

SECOND WRITTEN STATEMENT OF LORD CRISP

Witness Name: Lord Edmund Nigel

Ramsay Crisp

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INFECTED BLOOD INQUIRY

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I, Nigel Crisp, will say as follows: -

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Section 0: Introduction

- 0.1. I provide this written statement in response to a Supplementary Rule 9 request dated 20 July 2022 (the “Supplementary Rule 9”). This is the second statement I have provided. I provided a first statement on 3 September 2020 which addressed the Inquiry’s specific points concerning Lord Jenkin of Roding’s request for access to records, from his time as Secretary of State for Health. At the time of my first statement the disclosure process with the Inquiry was still ongoing.
- 0.2. The Inquiry has confirmed that my second statement only need address those questions set out in the Supplementary Rule 9 and not the balance of those questions (Q7 – 9) of the first Rule 9 dated 21 November 2019, which, due to the ongoing disclosure process I was unable to address in my first statement.
- 0.3. The Inquiry has asked me about the following topics, in reference to my tenure as Permanent Secretary at the Department of Health between 1 November 2000 – March 2006:
- (1) the government’s response to calls for a public inquiry;
 - (2) Internal reviews; and
 - (3) the destruction of documents.
- 0.4. Where sensible to do so I have grouped my responses under the topics to which they relate. Where it assists with understanding the position, I have provided additional chronological context to my answers by referring to other relevant documents made available to me from the Department of Health, now the Department of Health and Social Care (the “DH”) records.
- 0.5. Given the significant passage of time that has passed since the events I am asked about took place, I have limited independent memory of specific interactions or events. I have therefore been heavily reliant on the documents provided by the Inquiry and those made available to me by the DH.
- 0.6. I am grateful for the opportunity to participate in the Inquiry and I will contribute and help in any way I can.

My background and dual role

- 0.7. Whilst I am not specifically asked about my background in the Supplementary Rule 9 request, I think it will assist the Inquiry to understand both my background and the unusual nature of my joint roles. As I set out briefly at paragraphs 3 – 16 of my first statement, in respect of my experience before joining the civil service, I was not a ‘career’ civil servant as most Permanent Secretaries are and I first joined the civil service in 1997 when I took up a post as the Regional Director of South Thames of the NHS Executive.¹ I was recruited for the joint role of Permanent Secretary to the DH and Chief Executive of the NHS on the basis of my skills and experience in respect of the NHS role, in order to deliver on the wide-ranging reforms and prioritisation of the NHS, which had recently been accepted as government policy.
- 0.8. As I set out at paragraphs 17 – 22 of my first statement, the two roles were combined to ensure that the collective resources of NHS management and the DH were focused on delivering improvements to the NHS, which was a key government priority. Both posts were demanding full time roles and have not been combined in this way before or afterwards. I recommended that they be separated again on my retirement, by which time the NHS was improving fast, in order to allow the DH to give greater emphasis to public health and its wider non-NHS responsibilities.
- 0.9. By way of background on the challenging NHS agenda, it may be helpful to set out the main areas of focus at the time. The NHS had been in decline for some years when I was appointed in late 2000. There were very high waiting lists, a great deal of public concern about quality, and questions about whether the NHS would survive in its then current form. The relatively new government was determined to revive it and had agreed a 10-year plan and major funding increases, as well as reorganising its management. I was appointed explicitly to manage the improvements and implement the NHS Plan. The NHS and public services generally became the main focus of Tony Blair’s second term.
- 0.10. We developed and implemented major policy changes over this period including,

¹ I would like to correct my earlier statement, where I stated that I joined the civil service in 1998; I can confirm it was 1997.

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for example, some which directly contradicted previous policies such as the ability to use the private sector to deliver NHS services and to send patients abroad where necessary, the creation of largely autonomous NHS Trust Hospitals, the introduction of choice for patients over which hospitals they were referred to, the development of GP commissioning, and the ability of nurses and other non-medical clinicians with suitable training to prescribe. All these were highly controversial and needed careful managing. Nurse prescribing, for example, was resisted by the doctors' organisations but is now a routine and fully accepted part of service delivery. There were also major contract changes that affected all staff within the NHS which had to be both negotiated and implemented - taking a great deal of management time.

- 0.11. In addition to implementing these policies I was responsible for improving the performance of the NHS. I had inherited a position where A and E departments were in some disarray and waiting lists were very high. About 4% of patients on the cardiac waiting list died before they could be admitted. By the end of my time in post, A and E departments met the target for 98% of patients being admitted or discharged within 4 hours and total surgical waiting times from referral to outpatients to surgery and discharge were limited to 18 weeks. These were achieved through a combination of the systematic rolling out of good practice and additional funding. Other areas were being worked on.
- 0.12. I also had to respond to external and unexpected events including the exposure of Dr Shipman's activities, the deaths of children in Bristol Heart Hospital, and the Alder Hey pathology scandal where children's body parts were retained by pathologists without parental permission for research. The DH was dealing with all of these during my tenure. I was involved in all of these because they had widespread implications for the NHS. In the case of Dr Shipman, for example, there was work to do in improving death certification and ensuring scrutiny of single-handed GPs. For Alder Hey, this involved a review of practices in all pathology departments as well as managing major change in Alder Hey itself.
- 0.13. As set out at paragraph 22 of my first statement I spent about 80% of my time on the Chief Executive role. I was able to do this by having extremely good people in post who took on a significant proportion of the duties and tasks that in other circumstances would have been personally handled by a Permanent Secretary.

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- 0.14. I was assisted most ably by Liam Donaldson, as Chief Medical Officer (“CMO”) and in the later part of my tenure by Hugh Taylor, who succeeded me as Permanent Secretary at the DH.
- 0.15. To illustrate the difference between the two roles I note that as NHS Chief Executive I was responsible for the largest organisation in the country and the fourth largest of any sort in the world with about 1.3 million employees and a budget of around £100 billion which delivered services to about 1 million people every 36 hours.² As Permanent Secretary I was responsible for a Department of State with about 3,500 staff³ and a budget of less than £3 billion - most of which was spent by Arm’s Length Bodies such as the National Blood Service (“NBS”) which were not in my direct managerial control. The two posts were very different in scale and remit and required different skills.
- 0.16. I make this point clear here to assist the Inquiry in understanding why I was not copied into many of the documents to which the Inquiry has referred me and why I expect I was less directly involved in infected blood issues than earlier and later Permanent Secretaries who did not hold the dual role as both Permanent Secretary and NHS Chief Executive. This background does not change the fact that as Permanent Secretary I had an overall responsibility for the work of officials in the DH and that I remained responsible for ensuring appropriate arrangements were in place for those officials to discharge their functions appropriately.

Ministers in post during my tenure

- 0.17. The Inquiry does not ask me specifically to set out who the relevant ministers were at the time, but I think it is helpful to outline those with responsibility for infected blood issues between 2000 - 2006.
- 0.18. While I was in post as Permanent Secretary at the DH and Chief Executive of the NHS, the relevant Secretaries of State, Ministers, and Parliamentary Under Secretaries were as follows: -

(1) Secretary of State for Health:

² [WITN3996027]; [WITN3996028]; [WITN3996029]

³ [WITN3996030]

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(i) Alan Milburn MP was the Secretary of State for Health (11 October 1999 - 12 June 2003). He was succeeded by;

(ii) John Reid MP (now Lord Reid) (12 June 2003 - 6 May 2005). He was, in turn, succeeded by:

(iii) Patricia Hewitt MP (6 May 2005 - 28 June 2007).

(2) Ministers of State:

(i) John Hutton MP (now Lord Hutton), was the Minister of State for Health (11 October 1999 - 6 May 2005).

(ii) The second Minister of State who dealt principally with health services was, initially, John Denham MP (30 December 1998 – 7 June 2001). He was succeeded by Jacqui Smith MP (11 June 2001 – 13 June 2003).

(iii) Rosie Winterton MP succeeded Jacqui Smith in that role and then took over from John Hutton from 6 May 2007 (13 June 2003 – 28 June 2007)

(3) Parliamentary Under-Secretaries:

The most relevant Parliamentary Under-Secretaries for Health were the Parliamentary Under-Secretary of State in the Lords and the Parliamentary Under-Secretary of State for Public Health:

(i) The Parliamentary Under-Secretary of State in the Lords was Lord Philip Hunt of Kings Heath (1 January 1998 – 17 March 2003). After a brief period when Health matters in the Lords were covered by Baroness Kay Andrews (a government Whip in the Lords) Lord Norman Warner was appointed from 13 June 2003 and remained in that post for the rest of my tenure as Permanent Secretary.

(ii) The Parliamentary Under-Secretary for Public Health was:

- i. Yvette Cooper MP (11 October 1999 – 28 May 2002).
- ii. Hazel Blears MP (28 May 2002 – 13 June 2003).

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- iii. Melanie Johnson MP (13 June 2003 – 5 May 2005).
- iv. Then Caroline Flint who remained for the rest of my tenure as Permanent Secretary.

Section 1: Chronology of my involvement in relation to the Inquiry's questions

- 1.1. The Inquiry asks me a number of questions in relation to any role I played in the DH's decision-making process on the issue of whether to hold a public inquiry into contaminated blood and other questions around the DH's decision making on this issue. The Inquiry also asks me a number of questions in relation to various internal reviews undertaken by the DH.
- 1.2. I set out below a chronology of events relating to those questions. As is evident from the documents discussed below, my personal involvement was minimal, I have therefore set out those documents specifically drawn to my attention by the Inquiry and some others from DH records that assist in answering the questions. I then move on to answer the substantive questions in Sections 2 and 3. I was not aware of the vast majority of the documents I set out in the below chronology at the time. I have therefore sought to make clear where I did have direct involvement or was the recipient or on copy for any documents. I have not repeated, after each and every document, the fact that I was not copied into it but I should emphasise at the outset that save where expressly stated, my Private Office was not copied into the documents to which I refer below.

Documents predating my tenure as Permanent Secretary

- 1.3. The Inquiry refers me to the July 1994 guidance *"For the Record: A Guide for Record Managers and Reviewing Officers"*, containing all amendments up to 8 March 1996. I discuss this document in my first statement. [WITN3996002]
- 1.4. The Inquiry refers me to a letter dated 23 June 1999 from the Prime Minister, at that time Tony Blair, in reply to Lord Morris of Manchester's letter of 11 May 1999, in which he said:

“ ...

Though I recognise that people with haemophilia and their families feel a sense of injustice, I am not convinced that a public inquiry would provide greater insight into the problem or pave the way for any further improvements in the safety controls which are now in place.

....” [HSOC0002041]⁴

1.5. I was not in post at that time but this clearly illustrates the DH and governmental policy line that an inquiry was not thought to be justified. The draft appears to have been produced through a request to the Secretary of State’s Private Office, who would have drawn on advice from the relevant DH policy officials.⁵

1.6. On 6 August 1999, the Prime Minister sent a further letter to Lord Morris, replying to his letter of 1 July 1999 enclosing a letter from Karin Pappenheim.⁶ He stated:

“... I have considered carefully the case for a public enquiry. I know that a great deal of distress has been caused to those affected, at a time when they had expected the greatest hope. But I believe that it is best to take steps which are positive and which look to the future.” [HSOC0002123 p.2].

1.7. On 23 November 1999, Chris Hodgson, at that time the Chairman of the Haemophilia Society, sent a letter to the Prime Minister. This letter was sent a year before I took up my post. I would not have seen this letter. This letter appears to have introduced the ‘Carpet of Lilies’ campaign, which delivered 113 white lilies to Downing Street in memory of those people with haemophilia who had died from liver disease caused by Hepatitis C. The letter called for a public inquiry and highlighted that the Irish and Canadian governments had each instituted their own inquiries. [HSOC0014517]

1.8. On 8 March 2000, Marilynne Morgan minuted Chris Kelly, the then Permanent Secretary to the DH, regarding a potential problem in relation to the disclosure of documents in the Hepatitis C litigation, which was ongoing at that time and which I understand was made up of the *A and others v NBA* litigation and a small number of stayed claims. The minute described that Advisory Committee on the Virological Safety of Blood (“ACVSB”) documents had been destroyed. At paragraph 6, the minute stated:

“6. However, the real problem is in relation to the stayed litigation (the first

⁴ Lord Morris forwarded the Prime Minister’s letter the next day to Karin Pappenheim, then Chief Executive of the Haemophilia Society. [HSO0002041]

⁵ See request from the Prime Minister’s Assistant Private Secretary [WITN3996031]

⁶ On 16 August 1999 Lizzie Kelly, Lord Morris’ PA sent a copy of the letter to Karin Pappenheim. [HSOC0002123 p.1]

category mentioned in paragraph 1). There, the Department has a duty to the Court not to destroy documents. The claimants are represented by two firms, J Keith Parke and Graham Ross – the latter a frequent correspondent with the Department. Neither firm [] are known for their reasonableness and we are all of the view that if they get wind of what has happened, there will be adverse publicity for the Department. Mr Ross uses the newspapers as a means to an end. Counsel's advice is that if necessary the Department will have to settle the claims (£15-30k per case), but this could easily be represented as "lost the papers and paid us off".

