

<p style="text-align: right;">1</p> <p style="text-align: right;">Tuesday, 30 April 2019</p> <p>1</p> <p>2 (10.34 am)</p> <p>3 SIR BRIAN LANGSTAFF: Today is a significant day for the</p> <p>4 Inquiry. It's the day we first hear evidence given</p> <p>5 orally.</p> <p>6 Thank you for being here in such numbers to take</p> <p>7 part in it and by your presence in such numbers, to</p> <p>8 demonstrate the importance of this Inquiry. That</p> <p>9 together with the force of your feelings, is no doubt</p> <p>10 why the press have been attracted. I thank them too for</p> <p>11 being here. Do what the press do best, to report fairly</p> <p>12 and fearlessly.</p> <p>13 I hope that while doing that they may help to</p> <p>14 spread the message that those who are struggling with</p> <p>15 the infections of HIV or hepatitis through blood or</p> <p>16 blood products are not alone.</p> <p>17 Anything they can do to increase public knowledge</p> <p>18 of the symptoms, the causes, and as so many of you have</p> <p>19 told me movingly in your witness statements, the</p> <p>20 consequences of late discovery of hepatitis C in</p> <p>21 particular will be of great value to the public because</p> <p>22 so many symptoms of that disease seem to mimic a range</p> <p>23 of common conditions.</p> <p>24 Anything that they can do to raise awareness is</p> <p>25 particularly important given that there are some</p>	<p style="text-align: right;">2</p> <p>1 180 million people worldwide who suffer from it and the</p> <p>2 World Health Organisation has recently announced</p> <p>3 ambitious plans to eliminate hepatitis C by 2030. It</p> <p>4 may be possible, I am told, for that to happen even</p> <p>5 earlier in this country, but it depends upon people who</p> <p>6 think that they might possibly be suffering knowing</p> <p>7 enough to be tested because otherwise the risks of</p> <p>8 transmission remain and it takes longer to eliminate</p> <p>9 what has been a dreadful disease.</p> <p>10 I want particularly to thank those of you who have</p> <p>11 given statements. I have already read a large number</p> <p>12 more than once, some a number of times. Some are</p> <p>13 harrowing, some incredibly moving and some chillingly</p> <p>14 factual. All are valuable.</p> <p>15 There are more to come. For many making</p> <p>16 a statement has been and for some it yet will be an act</p> <p>17 of bravery. I would like to acknowledge that publicly</p> <p>18 here and now. It may have stirred up and it may yet</p> <p>19 stir up distressing memories. I understand some simply</p> <p>20 cannot bring themselves to make a statement because it</p> <p>21 is too much.</p> <p>22 I want to acknowledge too your patience. It may</p> <p>23 have seemed a long gap between the end of the</p> <p>24 preliminary hearings and the start of these oral</p> <p>25 hearings but you have I believe understood that</p>
<p style="text-align: right;">3</p> <p>1 gathering in witness evidence from so many, identifying</p> <p>2 repositories of documents and interrogating them and</p> <p>3 making the practical arrangements which come with such</p> <p>4 a large inquiry all take time, though I have promised</p> <p>5 you that the Inquiry will be as quick as it can. This</p> <p>6 has always been accompanied by the assurance that it</p> <p>7 will be as thorough as is reasonable and I mean to keep</p> <p>8 my promise to you, whatever your perspectives on the</p> <p>9 Inquiry.</p> <p>10 At the preliminary hearings I set out the</p> <p>11 principles that were to guide this Inquiry. They were</p> <p>12 first and foremost putting people at its heart, being as</p> <p>13 quick as reasonable thoroughness permits, paying proper</p> <p>14 respect to a person's right to be heard, being as open</p> <p>15 and transparent as is legally possible, being</p> <p>16 independent of Government and frightened of no-one in</p> <p>17 the conclusions it draws and listening.</p> <p>18 Though all apply, four are of particular</p> <p>19 importance now as we start hearing evidence orally.</p> <p>20 First, I promised that the Inquiry would put people at</p> <p>21 its heart. The room you are in is, I hope, visible</p> <p>22 evidence that this Inquiry honours its principles. The</p> <p>23 witness is centre stage. The public in front. Lawyers</p> <p>24 and me to the side. The Inquiry is not about them, it's</p> <p>25 not about me, it's about the evidence which the witness</p>	<p style="text-align: right;">4</p> <p>1 can give.</p> <p>2 There are rooms to the side and downstairs where</p> <p>3 anyone who needs space during the hearings can find it.</p> <p>4 The Red Cross are on hand to assist anyone who finds</p> <p>5 some of the evidence or their own memories difficult.</p> <p>6 But it's also about giving people time as much as</p> <p>7 physical space and practical arrangements.</p> <p>8 You know now that the Inquiry will spend until</p> <p>9 October travelling round the UK to make it easier for</p> <p>10 many to access the hearings and you can be assured that</p> <p>11 although it will never be possible to hear orally from</p> <p>12 everyone who would wish to be heard, those affected and</p> <p>13 infected will come first and last in the Inquiry, not</p> <p>14 only in the first few weeks but the last weeks.</p> <p>15 Every new written statement the Inquiry receives</p> <p>16 is important. Each will be read, each will be</p> <p>17 different, each has value and the evidence of those who</p> <p>18 have made or will make statements is of real value,</p> <p>19 whether or not they gave evidence orally.</p> <p>20 Second, can I repeat what I said last September</p> <p>21 about paying respect to a person's right to be heard.</p> <p>22 Putting people at the heart of the Inquiry must</p> <p>23 recognise that people have different perspectives to</p> <p>24 bring to the Inquiry. It cannot be just a favoured few</p> <p>25 or for that matter a favoured many who are at its heart.</p>

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1 Those wishing to attribute blame, those wishing to
2 escape blame, those who wish neither but just seek for
3 an explanation, trying to understand what happened,
4 those who received blood products, those who were
5 transfused with infected blood, those who are patients,
6 those who are doctors, all are people and all are
7 entitled to be heard with respect. I would ask
8 participants to respect that entitlement, however
9 unpalatable they may find some of the ideas or
10 explanations or accusations which are being expressed.

