

Witness Name: Lord David Hunt

Statement No: WITN5583001

Exhibits: Nil

Dated: 11 January 2023

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF LORD DAVID HUNT

I, Lord David Hunt, will say as follows: -

1. I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 14 December 2022
2. I am providing this statement in respect of the action I took during my time as Secretary of State for Wales.

Section 1: Introduction

Question 1 - Please set out your name, address, date of birth and professional qualifications.

3. David James Fletcher, Lord Hunt of Wirral MBE
4. House of Lords, London SW1A 0PW
5. Qualified (and practising) solicitor

Question 2 - Please set out the positions you have held in government, with relevant dates.

6. Parliamentary Private Secretary, Ministry of Trade, 1979-1981
7. Parliamentary Private Secretary, Ministry of Defence, 1981
8. Assistant Government Whip, 1981-1983

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9. Commissioner to HM Treasury (Government Whip), 1983-1984
10. Minister for Energy, 1984-1987
11. Deputy Chief Whip, 1987-1989
12. Minister for Local Government, 1989-1990
13. Secretary of State for Wales, 1990-1993 (and again, summer 1995)
14. Secretary of State for Employment, 1993-1994
15. Chancellor of the Duchy of Lancaster and Minister for Public Service & Science, 1994-1995

Question 3 - Please provide details of any business or private interests you have or have had which are relevant to the Inquiry's Terms of Reference.

16. Partner, DAC Beachcroft LLP

Question 4 - Please set out your membership, past or present, of any committees, associations, parties, societies or groups relevant to the Inquiry's Terms of Reference, including the dates of your membership and the nature of your involvement.

17. None

Question 5 - Please confirm whether you have provided evidence or have been involved in any other inquiries, investigations, criminal or civil litigation in relation to the human immunodeficiency virus ("HIV") and/or hepatitis B virus ("HBV") and/or hepatitis C virus ("HCV") infections and/or variant Creutzfeldt-Jakob disease ("vCJD") in blood and/or blood products. Please provide details of your involvement if so.

18. I gave written evidence to the BSE Inquiry (statement No.444, issued 8 June 1999).

Section 2: The Welsh Office and your role as Secretary of State for Wales

Question 6 - Please describe your role, functions and responsibilities as Secretary of State for Wales.

19. The Welsh Office was a multi-functional department and, as Secretary of State for Wales, I had overall responsibility for the delivery of Government policy in Wales across much domestic policy – including health and social services,

education, arts and sports, transport, industrial development, museums and galleries. The remit did not include legal, justice or home affairs – unlike Scotland and Northern Ireland, Wales does not have its own legal system or judiciary.

Question 7 - Please describe the extent to which you had responsibility for (a) health matters generally and (b) policy in relation to blood and blood products, hepatitis and/or HIV/AIDS.

20. I was nominally in charge of – and accountable for – health policy in Wales, but day-to-day responsibility was delegated to a junior minister (usually the Parliamentary Under Secretary of State). Operational matters were the day-to-day responsibility of officials; and ministers would generally operate on the basis of their advice, especially when matters were technical (or scientific) in nature.

Question 8 - Please identify any other ministers within the Welsh Office who had responsibility for health and/or for blood and blood products, hepatitis and/or HIV/AIDS during your time as Secretary of State for Wales.

21. My recollection is that the relevant ministers would have been Ian Grist (1990), Nicholas Bennett (1990-1992) and Gwilym Jones (1992-).

Question 9 - Please describe in broad terms the organisational structure of the Welsh Office, insofar as relevant to the Inquiry's Terms of Reference.

22. I do not recall the detail, but it was a standard departmental structure, with a Permanent Secretary and departmental heads. Officials would advise on policy, which would then be signed off by ministers. Officials would then lead on delivery, with ministers accountable to Parliament.

Question 10 - Please describe in broad terms the roles and functions of the Welsh Office constitutionally and in practice, during your time as Secretary of State for Wales.