7. In addition Counsel was of the view that there should be a small, and probably in-house, investigation into the destruction of the documents. The investigator should interview Dr Metters and his secretary, the person at DH who signed the destruction authorisation (whom we know to be still at DH) and Dr Rejman. This should not be a witch hunt but the investigator should report and make recommendations about such matters in the future. Counsel was of the view that as part of the investigation Heywood Stores should be visited. In this way, the Department would have audited what has happened. It occurs to me that this is a function which could properly be carried out by internal audit.

Recommendation

8. This does appear to be a one-off case. Sol Litigation has handled three other major writ actions of this kind and will undoubtedly handle others. They have no experience of this kind of thing happening before. But equally we cannot be complacent. More importantly in this case we have a duty to the court which I believe we can satisfy only by undertaking a formal audit of what happened. I am also concerned that nothing like this happens in any other litigation we have or may have, in particular in the context of BSE. My own recollection is that the only time such a thing has happened before – an issue involving the Lister Institute (no relation) in which vital papers were inadvertently sent to a land reclamation site – an internal investigation was held. My advice, therefore, is that such an investigation is conducted as a matter of urgency." [WITN4505393]

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1.9. The following day an email confirmed that Chris Kelly agreed with the recommended course of action and had asked David Clark's Internal Audit team to undertake the review. I was not, to my recollection, made aware of this issue or the subsequent Internal Audit Review when I took up my post, save as I set out below at paragraphs 3.6 - 3.9. **[WITN6955030]**

1.10. In April 2000, the Internal Audit Review on Hepatitis C Litigation Final Report

into the destruction of the Advisory Committee papers was published.
[DHSC0046961_071]

1.11. On 7 August 2000, Alan Campbell MP sent a letter to Alan Milburn, the then Secretary of State for Health, regarding correspondence from his constituent regarding those with haemophilia who were co-infected with Hepatitis C. Mr Campbell specifically asked for a response in relation to his constituent's request that a public inquiry be set up. **[DHSC0014992_114]** I was not in post in August 2000 so I would not have seen this. In most circumstances I think it unlikely that I would have seen this sort of letter, had I been in post. This would have been dealt with by Alan Milburn's Private Office, or as appears to be the case here, by Lord Hunt's Private Office as the Parliamentary Under-Secretary for Health, drawing on advice from the relevant policy team. I discuss my reply to Alan Campbell of 5 March 2001 below at paragraph 1.19.

Documents during my tenure as Permanent Secretary

1.12. On 1 November 2000, a series of unstarred questions were tabled in the House of Lords regarding what plans the DH had to improve the care and treatment of patients with Hepatitis C. On the issue of a public inquiry the briefing to the questions noted:

"Public Inquiry into infected blood products

There should be a Public Inquiry into the hepatitis C scandal (ie re infected blood products)

There have been some calls for a public debate about events leading up to the introduction of the heat treatment of blood products in the mid 1980s. However, information on research into hepatitis C and the inactivation of the

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virus in blood is already in the public domain. I therefore do not believe that a public inquiry would add to what is already well established. The important thing now is to look to the future and ensure that haemophiliacs with Hepatitis C receive the best treatments we can provide. The recommendations of NICE provide guidance here, and the clinical guidelines will be published shortly.” [DHSC0004183_009 p.24].⁷

1.13. I would not have been involved in the briefing for these questions as I took up my post on 1 November 2000. In any event, I would not have generally expected to have been involved in the preparation of a briefing of this type.

1.14. On 27 November 2000, Lord Hunt sent a letter in response to a question about the need for a public inquiry. On that subject he said:

“ ...

You raised the question again about the need for a public enquiry. As you may know John Denham stated in the debate in Westminster Hall on 7 March that in preparation for the debate and in discussion with his colleagues, he had seen no evidence that would persuade him of the need for a public enquiry or further examination of the history of the matter. This remains the case.” [DHSC0042298_121]

1.15. Again, whilst the Inquiry specifically draws my attention to this document it is very unlikely I would have seen or been copied to a response of this type from the Parliamentary Under Secretary of State for Health.

1.16. In a Parliamentary Question dated 25 January 2001, Dr Doug Naysmith MP asked the Secretary of State if he would hold a public inquiry into the infection of people with haemophilia with HIV and Hepatitis C through contaminated blood products and if he would make a statement. [DHSC5299323]

1.17. The suggested reply was composed by Charles Lister, the then Head of Blood Policy, and approved by Dr Mike McGovern, a haematologist within the DH's Health Services Directorate. The suggested reply was:

⁷ A briefing containing a proposed narrative response for the unstarred question from The Earl Howe is contained at [WITN4505013]

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“The technology to make blood products free from HIV and hepatitis C, in sufficient quantities to treat all haemophilia patients in the UK was not available until the mid-1980s. Once it was, the NHS introduced it. All this information is in the public domain and I do not believe that anyone's interest would be best served by a public inquiry.”

- 1.18. The briefing note which accompanied the suggested reply stated that Lord Hunt met with the Haemophilia Society and others to discuss these issues on 24 January 2001.
- 1.19. On 5 March 2001, Lord Hunt replied to Alan Campbell's letter of 7 August 2000 to Alan Milburn. The letter also enclosed a response from me (Lord Hunt's response: [DHSC0014992_112] and mine [I DHSC0014992_113])
- 1.20. My letter to Alan Campbell addressed and apologised for the very long delay in replying to his letter of 7 August the previous year. I explained that the DH had become aware of some very old correspondence that had not been dealt with *“because of a failure of our internal management systems.”* I set out that steps had been taken to ensure procedures were now in place to prevent this happening again.
- 1.21. Lord Hunt's reply addressed the substantive issues of Alan Campbell's letter. In response to the point of a public inquiry the letter stated:

“In her letter your constituent has pointed out that a number of other countries have held public inquiries into a similar situation and have offered compensation to those infected. There are, however, matters for those countries to decide taking into account their own particular circumstances. Whilst the government has great sympathy for those infected with hepatitis C and has considered the call for a public enquiry very carefully, we do not think it is the way to go forward.” [DHSC0014992_112]

- 1.22. My response to Alan Campbell is a good example of where I would become involved in a response to an MP in respect to a constituent's letter. The only reason I provided a response in this instance, in addition to that of Lord Hunt's, was to apologise for the slow response, which was a matter of civil service operation and an area I was accountable for. I would not otherwise have been

involved in these important but routine replies to correspondence.

- 1.23. Briony Enser provided an options paper on 2 July 2001 to Yvette Cooper's Private Office, as the then Parliamentary Under-Secretary of State for Public Health, which set out options in relation to haemophiliacs infected with Hepatitis C. The paper provided 5 options (each with further detail provided) and included consideration of the judgment in *A and others v NBA*:

“Options

17. There are five main options for action:

- i. ‘Do nothing’ (although this, like all the options, entailed compliance with the letter of the CPA Judgement and the legal precedents that it set, it was noted);*
- ii. Public Inquiry, lump sum and hardship fund for all haemophiliacs infected with Hep C by blood;*
- iii. Lump sum and hardship fund for all haemophiliacs infected with Hep C by blood and low-key Inquiry;*
- iv. Lump sum and hardship fund for all or some haemophiliacs infected with Hep C by blood;*
- v. Hardship fund for haemophiliacs infected with Hep C by blood and who have severe liver disease.” [DHSC0041379_177]*

- 1.24. The further information provided for option 2 lists the factors in favour as (i) Discharging legal obligation under CPA (ii) Would satisfy lobby and (iii) Would establish all the facts. Factors against this option included:

- “(i) CPA Costs as at Option 1 which were initial costs of £7.5m; more as disease progresses*
- (ii) Prohibitive initial cost and additional costs later (Lump sum for haemophiliacs and widows alone estimated at £200m)*
- (iii) Relevant facts largely established; information in the public domain*
- (iv) Sets no parameters for compensation – all infected received it, whether people are ill or have suffered harm*
- (v) Sets new (untenable) precedent for no fault compensation payments*
- (vi) Lengthy time period for Inquiry to report*

(vii) Public Inquiry would raise the profile of potential no fault compensation at a time when litigation in the NHS is an increasing problem.”
[DHSC0020756_025]

- 1.25. Those copied to the options paper included the Secretary of State's Private Office, and a range of senior Civil Servants including the CMO, the Deputy CMO, the relevant senior members of the Health Services Directorate, other blood policy team members, and officials in the devolved administrations. Neither myself nor members of my Private Office were copied to this paper.
- 1.26. A further paper on haemophiliacs with Hepatitis C was put to Yvette Cooper on 19 July 2001, this time from Charles Lister. It appears that Yvette Cooper had asked Charles Lister a number of questions, presumably resulting from the 2 July 2001 submission. The paper set out those questions and their answers in the following terms:

“What would have happened if the no fault compensation scheme had been in place at the time of the Judgment? Would it have made a difference and, if so, what?”

1. Were one to be introduced, a no fault compensation would remove the need for claimants to prove negligence. The Consumer Protection Act 1987 does this already where the damage is caused by a defective product such as HCV infected blood. Had a no fault compensation scheme been in place at the time of the Judgment, it would have:

- avoided the need for the claimants to seek legal action;*
- awarded payments to all those infected with HCV through blood, not just those who were prepared to run the risk of going to court or who qualified for legal aid (although the individual payments might have been smaller);*
- saved the NHS some £7m in legal costs;*

By giving haemophiliacs money, what other groups would then want compensation? Would the floodgates open to several more groups of people? And if so, who?

2. If you give money to haemophiliacs with HCV, the immediate group wanting compensation would be non-haemophiliacs infected with HCV by

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blood transfusion. 669 patients in this group have been identified from a look back exercise conducted by the National Blood Service. Of these, 113 received damages through the High Court leaving 556 unrecompensed.

3. These numbers may be managed within any scheme. More worryingly, it is estimated that there are between 4,000 and 5,000 other patients still living who were infected with HCV through blood transfusion who cannot be traced. These people may or may not know that they are infected and a proportion of them would well come forward if a compensation scheme is announced. It is likely that the existence of a scheme would encourage people who have had a blood transfusion to seek a HCV test. For the vast majority there will be no documentary evidence to prove that blood transfusion was the cause of their infection. However we would probably be obliged, if we had a scheme, to award damages on the basis of probable cause.

4. It would be difficult to compensate the haemophiliacs without payments to this group also. An identical situation arose in the late 80s when the payments made to haemophiliacs infected with HIV through blood were extended to non-haemophiliacs. However, in the event, a relatively small number of non-haemophiliacs came forward.

5. Other groups currently seeking compensation are:

...

6. Despite the existence of these groups, it would be possible to justify payments to haemophiliacs as exceptional given that Hepatitis C related illness, which can lead to cirrhosis and liver cancer is a devastating, debilitating disease. Around 200 haemophiliacs have died as a result of this infection and at least as many again are likely to die in future.

If we were to make some sort of symbolic gesture, what would then be? What would a money package look like? What kind of sums are we talking?

7. we have looked at options using the following criteria:

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- *affordability – any scheme will be fairly expensive given the numbers involved but we have tried to strike a balance between affordability and:*
- *acceptability to the Haemophilia Society – we need a scheme that will persuade the Haemophilia Society to drop their campaign.*

...” [WITN3996032]

1.27. The paper continued and included, at Annex A, a framework for a possible scheme. Again, the paper was copied to Secretary of State’s Private Office, the CMO and Deputy CMO, Dr Sheila Adam (Director of the Health Services Directorate) and those in the Blood Policy Team. My Private Office was not copied.

1.28. I cannot see a reply from Yvette Cooper in the papers but the DH line does not appear to have changed in the months after. See further below.

1.29. On 18 July 2001, Chris Pakouta, from the Ministerial Correspondence Unit, sent a minute to Charles Lister asking him to provide a response to a letter addressed to Alan Milburn on the Carpet of Lilies Campaign [DHSC0020811_238]. The letter, which appears to have been a pro forma letter prepared by the Haemophilia Society to assist members of the public in writing to their MPs in order to garner support for 3 purposes:

- (i) Recombinant treatment for all
- (ii) A public inquiry
- (iii) Financial recompense for those infected with Hepatitis C.