11 Linked with that, and third, openness demands that
12 the statement of a witness, redacted where appropriate,
13 be published when that witness gives oral evidence.
14 Openness and fairness includes giving those subject to
15 criticism a reasonable opportunity to answer that
16 criticism. Where the response is available at the time
17 a witness statement is published, so too will the
18 responses of any criticised individuals.

19 There may be moments in the testimonies you are
20 about to hear, now and over the coming days, which may
21 bring you close to tears or they may excite indignation
22 in any reasonable person. That is only human and I do
23 not ask you to be anything else. But do please respect
24 the fact that a witness will be giving evidence. It is
25 never easy to give evidence. Please bear that in mind.

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1 died, whose parents died, whose sibling died, whose
2 child died in direct consequence of being treated with
3 infected blood or infected blood products by the
4 National Health Service.

5 You will hear how lives have been cut short or
6 irrevocably damaged or altered. You will hear how, in
7 a phrase used in one of the many statements received by
8 the Inquiry, people have been forced to live a life that
9 was not the life they were meant to lead.

10 It is important that this evidence is heard and
11 brought out into the open. Firstly, sir, because as you
12 have said you have pledged to put people at the heart of
13 the Inquiry and that means hearing directly from those
14 who have suffered and doing so before any other evidence
15 is heard.

16 Secondly, because the fulfilment of the Inquiry's
17 terms of reference requires the Inquiry to examine the
18 treatment of men, women and children who were given
19 infected blood or infected blood products, to examine
20 the extent of any warnings or advice provided to them
21 about the risks, to examine the impact of infection from
22 blood or blood products on those who were infected,
23 their partners, children, parents and others close to
24 them, to examine the adequacy of the information that
25 was or was not provided to them and to consider the

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1 Although breaks are always available for witnesses when
2 needed, they will not want to be so overcome themselves
3 by the reaction around them that they cannot bring
4 themselves to finish.

5 Finally, I am here to listen. From reading both
6 witness statements and documents, I know more now than
7 I did last September and more than I did when the
8 terms of reference were finalised. Thank you for that.
9 But I know enough to realise that I have much more to
10 learn and that the oral evidence will be an important
11 part of that.

12 I would ask you now for your part, having listened
13 to me so patiently, to listen to what counsel to the
14 Inquiry, Jenni Richards QC, has to say before our first
15 witness, Derek Martindale, comes to be heard. Thank
16 you.

Opening statement by MS RICHARDS

18 **MS RICHARDS:** Sir, over the 11 weeks of hearings between now
19 and mid-October you will hear and the world will hear
20 evidence from some of the thousands of individuals who
21 were infected with HIV, with hepatitis C, in some cases
22 with other infections in direct consequence of being
23 treated with infected blood or infected blood products
24 by the National Health Service.

25 You will hear from people whose spouse or partner

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1 nature and adequacy of the treatment, care and support
2 that was or was not provided in response. The evidence
3 that you will hear, sir, over the coming weeks touches
4 on all of those matters.

5 Thirdly, it is important that this evidence is
6 heard not only by you, sir, and by the Inquiry team but
7 that it should be heard by others including those in
8 Government and in the NHS, pharmaceutical companies,
9 medical practitioners and those who regulate them and by
10 the general public.

11 As one of the witnesses whom you will hear this
12 week says in her statement, "I'm angry that I haven't
13 been heard for all these years". The witnesses who tell
14 their stories over the coming weeks will be heard.

15 As Sir Brian has said, it will not be possible to
16 hear orally from every witness who was given a statement
17 to the Inquiry. There are simply too many for that to
18 be achievable, but those who are not being called to
19 give oral evidence should know that every statement is
20 read and considered by you, sir, and by the Inquiry
21 team. Every statement forms part of the material which
22 will in due course inform your recommendations and
23 findings and every statement will in due course be
24 published by the Inquiry.

25 I should say a little about how the evidence will

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1 be heard and how these hearings are structured. As many
2 of you already know, over the next three months the
3 Inquiry will be hearing evidence from people who have
4 been infected or affected in London, Leeds, Belfast,
5 Edinburgh and Cardiff. The Inquiry will return to
6 London for two weeks in October to hear further evidence
7 from people who have been infected or affected.

8 Witnesses have been selected to ensure that
9 evidence is heard covering a range of conditions,
10 sources of infection and time periods to help to get to
11 the truth of what happened. There are many who have
12 lived with infection and its terrible consequences for
13 years and you will hear from them. There are others who
14 have only been very recently diagnosed and you will hear
15 from them.

16 There will usually be three witnesses heard each
17 day. Some days, particularly where there are family
18 groups, there may be four or more. The witnesses will
19 be asked questions either by or my colleague, Ms Fraser
20 Butlin. Where the witness has legal representation, we
21 will ask their barrister at the conclusion of our
22 questions if there are further questions they consider
23 should be asked.

