

Witness Name: David Cameron
Statement No.: WITN3903007
Exhibits: WITN3903008 - WITN3903015
Dated: 13 December 2021

INFECTED BLOOD INQUIRY

SECOND WRITTEN STATEMENT OF DAVID CAMERON

I provide this second statement in response to a second request under Rule 9 of the Inquiry Rules 2006 dated 29 September 2021.

I, David Cameron will say as follows: -

Section 1: Introduction

1. I provided my date of birth and contact address in my first statement, together with my relevant employment history.

Section 2: Response to criticisms by W2287

2. I value the opportunity to provide further clarification to the Inquiry. I welcome the Inquiry and its aim to examine the circumstances in which men and women in this country were, tragically, given infected blood.
3. I have read very carefully the statement of witness W2287, who spoke so powerfully to the Inquiry. In the light of the criticisms he made of me I wanted to respond directly.

4. I understand that witness W2287 at page 69 onwards of the transcript of the hearing on 10 June 2021 describes 25 March 2015, the day when the Penrose Inquiry final report was published.
5. To recap, the Penrose Inquiry into the infected blood scandal had been set up by Scottish Ministers under the Inquiries Act 2005 and announced by Nicola Sturgeon MSP, the then Cabinet Secretary for Health and Wellbeing, on 23 April 2008.
6. Witness W2287 described a private gathering of Haemophilia Scotland with Nicola Sturgeon (by then Scotland's First Minister) and Shona Robinson (the Cabinet Secretary for Health, Wellbeing and Sport). Witness W2287 then describes 26 March 2015 when Nicola Sturgeon responded to a Parliamentary question and stated "*On behalf of the Scottish Government I certainly accept that responsibility*", the responsibility being the Government's moral responsibility.
7. On page 76, starting on line 11, witness W2287 goes on to explain that at the same time as Nicola Sturgeon made an apology in the Scottish Parliament, I apologised in the UK Parliament. Witness W2287 states:

"We had already made proposals to the Minister about what happened next, and it had to be an inclusive process, unlike the bit that I've missed here, was the David Cameron response. At the very same time as I was on my hind legs in Edinburgh, the Prime Minister was in London saying, "I apologise". He didn't actually explain what he was apologising for. My bet is that the First Minister in Scotland would have a better idea about what she was apologising for and the Scottish National Blood Transfusion Service would have a better idea about what they were apologising for than Mr Cameron in London, because he also said, "Well, here's an extra 25 million". This is the wrong -- I'm sorry, sir, but this is the wrong way to do Government!"

8. Witness W2287 goes on to say that £25 million "*was a damned insult.*"

9. Witness W2287 says separately that he did not receive a reply to a letter he wrote to me subsequently.
10. I believe Witness W2287 is raising three questions here. The first is the question over why I apologised. The second is about how the figure of £25 million I announced for victims was reached. The third is about what happened to the letter he sent me.
11. I think the first two criticisms are based on a simple misunderstanding of exactly what I was announcing in March 2015.
12. I can of course understand that, from the witness's perspective in Scotland, watching very closely the response to a Scottish inquiry, it may have been surprising to see the UK Prime Minister make an apology to victims and announce what may have seemed an arbitrary sum of additional money for victims.
13. However, the package I set out on that day was worked up over many months. It came as a result of two things: first, my government's endeavours to create a better system of payments for victims, which was long overdue; and second, our belief that it was right for the UK Prime Minister to make an announcement when the Scottish inquiry published its findings in order to show victims in England, where health is overseen by the UK government, that we were serious about reform.
14. The statement I made to Parliament was not the full response to the Penrose Report – that would require a proper period of work and consultation. Nor was the £25 million that was pledged in any sense a 'final amount' that government intended to make available to victims.
15. It was cognisant of the fact that the Penrose Report was coming out then and it would be right for the Prime Minister to both apologise to victims for the scandal and to offer extra financial help as a 'stepping stone' towards a better system of payments for the long term.