1.30. The reply, dated 19 August 2002, was sent by Margaret Ghلامي in the Blood Policy Unit, and stated the DH line in relation to a public inquiry and addressed the other matters in the letter. I do not recall seeing the incoming letter, or its reply, during my time at the DH and my Private Office does not appear to have been copied to it. Indeed, I would not have been expected to have seen a letter of this type. [DHSC0020811_237]

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- 1.31. On 29 August 2001, Paul Goggins MP sent a letter to Alan Milburn regarding Lord Owen's comments in the press about the problems faced by haemophiliacs who had been infected with Hepatitis C and his comments around self-sufficiency.⁸ The key concern expressed was in relation to the funding commitment made to the House by Lord Owen, as then Minister of State for Health and Social Security, to the regional transfusion centres to make the UK self-sufficient in clotting factors within 18 months. **[DHSC0014992_161]**
- 1.32. On 30 November 2001, Lord Owen wrote to Lord Morris, enclosing a letter from Lord Hunt dated 12 November 2001 which discussed the disposal of his personal files under a so-called 10-year rule. Lord Hunt's letter of 12 November had replied on behalf of the Prime Minister and had addressed Lord Owen's concerns about the commitment to make the UK self-sufficient in clotting factors within 18 months. The letter stated that officials were looking into the points raised but that their preliminary view was that the resources promised by Lord Owen were allocated to that purpose. Lord Owen's letter: **[HSOC0010724]**, Lord Hunt's letter: **[WITN3996033]**.
- 1.33. On 18 January 2002, John Hutton sent a letter to Joyce Quinn MP on behalf of Alan Milburn in response to a letter from one of her constituents on the topic of Lord Owen's statement concerning self-sufficiency. The letter set out the position that:

"The Department's officials are looking into points raised by Lord Owen and I will write to you again when the examination of all the relevant documents has been completed. In the meantime our preliminary understanding is that the resources promised by Lord Owen were allocated to the then Regional Transfusion Centres to increase production of plasma for Bio Products laboratory. This allocation was linked to a target of 275,000 blood donations to be used annually for the preparation of Factor 8 concentrate and 100,000 donations for cryoprecipitate.

I understand that the target was achieved within the timescale envisaged by Lord Owen and, as a direct result, BPL increased its production of

⁸ Mr Goggins' letter enclosed a letter from Lord Owen to Mr Moore, then Secretary of State for Health, referring to his funding commitment made in 1975 and asked Mr Moore to explain what happened to the funding and why the UK had not become self-sufficient. **[LDOW0000205]**

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concentrate from 5 million international units in 1976 to 11 million international units in 1977. However, given the rapid growth in demand for these products at this time due to developing treatment practices, this was not enough to achieve self-sufficiency in the UK.

I know that self-sufficiency continued to be the aim of Ministers for a number of years and NHS production of concentrate continued to increase but the rapidly rising demand for clotting factors at that time meant that commercial products continued to be imported.

If the UK had achieved self sufficiency in the 1970s as Lord Owen intended, blood products would still have transmitted hepatitis C because the virus was in the donor population and as I am sure you know the technology to treat pooled plasma was not available until 1985.” [DHSC0006983_257]

- 1.34. On 11 February 2002, Yvette Cooper replied to Paul Goggins MP’s letter dated 29 August 2001⁹ addressed to Alan Milburn concerning self-sufficiency and enclosed a letter from Lord Owen to Mr Moore in 1987. Yvette Cooper’s reply addressed the question of the funding commitment in similar terms to that of John Hutton the previous month:

“...

The Department’s officials are looking into points raised by Lord Owen and I will write to you again when the examination of all the relevant documents has been completed. In the meantime our preliminary understanding is that the resources promised by Lord Owen were allocated to the then Regional Transfusion Centres to increase production of plasma for Bio Products laboratory (BPL). This allocation was linked to a target of 275,000 blood donations to be used annually for the preparation of Factor 8 concentrate and 100,000 donations for cryoprecipitate.

...” [ARCH0002964_002]

- 1.35. I do not recall and I do not appear to have had any involvement in the drafting of

⁹ The delay in Yvette Cooper’s reply may have, in part, been due to her maternity leave between c July 2001 – January 2002. The draft appears to have been prepared by Charles Lister see [WITN3996034]

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that letter. It appears to have been drafted by Charles Lister.

- 1.36. On 22 February 2022, Carol Grayson, of Haemophilia Action UK, sent a letter to Yvette Cooper requesting a meeting with her and Alan Milburn. The letter discussed Lord Owen's papers, his comments and self-sufficiency. Carol Grayson set out that she had "*accessed a large number of confidential Government documents on this subject*" which showed "*incompetence and negligence*". She went on to ask how Yvette Cooper intended to "*examine all the relevant documentation with regards to Lord Owen if his files have been pulped*". Carol Grayson also called for a public inquiry in her letter. **[LDOW0000173_001]**. I do not recall being made aware of this letter or its contents, see further below.
- 1.37. On 22 March 2002, Lord Owen sent a letter to Michael Buckley, the Health Service Ombudsman for England, requesting that he look into a case of gross maladministration by the DH concerning the issue of self-sufficiency and why that pledge had not been met. The letter referred to Lord Owen's request to the previous Health Service Ombudsman for England in 1988 to consider a case of maladministration on the same terms. **[LDOW0000102]**
- 1.38. On the same day Jill Taylor of the Health Protection Policy Branch sent a submission to Yvette Cooper's Private Office, giving advice on the 22 February request from Carol Grayson for a meeting. I was not on the distribution list for that submission. The most senior recipient of that submission outside the ministers' Private Offices was Mary O'Mahony, at that time the Branch Head in the Public Health Directorate. **[DHSC0042461_064]**
- 1.39. The submission did not recommend a meeting and on the subject of documents, stated:

"15. We have concerns that Ms Grayson has evidently obtained Government documents from the 1970s/1980s and is basing some of her arguments on information gleaned from these papers. Officials have looked at some files from that period to establish how the money allocated by Lord Owen was spent, and papers on this issue have been passed to the Haemophilia Society. However, given pressures on time and resources, we have not looked in detail at the decisions made during that period, an exercise

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requiring several weeks of work. We have therefore not responded to some of the detailed questions in Ms Grayson's letter which are partly based on those documents. We recognise that this is not a sustainable position and will provide further advice on handling shortly."

- 1.40. On 17 April 2002, Janet Walden of the Investigations and Inquiries Unit sent a minute to Charles Lister. Janet Walden suggested that Charles Lister locate *"whatever papers are now in existence and ask someone fairly senior and experienced to put together a chronology of events and key background papers. Without that it will be difficult to answer any accusations levelled against the Department by Lord Owen and others."* I note the minute did not ask specifically for an investigation into why any missing papers had been lost or destroyed. **[DHSC0041379_023]**

- 1.41. On 8 May 2002, Charles Lister sent a minute to Yvette Cooper discussing an upcoming meeting on 9 May to discuss handling the haemophilia and Hepatitis C compensation and public inquiry issue. **[DHSC0041379_025]** (briefing) and **[DHSC0041305_050]**, **[DHSC0042461_030]**, **[DHSC0042461_031]** (attached annexes). On the issue of Lord Owen, the submission stated:

"Handling Strategy

Lord Owen

4. We have completed a preliminary look at the surviving papers from the 1970s. These show that the money Lord Owen announced in Parliament in 1975 was spent as promised. However this, and later drives toward self sufficiency, did not keep pace with the growing demand by patients and clinicians for clotting factors, making imports a necessity. Self sufficiency became a moving target and was never attained. A summary of events is attached at Annex C.

...

6. We are currently seeking funds to employ an official for a short period to undertake a detailed review of the surviving papers between, roughly, 1973 and 1985 and put together a chronology of events. Without this it will be difficult to answer any detailed accusations levelled against the Department

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by Lord Owen and others. However, given the need to recruit someone to do this work and the huge volumes of paper to be read and analysed, a complete chronology is unlikely to be ready for at least 2-3 months.”

1.42. I was not copied to this submission but it was copied to both Pat Troop the DCMO for the Public Health Directorate and Mary O'Mahony, the Branch Head in the Public Health Directorate.

1.43. A meeting does appear to have taken place between Yvette Cooper, Carol Grayson and other MPs and campaigners on 15 May 2002 at NHS London. The minute of the meeting referred to me by the Inquiry states that Yvette Cooper confirmed:

“She was in contact with David Owen checking why papers were pulped. She would check BPL inspectorate records 1976-80. All papers of David Owen would be reviewed and shared with the all party committee and David Owen.” [HSOC0010634_093]

1.44. The DH minute of the meeting stated that Yvette Cooper promised to:

“...ask officials to look further at the papers from the 1970s to consider the possible safety problems at BPL during this period and to explore a Report from the Medical Inspectorate at this time, which was scathing about BPLs procedures.” [WITN4505398]

1.45. On 10 June 2002, Jill Taylor sent a submission to Hazel Blears, who had taken over from Yvette Cooper as PS(PH), regarding a meeting with the Haemophilia Society and Michael Connarty MP, Chair of the All Party Parliamentary Group on Haemophilia, due to be held on the 12 June. It included the following on the compensation schemes set up in other countries:

“Compensation schemes in other countries

We are aware of four countries with compensation schemes for haemophiliacs infected with HCV through blood:

- *Canada*
- *Republic of Ireland*

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- *Hungary*
- *Sweden*

Canada and Ireland set up schemes because patients in both countries were being infected with HCV after it became possible to remove the hepatitis C virus from blood products. We understand that the Canadian scheme is limited to those people infected with HCV after 1987 (in England, action was taken to virally inactivate blood products in 1985).

Hungary has a no fault compensation scheme for all people whose health has been damaged as a result of medical treatment. In Sweden, compensation is available from pharmaceutical companies but is limited to the social and psychological suffering the virus has caused, not for the physical damage.

*None of the situations in these countries offer parallels for the UK. **Hepatitis C compensation in the Irish Republic***

Between 1977 and 1994, a large number of women in the Irish Republic were infected with hepatitis C from contaminated Anti-D Immunoglobulin produced by the Irish National Blood Service. Infection with hepatitis C in this way is unique to the Irish Republic.

The Irish Government set up their hepatitis C compensation scheme following evidence of negligence by the Irish Blood Service. Compensation is therefore being given in very specific circumstances which do not apply in the UK. It does not create any precedent for us.” [DHSC5307583 p.3]

1.46. The submission also set out a summary of the Hepatitis C litigation and the judgment of 26 March 2001 regarding *A and others v NBA*. These court proceedings were, I now understand, brought under the Consumer Protection Act 1987 (“CPA”) and related to 111 people infected with Hepatitis C through blood transfusions between March 1988 and September 1991. I set out more on this below at paragraph 2.21.

1.47. On 27 June 2002, Robert Finch, in the Blood Policy Unit, sent a minute to Hazel Blears with a briefing on the meeting with Lord Owen, Lord Morris and Michael

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Connarty MP regarding Lord Owen's claims, due to be held on 1 July. The minute stated that Lord Owen had requested that officials not be present at the meeting. I was not on the distribution list for this submission and I have no recollection of being informed about this meeting. [DHSC0041305_030]

1.48. A minute from that meeting recorded that Hazel Blears stated:

" 3. Hazel Blears explained that on the basis of an initial papers trawl, it did not look like there had been any misappropriation of funds. Rather there had been an exponential growth in the use of clotting factors and the aim of UK self-sufficiency was therefore a moving target which the original allocation had been unable to keep pace with. There had been no misappropriation of the funds but they had proved insufficient. Moreover, following concerns about the possible transmission of vCJD, there had been safety arguments for sourcing from the USA.

4. Ministers had agreed to recruit someone from within the Department of Health to undertake a comprehensive trawl of the papers. As there was a large volume, this was expected to take some 4-5 months.

5. Lord Morris argued that Lord Owen had been enunciating a principle and that if funding had been insufficient, more money should have been found. Moreover, Lord Owen had not been advised that the costs could escalate.

6. Michael Connarty pointed out that the second part of the pledge was about not purchasing blood products from countries where donors were paid. PS(PH) pointed out that it would not have been possible to get enough products if this had been adhered to, but also noted that she had seen no record of any pledge to this effect. Michael Connarty noted that other European countries had achieved self-sufficiency. PS(PH) commented that the rationale for this had not been about quality but about saving money and not being held to ransom by suppliers.

7. PS(PH) explained that she needed to get more information on the context in which earlier decisions had been made and that she would be happy to meet with Lord Owen to discuss this further once the official conducting the review had reported the findings to her." [DHSC0003606_083]

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- 1.49. I am referred to a letter dated 23 July 2002, from Jill Taylor, to a member of the public who had written to Tony Blair on the same subject. Jill Taylor's response stated:

"The Government has considered the call for a public inquiry very carefully and the issue has been debated in the House of Parliament many times and in meetings with Ministers and voluntary organisations also calling for a public inquiry. The Government decision is that all the information is already in the public domain and they do not think it is the way forward."