24 The hearings are being live streamed on the
25 Inquiry's website and a transcript of the evidence will

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1 Some of the witnesses from whom you will hear have
2 chosen for entirely understandable reasons to give their
3 evidence anonymously, although in each case their
4 identity is known to the Inquiry. It is absolutely
5 essential in such cases that their anonymity is
6 preserved and a range of different measures have been
7 devised to protect their identity. Some witnesses, if
8 they choose to do so, will give evidence via a video
9 link.

10 The Chair has in exercise of his powers under the
11 Inquiries Act made a general restriction order which
12 prohibits the disclosure or publication of the name,
13 address, and any other identifying information of
14 anonymous witnesses. This order has been published on
15 the Inquiry's website and there are copies available in
16 the hearing room and I hope all members of the press
17 have access to them.

18 There are other statements which although not
19 anonymous have had particular personal information,
20 particularly information about third parties, redacted
21 and any disclosure or publication of such redacted
22 material could also contravene the restriction order.

23 Before we call the first witness there are two
24 further matters to which I should refer. The first is
25 an update as to the work which the Inquiry has been

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1 be published at the end of each day and, as the Chair
2 has indicated, the statement of each witness who gives
3 oral evidence will also be published on the Inquiry's
4 website after each hearing day.

5 Unsurprisingly, given the nature of the issues
6 that are being investigated in this Inquiry, many of the
7 witness statements that the Inquiry has received
8 criticise named individuals, particularly clinicians.
9 Because the Inquiry is under a legal duty to act fairly,
10 those criticisms are in some cases, depending on the
11 nature of the criticism, brought to the attention of the
12 relevant individual in advance of the witness giving
13 evidence and the person criticised is afforded an
14 opportunity to respond in writing. Where the person
15 criticised provides the Inquiry with such a written
16 response it will be published on the Inquiry's website
17 either at the same time as the witness's statement or
18 subsequently.

19 I should emphasise that not all of the criticisms
20 in the statement of people who are infected or affected
21 will go through this process and that is for the simple
22 reason that many of the statements raise criticisms
23 which will inevitably be the focus and subject of
24 further investigation and examination of later stages of
25 the Inquiry's work.

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1 undertaking, the further work which it needs to
2 undertake and the timetabling of future hearings. The
3 second is to raise public awareness of the importance of
4 testing for those at risk of hepatitis from blood and
5 blood products.

6 So update on the work of the Inquiry. The scale
7 of this Inquiry is unprecedented. It's been referred to
8 as the biggest public inquiry the United Kingdom has
9 ever undertaken. So far the Inquiry's received 1,200
10 witness statements approximately from individuals who
11 were infected or affected and we expect to receive at
12 least a further 1,200 statements over the coming months.

13 The Inquiry is gathering information and
14 documentation, many of it going back decades, from
15 a very large number of sources. Large scale searches
16 both physical and electronic are being undertaken by the
17 Inquiry. By way of example, and these are examples
18 only, a hard copy search of approximately two and a half
19 million pages of information held by the Department of
20 Health and the Medicines and Healthcare Products
21 Regulatory Agency has been completed and the Inquiry is
22 now moving on to searches of material held by them
23 electronically.

