options; issuing guidance/advice/instruction to clinicians was the job of the CMO, as was responsibility for issuing guidance or advice to patients or the public **[WITN5583001 §§29-33].**

21. Lord Hunt's statement suggests that on a UK-wide matter such as infected blood, *"the Department of Health for England would take the lead, but the health departments of the other territories would be kept abreast of developments and, ideally, consulted in a timely fashion on policy"* **[WITN5583001 §35].** Lord Hunt did not recall whether the question of introducing HCV screening in Wales ever came to his attention **[§44]**.

22. In July 1991 concern was expressed, in a letter from Jon Shortridge (Welsh Office) to Joe Grice (H M Treasury), that the Secretary of State for Wales had not been consulted with regarding to the funding arrangements for haemophiliacs infected with HIV following the settlement of the HIV litigation: *"we are somewhat surprised that an arrangement of this nature should have been reached without the Secretary of State for Wales being consulted. I have no wish to make a great fuss about the matter, not least because everyone here seems to be fairly confident that the £47M that the Treasury is making available will prove to be sufficient. But I feel I should point out that, in the event additional costs are incurred and some of these relate to Aids victims living in Wales, my Secretary of State will not necessarily feel bound by an arrangement to which*

he has not at any stage been made a party" **[HMTR0000003_022]**. Lord Hunt, in his statement to the Inquiry, cannot recall whether he agreed with this, but adds that *"I think it unlikely ministers would not have been consulted"* **[WITN5583001 §48]**.

23. On 2 December 1991 Lord Hunt (along with the Secretary of State for Northern Ireland, Peter Brooke, and the Secretary of State for Scotland, Ian Lang) was copied into a letter from William Waldegrave (then Secretary of State for Health) to David Mellor (then Chief Secretary to the Treasury) regarding financial support for those infected with HIV from blood transfusion **[DHSC0002921_009]**. On 17 December Mr Lang confirmed his agreement to finding a third of the costs for Scotland if the Treasury would meet the balance from the Reserve **[HMTR0000003_046]**. Mr Brooke wrote on 27 December 1991 affirming support for the proposal, but adding that the Northern Ireland Office was not aware of any non-haemophiliac patients being infected in the course of NHS treatment in Northern Ireland, so that no costs would fall on their budget at present **[HMTR0000003_047]**. By letter dated 2 January 1992 to Mr Mellor, Lord Hunt confirmed his support for the proposals and indicated that he would be prepared to make a similar contribution to Mr Lang in the current financial year if Mr Mellor was able to meet the balance from the Reserve **[DHSC0002717_014]**.

Jane Hutt

24. Jane Hutt was Secretary/Minister[7] for Health and Social Services between 1999 and early 2005 and in that capacity held executive power in respect of the Welsh Assembly's public health functions. She has provided a written statement to the Inquiry **[WITN729001]**.

25. In August 1999, not long after taking executive responsibility for public health, Ms Hutt was briefed about the issue of hepatitis C compensation **[HSSG0000140_076]**. The briefing asserted that most patients were infected before blood products were heat treated and that *"As this*[8] *was the best practice available at the time, claims of negligence have not been accepted"* **[§2]**; the briefing reiterated that Government

[7] The title changed in March 2000.
[8] It is not entirely clear what the *"this"* refers to – presumably treatment with blood products.

policy remained that compensation or financial help was only paid out *"where individuals working on [sic] the NHS have been at fault"*; the position in relation to haemophiliacs infected with HIV was said to be different in light of the stigma and *"the fact that the infection was rapidly fatal, associated with sexual transmission and that haemophiliacs could inadvertently infect their partners"* **[§5].** In conclusion, *"We strongly advise that Wales maintains the Government position on no-fault compensation"* **[§8]**.