[DHSC0020811_141]

- 1.50. As I set out above, I would not have seen this type of correspondence at the time.

- 1.51. Hazel Blears confirmed in a Parliamentary response on 23 October 2002 that the findings from the review on self-sufficiency mentioned above were estimated to be complete in early 2003 and that they would be made available to the House.

[DHSC0041332_038]

- 1.52. On 4 November 2002 Martin Gorham, then Chief Executive of the NBS, wrote to me in my capacity as Chief Executive of the NHS regarding the working arrangements between NBS and the DH. He was concerned that the current staffing arrangements could not cope with the amount of day to day business passing between the DH and the NBS, in addition to a number of specific ongoing projects. After discussing recent changes to the Senior Departmental Sponsor, the letter went on to say:

"...Charles Lister has therefore had to be the main link and has provided excellent support. But he has become completely overwhelmed by the amount of business that needs to be conducted. This has been exacerbated by the increase in the scale and number of issues on which the NBS currently requires substantial DoH input. You are aware of Project Red; this has occupied Charles more or less full time for several months. In the meantime, essential capital proposals (tactical and strategic redevelopment of blood centres and the replacement of the NBS core IT system for example) are being delayed. Nor has the DoH been able to respond in a timely fashion to policy advice we require on the future of all hepatitis C testing and on issues relating to the detection of vCJD through blood testing. At another level they

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have been unable to make the arrangements to replace the non-executive medical Board member (Prof. Sir Keith Peters) who resigned at the end of March having given us well over three months' notice!"¹⁰ [DHSC0034270]

In respect of taking things forward the letter continued:

"...I am raising this with you now as we have already experienced significant delays on important issues and I see little prospect of the situation changing. I think you should be aware of this and frankly I am not sure how best to go about trying to improve the situation other than by a change in the management arrangements..."

1.53. I discuss my reply at paragraph 1.55 below.

1.54. On 21 January 2003, Hazel Blears wrote to Sylvia Heal MP with an update on the issues discussed at the meeting of 15 May 2002 (see paragraph 1.42 above), which had been attended by Yvette Cooper. Hazel Blears confirmed that an official had been appointed to undertake a detailed review of the papers and that she would keep the group updated. [DHSC0004029_231]

1.55. I replied to Martin Gorham on 3 March 2003, addressing his concerns about the working arrangements between the NBS and the DH. I apologised for the delay and confirmed that *"I know that there have been a number of developments since your letter and I wanted to satisfy myself that genuine improvements were in train before giving you a substantive reply."* I addressed the substantive concerns in the following terms:

"...As you say, it was unfortunate that the move of the blood team to Pat Troop's Division coincided with the events and aftermath of September 11th. We were very conscious of the impact this would have on the amount of time that Pat and Mary O'Mahony could devote to the NBS. I was therefore pleased that Lindsey Davies was able to become your senior departmental sponsor. Lindsey, as you know, is very committed to this role and keen to support the NBS in any way she can, I do not believe that her geographical location should present a particular barrier. I know that, since your letter, you

¹⁰ Project Red was the name given to the acquisition by the DH of the US Company, Life Resources Incorporated, to secure safe supplies of blood plasma for fractionation by the Bio Products Laboratory.

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have had productive discussions on mutual areas of concern and have planned regular update discussions.

It is also important that you have regular meetings with your sponsor branch, to keep each other abreast of current issues and to establish mutually agreed priorities. I am therefore pleased to see that these are now being arranged. These improved communications should prevent the concerns you have raised escalating into crises.

Much has happened over the past year to strengthen the Department's blood team and this process continues. The blood policy team now sits with the Blood and Healthcare Associated Infections Unit headed by Dr Vicki King, within the Communicable Diseases Branch. This enables the team to call on additional support from within the unit, including scientific support. This has proved valuable in running the secretariat of MSBT, in representing the Department at NBS BTSAG meetings and in organising the MSBT sub-group to address issues relating to vCJD screening. Vicki, as you know, is an active participant in meetings with NBS, chaired the recent panel to select a new medical non-executive director and will be attending this month's European Blood Alliance meeting in Dublin on pathogen inactivation. Dr Amal Rushdie also worked for most of last year with the blood team and was instrumental, with support from NBS, in issuing new guidance to the NHS on Better Blood Transfusion. I think it is therefore stretching a point to say that Charles Lister is lacking support.” [DHSC0034263]

I also confirmed that a full-time haematologist post had been advertised to join the blood team, which I hoped would strengthen the relationship with NBS.

I ended the letter by stating:

“...Of the specific issues you mention in your letter, I am pleased that all have either now been resolved or are moving forward with the exception of the Bristol capital scheme. I am concerned that we need to speed up our response to NBS capital proposals, and I have asked the blood team to prioritise this.

I hope that the arrangements that we are making to improve working

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relationships between the NBS and the Department have addressed, or at least begun to address, your concerns. I suggest that we meet in six months' time to review the position."

- 1.56. As my letter set out, I would have sought and received input and assurances on the terms of my reply from Charles Lister and his team in order to satisfy myself that the necessary changes had been put in place, or were being put in place, to address Martin Gorham's concerns. I suggested we meet in six months' time to review the position and I can see that we did so: see paragraph 1.62 below. It was not unusual to receive concerns about teams who were stretched. I knew Martin Gorham from my earlier career and that may be one reason why he reached out to me directly on this resourcing issue. Although I do not recall this particular issue, from the terms of my contemporaneous reply I had clearly looked into the position (or someone had done so on my behalf) to ensure that improvements had been made in the areas Martin had raised.
- 1.57. On 10 June 2003, Charles Lister sent an email to Zubeda Seedat in his team, copying in Richard Gutowski, who took over as Head of Blood Policy, providing background information to assist her drafting of a PQ referring to the self sufficiency report:

"The remit for the work done by Peter Burgin was to review surviving documents from 1973 to 1985 to address a number of issues, chiefly:

- how the Department implemented the policy of UK self sufficiency in blood products begun in 1973 (Lord Owen has said publicly that officials did not carry out his wishes);

- to chart the developing understanding of the seriousness of non A/non B hepatitis (later identified as hepatitis C);

- to examine the extent to which problems at BPL delayed the achievement of self sufficiency;

- whether the achievement of self sufficiency would have led to fewer cases of hepatitis C in haemophilia patients.

It was not set up to address Lord Owen's allegation, dating from the late 80s,

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that the papers from his period as a Minister had been "pulped". Unfortunately, none of the key submissions to Ministers about self sufficiency from the 70s/early 80s appear to have survived. Our search of relevant surviving files from the time failed to find any. One explanation for this is that papers marked for public interest immunity during the discovery process on the HIV litigation have since been destroyed in a clear out by SOL (there is an email from Anita James to me confirming this). This would have happened at some time in the mid 90s.

I suspect that Lord Owen's allegation about pulped papers refers to the papers kept by Private Office which are never kept after a change of Government. They are either shredded or handed back to the relevant policy section. However, the fact that we can no longer find any of these documents - so can't say what Ministers did or didn't know about the state of play on self sufficiency - just plays into the hands of the conspiracy theorists.

Peter Burgin's report nonetheless contains some useful stuff. However, before we make it more widely available it needs (I think):

- An executive summary;*
- References added both to the documents quoted (eg articles should be fully referenced) and to back up quotes from published statements which otherwise remain unsubstantiated, eg para 5 of page 9 states "at this time [1993] it was felt that there were dangers in absolute self sufficiency leading to a reliance on a sole supplier of blood products". It's no good putting this out unless we can say who felt this and in what context it was said. We should also be able to give Ministers the option of releasing documents that corroborate statements made in the report.*
- you may also wish to consider sending - with Ministers agreement – a final draft to some of the people consulted - eg Frank Hill, Terry Snape, Karin Pappenheim for comments on factual accuracy." [DHSC0020720_081]*

1.58. I was not copied to this email chain and I do not recall being made aware of it at the time. I now understand that this review was initially carried out by an official, Peter Burgin.

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- 1.59. On 29 August 2003 John Reid, then Secretary of State for Health, announced a financial assistance scheme for people infected with Hepatitis C from blood/blood products would be introduced. This became known as the Skipton Fund.
- 1.60. On 19 September 2003, there was a series of emails between Graham Bickler and Richard Gutowski which discussed calls for a public inquiry from the Haemophilia Action Group that had been reported in the press. Graham Bickler was Head of Communicable Diseases Branch and Richard Gutowski had, by then, become Head of Blood Policy. I was not copied to any part of this email chain and those copied appear to all be members of the policy branch and directorate. **[DHSC5325494]**
- 1.61. On 23 September 2003, a representative of the Scottish Haemophilia Forum wrote to Jessie Keuneman in the DH requesting a meeting with Secretary of State, John Reid, and Malcolm Chisholm (Minister for Health and Community Care in the Scottish government) to discuss the Scottish Haemophilia Forum's campaign for a public inquiry and the proposed financial assistance scheme. **[DHSC6701739]**
- 1.62. Richard Gutowski sent me a briefing note on 3 October 2003 regarding a meeting scheduled to take place with Martin Gorman of the NBS on 6 October 2003. The briefing stated the purpose of the meeting was to review the position on working arrangements, following my letter of 3 March 2003 on the subject and for Martin Gorham to update me on the current issues involving the NBS. I note that the briefing also included:

"3. Briefing is attached as follows:

...

Issues you may wish to raise:

- Relationship between NBA and DH*
- Payment scheme for people infected with hepatitis C through blood products" **[DHSC5123122]***

- 1.63. As regards the Hepatitis C payment scheme, the attached briefing alerted me to

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the fact that the point of concern from the NBA's perspective was that they had not been notified of John Reid's announcement:

"However there may be one specific issue that Martin may raise concerning the announcement made by SofS on 29th August that a payment scheme was to be set up for people who had been infected with hepatitis C through receiving contaminated blood products.

The Chairman has complained that NBA had not been informed that an announcement was to be made and was concerned that SofS had not understood the implications of making an announcement - the Chairman also raised this with Lindsey Davies on 30 September. Martin has shown no real view on this issue but may feel that he should raise it at your meeting in view of Mike Fogden's comments. The announcement, on an issue that has been the subject of intense Parliamentary and media interest, was strictly embargoed to enable the Scottish Executive to make their announcement at the same time as DH. Ministers therefore considered that the fewer people (and this included NBA) who were aware of the plans for a scheme the less chance of the announcement being leaked" [DHSC5123122]

- 1.64. The minute of my meeting on 6 October 2003 makes no mention of that topic being discussed.¹¹ I can see that in a later briefing from Richard Gutowski to Melanie Johnson, ahead of her meeting with the NBS, the same topic was flagged for the Minister in almost identical terms to the briefing for my meeting, although it was noted that this issue had 'now been dealt with':

"1. Relationship between NBA and DH – Payment scheme for those infected with hepatitis C through blood products

There have been regular meetings between the DH Blood Policy Team and the NBA Executive and the Department Sponsor Professor Lindsey Davies has been in regular contact with both the Chairman Mike Fogden and Martin Gorham. However there was one issue that Mike Fogden may raise concerning the announcement made by SoS on 29th August that a payment

¹¹ See email dated 10 October 2003 from my Private Office summarising the meeting [WITN3996035] and the more detailed note contained at Annex A of the briefing to Melanie Johnson dated 26 November 2003 [DHSC5329150]

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scheme was to be set up for people who had been infected with hepatitis C through receiving contaminated blood products. Whilst this issue has now been dealt with, the Chairman may well raise it with you.

The Chairman had complained that NBA had not been informed that an announcement was to be made and was concerned that SoS had not understood the implications of making an announcement. As you know, the announcement on the issue that has been the subject of intense Parliamentary and media interest, was strictly embargoed to enable the Scottish Executive to make their announcement at the same time as DH. Ministers therefore considered that the fewer people (and this included the NBA.) who were aware of the plans for a scheme the less chance of the announcement being leaked.” [DHSC5329150]

- 1.65. My reading of those documents together strongly suggests to me that any discussion I would have had with Martin Gorham on 6 October 2003 on a compensation scheme would have been strictly limited to the relationship point between the DH and NBA, following John Reid’s announcement on 29 August 2003.
- 1.66. On 9 October 2003, David Reay, in the Blood Policy Team, emailed Donna Taylor, attaching the above letter to Jessie Keuneman with the request for the meeting with John Reid [DHSC6701737]¹²
- 1.67. On 9 October 2003, David Reay, in the Blood Policy Team, replied on behalf of John Reid. The meeting was declined and in respect of the issue of a public inquiry he stated:

“ ...