24 The Inquiry has searched approximately 2 million
25 hard copy pages of material held by NHSBT. There are

<p>13</p> <p>1 approximately 5.7 million pages still to search as well</p> <p>2 as material held electronically. The Inquiry is also</p> <p>3 working through the documentation which comprised the</p> <p>4 disclosed material in the <i>A v National Blood Authority</i></p> <p>5 litigation and that is likely to be the next tranche of</p> <p>6 material disclosed to core participants.</p> <p>7 A very large amount of material, particularly</p> <p>8 Central Government material, is held at the National</p> <p>9 Archives. Some has already been scrutinised but in the</p> <p>10 next few weeks, a team of Inquiry searchers will be</p> <p>11 based there full time and their search of those archives</p> <p>12 is expected to take roughly six months.</p> <p>13 Across the country the Inquiry has identified some</p> <p>14 341 separate repositories of documents to be searched</p> <p>15 either electronically or manually.</p> <p>16 The Inquiry team has carried out electronic</p> <p>17 searches and undertaken reviews of hard copy material</p> <p>18 held by the Welsh Government, the Northern Ireland</p> <p>19 Government, the Northern Ireland Blood and Transplant</p> <p>20 Service, the Welsh Blood Service, the Public Records</p> <p>21 Office Northern Ireland and other core participant</p> <p>22 organisations in Northern Ireland. Further visits are</p> <p>23 underway to continue this process and further searches</p> <p>24 planned with regard to material held by the Scottish</p> <p>25 Government and the Scottish National Blood Transfusion</p>	<p>14</p> <p>1 Service.</p> <p>2 12,000 electronic documents and 63 hard copy boxes</p> <p>3 of material have been delivered to the Inquiry by BPL</p> <p>4 Limited and disclosure exercises are underway in</p> <p>5 relation to a number of the pharmaceutical companies.</p> <p>6 Once potentially relevant material has been</p> <p>7 identified through these investigations, and substantial</p> <p>8 quantities of potentially relevant material are indeed</p> <p>9 being identified. That material has to be analysed,</p> <p>10 scanned, reviewed further, and every page has to be</p> <p>11 reviewed for redactions before any of it can be</p> <p>12 disclosed to core participants or the public. It is</p> <p>13 also right to note that further lines of enquiry and</p> <p>14 investigation are inevitably generated through this</p> <p>15 work. In this respect the process is an iterative and</p> <p>16 ongoing one, a close review of the documents obtained</p> <p>17 will often generate further requests for more specific</p> <p>18 information.</p> <p>19 All this work inevitably takes time and in turn</p> <p>20 this impacts upon the timetable for hearings. The</p> <p>21 Inquiry's current plan for further hearings is as</p> <p>22 follows: there are two weeks in October already</p> <p>23 dedicated to hearing further oral evidence from those</p> <p>24 who have been infected or affected. Following those</p> <p>25 hearings and probably running into November, the Inquiry</p>
<p>15</p> <p>1 intends to build upon the evidence that will have been</p> <p>2 heard from affected individuals by calling clinical</p> <p>3 evidence exploring issues of treatment and care and</p> <p>4 psychosocial evidence looking in particular at issues of</p> <p>5 impact.</p> <p>6 After November, there will be a pause in the</p> <p>7 Inquiry's hearings. The Inquiry is currently gathering</p> <p>8 such a vast amount of material as I hope the information</p> <p>9 I have given you indicates that a pause is necessary to</p> <p>10 allow that material to be analysed, to be disclosed to</p> <p>11 core participants and to enable the Inquiry and core</p> <p>12 participants to prepare for the next set of hearings.</p> <p>13 The Inquiry is aiming for the next set of hearings</p> <p>14 which will focus on the knowledge, decisions, actions</p> <p>15 and omissions of all relevant decision-makers and the</p> <p>16 response of Government and others to begin in late</p> <p>17 spring 2020 not before Easter 2020, with a precise date</p> <p>18 to be announced in due course.</p> <p>19 We do not believe it will be possible to do</p> <p>20 justice to the issues that must be investigated under</p> <p>21 the Inquiry's terms of reference in any shorter</p> <p>22 timescale.</p> <p>23 The final point is to emphasise a point you have</p> <p>24 already made and that is the vital importance of testing</p> <p>25 those at risk of hepatitis from infected blood or</p>	<p>16</p> <p>1 infected blood products. Those listening will recall</p> <p>2 that somewhat controversially the only recommendation</p> <p>3 from the Penrose Inquiry was for a look back screening</p> <p>4 program.</p> <p>5 It is apparent from the statements which the</p> <p>6 Inquiry has been studying that there are people who have</p> <p>7 been living with undiagnosed hepatitis C for years, even</p> <p>8 decades, and you will hear over the coming weeks from</p> <p>9 witnesses who have only recently been diagnosed with HCV</p> <p>10 caused by transfusions from blood or blood products many</p> <p>11 years ago.</p> <p>12 The Hepatitis C Trust continues to receive calls</p> <p>13 from people who have only recently been diagnosed and</p> <p>14 who contracted the virus through infected blood or blood</p> <p>15 products and it seems likely that there may be many</p> <p>16 people, potentially many thousands of people, who remain</p> <p>17 unaware that they may have been so infected as a result</p> <p>18 of the receipt of infected blood or infected blood</p> <p>19 products.</p> <p>20 One further issue which has emerged from the</p> <p>21 witness statements is a lack of information in</p> <p>22 particular on the part of general practitioners about</p> <p>23 hepatitis C and NHS England has this month issued</p> <p>24 a letter to all GP practitioners the stated aim of which</p> <p>25 is to help them support patients who may have been</p>

17		18	
1	exposed to risks associated with infected blood or blood	1	these issues.
2	products.	2	Sir, that is all I propose to say by way of any
3	Could we have that letter on screen. Could you go	3	opening submissions or statement and we are now ready to
4	to the second page.	4	call the first witness, Derek Martindale.
5	You will see there under the heading "Action" --	5	
6	I hope most of you can see screens, I am sorry not all	6	
7	of you can but we can make available a copy of this	7	
8	letter on the Inquiry website for those who can't --	8	
9	that NHS England have drawn to the attention of	9	
10	clinicians the fact that hepatitis C often doesn't have	10	
11	noticeable systems until the liver has been	11	
12	significantly damaged and when symptoms do occur they	12	
13	can be mistaken for another condition. Common symptoms	13	
14	are identified and NHS England's letter continues that:	14	
15	"... the only way to know for certain if these	15	
16	symptoms are caused by hepatitis C is to get tested.	16	
17	Clinical staff should therefore consider asking patients	17	
18	who present with non-specific symptoms whether they may	18	
19	have had blood or blood products and offering them	19	
20	a screen for blood-borne viruses."	20	
21	The Inquiry brings that letter to public	21	
22	attention, particularly given the presence of so many of	22	
23	the press today in the hope that it may encourage	23	
24	greater awareness on the part of clinicians as well as	24	
25	greater awareness amongst the public more widely of	25	