26. A later submission, dated 20 December 1999, suggested the following line to take **[HSSG0000140_074 §13]**:

> *"We believe that haemophiliacs in Wales who developed hepatitis C as a result of NHS treatment did so before blood products were heat treated from 1985; this heat treatment counters the hepatitis C and HIV virus. While we have every sympathy with those infected there are no plans to make special payments to these individuals on the grounds that they received the best available treatment at the time."*

27. The December 1999 submission noted:

    a. An issue had recently come to light relating to the use of Scottish blood products in Wales at a time when different treatment left the Scottish product less safe from infection than the Welsh **[§8]**. There was a *"theoretical risk"* that a small number of patients were infected from the Scottish product before it was heat treated to the correct temperature **[§8]**.

    b. In relation to the undertakings signed in order to receive payments from the settlement of the HIV litigation, *"there is now some doubt over the legality of these undertakings and groups representing such individuals are making overtures to the Department of Health that they should be included in any compensation scheme for hepatitis C"* **[§9].**

28. Ms Hutt's statement explains that she wanted to meet with those affected and that she met representatives of the South Wales Haemophilia Group and Birchgrove Wales **[WITN729001 §§22-25].**

29. It was Ms Hutt's understanding that prior to her appointment as Secretary for Health and Social Services, Jon Owen Jones (the Welsh Office minister then responsible for health in Wales) had asked officials to explore the possibility of a special scheme for Wales based on international comparisons *"but that it had been decided that financial and practical implications meant that such a scheme was not considered viable"* **[WITN7293001 §32]**. That position was maintained in light of the UK Government's policy on compensation and the advice which Ms Hutt had received; she recalls in her statement that her main focus at this time was on the care being provided to those in Wales with haemophilia and hepatitis C **[WITN7293001 §30]**. In the Assembly debate on 8 March 2001 **[GLEW0000437_002]** Ms Hutt set out that *"Assembly and central Government policy remains that compensation or other financial help to patients is only paid when the NHS or individuals working in it are at fault"*. That *"many haemophiliacs were inadvertently infected by a treatment designed to improve their quality of life"* was *"not a justification for special payments"* and a public inquiry *"would probably not provide a satisfactory answer"*.

30. In October 2001 Ms Hutt attended a meeting of the Joint Ministerial Committee on Health, for which a paper was prepared by officials in the Department of Health setting out the issues arising from the recent High Court ruling in *A v National Blood Authority* **[DHSC530202493 p63]**.

31. In March 2002 Ms Hutt issued a paper to the Health and Social Services Committee which set out a number of issues relating to the safety of blood and blood products **[GLEW0000568]**. The paper stated, in relation to calls for a public inquiry *"into why so many haemophiliacs have been infected with Hepatitis C*, that: *"It is a global problem linked to developing science and technology and it was not confined to the UK or linked to some local breakdown in blood product development. A public inquiry has been rejected by the UK Government and the Assembly Government as it is unlikely to provide a satisfactory answer"* **[§26]**. On the issue of compensation, the paper, referring to the Haemophilia Society's campaign, explained that *"Assembly*

Government and UK Government policy remains that compensation or other financial help to patients is only paid when the NHS or individuals working in it are at fault" **[§25]**. Reference was also made to the second Better Blood Transfusion conference in October 2001, held by the four UK CMOs, where *"One of the important issues discussed was how to avoid the unnecessary use of blood in clinical practice in the face of decreasing supplies and numbers of blood donors"*. The Assembly Government was said to be *"taking work forward on this"* and further guidance was to be issued to the NHS in 2002 **[§34].**

32. Ms Hutt's statement explains the influence of UK Government policy in shaping the position of the Welsh Government in the following terms [**WITN7293001 §35]**

> *"Infection via contaminated blood had been UK wide (and indeed much wider than that) and had taken place prior to devolution. It is also relevant that the period 1999 to 2004 was in the very early days of devolution. Welsh Government powers were much more limited at that time ... For the reasons I have explained above, the advice I had received is that it would have been inappropriate for Wales to take a separate position to the other three nations in respect of financial assistance. In the circumstances, my view as I recall was that the most appropriate approach was to work as closely as possible with the other administrations on a four nations basis and act where we considered it appropriate, within the constraints of the Welsh Government's powers at the time."*

33. Following the announcement, by John Reid (Secretary of State for Health), of a financial assistance scheme in England for people infected with hepatitis C by blood and blood products, Ms Hutt made an announcement on the same day – 29 August 2003 – that the Welsh Assembly Government would be looking closely into the implementation of such a scheme and would work closely with the Department of Health and other health administrations to work out the details for the scheme **[SCGV0000255_035]**. Ms Hutt's statement describes her involvement in the subsequent decision-making process that led to the creation of the Skipton Fund in her statement [**WITN7293001 §§38-44]**