16. The extra money on the table was not the suggested solution, but some money for the next year, that doubled the annual payment to victims and offered bridging finance for what might come next after the UK government was able to properly consult on the Penrose findings. As I said in Parliament, the money was “*to support any transitional arrangements to a better payments system*” (please see paragraph 21 below) and it was not the whole of the government’s response.
17. As I will explain later in this statement, the fact that Penrose published towards the end of the Parliament limited what could be pledged, since there was no time left to consult before the general election and since a government is restricted in what it can commit financially at this stage in the lifespan of a Parliament.
18. As I put it in my first statement to this inquiry, “*It also became clear [after the election] the initial sum that was proposed, of £25 million, was not sufficient to ensure that no sufferers lost out.*” I continued to fight hard for more money for victims. Indeed the following year, with a majority in Parliament and a full term ahead of us, we were able to undertake a full consultation and increase that particular additional sum of money to £125 million.
19. Since it is the first thing the Witness raises, I would like to turn first to my apology itself.
20. I note from Hansard records from 25 March 2015 which I exhibit as **WITN3903008** that Rory Stewart (MP for Penrith and the Border) asked:

“Will the Prime Minister, as the last act of his Government, ensure that there is a full apology, transparent publication and, above all, proper compensation for the families terribly affected by this scandal?”

21. My response was:

“My hon. Friend is absolutely right to raise this, with the Penrose report being published today. I can do all of the three things he asks for. I know that many Members on all sides of this House have raised the

question of infected blood, and I have spoken about how constituents have been to my surgeries. While it will be for the next Government to take account of these findings, it is right that we use this moment to recognise the pain and the suffering experienced by people as a result of this tragedy. It is difficult to imagine the feelings of unfairness that people must feel at being infected with something like hepatitis C or HIV as a result of a totally unrelated treatment within the NHS. To each and every one of those people, I would like to say sorry on behalf of the Government for something that should not have happened.

No amount of money can ever fully make up for what did happen, but it is vital that we move as soon as possible to improve the way that payments are made to those infected by this blood. I can confirm today that the Government will provide up to £25 million in 2015-16 to support any transitional arrangements to a better payments system. I commit that, if I am Prime Minister in May, we will respond to the findings of this report as a matter of priority.”

22. I believe my apology was fulsome and clear. I was apologising to “each and every one” of the victims for what happened to them. The subtext was, ‘just because a Scottish Inquiry has reported, doesn’t mean that victims from the rest of the country will be forgotten about’.
23. Later on in this statement I will explain how it came about that I, as Prime Minister made this apology, rather than another minister, for example the Secretary of State for Health; but before that, I will turn to the witness’s query over how the £25 million figure was reached.
24. It is useful to look at the background to the systems of payments. From the late 1980s, the government ran several schemes to offer financial support to the victims of the terrible tragedy in which thousands of people in the UK became infected with hepatitis C and/or HIV after receiving contaminated blood during procedures administered by the NHS.

25. I was aware of the scandal since it was first made public and was able to meet victims during my time as a Member of Parliament for Witney from 2001 to 2016.
26. While sharing their stories with me, they complained that there were multiple, complex and insufficiently generous systems of payments to help them.
27. In January 2011, the Coalition government which I led announced several improvements. However, the system was still seen as inadequate – something that was also brought home to me repeatedly by Parliamentary colleagues such as the Conservative MP, Alastair Burt, who represented victims' interests for a number of years.
28. These shortcomings were made even plainer to me during a meeting on 12 November 2013 with Mr Burt and some victims who accompanied him. Their wishes were simple: an improved system, an apology, and a public inquiry.
29. I believed the system was not fit for purpose. I believed an apology from the government was important. I did not agree to a public inquiry being held, since I believed it would be best to channel any help and funding towards victims directly.
30. I would like to explain this further. As I understood it, at the heart of the victims' desire for an inquiry was a desire for transparency. I therefore thought that making all the documents public (which became part of the package) was a way of meeting this desire, without the delay a public inquiry would have led to.
31. The issue of whether to have a public inquiry was a balanced one - on the one hand it would mean the proper airing of all the issues and concerns, but on the other it would inevitably take a lot of time, during which more sufferers would have to wait for a better outcome. That is why I reached the decision to try and prioritise transparency and improvements to the payments system; but on reflection I can see that the case for a full inquiry had much force, so I'd like to reiterate the point I made in my first statement, which is that I welcome this inquiry.