	11/3 11/18			
MS RICHARDS: [1] 6/18	always [2] 3/6 6/1	because [6] 1/21 2/7 2/20 7/11 7/16 10/9	14/16	decades [2] 12/14 16/8
SIR BRIAN LANGSTAFF: [1] 1/3	am [4] 1/2 2/4 6/5 17/6	been [28]	colleague [1] 9/19	decision [1] 15/15
1	ambitious [1] 2/3	before [5] 6/14 7/14 11/23 14/11 15/17	come [3] 2/15 3/3 4/13	decision-makers [1] 15/15
1,200 [2] 12/9 12/12	amongst [1] 17/25	begin [1] 15/16	comes [1] 6/15	decisions [1] 15/14
10.34 [1] 1/2	amount [2] 13/7 15/8	being [13]	coming [5] 5/20 8/3 8/14 12/12 16/8	dedicated [1] 14/23
11 [1] 6/18	an [6] 2/16 5/3 6/10 10/13 11/25 14/15	Belfast [1] 9/4	common [2] 1/23 17/13	delivered [1] 14/3
12,000 [1] 14/2	analysed [2] 14/9 15/10	believe [2] 2/25 15/19	companies [2] 8/8 14/5	demands [1] 5/11
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2	announced [2] 2/2 15/18	between [2] 2/23 6/18	comprised [1] 13/3	Department [1] 12/19
2 million [1] 12/24	anonymity [1] 11/5	biggest [1] 12/8	conclusion [1] 9/21	depending [1] 10/10
2019 [1] 1/1	anonymous [2] 11/14 11/19	blame [2] 5/1 5/2	conclusions [1] 3/17	depends [1] 2/5
2020 [2] 15/17 15/17	anonymously [1] 11/3	blood [31]	condition [1] 17/13	Derek [2] 6/15 18/4
2030 [1] 2/3	another [1] 17/13	blood-borne [1] 17/20	conditions [2] 1/23 9/9	devised [1] 11/7
3	answer [1] 5/15	borne [1] 17/20	consequence [2] 6/22 7/2	diagnosed [3] 9/14 16/9 16/13
30 [1] 1/1	any [9]	both [2] 6/5 12/16	consequences [2] 1/20 9/12	did [2] 6/7 6/7
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5	anything [3] 1/17 1/24 5/23	BPL [1] 14/3	considered [1] 8/20	different [3] 4/17 4/23 11/6
5.7 million pages [1] 13/1	apparent [1] 16/5	bravery [1] 2/17	continue [1] 13/23	difficult [1] 4/5
6	apply [1] 3/18	breaks [1] 6/1	continues [2] 16/12 17/14	direct [2] 6/22 7/2
63 [1] 14/2	appropriate [1] 5/12	Brian [1] 8/15	contracted [1] 16/14	directly [1] 7/13
A	approximately [4] 12/10 12/18 12/24 13/1	bring [4] 2/20 4/24 5/21 6/3	contravene [1] 11/22	disclosed [4] 13/4 13/6 14/12 15/10
about [10]	April [1] 1/1	brings [1] 17/21	controversially [1] 16/2	disclosure [3] 11/12 11/21 14/4
absolutely [1] 11/4	April 2019 [1] 1/1	brought [2] 7/11 10/11	copies [1] 11/15	discovery [1] 1/20
access [2] 4/10 11/17	archives [2] 13/9 13/11	build [1] 15/1	copy [5] 12/18 12/25 13/17 14/2 17/7	disease [2] 1/22 2/9
accompanied [1] 3/6	are [44]	but [11]	core [5] 13/6 13/21 14/12 15/11 15/11	distressing [1] 2/19
accusations [1] 5/10	around [1] 6/3	Butlin [1] 9/20	could [3] 11/22 17/3 17/3	do [10]
achievable [1] 8/18	arrangements [2] 3/3 4/7	by [28]	counsel [1] 6/13	doctors [1] 5/6
acknowledge [2] 2/17 2/22	as [27]	C	country [2] 2/5 13/13	documentation [2] 12/14 13/3
Across [1] 13/13	ask [4] 5/7 5/23 6/12 9/21	call [2] 11/23 18/4	course [3] 8/22 8/23 15/18	documents [5] 3/2 6/6 13/14 14/2 14/16
act [3] 2/16 10/9 11/11	asked [2] 9/19 9/23	called [1] 8/18	covering [1] 9/9	doesn't [1] 17/10
Action [1] 17/5	asking [1] 17/17	calling [1] 15/2	criticise [1] 10/8	doing [2] 1/13 7/14
actions [1] 15/14	assist [1] 4/4	calls [1] 16/12	criticised [3] 5/18 10/13 10/15	doubt [1] 1/9
address [1] 11/13	associated [1] 17/1	can [12]	criticism [3] 5/15 5/16 10/11	downstairs [1] 4/2
adequacy [2] 7/24 8/1	assurance [1] 3/6	can't [1] 17/8	criticisms [3] 10/10 10/19 10/22	drawn [1] 17/9
advance [1] 10/12	assured [1] 4/10	cannot [3] 2/20 4/24 6/3	Cross [1] 4/4	draws [1] 3/17
advice [1] 7/20	attention [3] 10/11 17/9 17/22	Cardiff [1] 9/5	current [1] 14/21	dreadful [1] 2/9
affected [7]	attracted [1] 1/10	care [2] 8/1 15/3	currently [1] 15/7	due [3] 8/22 8/23 15/18
afforded [1] 10/13	attribute [1] 5/1	carried [1] 13/16	cut [1] 7/5	during [1] 4/3
after [2] 10/4 15/6	Authority [1] 13/4	case [1] 11/3	D	duty [1] 10/9
Agency [1] 12/21	available [4] 5/16 6/1 11/15 17/7	cases [3] 6/21 10/10 11/5	damaged [2] 7/6 17/12	E
ago [1] 16/11	awareness [4] 1/24 12/3 17/24 17/25	caused [2] 16/10 17/16	date [1] 15/17	each [8]
aim [1] 16/24	B	causes [1] 1/18	day [5] 1/3 1/4 9/17 10/1 10/4	earlier [1] 2/5
aiming [1] 15/13	back [2] 12/14 16/3	Central [1] 13/8	days [2] 5/20 9/17	easier [1] 4/9
all [14]	barrister [1] 9/21	centre [1] 3/23		Easter [1] 15/17
allow [1] 15/10	based [1] 13/11	certain [1] 17/15		easy [1] 5/25
alone [1] 1/16	be [52]	Chair [2] 10/1 11/10		Edinburgh [1] 9/5
already [5] 2/11 9/2 13/9 14/22 15/24	bear [1] 5/25	child [1] 7/2		either [3] 9/19 10/17 13/15
also [5] 4/6 10/3 11/22 13/2 14/13		children [2] 7/18 7/23		electronic [3] 12/16 13/16 14/2
altered [1] 7/6		chillingly [1] 2/13		electronically [3] 12/23 13/2 13/15
although [4] 4/11 6/1		choose [1] 11/8		
		chosen [1] 11/2		
		clinical [2] 15/2 17/17		
		clinicians [3] 10/8 17/10 17/24		
		close [3] 5/21 7/23		