You have requested a meeting with the Secretary of State to discuss a public inquiry into this issue. However, the Government does not accept that any wrongful practices were employed and does not consider that a public inquiry is justified. Donor screening for hepatitis C was introduced in the UK in 1991 and the development of this test marked a major advance in microbiological

¹² The email refers to legal advice being sought. The email seeking and receiving advice in referring to other countries positions is contained at [DHSC6701753]

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technology, which could not have been implemented before this time. The Secretary of State does not therefore feel that a meeting is appropriate.

...” **[DHSC6701738]**

- 1.68. On the 17 October 2003, emails passed between Bob Stock and Zubeda Seedat, copying in Sandra Falconer in the Scottish Executive regarding a response to Lord Morris on a “Scotland on Sunday” article. **[SCGV0000262_116]**
- 1.69. On 2 December 2003, Zubeda Seedat sent an email to Melanie Johnson’s Private Office forwarding an email from Jill Taylor regarding Lord Owen’s PQ on the destruction of papers. This email exchange referred to the Burgin Report on self-sufficiency and that John Hutton had rejected a draft letter, requesting a full briefing in relation to the Lord Owen accusations. **[DHSC0004555_235]**
- 1.70. On 15 December 2003 Richard Gutowski minuted John Hutton’s Private Secretary with a background note on the review of internal papers between 1973 – 1985 and comments by Lord Owen regarding the destruction of papers. **[LDOW0000350]**¹³
- 1.71. On 13 January 2004, Lord Owen sent a letter to John Reid chasing a reply to his letter of 7 October 2003.¹⁴ **[LDOW0000350]**
- 1.72. On 17 March 2004, Melanie Johnson wrote to Lord Owen discussing the ex gratia payment scheme and the self-sufficiency report. The letter confirmed that a draft had been prepared but that there were outstanding issues to be addressed before it could be published. The letter also states that the review was based on papers available and that it did not address why papers from Lord Owen’s Private Office may have been destroyed.¹⁵ **[HSOC0010692]**
- 1.73. There is an email chain of 8 June 2004 between David Reay, David Daley, Sandra Falconer and others regarding the draft line to take on the internal review.

¹³ An additional copy of this minute, including handwritten notes is provided. I am not aware of the author of the notes. **[LDOW0000138]**

¹⁴ An undated reply to this letter from John Hutton to Lord Owen confirms that the internal review commissioned by Yvette Cooper does not address why papers from Lord Owen’s Private Office were destroyed. **[DHSC0003606_078]**

¹⁵ The Inquiry refers me to an earlier draft of this letter, initially drafted from John Hutton, which appears to have been finalised and sent by Melanie Johnston. **[DHSC0003606_078]**

[SCGV0000046_088]

- 1.74. On 29 March 2005 Gerard Hetherington minuted John Reid's Private Office to provide an update on progress on the Skipton Fund following a meeting with Scottish Minister for Finance and Public Services, Andy Kerr, on 23 March. The minute confirmed that Scottish colleagues continued to be lobbied by the Scottish Haemophilia Forum for a public inquiry in Scotland. In relation to that issue the minute concluded:

"We are aware that some people would like the Government to set up a public inquiry into this issue. Whilst there is great sympathy for those infected with hepatitis C and the Government has considered the call for a public inquiry very carefully, this has been rejected.

It is important to stress that despite the decision to make ex gratia payments, the position with regards to accepting liability has not changed. The Government does not accept that any wrongful practices were employed and does not consider a public inquiry justified. Donor screening for hepatitis C was introduced in the UK in 1991 and the development of this test marked a major advance in microbiological technology, which could not have been implemented before this time." **[SCGV0001087_025]**

- 1.75. On 4 April 2005, John Reid sent a letter to Andy Kerr outlining the details of progress on ex-gratia payments by the Skipton Fund to people infected with Hepatitis C. The letter responded on the point of a public inquiry in the same terms as the minute dated 29 March 2005. **[DHSC6264733]**

- 1.76. On 11 April 2005, I was sent a briefing from William Connon, then Head of Blood Policy, on a meeting I was to have with Lord Jenkin on the 13 April 2005 **[WITN3996010]**. I refer to this briefing at paragraphs 50 – 52 of my first statement. However, for ease of reference and as the Inquiry asks me about this document, I set it out below:

"Background to Lord Jenkin's request for a meeting

1. Lord Jenkin has asked to meet with you to discuss his access to all papers which relate to issues on the treatment of haemophilia patients and blood safety which he would have had access to when he was the Secretary of

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State for Health and Social Security (DHSS), between 1979-1981.

2. He has asked for these papers following a letter he received from Mr [GRO-B] about haemophilia patients who were infected with HIV and Hepatitis C through blood products. In his letter, Mr [GRO-B] requests copies of minutes of meetings that Lord Jenkin had when he was the Secretary of State. There are also various other meeting papers that Mr [GRO-B] has requested. A copy of the letter is attached at Annex I.

3. PS(L) has written twice to Lord Jenkin in response to comments made by Mr [GRO-B] - see Annex II. However, Lord Jenkin appears to be under the impression that we are withholding documents from him. He has also commented on the issue of the Department's filing and document management system.

Previous request from Lord Jenkin

4. We understand from colleagues that on a previous occasion, in 1999, Lord Jenkin wrote seeking access to policy papers, including unpublished research studies, that he had brought with him when he arrived at the DHSS in 1979. On that occasion, colleagues were unable to locate the documents. In fact, it is unlikely that they would have been retained, as they would not have been required either to support administrative needs or accountability.

LINE TO TAKE

- Many key papers from the 1970s and 1980s have been destroyed. During the HIV litigation in 1990 many papers from that period were recalled. We understand that papers were not adequately archived and were unfortunately destroyed in the early 1990s.*

We have been in touch with the Departmental Records Office to check which files related to the treatment of haemophilia patients and blood safety are still in existence from the period between 1979-1981. We have obtained a list of some files from this period. However, at first glance it is not clear about the extent to which these files will hold papers that Lord Jenkin will have handled. It would require significant staffing resource to go through these files to identify official papers that Lord Jenkin handled at the time.

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- *We have not sought to deny Lord Jenkin access to any official papers. The reply from PS(L) focused on addressing some very serious comments from Mr [GRO-B] about blood safety and the transmission of Hepatitis C.*

- *We are aware of the Civil Service Guidance on access to official papers by former Ministers, produced by the Cabinet Office. If Lord Jenkin is able to be more specific about the subject matter or documentation that he would like to see then we can undertake a search for specific papers.*

- *Lord Jenkin may be aware that in 2002 Ministers commissioned a review of internal papers to clarify the facts surrounding the drive for UK self sufficiency in blood products in the 1970's and 1980's. We will let Lord Jenkin know when work has completed on this. There has been a long delay in completing the report. A short note is attached at Annex III on this. The report will contain an extensive list of references which may help Lord Jenkin to identify papers he would like to see from his period in office.*

5. Background briefing is attached on the issue of contaminated blood products and the record management system in DH, including access to official papers by former Ministers.

...

LINE TO TAKE

Public Inquiry

We are aware that some people would like the Government to set up a public inquiry into this issue. Whilst there is great sympathy for those infected with hepatitis C and the Government has considered the call for a public inquiry very carefully, this has been rejected.

In the 1970's non-A and non-B hepatitis infection was generally thought to be a relatively benign condition. Hepatitis C was only identified following major advances in molecular biological techniques. The virus was not fully characterised until 1989.

Self Sufficiency

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6. *With regards to comments about self sufficiency in blood products, our understanding is that considerable efforts were made to achieve NHS self sufficiency in clotting factors in the 1970s. The fact that self sufficiency was not achieved appears to have been linked to the massive increase in demand for clotting factors at the time, not to any failure to implement Ministerial initiatives.*

7. *An informal review to clarify the facts surrounding the drive for UK self sufficiency in blood products in the 1970s and 1980s was commissioned in 2002. Work on this will be completed shortly. This includes a review of the surviving papers between 1973 and 1991 and a chronology of events.*

Departmental obligations for record keeping

8. *The Public Records Act 1958 requires "every person responsible for public records ... to make arrangements for the selection of those records which ought to be permanently preserved and for their safe-keeping".*

9. *There have been many changes in record keeping practices since Lord Jenkin was Secretary of State:*

- *The organisation of Departmental record keeping was de-centralised in the early 1980s*
- *The number of documents and copies of documents being created in the department grew dramatically as the use of photocopiers became widespread,*
- *The NHS Executive's move to Quarry House in 1992/3 led to a temporary relaxation of the rules for decision-making on the retention of files,*
- *The Department carried out a substantial training and awareness programme in 1993/1994 to improve the quality of record keeping and the guidance available,*
- *We have now rolled out a Department-wide electronic records system to help keep track of email and a range of other electronic records.*

10. *But the principles of good record keeping and the advice given to staff*

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have been fairly consistent. In particular, the policies and procedures for the management, review and disposal of files and documents are designed to meet the Department's own administrative needs and the Public Records Act.

11. Staff are encouraged to transfer important documents, including email, into registered files at the earliest opportunity, and our electronic records system makes this easy to do. Email messages that form part of the official record are saved for as long as business needs require and stored corporately in accordance with Departmental record management procedures.

12. Staff are also encouraged not to retain information any longer than needed to support departmental business. In giving staff this guidance, we are following best practice advice published by the National Archives.

13. In particular, the advice has always been that copies of documents held as background to policy thinking, or for reference, are unlikely to be needed long-term either to support Departmental business or to be preserved in the National Archives.”

1.77. Whilst I cannot specifically recall the meeting, I understand the meeting of 13 April 2005 with Lord Jenkin did take place. Shaun Gallagher in my Private Office emailed Zubeda Seedat the same day with a note of what had been agreed in regards to taking forward Lord Jenkin’s access to records. **[WITN3996011]**

1.78. On 12 June 2005, Patricia Hewitt, then Secretary of State, replied to a letter from the Rt. Hon Charles Clarke to Lord Warner, regarding correspondence on behalf of his constituent. In respect of a public inquiry the letter stated:

“ ...

Mr [GRO-B] raised the issue of the situation in the Republic of Ireland and Canada in relation to patients infected with hepatitis C through contaminated blood products. I have been advised that in the Republic of Ireland and Canada, it was established that wrongful practices were employed. The Government does not accept that any wrongful practices were employed in the UK and therefore does not consider that a public inquiry is justified. Donor screening for hepatitis C was introduced in the UK in 1991, and the

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development of this test marked a major advance in microbiological technology which could not have been implemented before this time.

In relation to the report, Self Sufficiency in Blood Products in England and Wales, we have always stated that the review would be based on surviving papers. The report was commissioned to establish the facts around self sufficiency in blood products, based on available papers.

...” [MACK0001646_002]

- 1.79. On 20 July 2005, William Connon sent a submission to PS(PH) on the ‘Review of Papers: Self-sufficiency in Blood Products’. The submission was to inform the Minister of the outcome of the review. Whilst the copy list was extensive, including the various policy teams, the Private Offices of Caroline Flint and Patricia Hewitt, the Scottish Executive, Welsh Assembly, the communications team, along with David Harper Director General of Global and Public Health and the CMO’s office, I was not on the distribution list. [DHSC0006259_020]
- 1.80. I received a further briefing from Zubeda Seedat on 29 November 2005, following a request from Lord Jenkin for a further meeting. [WITN3996019]
- 1.81. On 12 January 2006 Lord Warner announced in the House that Patricia Hewitt and counterparts in the devolved administrations had agreed to extend the period when claims to the Skipton Fund could be made on behalf of the deceased by relatives of dependents. Lord Morris then raised the issue of a public inquiry in the following terms:

“My Lords, I am grateful to my noble friend. He is aware that 1,142 haemophilia patients have now died from being infected with HIV and hepatitis C by contaminated National Health Service blood and blood products, making this its worst ever treatment disaster?

My noble friend told me on 11 December 2003 that Ministers, “Do not consider that a public inquiry is justified”.

Is that still their position, despite mounting concern about the handling by in-house inquiries of the important issues raised – as former health Ministers – by the noble Lords, Lord Jenkin and Lord Owen?

...

Lord Warner responded:

“My Lords, I am well versed in the noble Lord’s concerns in this area and I pay tribute to his persistence. But it is important to stress that, despite the Department of Health’s decision to make ex gratia payments, we do not accept that any wrongful practices were employed in relation to inadvertent infection of blood which led to hepatitis C, and we do not consider that a public inquiry is justified as we do not believe that any new light will be shed on this issue as a result. ...”

