

Witness Name: William Wright

Statement No.: WITN2287087

Exhibits:

WITN2287088–WITN2287091

Dated: 7 February 2025

INFECTED BLOOD INQUIRY

FOURTH WRITTEN STATEMENT OF WILLIAM WRIGHT

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 14 January 2025.

I, William Wright, will say as follows:

1. I provide this response as former Chair/Co-chair of Haemophilia Scotland, a position I stood down from on 24th August 2024. I do so as I remain involved in the work of Haemophilia Scotland as their advisor and spokesperson on infected blood.
2. During the Inquiry I provided three written statements and appeared twice to give oral evidence. My health and personal position have changed significantly since giving evidence and is relevant to my standing down as Haemophilia Scotland chair and answering the Rule 9 questions asked below of Haemophilia Scotland. I have been involved in the drafting of the Haemophilia Scotland (WITN7754001). I fully endorse and support the contents of that statement. I provide this statement as a supplement.

1. Please describe the nature of the work which you and your colleagues within Haemophilia Scotland, have been undertaking, in relation to the question of compensation, since the publication of the Inquiry's Report in May 2024.

3. On May 20th and 21st, I was very heavily involved in giving media interviews in response to the Inquiry Report. In my position as Haemophilia Scotland spokesperson on infected blood, I have since given further media interviews to draw public attention to the question of compensation being far from resolved. For the reasons set out below I was unable to be in London on May 20th to hear the delivery of the Final Report in person. On May 21st my wife and I were invited to attend as guests at the Scottish Parliament to hear in person the First Ministers response to the Inquiry Report, including a formal apology (WITN2287088). We were then invited to join him afterwards in his private office. At that point, I advised him informally that considerable work remained to be done to put the Inquiry recommendations into practice. I then followed that private assertion up with a joint letter from Haemophilia Scotland and SIBF setting out our growing alarm at the response from the UK Government to the Inquiry Report, particularly on compensation (WITN2287089).
4. During the rest of 2024 and until now, I have continued to be involved in work in response to the Government's announcements on compensation, despite and in part because of the answers set out in response to Questions 4 and 5. I have been in continuous contact with colleagues in Haemophilia Scotland and also remain in regular touch with Thompsons Solicitors.
5. I have also had occasional contact with Scottish Government including the meetings with the Public Health Minister, Jenni Minto MSP.
6. Due to the concerns I had developed as the weeks progressed, I met for the first time after the election with my new MP Dave Doogan at his local surgery on July 31st. He followed that up by writing to the new Paymaster General in consultation with me (WITN2287090), prompting the response (WITN2287091).

7. I also attended the meeting in person with Sir Robert Francis and colleagues from IBCA on 21st October 2024. I recall at this meeting that IBCA made it clear that it dealt with operational matters and policy decisions remained a matter for the Government.
8. I was invited to give a brief personal presentation to the new All Party Parliamentary Group in Westminster on December 17th and travelled to London to do so along with the Haemophilia Scotland Chair John Dearden.
9. It was becoming clear to me as the weeks progressed that Government was intent in proceeding with its 'line to take' of being seen to do something 'at pace' rather than ensuring that the provisions of their regulations were the right ones which were logical and shaped by the evidence revealed during the IBI.
10. So however bad the Government's position was, I therefore decided to adopt a pragmatic approach by volunteering to work with IBCA and try to help try and make the best of a bad job. I agreed to firstly engage in discussions with Public Digital, an IT firm retained by the Government to develop a system to process claims, initially via the core route. I had several online meetings with them, the first being on September 25th. One move that I suggested at this stage was to try the system out via a pilot in order that it might be refined, albeit I ventured that we might need a rather larger sample size of as much as 50, than the 17 that initially were engaged. While the meetings were held in confidence, I felt it important to at least be able to flag up in general terms for Haemophilia Scotland and Thompsons any possible thinking that might affect the community as a whole.
11. It was clear that the intention of IBCA was already to bring in 'Case Managers' as the key figures, rather than lawyers appointed by claimants in processing of core route claims. Public Digital clarified for me that they were retained to set up an operational claims and communication system and policy decisions were above their pay grade. I continue to be in touch with Public Digital.
12. I was invited to join the small list of claimants under the core route pilot. I agreed to this on the basis that it would afford me the opportunity to view the claims

process in practice and comment upon it. I had my first meeting with my allotted claims manager on Nov 6th and a transcript was subsequently provided. For part of the meeting, a representative of Public Digital was present. I was happy with this as it offered the learning from the process that was my intention.

13. The second meeting took place on Nov 14th for which a transcript was also produced. One challenge immediately presenting itself was the need to provide supporting documentation, so I had asked that my wife join the meetings as my partner/advocate. This was in line with another suggestion I had previously made to Public Digital. However, given the importance of producing the correct evidence I also wished Thompsons as my solicitors to take part. This was agreed to. I had also previously emphasised to Public Digital the need for claimants to be able to have present legal professionals as their advocate present. One immediate observation I made was that the evidence required to back core route claims might not be readily available to claimants. I was fortunate in that my wife was able to lay hands on the necessary evidence (6 different documents) most of which I had already provided as supporting evidence with my written statements to the Inquiry. While I was lucky my wife laid her hands upon the required documentation, I suggested that others may have very real difficulty in this respect, and would need assistance from their legal representatives. Such evidence may be in the hands of legal representatives, particularly where statements have been made to the Inquiry.