E eliminate [2] 2/3 2/8 else [1] 5/23 emerged [1] 16/20 emphasise [2] 10/19 15/23 enable [1] 15/11 encourage [1] 17/23 end [2] 2/23 10/1 England [2] 16/23 17/9 England's [1] 17/14 enough [2] 2/7 6/9 enquiry [1] 14/13 ensure [1] 9/8 entirely [1] 11/2 entitled [1] 5/7 entitlement [1] 5/8 escape [1] 5/2 essential [1] 11/5 even [2] 2/4 16/7 ever [1] 12/9 every [6] 4/15 8/16 8/19 8/21 8/23 14/10 everyone [1] 4/12 evidence [31] examination [1] 10/24 examine [4] 7/17 7/19 7/21 7/24 example [1] 12/17 examples [1] 12/17 excite [1] 5/21 exercise [1] 11/10 exercises [1] 14/4 expect [1] 12/11 expected [1] 13/12 explanation [1] 5/3 explanations [1] 5/10 exploring [1] 15/3 exposed [1] 17/1 expressed [1] 5/10 extent [1] 7/20	F fact [2] 5/24 17/10 factual [1] 2/14 fairly [2] 1/11 10/9 fairness [1] 5/14 family [1] 9/17 far [1] 12/9 favoured [2] 4/24 4/25 fearlessly [1] 1/12 feelings [1] 1/9 few [3] 4/14 4/24 13/10 final [1] 15/23 finalised [1] 6/8 Finally [1] 6/5 find [2] 4/3 5/9 findings [1] 8/23 finds [1] 4/4 finish [1] 6/4 first [9]	G gap [1] 2/23 gathering [3] 3/1 12/13 15/7 gave [1] 4/19 general [3] 8/10 11/11 16/22 generate [1] 14/17 generated [1] 14/14 get [2] 9/10 17/16 give [5] 4/1 5/25 8/19 11/2 11/8 given [8] gives [2] 5/13 10/2 giving [4] 4/6 5/14 5/24 10/12 go [2] 10/21 17/3 going [1] 12/14 Government [7] GP [1] 16/24 great [1] 1/21 greater [2] 17/24 17/25 groups [1] 9/18 guide [1] 3/11	H had [2] 11/19 17/19 half [1] 12/18 hand [1] 4/4 happen [1] 2/4 happened [2] 5/3 9/11 12/18 12/25 13/17 14/2 harrowing [1] 2/13 has [26] have [39] haven't [1] 8/12 having [1] 6/12 HCV [1] 16/9 heading [1] 17/5 Health [4] 2/2 6/24 7/4 12/20 Healthcare [1] 12/20 hear [16]	I I am [3] 2/4 6/5 17/6 I believe [1] 2/25 I did [2] 6/7 6/7 I do [1] 5/22 I have [4] 2/11 3/4 6/9 15/9 I haven't [1] 8/12 I hope [5] 1/13 3/21 11/16 15/8 17/6 I know [2] 6/6 6/9 I mean [1] 3/7 I promised [1] 3/20 I propose [1] 18/2 I said [1] 4/20 I set [1] 3/10 I should [3] 8/25 10/19 11/24 I thank [1] 1/10 I understand [1] 2/19 I want [2] 2/10 2/22 I would [3] 2/17 5/7 6/12 I'm [1] 8/12 ideas [1] 5/9 identified [4] 13/13 14/7 14/9 17/14 identifying [2] 3/1 11/13 identity [2] 11/4 11/7 if [3] 9/22 11/7 17/15 impact [2] 7/21 15/5 impacts [1] 14/20 importance [4] 1/8 3/19 12/3 15/24 important [5] 1/25 4/16 6/10 7/10 8/5 includes [1] 5/14 including [1] 8/7 increase [1] 1/17	J Jenni [1] 6/14 just [2] 4/24 5/2 justice [1] 15/20	K keep [1] 3/7 Kingdom [1] 12/8 know [6] 4/8 6/6 6/9 8/19 9/2 17/15 knowing [1] 2/6 knowledge [2] 1/17 15/14 known [1] 11/4	L lack [1] 16/21 large [5] 2/11 3/4 12/15 12/15 13/7 last [4] 4/13 4/14 4/20	M made [3] 4/18 11/11 15/24 make [4] 2/20 4/9 4/18 17/7 makers [1] 15/15 making [2] 2/15 3/3 manually [1] 13/15 many [17] Martindale [2] 6/15 18/4 material [17] matter [1] 4/25 matters [2] 8/4 11/24 may [15] me [4] 1/19 3/24 3/25 6/13 mean [1] 3/7 means [1] 7/13 meant [1] 7/9 measures [1] 11/6 medical [1] 8/9 Medicines [1] 12/20 members [1] 11/16 memories [2] 2/19 4/5 men [1] 7/18 message [1] 1/14 mid [1] 6/19
---	---	--	---	---	--	--	--	---