1.82. Lord Jenkin intervened to state:

“My Lords, do the Government intend to publish a review of the whole sad story of contaminated blood products and of the haemophiliacs and others who have been infected with HIV and hepatitis C? Is the Minister aware that after my long perusal last year of a large number of files that passed across my desk on this subject as Secretary of State for Health, I was able to confirm, as I had been warned, that all the papers dealing with contaminated blood products have been destroyed? How can the review possibly be comprehensive and tell the whole story if the key papers on how these infections reached these patients have been pulped?”

Lord Warner replied:

“My Lords, let me reassure the House that there has been no deliberate attempt to destroy past papers. Officials have established that during the HIV litigation in the 1990s, many papers from that period were recalled. We understand that papers were not adequately archived and were unfortunately destroyed in the early 1990s. Officials have also established that a number of files were marked for destruction in the 1990s. Clearly, that should not have happened. When it was discovered that files were marked for destruction, an internal review was undertaken by officials. The results of that will be made known as soon as possible. I know that the noble Lord has been in correspondence with the Permanent Secretary of the Department of Health and I understand that an answer will be sent to him on some of those issues

as quickly as possible.” [ARCH0000428 pg. 5-6]

- 1.83. Baroness Masham of Ilton then asked about the Canadian scheme. Lord Warner answered:

“My Lords, there is a difference between the position in Canada and in the United Kingdom and it is important to recognise that distinction. The awards being made in Canada follow a class action brought against the Canadian Government. A settlement agreement was reached with the federal government and, as such, the payment structure was based on claims for punitive damages. Subsequent inquiries found that wrongful practices had been employed and criminal charges were laid against the organisations, including the Red Cross Society, who were responsible for screening blood. There was no such wrongdoing in the United Kingdom and it is unfair to compare the two schemes.

...” [ARCH0000428 pg. 6]

- 1.84. On 31 January 2006 Chris Pakouta, who had become my office's Correspondence Manager, replied to an email chain from David Cockayne, in my Private Office, confirming that my office had an outstanding letter from Lord Jenkin which required a reply. Earlier emails in the chain make it clear that officials were trying to obtain a publication date for the self-sufficiency report to enable my office to respond to Lord Jenkin's letter, following a telephone call from Lord Jenkin chasing my reply.¹⁶ [DHSC5903511]
- 1.85. On 3 February 2006, Zubeda Seedat sent an email to Patricia Hewitt's Private Office attaching advice and a draft reply on a meeting request from the Manor House Group. The submission stated at paragraph 7 that the internal review of papers on self-sufficiency would be published on 16 February 2006. Neither myself or my Private Office were copied to that email or to the advice.

¹⁶ An earlier part of this email chain suggested that my Private Office seemed to be leading on/co ordinating “on the internal review into the destruction of papers (sic)”. From the context of the later email chain and press attachments this appears to be a somewhat confused reference to the self-sufficiency review. I have not seen any other documents suggesting my Private Office coordinated the self sufficiency review and it is clear this would not have been a suitable role for my Private Office to undertake. I strongly suspect that the confusion was because at this stage, my Private Office were involved in pushing for a publication date for the self-sufficiency review so they could finalise my reply to Lord Jenkin. Email: [DHSC5399020] Press attachment: [DHSC5007130]

[DHSC0200104]

- 1.86. On 6 February 2006, Zubeda Seedat sent me a briefing, attaching a draft letter to Lord Jenkin, replying to his letter to me of 14 December 2005. The submission stated that the report on self-sufficiency would be published on 27 February 2006. I discuss this briefing at paragraph 65 of my first statement. **[WITN3996022]**
- 1.87. I retired in March 2006 and Hugh Taylor succeeded me as Permanent Secretary to the DH.

Documents post-dating my tenure as Permanent Secretary

- 1.88. I am referred to a Parliamentary Question dated 12 April 2006 which was to be answered by Lord Warner, with the briefing pack including material on possible supplementary questions. I note the following suggested replies that may be relevant although I had left my post by this time and would not have been aware of this debate or involved in the preparation for the briefing:

“PUBLIC INQUIRY

Why won't the Government agree to a public inquiry?

We have considered the call for a public inquiry very carefully. However, as previously stated, the Government does not accept that any wrongful practices were employed and does not consider that a public inquiry is justified. Donor screening for hepatitis C was introduced in the UK in 1991 and the development of this test marked a major advance in microbiological technology, which could not have been implemented before this time.

...

DESTRUCTION OF DOCUMENTS

How can the report have any credibility, when you have admitted that papers have been destroyed?

We have always stated that the review is based on surviving papers. The report was commissioned to establish the facts around the achievement of self sufficiency in blood products, based on available papers.

You deliberately destroyed documents.

We regret that papers have been destroyed in error. There has been no deliberate attempt to destroy past papers. Officials have established that, during the HIV litigation in the early 1990's many papers from that period were recalled. We understand that papers were not adequately archived and were unfortunately destroyed following the litigation. Officials have also established that a number of files on the Advisory Committee on the Virological Safety of Blood (ACVSB) between May 1989 - February 1992 were unfortunately destroyed in error. These papers were destroyed between July 1994 and March 1998.

...

What doesn't the report address the issue of Lord Owen's papers that were shredded?

The review was never intended to consider why papers from Lord Owen's private office were destroyed. Papers kept by Ministerial Private Offices are not kept after a change of Government.

If pressed: *They are either shredded or handed back to the relevant policy section.¹⁷*

...

Who undertook the review

A DH official was recruited for three months (October 2002 – December 2002) to undertake the review. The task was completed by independent consultants.

Will you be making all the references available?

The report has numerous references, many of which are already in the public domain. We are currently considering a request under the Freedom of

¹⁷ There is a handwritten comment next to this passage which reads "I have asked for this to be checked. This may have been the practice 25 years ago but it is not what we do now so we need to be absolutely sure of this."

Information Act to release internal papers.” [DHSC0041198_088 pg.7]

- 1.89. There was also included in the pack, a background briefing on the ‘Review of Papers’.
- 1.90. In a Parliamentary Question dated 22 May 2006, Lord Jenkin asked whether the files of papers about contaminated blood products made available to the DH provided evidence to support the claims of haemophiliacs that their infection with hepatitis was caused by blood products. The suggested reply to the question contained in the briefing pack was:

“My Lords, the Government accepts that haemophilia patients were infected with HIV and or Hepatitis C through contaminated blood products. We regret that so many patients were infected. We have responded to their concerns by setting up the hepatitis C ex-gratia payment scheme. A scheme for haemophilia patients infected with HIV was established in 1988.

In relation to the papers that my Noble Lord refers to, earlier this year we established that a number of documents which had been disclosed by the Department in the HIV and Hepatitis C litigation were held by Blackett Hart and Pratt solicitors. At our request they have now returned the papers to our solicitors.” [DHSC0015839]

- 1.91. Linda Page minuted Hugh Taylor, my successor, on 20 July 2006, regarding the release of documents referenced in the report *“Self-Sufficiency in Blood Products in England and Wales. A chronology 1973 – 1991”* under FOIA relating to a previous administration. The minute, while stating that the current ministers were sympathetic to the release of the documents, required the Permanent Secretary’s agreement and decision to release the papers as they related to previous administrations. [DHSC5425804]
- 1.92. On 23 February 2007 the Prime Minister sent a letter to Philip Dolan, then Chairman of the Haemophilia Society, replying to his letter of 1 February about a public inquiry. The Prime Minister stated:

“The Government does not accept that the infection of haemophiliacs with contaminated blood was as a result of any wrongful practices. The Government of the day acted in good faith, relying on the technology

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available at the time. In light of the substantial numbers of documents and reports available under the Freedom of Information Act, the current Government does not consider that a public inquiry is justified. Donor screening for hepatitis C was introduced in the UK in 1991 and the development of this test marked a major advance in microbiological technology, which could not have been implemented before this time.

Ministers asked officials to investigate whether such infections could have been avoided had the UK achieved self-sufficiency in blood products. The results of this investigation are recorded in the report, Self sufficiency in blood products in England and Wales: A chronology from 1973 to 1991. The report was published last year and is available on the Department of Health's website at: www.dh.gov.uk (type 'self sufficiency in blood products' into the search bar and follow the links).

As you know, work is underway to identify any other existing Department of Health files and papers on blood policy. This work is currently ongoing.”

[DHSC6548384]

- 1.93. I had been retired for nearly a year when the Prime Minister sent this letter.
- 1.94. I am specifically referred to Parliamentary Questions dated 22 March 2007 from Jenny Wilmott and answered by Caroline Flint regarding (i) what trials were conducted in the UK between 1984 – 1986 to ascertain the efficacy of heat treatment and (ii) if Caroline Flint would place a copy of the DH's internal audit on destroyed documents in the public domain. In response to point (ii) Caroline Flint confirmed that:

“ ...

The report on the internal review of documents held by the Department relating to the safety of blood products between 1970 and 1985 is being finalised. This report will also take account of missing documents. We expect to complete the report shortly, and a copy will be placed in the Library.

The internal audit report will be referenced in the internal review of documents and we will make all reference documents available”.

[CBCA0000045]

Section 2: Commentary on calls for a public inquiry

- 2.1. I should state here that it was the established DH position when I took up my post in November 2000 that there was no need for a public inquiry into contaminated blood. This position remained unchanged during my tenure and for some time after my retirement. I do not believe the issue was specifically brought to my attention when I first joined the DH when taking over from Chris Kelly.
- 2.2. The Inquiry asks me to outline the role I played, if any, in the DH's decision-making process on the issue of a public inquiry into contaminated blood.
- 2.3. I cannot independently recall being involved at all in the DH's decision making on the issue of whether to hold a public inquiry. From the chronological documents set out above it appears to have been the firm ministerial position before I took up my post that there was not going to be a public inquiry. That line appears to have been maintained throughout my tenure and beyond.
- 2.4. I note that for the most part I was not copied to the correspondence or submissions which discussed calls for a public inquiry. Indeed, on reading the papers now, the more prominent issue appears to be calls for compensation, with John Reid changing that line in mid-2003.
- 2.5. I am asked to set out my understanding of the government's reasons not to establish a public inquiry during my time as Permanent Secretary at the DH.
- 2.6. Again, whilst I do not have any detailed recollection of the reasons not to establish an inquiry I can see from the documents referred to me that the following reasons were uppermost in the DH's thinking:
- (1) That all the relevant information was already in the public domain. See the recommendation to Lord Hunt on his reply to PQs **[DHSC5299323]**, options paper to Yvette Cooper dated 2 July 2001. **[DHSC0041379_177]** and Jill Taylor's letter of 23 July 2002, replying on behalf of the Prime Minister, amongst others. **[DHSC0020811_141]**
 - (2) That there was no evidence of wrongdoing on behalf of the government, including on the issue of self-sufficiency. See Lord Warner's response in the House **[ARCH0000428 pg. 6]**, the submission of 10 June 2002 to

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Hazel Blears **[DHSC5307583 p.3]** and Patricia Hewitt's letter of 12 June 2005 to the Rt. Hon Charles Clarke amongst others.¹⁸

(3) That the governmental focus should be on looking forward to assisting those infected. See the briefing for the series of PQs dated 1 November 2000. **[DHSC0004183_009 p.24]** and the Prime Minister's letter to Lord Morris of 6 August 1999. **[HSOC0002123 p.2]**

- 2.7. The Inquiry asks me to explain in my view, to what extent financial implications, both in terms of the cost of a public inquiry and the potential for compensation to victims, influenced the DH not to hold a public inquiry. The Inquiry does not refer me to any specific documents in relation to this question.
- 2.8. As I was not a decision maker in respect of whether a public inquiry was or was not held I am unable to answer this from my personal experience at the time. From the papers I can see that the costs of holding an inquiry was one factor for consideration. The options paper put to Yvette Cooper and discussed at paragraphs 1.23 – 1.25 above clearly discussed the costs of the various options, including holding a public inquiry. My reading of the papers suggests to me that, whilst the costs of holding an inquiry was one factor, it was clearly not the overriding factor.
- 2.9. From my own experience of dealing with other public inquiries, as set out at paragraph 0.12 above, I was aware that they were/are expensive and time consuming. As a general point I would say that ministers must always consider the potential cost of an action, as they are potentially spending public money. The financial cost is not the only consideration. A further general consideration is the 'opportunity cost' of holding an inquiry: dealing with the demands of an inquiry can take significant policy official resource away from current work, with a consequential cost to the delivery / implementation of ongoing priorities in the same area.
- 2.10. The Inquiry asks me what part, if any, did the establishment and findings of inquiries in other countries such as Canada, France and Ireland, play in the government's decision not to hold a full public inquiry during my time in office.