14. I was also concerned that IBCA confirmed I would still be able to make a claim under the supplementary route which they confirmed would be the case.

15. Given that I had been receiving SIBSS support payments monthly since 2016, I am anxious to see any offer in terms of any implication for what is a major part of our household income and the provision for my wife should I pass away 31st March 2025. The Government have recently confirmed that the position is that, if an infected person passes away after 31 March 2025, their bereaved partner will not be entitled to support scheme payments. This has caused me and other members of the community great anxiety.

16. I should also acknowledge that the case manager handling my claim has been sensitive and responded as quickly as possible to any queries over the process. My primary concern is with the provisions they have been asked to deliver. It remains vital that I can have the full support of the legal professionals familiar with my story throughout this process.

2. What if any external support or assistance has been, or is, available to you and your colleagues in undertaking the work described above?

17. In addition to the meetings with the claims manager I have been reliant upon the largely pro bono input from Thompsons Solicitors and discussions with colleagues in Haemophilia Scotland.

3. Please describe the involvement of people infected and affected in the decision-making regarding compensation (whether by Government or IBCA or both) as you and your colleagues within Haemophilia Scotland have experienced it.

18. In addition to the comments made in the statement made by Haemophilia Scotland, I should add that my own thinking on this is particularly affected by the evidence taken during the Infected Blood Inquiry. I am prompted repeatedly to recall the evidence given during the appearance of the Expert Group on Public Health and Administration at the Inquiry. In January 2024, the Government appointed an Expert Group to provide advice on the compensation scheme policies and tariffs, chaired by Professor Sir Jonathan Montgomery. It draws me to query whether during and following the Expert Group, Government has followed the Nolan Principles, in particular Principles 3, 5 and 6 concerning Objectivity, Accountability and Openness.

19. It appears that the door is being slammed shut on us whenever we raise relevant shortcomings. It feels similar to the obstructive approach we faced with Scottish Government in the early 2000s as highlighted and criticised in the Inquiry's final report is causing major frustration and personal distress.

20. The attitude of the UK Government since May 2024 feels the same despite the willingness of a group of well-informed survivors to work with Government. This is in stark contrast to the work we did in Scotland in 2015 following the publication of the Penrose Inquiry report that led to the establishment of the Scottish Infected Blood Support Scheme (SIBSS).
21. There appears to be the absence of a forward strategy, plan or process to address the host of substantive issues they are creating within the regulations. They instead, as highlighted in the statement from Haemophilia Scotland, appear to either ignore the issues raised with them or simply impose their will without reasoning or rationale. 'Lines to take' are back with a bang.
22. The problem, it appears, stems from two of the foundations for the compensation scheme as it has developed. Firstly, the Expert Group did not take evidence from those affected when drawing up its recommendations or consult them. The Government then based its proposed levels of payment on the Montgomery proposals. No rationale has ever been produced for the tariffs, particularly in relation to impact on health where the figures that have been used are round numbers. They do not appear to have taken account of the extensive evidence that was available to the Inquiry.
23. Secondly, the election announcement meant that the passing of the Victims and Prisoners Bill was unduly rushed in the 'wash-up' to get legislation passed. That meant, under Sections 49 and 50, that details of the scheme would be fixed under secondary legislation which had to be drawn up during election purdah and the Parliamentary summer recess.
24. Neither leg of these foundations had been adequately consulted upon.
25. A new unknown Minister came into place to oversee this and lead the response, recalling not only the evidence to the Inquiry by the aforementioned Expert Group about Ministerial changes but also changes in Government, particularly from different political parties. It is difficult in particular to avoid linking this to the evidence given to the Inquiry by Andy Burnham and Jeremy Hunt of their

experience as Ministers in their dealings with civil servants, particularly where those same officials were answering letters from survivors on their behalf.

26. It sadly appears that the officials making up the IBI Response Team within the Cabinet Office have not learned from the damning evidence revealed during the Inquiry about the approach taken by their civil service predecessors or the Inquiry recommendations.

27. On page 22 of the Inquiry Interim Report it states with regard to the medical and legal panels proposed for the scheme as an Arm's Length Body:

"It should be for the Chair to decide who to appoint. Lawyers who have been involved in this Inquiry and have thus acquired a familiarity with the principal infections, their impacts and their causes would be well placed to apply. Since both panels are there to advise on the scheme of banding and levels of award which are appropriate, and if adopted by the Chair their views will have a direct impact on beneficiaries of the compensation scheme, the panels should be expected to talk to, engage with, and consult widely with beneficiaries. There is a parallel with this Inquiry. It set out to put people at its heart: and anyone who has observed its proceedings closely can see that doing so has added to its understanding of what happened, and why. I believe that their experiences have helped open my eyes as they have the eyes of others. Those experiences should be available at a formative stage of the "banding and levels" process."