M mid-October [1] 6/19 might [1] 2/6 million [4] 2/1 12/19 12/24 13/1 mimic [1] 1/22 mind [1] 5/25 mistaken [1] 17/13 moments [1] 5/19 month [1] 16/23 months [3] 9/2 12/12 13/12 more [8] most [1] 17/6 moving [2] 2/13 12/22 movingly [1] 1/19 MS [2] 6/17 9/19 Ms Fraser [1] 9/19 much [3] 2/21 4/6 6/9 must [2] 4/22 15/20 my [2] 3/8 9/19	Office [1] 13/21 often [2] 14/17 17/10 omissions [1] 15/15 once [2] 2/12 14/6 one [5] 3/16 7/7 8/11 14/16 16/20 ongoing [1] 14/16 only [9] open [2] 3/14 7/11 opening [2] 6/17 18/3 openness [2] 5/11 5/14 opportunity [2] 5/15 10/14 or [38] oral [6] 2/24 5/13 6/10 8/19 10/3 14/23 orally [5] 1/5 3/19 4/11 4/19 8/16 order [3] 11/11 11/14 11/22 Organisation [1] 2/2 organisations [1] 13/22 other [5] 6/22 7/14 11/13 11/18 13/21 others [4] 7/23 8/7 9/13 15/16 otherwise [1] 2/7 our [2] 6/14 9/21 out [3] 3/10 7/11 13/16 over [7] overcome [1] 6/2 own [1] 4/5	person [3] 5/22 10/13 10/14 person's [2] 3/14 4/21 personal [1] 11/19 perspectives [2] 3/8 4/23 pharmaceutical [2] 8/8 14/5 phrase [1] 7/7 physical [2] 4/7 12/16 plan [1] 14/21 planned [1] 13/24 plans [1] 2/3 please [2] 5/23 5/25 pledged [1] 7/12 point [2] 15/23 15/23 possible [5] 2/4 3/15 4/11 8/15 15/19 possibly [1] 2/6 potentially [3] 14/6 14/8 16/16 powers [1] 11/10 practical [2] 3/3 4/7 practitioners [3] 8/9 16/22 16/24 precise [1] 15/17 preliminary [2] 2/24 3/10 prepare [1] 15/12 presence [2] 1/7 17/22 present [1] 17/18 preserved [1] 11/6 press [4] 1/10 1/11 11/16 17/23 principles [2] 3/11 3/22 probably [1] 14/25 process [3] 10/21 13/23 14/15 products [14] program [1] 16/4 prohibits [1] 11/12 promise [1] 3/8 promised [2] 3/4 3/20 proper [1] 3/13 propose [1] 18/2 protect [1] 11/7 provided [3] 7/20 7/25 8/2 provides [1] 10/15 psychosocial [1] 15/4 public [10] publication [2] 11/12 11/21 publicly [1] 2/17 published [7] put [2] 3/20 7/12 putting [2] 3/12 4/22	questions [3] 9/19 9/22 9/22 quick [2] 3/5 3/13 R raise [3] 1/24 10/22 12/3 range [3] 1/22 9/9 11/6 reaction [1] 6/3 read [3] 2/11 4/16 8/20 reading [1] 6/5 ready [1] 18/3 real [1] 4/18 realise [1] 6/9 reason [1] 10/22 reasonable [4] 3/7 3/13 5/15 5/22 reasons [1] 11/2 recall [1] 16/1 receipt [1] 16/18 receive [2] 12/11 16/12 received [4] 5/4 7/7 10/7 12/9 receives [1] 4/15 recently [4] 2/2 9/14 16/9 16/13 recognise [1] 4/23 recommendation [1] 16/2 recommendations [1] 8/22 Records [1] 13/20 Red [1] 4/4 redacted [3] 5/12 11/20 11/21 redactions [1] 14/11 refer [1] 11/24 reference [3] 6/8 7/17 15/21 referred [1] 12/7 regard [1] 13/24 regulate [1] 8/9 Regulatory [1] 12/21 relation [1] 14/5 relevant [4] 10/12 14/6 14/8 15/15 remain [2] 2/8 16/16 repeat [1] 4/20 report [1] 1/11 repositories [2] 3/2 13/14 representation [1] 9/20 requests [1] 14/17 requires [1] 7/17 respect [6] 3/14 4/21 5/7 5/8 5/23 14/15 respond [1] 10/14 response [4] 5/16 8/2 10/16 15/16	responses [1] 5/18 restriction [2] 11/11 11/22 result [1] 16/17 return [1] 9/5 review [1] 14/16 reviewed [2] 14/10 14/11 reviews [1] 13/17 Richards [2] 6/14 6/17 right [3] 3/14 4/21 14/13 risk [2] 12/4 15/25 risks [3] 2/7 7/21 17/1 room [2] 3/21 11/16 rooms [1] 4/2 roughly [1] 13/12 round [1] 4/9 running [1] 14/25 S said [3] 4/20 7/12 8/15 same [1] 10/17 say [3] 6/14 8/25 18/2 says [1] 8/12 scale [2] 12/6 12/15 scanned [1] 14/10 Scottish [2] 13/24 13/25 screen [2] 17/3 17/20 screening [1] 16/3 screens [1] 17/6 scrutinised [1] 13/9 search [3] 12/18 13/1 13/11 searched [2] 12/24 13/14 searchers [1] 13/10 searches [4] 12/15 12/22 13/17 13/23 second [3] 4/20 12/3 17/4 Secondly [1] 7/16 see [2] 17/5 17/6 seek [1] 5/2 seem [1] 1/22 seemed [1] 2/23 seems [1] 16/15 selected [1] 9/8 separate [1] 13/14 September [2] 4/20 6/7 Service [5] 6/24 7/4 13/20 13/20 14/1 set [3] 3/10 15/12 15/13 short [1] 7/5 shorter [1] 15/21 should [7] sibling [1] 7/1 side [2] 3/24 4/2
---	---	--	--	---