34. Returning to the question of the response to calls for a public inquiry, in her statement Ms Hutt explains that [**WITN7293001 §47**]:

> *"... the advice remained that a public inquiry was unlikely to serve any useful purpose and that it was important for those infected that we focused on ensuring that those concerned received the best treatment, advice and support that could be provided. It was also relevant to any consideration by the Welsh Assembly Government of the case for holding a public inquiry that ... the events took place prior to devolution when the NHS across the UK was the responsibility of the UK Government and so any public inquiry which was a UK matter would have needed to be a UK inquiry."*

Other documents

35. The material described above derives from witness statements which the Inquiry has recently obtained or is in the process of obtaining. Set out below are some documents which may throw further light on some of the issues and themes identified above.

36. **DHSC0044985** is a letter dated 16 January 1990, from J D H Evans (Legal Division) to Mr Desai (Treasury Solicitor), *"intended to explain the position of the Welsh Office in relation to the allegations in the MSC"*.[9] The following statements/observations are included:

    a. Meetings took place between Welsh Office officials and Merseyside RHA to enable the Secretary of State to be satisfied that adequate arrangements and provision existed in North Wales.

    b. The Cardiff RTC was managed by South Glamorgan Health Authority and in general the Health Authority decided what proportion of its resources should be allocated to the blood transfusion service. From time to time the RTC Director

[9] The Main Statement of Claim in the HIV Haemophilia Litigation.

complained to the Welsh Office and on at least two occasions this resulted in funds being earmarked for the Welsh blood transfusion service.

c. The Welsh Office did not take any separate action in respect of assessment of need, setting of targets or obtaining products from Scotland. Targets were discussed from time to time in connection with the allocation of funds.

d. The Welsh Office took no independent action concerning the size of donor pools.

e. The Welsh Office took no independent action concerning heat treated concentrates.[10]

f. The Welsh Office first considered the risk of infection from AIDS in May 1983 when the position was discussed urgently with the Director of the RTC and the Director of the Haemophilia Centre (i.e. Drs Napier and Bloom).

g. It was important politically and operationally that testing in the BTS was introduced across the country at the same time. Arrangements were made to commence testing of all donated blood at the Welsh RTC on 14 October 1985, which involved extending existing premises and providing improved facilities. *"There is a possibility that testing could have commenced sooner"*.[11]

h. The documents seen did not indicate any independent Welsh Office action concerning the hepatitis risk. *"It was recognised as a hazard"*.

The letter also contains a discussion of various meetings and Welsh Office communications regarding AIDS from May 1983 to December 1984.[12]

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[10] The letter also asserts that from May 1983 it was the policy of the Cardiff Haemophilia Centre that children should receive heat treated concentrates only. This is obviously incorrect.
[11] The letter suggests that this may be something of *"a red-herring"* as when testing was commenced only 0.001% of the tests results were positive in Wales.
[12] The more significant of these meetings or communications have been considered in earlier Inquiry hearings, e.g. in the evidence of Dr Napier or the presentation on the Cardiff Haemophilia Centre, and are not therefore repeated here.

37. **HSSG0010053** contains some correspondence between officials/clinicians in Wales in late 1984 and early 1985:

a. A statement dated 10 December 1984 **[HSSG0010053_009]** (headed *Statement to be used in response to requests on reports of AIDS deaths in South Glamorgan*), which asserted that *"No case of A.I.D.S. has been linked with the transfusion of blood*" but that nevertheless *"action has been taken to further safeguard the service"*. In relation to the treatment of patients with haemophilia with imported blood products, the statement said: *"While this treatment is now recognised to have carried some risk of the transmission of A.I.D.S., it is a very small risk compared with that of withholding such essential life-saving treatment in this group of patients, many of whom would undoubtedly have died from uncontrolled internal haemorrhage had it not been available or had it been withheld"*.