23. My personal role was to oversee the delivery of government policy in Wales, across the areas set out above. In order to be as helpful as possible to the Inquiry, I think it is important that I should be clear that the discretion I enjoyed

– the room for manoeuvre – was in practice very limited in most instances, except at the margins of policy. For instance, I was able to maintain the distinctive inward investment approach for Wales that had been piloted by my predecessor Peter Walker in the wake of the rapid decline of traditional employers, actively supported Wyn Roberts in taking the Welsh Language Act onto the statute book and make small discretionary interventions to encourage the establishment of a sports-science facility in Cardiff – and to protect Welsh National Opera. Where there was any significant departure from England policy, such as those, there was always a clear “Welsh dimension” to justify the difference of approach (and in many instances the expenditure involved was relatively low). I have no recollection of there being any distinctive “Welsh dimension” when discussions about Infected Blood took place. As Infected Blood affected the whole of the UK, the matter was dealt with on a UK basis, with the lead taken by the Department of Health, with financial support schemes (and any other initiatives requiring additional public expenditure) dependent upon agreement from HM Treasury.

Question 11 - Please describe, in broad terms, your experience of how the decision-making process within the Welsh Office worked, including how, typically, decisions were requested of and taken by the Secretary of State and ministers and the procedures within the department for providing advice to the Secretary of State and ministers.

24. There would be notes in our ministerial overnight boxes and meetings with officials. There was a well-established (and very effective) system, policed by our private offices, for deciding when a matter was of significant public interest (or political sensitivity) to require immediate and/or decisive ministerial input.

Question 12 - Please set out your understanding as to how, in general, decisions about matters relating to health were taken within the Welsh Office.

25. In general, by the Parliamentary Under-Secretary of State (PUSS), acting on the advice of officials. A matter would come to the Secretary of State only when it had significant budgetary (or other) implications. As is customary, I would also engage in the correspondence with other cabinet colleagues, when appropriate.

Question 13 - Please describe how information and issues would typically be brought to your attention. In particular, please explain: which criteria determined whether a matter was of sufficient importance to be brought to the attention of ministers; who would make those decisions; and how effective the process was, in your experience, in ensuring that you and other relevant ministers were suitably informed of the key issues with which the department was concerned during your tenure.

26. My principal private secretary, Judith Simpson, was the “gate keeper”. I implicitly trusted her judgement and her integrity – and I believe the system worked very well. As detailed above, I also sought to practise effective delegation to junior ministers. If they were concerned about any matter, they could very readily raise it with me, either formally or informally. For much of the working week, we were in near-adjacent offices in Gwydyr House on Whitehall and saw one another frequently.

Question 14 - Please describe:

- a. **the process by which the budget for the Welsh Office was decided upon in the period in which you were Secretary of State for Wales;**
27. By annual negotiation with Her Majesty’s Treasury, based upon an agreed formula that protected public expenditure in Wales. The “clearing house” for resolving any disputes being the EDX cabinet committee.
- b. **the process by which the amount of funding for health matters in Wales was decided upon in the period in which you were Secretary of State for Wales**
28. It was principally a “consequential” of the health settlement for England, with minor adjustments made for specifically Welsh challenges – such as the relatively high incidence of lung conditions suffered by former miners.

Question 15 - What was your understanding, in broad terms, of the role of the Chief Medical Officer (“CMO”) for Wales during your time as Secretary of State

for Wales (please note that the Inquiry understands the Chief Medical Officer for Wales during your time in office was Deirdre Hine)? Please comment, in particular, on the following areas:

- a. the extent to which the CMO was responsible for informing Ministers about risks to public health.

29. My recollection is that such briefings were principally the responsibility of the Director of the NHS in Wales, Mr. John Wyn Owen.

- b. the extent to which the CMO was responsible for shaping policy and informing ministers of policy options.

30. That too was generally undertaken by John Wyn Owen and/or his officials.

31.

- c. the extent to which the CMO was responsible for issuing guidance, advice or instruction to clinicians.

32. My recollection is that this was indeed the job of the CMO.

- d. the extent to which the CMO was responsible for issuing guidance or advice to patients or the public.