32. An added imperative to offering an improved package of measures was the expectation that the Penrose Inquiry would soon be publishing its findings. It seemed sensible to me and my team that any long-term reforms made by the Coalition government should be made in the light of this public inquiry's findings, so that the systems in England could harmonise with those in Scotland (after all, the problem with past systems was too much fragmentation). I wanted to launch a consultation in Parliament as soon as the inquiry had reported. I also wanted to ensure there was a package ready for when the report was published – which is when I envisaged an apology and pledge of additional funding might best be made.
33. There followed a series of meetings and written submissions between me and my civil servants, special advisers and ministers. I received a submission from my senior special adviser on health, Nick Seddon, on 06 February 2014 which I exhibit as **WITN3903009**.
34. The submission references my meeting with victims in November 2013 and underlines the need to reform the complex system. It warns that the Department of Health is "*in serious financial trouble right now*", before suggesting "*a package of announcements on financial support ... perhaps in the order of ^£10 million, although this is a nominal figure*".
35. I was warned in the submission that my involvement in making any such announcements might "*fan the flames further*". I was advised by my staff against publicly leading on it.
36. My handwritten comment reads: "*I agree the approach, and JH [The Rt. Hon. Jeremy Hunt, Secretary of State for Health] should lead BUT... we need some more money – and a rationale for who gets what (i.e. HIV v. Hep C etc. etc.). Have one more go at thinking of how to and then go to Alistair [Burt].*"
37. I did, however, want to retain oversight, because I wanted us to get it right. Indeed, I marked a passage in the submission under the heading 'payments

schemes' which stated "*We recommend appointing a new head of the schemes who would take on the task of establishing the fairest way to allocate resources available. They should have the remit to look only at the distribution not the quantum of money*", and I placed a tick next to it because I believed that it was important for the government to retain control of the amount being offered, to ensure it was fair.

38. I received another written submission from Nick Seddon on **24 June 2014** which I exhibit as **WITN3903010**. Mr Seddon set out a package of measures he had been pushing the Department of Health to work up. One of the components of the package was to "*announce a review of the whole system of financial support*". Another was to "*offer those currently receiving regular payments the choice of one reasonable final lump sum (DH have allocated ~£25 million)*". The submission makes clear that this £25m figure is "in addition to the routine funding" and so it was clear to me that my request for "more money" was being acted upon.
39. A priority for me was the way in which the money was targeted, especially since the original criticisms of the system were focused on the unfair structure of the system. That is why I wrote next to it, "*does this help* GRO-A?", referring to my constituent GRO-A, who had attended my surgery the previous month to raise the lack of compensation for victims. As I recall it, this was my shorthand for whether the system would be fair to Hepatitis C sufferers, who had long believed that the compensation they received didn't reflect the severity of their suffering.
40. I wrote on top of that submission: "*Let's see what the team thinks. I am tempted to do it – it is taking my intervention to get this sorted and DoH [Department of Health] are not trusted ... let's get this fixed in the calendar for Nov [November].*" I wrote this because I was becoming increasingly aware that there was a breakdown of trust between campaigners and the health department, which was understandable given the years of frustration over the system. It was becoming clear to me how much more meaningful an apology would be if it came from the very top of government.