b. A December 1984 paper from Dr Evans **[HSSG0010053_007]**, the Acting Chief Pharmaceutical Officer for South Glamorgan Health Authority, addressing the present cost and probable future cost for purchasing Factor VIII. A range of options were set out for the Health Authority to consider.

c. A letter from Professor Bloom dated 2 January 1985 to Dr Skone (Chief Administrative Medical Officer) **[HSSG0010053_005]**, commenting on Dr Evans' paper and setting out his view that *"heat treated factor VIII must be used"*.

d. A letter from Dr Crompton dated 4 January 1985 to Dr Skone **[HSSG0010053_004]**, also commenting on the paper from Dr Evans; Dr Crompton stated that *"The choice of product used in the treatment of patients quite clearly remains a clinical matter and is one on which I would not wish to comment"* but observed that it did not seem entirely unreasonable for the Health Authority to make formal representations to the Department to seek some contribution to the enforced extra cost of purchasing heat treated products.

38. **HSSG0000008**, which is a 'Dear Doctor' letter dated 1 April 1985, from the CMO, to all doctors in Wales, enclosing information about the introduction of a test for antibody to HTLV III.

Correspondence regarding financial support for those infected with hepatitis C

39. During 1995 an official within the Welsh Office (Peter Davenport[13]) was involved in communications regarding the possibility of providing financial support to those infected with hepatitis C. On 25 May 1995 he sent a submission to Welsh Office ministers explaining that although the Government had, to date, *"firmly resisted claims for compensation"*, the Department of Health (DH) had now *"canvassed territorial departments"* for their views on the Haemophilia Society's campaign **[DHSC0002549_154]**. Mr Davenport recorded that the DH's lawyers *"advise that there is little valid or sustainable distinction between those infected with HIV and those infected with hepatitis C and that there would be a significant risk of Judicial Review should such a distinction be maintained by the Government"*. Present evidence suggested that about 350 people might be affected in Wales. The Treasury was said to have indicated that additional resources would not be made available. Mr Davenport concluded that *"DoH are in the lead; the issue is likely to go to Cabinet"*. The Secretary of State was asked to approve the sending of a letter which suggested that further discussions would be needed with the Treasury, expressed concern about potential serious difficulties in delivering other Government health priorities but accepted that *"Some form of "No fault" compensation, probably administered as a hardship fund very generally along Macfarlane Trust lines may be inevitable"* **[DHSC0003552_164]**. The latter acceptance does not appear in the final version of the letter that was sent following discussion with the Secretary of State for Wales, John Redwood MP **[DHSC00066946_006]**.

40. A handwritten file note **[SCGV0000165_055]** refers to the author having received phone calls from Mr Davenport in the Welsh Office (as well as from John Breen in the Northern Ireland Office) regarding the issue of compensation for those infected with

[13] The Inquiry has been unable to trace Mr Davenport.

HCV. The handwritten note states that *"Both Wales and N.I. were concerned about the financial implications of what seems to be a marked softening in the DoH attitude towards compensation. Apparently the sum of £60,000 is being considered per case and the Treasury have already made it clear that the funds must be found from within existing resources."*

Concluding observation

41. The evidence summarised above, even when read with the earlier presentation **[INQY0000364]**, provides an incomplete picture of the involvement of the Welsh Office and its ministers in decision-making on issues relevant to infected blood during the 1980s, 1990s and early 2000s. The evidence does, however, indicate that there was little direct ministerial involvement, other than from time to time when the possibility of financial support was under consideration, and suggests that pre-devolution the Department of Health took the lead on matters relating to blood, blood products and the response of government.

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January 2023

Appendix: List of statements relating to decision-making regarding the current financial support schemes in Wales

Wales

1st statement of Vaughan Gething **WITN5665001**

1st statement of Chris Jones **WITN4065001**

2nd statement of Chris Jones **WITN4065004**

3rd statement of Chris Jones **WITN4065009**

4th statement of Chris Jones **WITN4065010**

1st statement of Alison Ramsey **WITN4506001**

2nd statement of Alison Ramsey **WITN4506010**

3rd statement of Alison Ramsey **WITN4506026**

4th statement of Alison Ramsey **WITN4506027**

5th statement of Alison Ramsey **WITN4506029**

6th statement of Alison Ramsey **WITN4506036**