S significant [1] 1/3 significantly [1] 17/12 simple [1] 10/21 simply [2] 2/19 8/17 sir [7] six [1] 13/12 so [12] some [17] somewhat [1] 16/2 sorry [1] 17/6 sources [2] 9/10 12/15 space [2] 4/3 4/7 specific [2] 14/17 17/18 spend [1] 4/8 spouse [1] 6/25 spread [1] 1/14 spring [1] 15/17 staff [1] 17/17 stage [1] 3/23 stages [1] 10/24 start [2] 2/24 3/19 stated [1] 16/24 statement [15] statements [12] still [1] 13/1 stir [1] 2/19 stirred [1] 2/18 stories [1] 8/14 streamed [1] 9/24 structured [1] 9/1 struggling [1] 1/14 studying [1] 16/6 subject [2] 5/14 10/23 submissions [1] 18/3 subsequently [1] 10/18 substantial [1] 14/7 such [7] suffer [1] 2/1 suffered [1] 7/14 suffering [1] 2/6 support [2] 8/1 16/25 symptoms [6] 1/18 1/22 17/12 17/13 17/16 17/18 systems [1] 17/11	than [3] 2/12 6/6 6/7 thank [5] 1/6 1/10 2/10 6/8 6/15 that [70] their [9] them [14] themselves [3] 2/20 6/2 6/4 then [1] 6/7 there [21] therefore [1] 17/17 these [7] they [16] think [1] 2/6 third [2] 5/11 11/20 Thirdly [1] 8/5 this [19] thorough [1] 3/7 thoroughness [1] 3/13 those [26] though [2] 3/4 3/18 thousands [2] 6/20 16/16 three [2] 9/2 9/16 through [6] 1/15 10/21 13/3 14/7 14/14 16/14 time [7] times [1] 2/12 timescale [1] 15/22 timetable [1] 14/20 timetabling [1] 12/2 to [128] today [2] 1/3 17/23 together [1] 1/9 told [2] 1/19 2/4 too [5] 1/10 2/21 2/22 5/17 8/17 touches [1] 8/3 tranche [1] 13/5 transcript [1] 9/25 transfused [1] 5/5 Transfusion [1] 13/25 transfusions [1] 16/10 transmission [1] 2/8 transparent [1] 3/15 Transplant [1] 13/19 travelling [1] 4/9 treated [2] 6/23 7/2 treatment [3] 7/18 8/1 15/3 Trust [1] 16/12 truth [1] 9/11 trying [1] 5/3 Tuesday [1] 1/1 turn [1] 14/19 two [4] 9/6 11/23 12/18 14/22	unaware [1] 16/17 under [4] 10/9 11/10 15/20 17/5 understand [2] 2/19 5/3 understandable [1] 11/2 understood [1] 2/25 undertake [1] 12/2 undertaken [3] 12/9 12/16 13/17 undertaking [1] 12/1 underway [2] 13/23 14/4 undiagnosed [1] 16/7 United [1] 12/8 United Kingdom [1] 12/8 unpalatable [1] 5/9 unprecedented [1] 12/7 Unsurprisingly [1] 10/5 until [2] 4/8 17/11 up [2] 2/18 2/19 update [2] 11/25 12/6 upon [3] 2/5 14/20 15/1 used [1] 7/7 usually [1] 9/16	whatever [1] 3/8 when [4] 5/13 6/1 6/7 17/12 where [6] 4/2 5/12 5/16 9/17 9/20 10/14 whether [2] 4/19 17/18 which [16] while [1] 1/13 who [38] whom [2] 8/11 11/1 whose [4] 6/25 7/1 7/1 7/1 why [1] 1/10 widely [1] 17/25 will [49] wish [2] 4/12 5/2 wishing [2] 5/1 5/1 with [19] witness [19] witness's [1] 10/17 witnesses [10] women [1] 7/18 work [6] 10/25 11/25 12/1 12/6 14/15 14/19 working [1] 13/3 world [2] 2/2 6/19 worldwide [1] 2/1 would [5] 2/17 3/20 4/12 5/7 6/12 writing [1] 10/14 written [2] 4/15 10/15
T take [3] 1/6 3/4 13/12 takes [2] 2/8 14/19 team [4] 8/6 8/21 13/10 13/16 tears [1] 5/21 tell [1] 8/13 terms [3] 6/8 7/17 15/21 terrible [1] 9/12 tested [2] 2/7 17/16 testimonies [1] 5/19 testing [2] 12/4 15/24	U UK [1] 4/9	V v National [1] 13/4 valuable [1] 2/14 value [3] 1/21 4/17 4/18 vast [1] 15/8 very [3] 9/14 12/15 13/7 via [1] 11/8 video [1] 11/8 virus [1] 16/14 viruses [1] 17/20 visible [1] 3/21 visits [1] 13/22 vital [1] 15/24	Y years [4] 8/13 9/13 16/7 16/11 yet [2] 2/16 2/18 you [36] your [7]