41. I received a further submission on **30 July 2014** entitled 'NHS finance meeting with Jeremy Hunt' which I exhibit as **WITN3903011**. My annotation on that submission reads "*Good summary. I may want to pull out the contaminated blood money...*", by which I meant that I did not want it to be cut because of departmental budget constraints, and I therefore sought to protect it from cuts.
42. Attached to that submission is a Treasury document which identifies a number of projected health spends which could be cut to make savings (in the context of severely stretched NHS finances). As is apparent from the third and fourth columns, civil servants dismissed this as a potential saving immediately, knowing as they did how much of a priority this was for me.

Budget/policy	How would the money be released?	Real world impact, noise and handling	HMT view	Saving
Contaminated blood scheme	At the PM's request, DH agreed to find £25m for an announcement about more compensation for people affected.	This has not been announced so no risk of public backlash but it is a PM priority and it has already been delayed once.	Do not agree. PM needs to give his view.	£25m

43. I was increasingly frustrated at the delay in the publication of the Penrose report, not only for the sake of victims who had been waiting for so many years, but also because we were running out of time in the Parliament to respond with any meaningful reform. (It may assist if I explain at this point that in the period immediately before an election, there are restrictions on the use of public resources and the activities of civil servants and ministers. Whilst ministers remain in charge of their departments until the election has taken place, they have to observe discretion in announcing initiatives that are new, or of long-term character.)
44. In a written submission from my special advisers to me on **24 November 2014** which I exhibit as **WITN3903012** my agreement was sought not to announce the package until the Penrose publication. I did agree, but noted, "*But no end in sight*".

45. In a written submission on **22 January 2015** which I exhibit as **WITN3903013** I was informed that the Penrose report would be published on 25 March 2015. This was five days before Parliament was prorogued ahead of the general election, which meant there would be no time to consult before we went to the polls. I indicated that in response to the Penrose Inquiry I wished to announce the intention to consult following the election, together with releasing all relevant documents from the Department of Health.
46. As the publication date drew closer, I received a covering note dated **20 March 2015** which I exhibit as **WITN3903014** entitled 'contaminated blood' from Ed Whiting (my deputy principal private secretary), in which he passed a copy of a letter of the same date from Jeremy Hunt to me and said "*Nick [Seddon] and I are working on the plan you've agreed with him [Jeremy Hunt] on this – something on or before PMQs [Prime Minister's Questions] with a Jeremy Hunt WMS [written ministerial statement] afterwards if needed. I'll send you a draft WMS early next week.*" and to which I replied the next day by saying "*I agree with this; I would hope that the £25m could stretch a bit further. Some have suffered some ill health rather than serious illness.*" By this comment I meant that I wanted to ensure that as many people as possible who had suffered received some money, and that included those who had suffered less severe illness but had been adversely affected nonetheless.
47. Mr Hunt echoed my feelings about the delay in a written ministerial statement dated **25 March 2015** (the draft which I approved five days earlier, and upon which I commented "v good"): "*It is with frustration and sincere regret that our considerations on the design of a future system have been subject to postponement whilst we awaited publication of Lord Penrose's final report of his Inquiry in Scotland.*"
48. As Mr Hunt put it: "*We had hoped to consult during this Parliament on reforming the ex-gratia financial assistance schemes, considering, amongst other options, a system based on some form of individual assessment. However, I felt that it was important to consider fully Lord Penrose's report before any such*

consultation. Given its publication today, we clearly are not in a position to launch a consultation, on one of the last sitting days of this Parliament."