28. Clearly that did not happen with the Expert Group appointed by the Government and chaired by Professor Sir Jonathan Montgomery. Indeed, it is difficult to see how the approach taken by Government passes even the most basic of tests on what is good practice on consultation. Failure by Government and the Montgomery group to consult effectively has built in a process of inflexibility. That inflexibility, in turn, makes further consultation and engagement meaningless.

29. As a consequence of the shortcomings in output from Government, the outcomes for those infected and affected will inevitably be disappointment and a yet further level of 'harm upon harm'.

5. Please describe the impact upon you and your colleagues within Haemophilia Scotland of the matters set out in 1-4 above.

30. My own continued involvement in these matters is set against a background of a significant change during 2024 in my own health and personal position. I was diagnosed with Hepatocellular Carcinoma (HCC), namely liver cancer in March 2024, due to the appearance of a 3.9cm tumour in an MRI scan. While querying how such a lesion had grown so large so quickly, I embarked in April on an assessment to join the liver transplant list and underwent my first TACE to reduce the tumour. Having joined the transplant list I was unable to attend the delivery of the Final report in London on May 20th as I was confined to being readily available for a possible liver transplant in Edinburgh should I be called at any time when a suitable donor liver became available.
31. I was subsequently diagnosed in July with a second tumour and 'downstaged' off the transplant list. This was a highly dispiriting turn of events, implying a much-shortened potential lifespan. My attention turned to ensuring that my wife would continue to receive ongoing SIBSS payments after my passing. Scottish Government had repeatedly assured us that these would last for life. I feared that under the proposals set out by the UK Government, my wife would not be allowed the choice of whether to continue monthly SIBSS. As mentioned above at paragraph 15, the Government has now confirmed that, if an infected person passes away after 31st March 2025, their bereaved partner will not receive support payments.
32. In view of my health outlook I stood down as co-chair of Haemophilia Scotland at its AGM in August 2024. As I had been Chair for 12 years since the charities foundation in 2012 and had extensive experience of two public inquiries, I agreed to be retained as a spokesman and advisor on infected blood.
33. I remain active in this role and as I saw, as 2024 progressed, the glaring differences in the approach taken by Government, compared to the framework for

compensation recommended by the Infected Blood Inquiry, I have continued to be involved in the background in trying to move the process forward positively.

34. I mention all this because despite the significant downturn in my own medical situation and potential life limiting implications, my attention remains very much with the ongoing challenges set by Government in what appears to be such an inflexible and piecemeal approach to meeting the complex needs of those impacted by the Infected Blood Scandal.

35. I thus remain duty bound to try and help resolve what has become a very distressing situation for all of those who have been infected and affected.

6. Please describe the impact you perceive the decision-making regarding compensation (by Government, IBCA or both) to be having on people infected and affected, and why.

36. I refer to the response of Haemophilia Scotland (WITN7754001).

7. Are there any particular steps or measures which you consider could be taken by Government, IBCA or both to alleviate any detrimental impact upon you, Haemophilia Scotland and/or the infected and affected communities? If so, please set them out.

37. I refer to the response of Haemophilia Scotland (WITN7754001) and my remarks above about the absence of a Government plan or strategy. I would also refer to my comments at paragraph 16 about the need for the full support of legal representatives who are familiar with the circumstances of the person making the application for compensation.

38. I should add that my successor as Chair of Haemophilia Scotland, John Dearden, has spent hundreds of voluntary hours in the last year responding to this situation, considerably relieving me personally of the work burden I had faced prior to my standing down. He deserves greater support and attention from Government on the issues he raises.

39. Given the first set of regulations have been passed and the second set have, as I understand it, already been drafted without any meaningful consultation with the infected and affected community, mere hindsight on their contents remains simply that. However I would suggest, it would have been better for the Government to avoid setting such inflexible detail within the provisions of the secondary legislation. It could instead have simply provided within the regulations for initial official guidelines to be adopted which could be more readily revised and updated as the compensation process progresses, and any shortcomings are learned about.

Statement of Truth

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

Signed GRO-C

Dated Feb 22, 2025

Table of exhibits:

Date	Notes/ Description	Exhibit number
21 May 2024	Official record of the Scottish Parliament - statement of the First Minister John Swinney MSP on the Infected Blood Inquiry	WITN2287088
27 May 2024	Letter to the First Minister John Swinney MSP from Haemophilia Scotland and the Scottish Infected Blood Forum	WITN2287089
24 October 2024 (date TBC)	Letter to Nick Thomas Symonds MP (Paymaster General) from Dave Doogan MP	WITN2287090

4 December 2024	Letter to Dave Doogan MP from Nick Thomas-Symonds MP (Minister for the Cabinet Office and Paymaster General)	WITN2287091
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NOT RELEVANT



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