¹⁸ **[MACK0001646_002]**

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- 2.11. Again, I have no personal recollection on this and I do not think I was involved in this at the time. However, from reviewing the papers it appears that the situation in other countries was raised on numerous occasions. The 10 June 2002 submission from Jill Taylor to Hazel Blears set out that the Canadian and Irish schemes were not directly applicable and did not set a precedent for the UK.¹⁹ Patricia Hewitt's letter to the Rt. Hon Charles Clarke of 12 June 2005 re stated that point.
- 2.12. The Inquiry asks me to explain what happens when a policy line (such as the refusal to hold a public inquiry, or the assertion that is often repeated in DH documents, that those infected received "*the best available treatment at the time*" persists over a period of time. I am asked whose role is it to look at a policy line afresh and in what circumstances would a policy line be reconsidered.
- 2.13. The two examples given by the Inquiry are actually somewhat different in nature. Whether to hold a public inquiry (and the government position against doing so) was a policy issue. Statements about patients having received the best available treatment, was not a policy but one reason underlying the policy, deployed in statements justifying the policy.
- 2.14. As to how such matters tend to 'persist':
- (1) On policy matters, ministers and officials should both keep policy under review. Both should be ready to consider changing the policy if, for example, significant new evidence becomes available or there are other significant developments. Ministers may also choose to change a policy as a matter of political judgement, for example because a policy is so unpopular that they wish to take a different direction.
 - (2) In relation to reasons underlying a policy that are used in lines to take, officials should seek to ensure that factual statements are accurate in the first place. Thereafter, if new evidence or information emerges it may necessitate a change in the line to take even if such evidence or information does not lead to a change to the overall policy. I can see on reviewing the papers provided to me that the Department did not always

¹⁹ [DHSC5307583 p.3]

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get this right. For example, the line that, 'Donor screening for hepatitis C was introduced in the UK in 1991 and the development of this test marked a major advance in microbiological technology, which could not have been implemented before this time' did not properly reflect the earlier judgment in *A v NBA and others* and should have been drafted differently.

- 2.15. As I discuss below in Section 4, the impetus for a change in policy line needs to be strong. Negotiation is needed between several different parties to instigate a policy change. Often negotiation across government. But in terms of what instigates a potential change, it usually rests with new facts coming to light or a strong stance taken by an incoming minister.
- 2.16. I am asked about my recollection of the Haemophilia Society's 'Carpet of Lilies' campaign, which, inter alia, called for a public inquiry. I am asked to explain the impact on the DH and to describe any response to that campaign.
- 2.17. I have no recollection of the 'Carpet of Lilies' campaign. The Inquiry refers me to the letter which introduced this campaign dated 23 November 1999, to the Prime Minister. As I set out at paragraph 1.7 above, this campaign started a year before I took up my post. I am unable to comment on the impact of this campaign on the DH and its response save that I can see references to the campaign in the papers, see paragraph 0 above. I would presume that this campaign would have increased political pressure and raised the profile of the issue.
- 2.18. I am asked if, to the best of my recollection, I had any discussions regarding calls for a public inquiry with the Prime Minister. The Inquiry specifically refers me to the Prime Minister's letter to Lord Morris dated 23 June 1999 in which he states; *"... I am not convinced that a public inquiry would provide greater insight into the problem or pave the way for any further improvements in the safety controls which are now in place"*. I am also referred to the Prime Minister's letter of 23 February 2007 to Philip Dolan on the subject.
- 2.19. As set out at paragraphs 1.3 and 0 above, these letters were sent respectively nearly a year before and after I was in post. I do not recall ever having any discussions with the Prime Minister about the issue of a public inquiry or the contaminated blood issues at all. In much of this period I did meet with Tony Blair at least once a month to review implementation of the NHS Plan. I cannot recall

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ever discussing departmental business at these meetings; the focus being entirely on the NHS improvements. In terms of process for correspondence of this kind, the Prime Minister's Private Office / correspondence unit would usually have forwarded correspondence to the Private Office of the Secretary of State, and that office would in turn arrange for a reply to be drafted by the relevant policy team. Given the volume of correspondence sent to the Prime Minister, this was a routine process and, in many cases, would not involve DH Ministers (or for that matter me as Permanent Secretary).

- 2.20. The Inquiry asks me to set out what briefings I received, if any, on the findings made by the court in the *A v NBA and Others* litigation. I am asked to describe what, if any, influence this had on my view of whether a public inquiry was necessary.
- 2.21. I do not recall and I have not seen any documents briefing me on these findings. I am happy to review any that the Inquiry wishes to show me. I did not have a view, at the time, on whether a public inquiry was necessary as it was an established government position that one was not necessary. The Inquiry does not specifically refer me to any documents in relation to this question although, as I set out above at paragraph 1.46 I now understand that this judgment related to a High Court award of compensation based on a strict liability (or "no fault" basis) under the CPA to people infected with Hepatitis C. As the judgment was on the basis of the CPA it was not available to those who had been infected before the CPA came into force. This excluded most haemophiliacs, who had been infected earlier than that.
- 2.22. Whilst before my time in post I can see from the papers that the options paper dated 2 July 2001 and follow up paper dated 19 July 2001 to Yvette Cooper set out consideration of the judgment. **[DHSC0041379_177]** and **[WITN3996032]**
- 2.23. The Inquiry refers me to a letter from a representative of the Scottish Haemophilia Forum to John Reid, dated 23 September 2003, seeking a meeting to discuss the Forum's campaign for a public inquiry. I am asked to describe what role, if any, I played in considering the request for a meeting and in providing the response given.
- 2.24. The letter requesting a meeting with John Reid dated 23 September 2003 and

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the response is discussed at paragraphs 1.61 – 1.67 above. I have no recollection of this letter and I would be surprised if I had any involvement in the response, which I would have expected to have been drafted by the relevant DH policy team, possibly in conjunction with John Reid's Private Office, as the email chain which referred to the response suggested legal advice had been taken in respect of its content.²⁰ I have not seen any documents to suggest that I did have any role in this response but I would be happy to review any further documents the Inquiry may wish to raise with me.

2.25. The Inquiry asks me a series of questions in relation to a meeting which took place on 23 March 2005 between John Reid and the Scottish Health Minister Andy Kerr, to discuss, inter alia, calls for a public inquiry. The Inquiry refers me to the documents I set out at paragraphs 1.74 and 1.75 above, those being a minute to John Reid's private office²¹ following that meeting and a letter from John Reid to Andy Kerr dated 4 April 2005.

2.26. I am asked whether I attended the meeting, to describe my involvement, if any, in briefing John Reid for this meeting and any advice I provided on the issue of a public inquiry. Finally, I am asked to describe the extent of my communications with health officials in the devolved nations on the issue of a public inquiry. I cannot recall attending a meeting with John Reid and Andy Kerr. Neither the minute to John Reid a few days after the meeting nor the subsequent letter to Andy Kerr refers to me/is copied to me and so I think it is very unlikely I had anything to do with that meeting or indeed any other communications with health officials in the devolved nations on the issue of a public inquiry.²²

2.27. The Inquiry refers me to the briefing from William Connon to me dated 11 April 2005, in advance of my scheduled meeting with Lord Jenkin of Roding on 13 April 2005. I am referred to page 3 of that briefing which contains a line to take on the issue of a public inquiry, which I set out at paragraph 1.76 above.

2.28. As I set out at paragraph 53 of my first written statement I have no independent

²⁰ [DHSC6701737]

²¹ [SCGV0001087_025] and [DHSC6264733] respectively.

²² My Private Office was copied to submissions dated 18 August 2005 and 8 September 2005 from Gerard Hetherington to Caroline Flint and Patricia Hewitt regarding "PO Correspondence 38995: Andy Kerr to SoS" and a draft response regarding changes to the Skipton Fund. Those submissions did not discuss a public inquiry. [DHSC5005003] and [DHSC5005001]. My office, while copied, does not appear to have made any input into the terms of the draft letter. See [DHSC5270766].

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recollection of that meeting with Lord Jenkin. I am sure I would have reviewed the briefing note ahead of meeting with Lord Jenkin, as was my usual practice.

2.29. I note that the purpose of the meeting, as set out in my briefing, was to discuss Lord Jenkin's access to his papers from his time as Secretary of State 1979-1981. I was told that Lord Jenkin was "*under the impression that we are withholding documents from him*" and had comments on the DH's document management system.

2.30. The section of the briefing I am asked about, in relation to public inquiries, is contained in the background briefing. It would be good practice to include in the briefing all issues that may arise, given officials' knowledge of Lord Jenkin. If the issue of a public inquiry was raised at the meeting I would have referred to the policy line and the relevant minister.

2.31. I am asked whether I questioned what evidence was available to support the scientific assertions made in relation to the policy line above. I cannot recall what I thought at the time, however, I was accustomed to receiving broad-based briefings from officials.

2.32. I am asked whether I queried whether the DH had received any new evidence that would indicate a public inquiry was justified. I do not recall doing so, and I doubt that I would have done so. The meeting was to discuss access to Lord Jenkin's papers. This meeting was one of 10 scheduled that day, on a variety of different subjects.²³ While it was theoretically open to me to interrogate and question points even if they were only in the background briefing for a meeting, in reality – and of necessity - my focus would have been on the main purpose of the meeting and the briefing on those aspects.

2.33. Had Lord Jenkin raised anything I was unsure about I would have thought I would have reverted to the relevant minister or the policy team, in this instance William Connon, for further explanation. I cannot see from the documentation that I did so.

2.34. I am asked to what extent the destruction of DH documents related to

²³ I retain a calendar sheet for April 2005 which shows the number of meetings that day. This does not contain any detail of the meeting or what was discussed.

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contaminated blood influenced my view of whether a public inquiry should have been held. I have assumed that this is a reference only to those papers set out in the briefing of 11 April 2005 that I was aware of at the time. The briefing set out that:

“Many key papers from the 1970s and 1980s have been destroyed. During the HIV litigation in 1990 many papers from that period were recalled. We understand that papers were not adequately archived and were unfortunately destroyed in the early 1990s.

We have been in touch with the Departmental Records Office to check which files related to the treatment of haemophilia patients and blood safety are still in existence from the period between 1979-1981. We have obtained a list of some files from this period. However, at first glance it is not clear about the extent to which these files will hold papers that Lord Jenkin will have handled.

It would require significant staffing resource to go through these files to identify official papers that Lord Jenkin handled at the time.

*We have not sought to deny Lord Jenkin access to any official papers. The reply from PS(L) focused on addressing some very serious comments from Mr **GRO-B** about blood safety and the transmission of Hepatitis C.*

We are aware of the Civil Service Guidance on access to official papers by former Ministers, produced by the Cabinet Office. If Lord Jenkin is able to be more specific about the subject matter or documentation that he would like to see then we can undertake a search for specific papers.

Lord Jenkin may be aware that in 2002 Ministers commissioned a review of internal papers to clarify the facts surrounding the drive for UK self sufficiency in blood products in the 1970's and 1980's. We will let Lord Jenkin know when work has completed on this. There has been a long delay in completing the report. A short note is attached at Annex III on this. The report will contain an extensive list of references which may help Lord Jenkin to identify papers he would like to see from his period in office.”

2.35. As I think I did not, at that time, hold a view in relation to whether a public inquiry

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was necessary it is unlikely that this would have impacted my thinking. I note that PS(L), at that time Lord Warner, had replied in relation to Lord Jenkin's substantive concerns in relation to blood safety at that time and that there was an ongoing internal review in relation to the drive for self-sufficiency in blood.

- 2.36. The Inquiry states that during my time at the DH, in response to calls to a public inquiry, various ministers maintained the government had *"considered the calls for a public inquiry very carefully, all the information is in the public domain and we do not think it is the way forward"*. The Inquiry asks me whether I considered all the relevant information was in the public domain, on what basis and how did this influence my view on whether an inquiry was necessary.
- 2.37. My own direct knowledge at the time would I think have been limited to the briefings from William Connon and Zubeda Seedat in relation to my correspondence and meeting with Lord Jenkin. When reviewing the papers now, it occurs to me that a difficulty with the line about information already being in the public domain begs the question as to what was meant by information. It may well be that the line was intended to convey that the relevant issues had been ventilated in public including in debates in parliament. On the other hand, however, the Department's own self-sufficiency report had not been published at this stage, still less the documents underlying it, and other documents had been lost or destroyed, and in that sense, it could be said that all the 'information' was not in the public domain.
- 2.38. The Inquiry asks me to describe my involvement in decision making around the release of documents relating to self-sufficiency and/or contaminated blood and to set out what steps were taken to release documents relating to those topics. I was not involved in that decision making and I am therefore unable to provide any helpful information.
- 2.39. The Inquiry states that relevant documents were destroyed and that some surviving documents were withheld from disclosure. With that in mind I am asked to set out why ministers maintained that *"all the information is in the public domain"*. In answering this question, I am specifically referred to the 20 July 2005 submission from William Connon regarding the self-sufficiency report. The reference to documents being withheld from disclosure is I think a reference to the following passage in the submission:

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“17. The report contains a number of references to not only published scientific papers but also to internal documents. We see no reason why the latter cannot be released on request but for reasons of sheer volume would resist supplying a complete set of documents.” [DHSC0006259_020]

- 2.40. I cannot see any other reference in that document to surviving documents being withheld. Given that I did not have any involvement in ministers' decision making on this issue I am unable to answer this question.