49. He went on to say: *"In the meantime I am pleased to announce that I will be allocating up to an additional one-off £25 million from the Department of Health's 2015/16 budget allocation to support any transitional arrangements to a different payment system that might be necessary in responding fully to Lord Penrose's recommendations. We intend this to provide assurances to those affected by these tragic events that we have heard their concerns and are making provision to reform the system."*
50. In both my statement and Mr Hunt's, it was made clear that the £25 million was intended to help rework a payments system to make it work better for victims. It was regrettable that we had not been able to conduct a consultation into what a reformed system might look like, in the light of Penrose, and therefore could not be more specific about how exactly this money might be allocated. In my mind this was a significant sum of money on top of the annual payments (which for the previous year were around £24 million). It was also, as I've said, not the extent of any additional funding that any government I led would make available to victims – as my actions following the election demonstrate.
51. My party was returned to government with a majority on 7th May 2015. The infected blood issue remained one of my top priorities. We committed to giving a full government response to the Penrose Inquiry by the end of July 2015.
52. In a letter from Jeremy Hunt to me dated **30 June 2015**, which I exhibit as **WITN3903015** Mr Hunt set out 3 proposed responses to the Penrose report, which he addressed as 1) "Austerity" option: £25m, 2) Minimum scheme likely to satisfy majority of sufferers: £480m, and 3) Maximum possible within DH [the Department of Health] budget constraints: £125m.
53. For me, option 1, the 'austerity option' as Mr Hunt put it, was not something I could support – it was, as I've explained, a holding sum within the confines of what we were able to offer as a government in its final days of office, but the

picture looked different now we had been returned to office and had a full Parliament ahead of us.

54. Option 2 was described by Mr Hunt as “*not currently affordable for DH*”. I was, of course, familiar with the budgetary constraints facing government departments and chose not to overrule the department.
55. I therefore opted for option 3, the maximum possible within DH budget constraints, and a significant improvement on the £25 million we had set out before the election.
56. As I wrote in my previous statement to this inquiry, “[d]uring the consultation following the election I was sent a series of proposals by the Department of Health. However, I was not satisfied these would ensure sufferers gained from the new system. Indeed, I was worried ... that the proposed approach would actually take money away from some people.”
57. As I explain in the rest of that statement, I instructed officials via written submissions to come up with a more generous package. I also repeatedly informed them that I would not agree to anything where sufferers lost out. Upon one submission I wrote “*A scheme that is meant to help but actually takes money away from people is hopeless*”. Upon another I wrote “*Don’t take money away from existing people – that will not work.*”
58. I also explained in my first statement that it became clear the initial sum that was proposed, of £25 million, was not sufficient to ensure that no sufferers lost out. After going backwards and forwards with the Department of Health over many months, I was content to proceed with the package that was eventually worked up, namely that Government would spend £125 million on a scheme that would be fairer, more comprehensive and for the first time guarantee for all those affected a regular annual payment. This is the package that I announced on 13 July 2016, during my final PMQs.

59. Finally I would like to address the issue Witness W2287 raises on page 77, namely that he wrote to me but that he did not receive a response. Cabinet Office staff have conducted a search of documents in order to assist me in making this witness statement and neither the letter from witness W2287, nor direct reference to it have been located. This was clearly a failure in the system and should not have happened. I am very sorry that it did.
60. This has been a difficult issue, and there have been repeated failures to deal with it properly. I am pleased that the inquiry is now underway and hope that full and final – and generous – settlement can now be made. However, I hope that I have demonstrated that this is an issue which I took seriously and worked to improve, both the way the systems worked and the amount of money that was made available, while properly apologising for past failures and encouraging the Department of Health to take a more transparent and frank approach to mistakes of the past.

Statement of Truth

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

Signed:

GRO-C

Dated: 13th December 2021

Table of exhibits:

Date	Notes/ Description	Exhibit number
25.03.2015	Hansard extract	WITN3903008
06.02.2014	Written submission with annotation	WITN3903009
24.06.2014	Written submission with annotation	WITN3903010
30.07.2014	Written submission with annotation	WITN3903011
24.11.2014	Written submission with annotation	WITN3903012

22.01.2015	Written submission with annotation	WITN3903013
20.03.2015	Handwritten note	WITN3903014
30.06.2015	Letter from Jeremy Hunt to PM	WITN3903015