

Witness Name: [William Vineall]  
Statement No.: [WITN4688001]  
Exhibits: [WITN4688002]  
Dated: 17.09.2020

## INFECTED BLOOD INQUIRY

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### FIRST WITNESS STATEMENT OF WILLIAM VINEALL

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I, William Vineall, will say as follows: -

#### **Section 1: Introduction**

1. My name is William Vineall. My professional address is 39 Victoria St, Westminster, London SW1H 0EU.
2. I am Director of Acute Care and Quality Policy at the Department of Health and Social Care since 2016. Part of my role includes liaison with independent inquiries or investigations pertaining to the responsibilities of the DHSC. The team in the Department that provides evidence and information to the Infected Blood Inquiry sits within my Directorate. Since 2019 I have also been responsible for the policy on the England Infected Blood Support Scheme (EIBSS). I am duly authorised to make this statement on behalf of the Department of Health and Social Care (“the DHSC”). The contents of the statement are true to the best of my knowledge, information and belief. Where matters are not within my direct knowledge, I have set out the source of my belief, below.

#### **Section 2: Witness Statement of Lord Owen**

3. The Inquiry has provided the DHSC with a copy of the first witness statement of the Rt Hon Lord Owen, dated 5 February 2020.
4. The issues raised by Lord Owen include issues related to the decisions or actions of Ministers or of civil servants, from the time when Lord Owen held office as Minister of State for Health (from 1974 - 1976) until the present day.
5. The DHSC is committed to supporting the IBI’s full and thorough investigation into these matters, and indeed all matters that fall within its terms of reference. As a part of this, it has been supplying, and continues to supply, the IBI with extensive documentation. In addition, the DHSC is supporting witnesses, both Ministers and civil servants, to give evidence to the Inquiry. This includes both those who remain in post and those who have held positions in the past.
6. Whilst the DHSC was grateful to receive a copy of the statement, many of the issues raised by Lord Owen relate to actions taken before this present government took office. The DHSC’s present view is that the primary means by which the issues raised should be

explored, and questions answered, will be by means of evidence from those most closely involved at the time (to the extent possible and allowing for witness availability, given the passage of time). That evidence could take the form of documentary, written or oral evidence. The DHSC is working to assist the Inquiry to make this available. It is an ongoing process, designed to ensure that the IBI has access to the best possible evidence available.

7. At the moment, and at least whilst that process is continuing, the DHSC does not consider that it would be appropriate to comment on matters that relate to the actions of officials or Ministers in post under previous governments. Its focus is upon helping to secure evidence from those with the most direct knowledge of these events.

### **Section 3: The Internal Audit of November 2018**

#### **Background**

8. I note, however, that at paragraph 63 of his statement, Lord Owen comments upon an audit undertaken by the Government Internal Audit Agency (“the GIAA”), into the File Retrieval Processes for the IBI’s work, dated 6 November 2018. The file retrieval was being carried out by the DHSC Record Management team. A copy of the audit is exhibited for ease of reference [WITN4688002]. As this matter concerns the ongoing work of the DHSC in providing written records to the Inquiry, I have commented on it below, for the sake of clarity.
9. It can be seen from the document that it was requested by the DHSC’s Departmental Records Office (DRO) itself, to aid and abet work on file retrieval for the infected blood inquiry.

#### **Progress**

10. At paragraph 63 of his statement, Lord Owen comments that the audit team were able to identify over 10,000 files relevant to the IBI’s work. Page 4 of the report makes clear that these files had been identified by the Records Management team prior to the audit: “... at the time of this audit the team had compiled an initial list of 10,575 files in total relating to Blood policy and associated topics to be released to the Inquiry.” This process of identification of files has continued and the total of files is now about 14,930. Its number is a reflection of the scale of the Inquiry and the breadth of its Terms of Reference.
11. I have checked and been informed by Records Management staff that the audit was helpful in providing assurance to senior managers in DHSC that its Records Managers had done everything to identify relevant files for the IBI. However, the work of that team was superseded when the Inquiry’s staff visited Burnley (where the Records Management team is based) to search for relevant files held. The list of files of interest to IBI was confirmed in December 2018, and additions were made in February 2019 to reflect legal files transferred from DWP.
12. Focussing on the issue of ‘files checked out’ but not returned raised by Lord Owen: the issue is dealt with at pages 5 - 6 of the GIAA’s report. At the time of the audit (November 2018), the Records Management team had identified that “there are c.450 files relating to

Blood Policy which have been checked out and not returned”. The team was working to recover these.

13. I have been informed by Records Management that 10 files out of the 450 identified in the audit remain ‘checked out’ and not returned to the file repository. In addition, 4 files are missing following a move of the file repository in 2012. These files were marked as being in storage at the DHSC file repository in Lancashire, but were not found when the files were moved to Iron Mountain premises in 2012. This was a move unrelated and preceding the announcement of the independent blood inquiry.
14. In the 2018 audit, there is a further reference to the Records Management team having “identified a group of 500 files which were checked out from a specific series of files (bearing the prefix AID, and relating to AIDS) in the Departmental archives by officers from the Department for Education (DfE) in 2006, and had not been returned. Work was well-advanced to identify and recover these and at the time of conducting the audit, and only 45 remained unaccounted for. The DRO team had already identified this as an area where processes needed to be improved (see p8 of the GIAA audit report).
15. I am informed by Records Management that the current position is that the majority of files transferred to DfE in error have been traced. The barcode on a file is a unique identifier, and unfortunately some of the files were given a new barcode when they were returned to DHSC. There remain 12 files which Records Management cannot confirm have been returned.

### Summary

16. The current position with regards to records relating to the IBI is therefore that some 14,930 paper files were identified. Of these:
  - 8838 have been provided in their original paper form or as a digital surrogate for inspection by IBI;
  - 4715 are not available as they had been previously destroyed as a result of file retention decisions;
  - 952 are not available as they had been transferred elsewhere (to either DWP or MHRA; this figure also includes the 12 files whose return from DfE to the DHSC file repository cannot be confirmed by DRO);
  - 411 have been permanently preserved at The National Archives;
  - 10 are missing following recall to the DHSC blood policy team, and have not been found;
  - 4 are missing following the move of a file repository in 2012.
17. I hope this clarifies the situation for the Inquiry. The Department would be happy to provide the Inquiry with any further information on this issue.

### Subsequent Improvements in Practice.

18. I have been further informed by Records Management that they had established a system of reminders for files that have been sent out. This was suspended in March 2020, given that the majority of staff were no longer working in the office buildings because of Covid 19. In June 2020, Records Management established a scan-on-demand service so that original records are not longer provided in response to requests from staff. A scanned

surrogate copy is provided instead. This was in response to staff working remotely, but is now a permanent feature of the Records Management service.

**Statement of Truth**

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

Signed GRO-C

Dated \_\_\_\_\_ 17<sup>th</sup> September 2020 \_\_\_\_\_