Section 3: Commentary in relation to Destruction of Documents and Internal Reviews

Destruction of Lord Owen's papers

- 3.1. The Inquiry asks me what my understanding was of the circumstances surrounding the destruction of Lord Owen's papers. As set out in the chronology, my understanding from the documents I have seen in preparing this statement is that Lord Owen was concerned that his commitment made to parliament in relation to self-sufficiency was not honoured once he left the DH.
- 3.2. A briefing note provided to me by William Connon dated 11 April 2005 did reference Lord Owen and self-sufficiency:

"Lord Jenkin may be aware that in 2002 Ministers commissioned a review of internal papers to clarify the facts surrounding the drive for UK self sufficiency in blood products in the 1970's and 1980's. We will let Lord Jenkin know when work has completed on this. There has been a long delay in completing the report. A short note is attached at Annex III on this. The report will contain an extensive list of references which may help Lord Jenkin to identify papers he would like to see from his period in office.

...

They also claim that there was the failure to implement a pledge by the then Health Minister David (now Lord) Owen to make the UK self sufficient in blood products that resulted in patients being infected with plasma imported from the US in the 1970's.

...

Self Sufficiency

6. With regards to comments about self sufficiency in blood products. Our understanding is that considerable efforts were made to achieve NHS self sufficiency in clotting factors in the 1970s. The fact that self sufficiency was not achieved appears to have been linked to the massive increase in demand

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for clotting factors at the time, not to any failure to implement Ministerial initiatives.

7. An informal review to clarify the facts surrounding the drive for UK self sufficiency in blood products in the 1970s and 1980s was commissioned in 2002. Work on this will be completed shortly. This includes a review of the surviving papers between 1973 and 1991 and a chronology of events.”

- 3.3. Whilst Lord Owen is mentioned in the context of the self-sufficiency pledge and the internal review, I do not think it would have been immediately obvious to me, reading the briefing, the extent or otherwise of the missing documents relating to Lord Owen's time, which was nearly 30 years before my own.
- 3.4. The papers I am referred to by the Inquiry in relation to Lord Owen's papers, which I have set out in the chronology, do not include me as a recipient or as being copied to them. The issues appear to have been discussed between officials in the Blood Policy Team, ministers and Senior Civil Servants, but not specifically brought to my attention.
- 3.5. I think those ministers and officials would be best placed to speak to these issues.

Destruction of documents relating to the ACVSB

- 3.6. The Inquiry refers me to the Internal Audit, completed prior to my appointment as Permanent Secretary, conducted into the destruction of the ACVSB documents. **[DHSC0046961_071]**. The Inquiry asks me to explain whether I was made aware that documents related to the ACVSB were destroyed? If so by whom? I am asked to set out which documents I was informed were destroyed.
- 3.7. The Inquiry also asks me to set out what, if anything, I was told regarding the reasons why this audit was commissioned and its findings.
- 3.8. I have no contemporaneous recollection of being told that documents relating to the ACVSB had been destroyed. In the papers, and as referred to in my first statement at paragraph 60 and above at paragraph 1.80, I received a briefing from Zubeda Seedat dated 29 November 2005 in relation to a request from Lord Jenkin for a further meeting. This briefing provided some information on the destruction of ACVSB papers. At paragraph 5 the briefing stated:

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“5. In addition we have established that many other important documents, mostly papers and minutes of the Advisory Committee on Virological Safety of Blood were destroyed in the 1990’s. This should not have happened. During the discovery exercise for the Hepatitis C litigation in 2000 it emerged that many files were missing. A low key internal investigation was undertaken, by colleagues in Internal Audit, to establish why files were destroyed. We have managed to obtain the report by Internal Audit. This concludes:

“The decision to mark the files for destruction was taken at a time of major organisational change in the Department, ie: the implementation of the Functions and Manpower Review (FMR), which resulted in two experienced members of staff leaving the relevant section. We believe that the upheavals of the FMR process probably resulted in either

- a delegation of responsibilities without proper instruction, or

- an assumption of responsibility without proper authorisation.

Either occurrence, likely given the organisational context, is the most probable explanation for the decision to mark the files for destruction, and the short destruction dates assigned.” [WITN3996019]

3.9. This briefing appears to be the extent of the information provided to me about the destruction of the ACVSB documents. As set out above, I was given only a general description of the documents that were destroyed.

3.10. Whilst I was not aware of this during my tenure at the DH, in order to assist the Inquiry, I refer to the minute to Chris Kelly dated 8 March 2000, referred to above. This set out what appears to be the reasoning behind why the audit was commissioned; resulting from the DH’s disclosure obligations to the Court. I am unable to shed any further light on this topic.

Self-Sufficiency report

3.11. The Inquiry refers me to the internal review which was commissioned by Yvette Cooper in 2002, looking into the history of the DH’s original commitment to self sufficiency, the ‘Burgin Report’.

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- 3.12. The Inquiry asks me to set out the involvement, if any, I had in commissioning the review and to set out any discussions I had with Yvette Cooper or her successors regarding this review. I am further asked for my understanding of why Mr Peter Burgin was selected to carry out the review and why it did not consider how and when DH documents in the relevant period were destroyed.
- 3.13. I cannot recollect having any involvement in the commissioning of the review or indeed any discussions with Yvette Cooper or her successors in relation to the review. On that basis I am unable to provide any information as to why Peter Burgin was selected to carry out the review or on the scope of the review.
- 3.14. The Inquiry has referred me to an email from Charles Lister to Zubeda Seedat which set out the scope of the review dated 10 June 2003. As I have already set out, I was not a recipient of that email and I would not have been aware of that information at the time. **[DHSC0020720_081]**
- 3.15. The Inquiry asks me to set out any reasons I am aware of the delay in publishing the review. The briefing from William Connon provided to me on 11 April 2005 included, at Annex 3, a summary of the review of internal papers on the issue of self-sufficiency in blood products. The summary provided may assist in relation to this question:

1. Following claims by Lord Owen about unfulfilled commitments in the 1970s to make the UK self-sufficient in clotting factors for haemophiliacs, when she was Health Minister Yvette Cooper agreed to an internal trawl of papers.

2. Ministers agreed that someone within the DH should be recruited to undertake a detailed review of the surviving papers between, roughly, 1973-1991 and put together a chronology of events. The job was advertised in July 2002 and the person started at the end of September 2002. This is the date we have given as the date for commissioning the work. Without this it is difficult to answer any detailed accusations levelled against the Department by Lord Owen and others.

3. A draft report was submitted to officials in the blood policy team in January 2003, however there were a number of outstanding issues which had to be resolved before the report could be finalised and submitted to Ministers.

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There were a number unsubstantiated statements in the report which had to be checked for accuracy, we had to draw up a lengthy list of references to the report and include an executive summary. We have also consulted with a couple of haemophilia doctors.

4. In 2004, officials commissioned consultants to analyse the papers and finalise the report. The report is now complete and a submission is in preparation for PS(PH) on handling and making the results of the analysis of the papers public.” [WITN3996010]

As set out at paragraph 1.79 above William Connon later briefed Caroline Flint on the outcome of the review. This commented on the delay in similar terms as his earlier briefing to me, with the addition that colleagues in the devolved administrations, BPL, and the NBA had been consulted. The paper confirmed that the review was complete and sought ministerial approval to make the report public. [DHSC0006259_020]

- 3.16. My Private Office was involved in emails at the end of January/beginning of February 2006 regarding the timing of the publication of the self-sufficiency report in so far as they were holding my reply to Lord Jenkin’s letter of 14 December 2005 until they could confirm the publication date to him. I understand the report was published in late February 2006.
- 3.17. Finally, the Inquiry asks me what part the review played in the government’s decision not to hold a public inquiry. As I had no input or involvement in the government’s decision on whether or not to hold a public inquiry I am unable to comment on what part the review played in this.

Section 4: Reflections on the statements of others

- 4.1. I am asked for my observations on a number of statements made by other ministers and officials, either directly to this Inquiry or in the House. I set out my thoughts on these statements below.
- 4.2. I am referred to the third witness statement of Charles Lister, former Head of Blood Policy at DH (1998 – 2003), dated 19 May 2022, from which the Inquiry provides the following quotation:

§4.93 “I raised the question of how much I may have been affected by a collective mindset. I had in mind the concept of ‘Group Think’, and whether officials, experts and ministers alike were affected by group think when addressing this issue. When I now reflect on these issues, it is that concept which I ponder on rather than any sense of resistance from the civil service. It is the sense that when you work closely and collectively together, there is a risk of group mindset developing and the risk that you are not sufficiently open to challenge the existing group views. It is of course impossible to say how much this impacted on our decision making.” [WITN4505389]

- 4.3. The Inquiry asks me for my observations on this statement, in the context of calls for a public inquiry. I note that the full quotation from §4.93 includes the words “*In particular at paragraph 2.98 [of my second statement] I raised the question of how much I may have been affected by a collective mindset...*” This is a reference to Mr Lister’s second statement. At §2.98 Mr Lister stated:

“In writing this statement, I have asked myself whether I could have presented a more compelling case to Ministers for some kind of financial settlement and have questioned how much in this I was affected by a collective mindset. My answer 20 years on is that I honestly don’t know but doubt whether I could have done much more at the time. Despite my sympathy with the victims of this tragedy, my focus as a DH official was largely on maintaining the arguments against compensation in support of the policy position taken clearly by Ministers. It took decisions in Scotland to move things on politically.” [WITN4505002]

- 4.4. I read Charles Lister’s written evidence as him raising the risk of ‘group think’ but

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being unable to say if it had been a factor or not. There is a risk of 'group think' in all organisations. My own reflection is slightly different. I recognise from my own experience that changing policy can be a difficult process, involving a lot of people. It involves negotiation with several different parties, sometimes including experts, politicians, their special advisers, as well as officials, and sometimes in more than one department. So bringing about a significant change in policy often requires a clear mindset and sustained effort to achieve. Some may refer to this as inertia in the system, but such labels risk being an over-simplification and, in some cases, may be unfair to those involved. I would note in this context that during this period, DH did institute some very marked changes in policy. As I have set out at paragraph 0.10, above, these included a number of changes (such as the use of the private sector to deliver NHS services and to send patients abroad where necessary) that ran very much against the traditional approach which had existed for many years, but which were instituted in patients' interests. But achieving that sort of change in policy does involve sustained effort.

4.5. I am currently trying to take a Private Members Bill, the Healthy Homes Bill, through parliament. This bill, if passed, will mean all new developments will have to promote health, safety and wellbeing. I therefore have recent first hand experience of the difficulty of obtaining the agreement of several different parties. It takes enormous effort to bring all the relevant people together and in agreement.

4.6. I am referred to a debate in the House of Commons on 15 January 2015, where former Secretary for State for Health (June 2009 – May 2010), Andy Burnham, who was at that time Shadow Health Secretary, stated:

"...I do not detect the failure being caused by Members of Parliament or, indeed, Ministers; I have met many who want to resolve this in the right way. I have to say that in my experience the resistance is found in the civil service within Government. That is often the case in examples such as this; I found the same with Hillsborough too. It is very hard to move that machine to face up to historical injustice." [RLIT0000771]

4.7. I am asked to set out my response to this statement, with reference to my tenure as Permanent Secretary at DH. I am unable to comment on Mr Burnham's time as Secretary of State for Health or his views. In respect of my own experience I

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agree, as I set out above, that it can be difficult to bring about a change in policy because of the need to convince different groups that the change is necessary and appropriate. But it is not my experience that failure to bring about policy change was caused by resistance in the Civil Service or an unwillingness to face up to historical injustice.

- 4.8. I am referred to Lord Norman Fowler's evidence that the government should have established a UK-wide public inquiry before now [INQY1000144], [INQY1000145]. In retrospect I tend to agree that a public inquiry should have been established before now. This was a major public health tragedy and we should seek to understand the facts around why it happened and what could have been done, if anything, to avoid it. Too often public inquiries are seen as adversarial instead of fact finding.

Statement of Truth

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

Signed.....
Dated.....

GRO-C

24 April 2022