33. My recollection is that the CMO was indeed responsible for that.

Question 16 - Please describe how the CMO would interact with relevant ministers within the Welsh Office. How would the CMO raise issues of concern? Were there regular meetings between the CMO and ministers, and if so who determined the agenda?

34. Communication of this kind on health matters, would principally have been through John Wyn Owen, although I would meet Dr. Hine too when health issues were discussed and she would also accompany me on certain visits I made which had a health dimension.

Question 17 - Please describe, in broad terms, the relationship between the Welsh Office and the Department of Health (Westminster) in respect of health policy in Wales during your time in office, with particular reference to policy related to blood, blood products, haemophilia and other bleeding disorders, HIV/AIDS and hepatitis.

35. On a UK-wide matter such as Infected Blood, which affected all parts of the UK equally (or broadly pro rata) the Department of Health for England would take the lead, but the health departments of the other territories would be kept abreast of developments and, ideally, consulted in a timely fashion on policy.

Question 18 - How much oversight, if any, did the Department of Health (Westminster) retain over health policy decisions made in respect of Wales? Please provide any relevant examples.

36. Delivery of policy in Wales was a matter for the Welsh Office and the Secretary of State was accountable to the House of Commons.

Question 19 - To what extent did the Welsh Office attempt to align its policies and activities with those of the Department, in particular in relation to blood and blood products?

37. So far as I recall, we worked in tandem, in the public interest, with England taking the lead, as much the largest territory, the highest population and by far the most individuals affected by Infected Blood.

Question 20 - Please describe, in broad terms, your interactions if any with the Secretary of State for Health in relation to health policy in Wales.

38. So far as I recall, we would exchange correspondence and compare notes, as much as we needed to.

Question 21 - To what extent did any of the following matters come to your attention during your time in office:

- a. the circumstances in which people receiving NHS treatment in Wales were infected with HIV/HCV/HBV.
39. I do not recall.
- b. whether or not compensation or some form of financial support should be provided to those infected with HIV/HCV/HBV from blood or blood products.

40. I did not recall, but the correspondence provided by the Inquiry suggests that the Welsh Office was certainly consulted – and some of the material did cross my desk, despite the health brief resting with the PUSS.

c. whether there should be an inquiry into the circumstances in which people receiving NHS treatment in Wales were infected with HIV/HCV/HBV.

41. I do not recall.

Question 22 - If such matters did not come to your attention, should they have done?

42. I cannot say. I had full confidence in my junior ministers and health officials at the Welsh Office. I was always ready to assist if required.

Relationship with the devolved administrations

Question 23 - Please describe your interactions, if any, in your capacity as Secretary of State for Wales, with the Secretary of State for Scotland and the Secretary of State for Northern Ireland , and their respective Offices, in relation to health. Please address in particular any such interactions in relation to decision-making about: blood and blood products and compensation or other financial support to people infected as a result of treatment with blood or blood products.

43. I have nothing to add, beyond the correspondence provided to me by the Inquiry.

Section 3: Introduction of hepatitis C screening

Question 24 - Between 1989 and 1991 the Advisory Committee on the Virological Safety of Blood – a committee established by the Department of Health to which the Welsh Office sent an observer – was considering, together with the Department of Health, the question of whether and, if so when to introduce Hepatitis C screening of blood donations. On 21 December 1990 a submission was sent to Baroness Hooper, the minister within the Department of Health with responsibility for blood and blood products, setting out a recommendation of the Advisory Committee that screening should be

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introduced [PRSE0004667]. Baroness Hooper confirmed her agreement on 16 January 1991 [NHBT0000191_013]. Screening was introduced nationally in September 1991. Given that your responsibility as Secretary of State for Wales included the Welsh Blood Transfusion Service [NHBT0000489_013]:

- a. Did the question of introducing HCV screening in Wales ever come to your attention and if so what if any views did you form?

44. I do not recall.

- b. In your view, was this an issue that should have been brought to your attention?

45. As I stated above, I had full confidence in my junior ministers and health officials at the Welsh Office. I was always ready to assist if required.

Section 4: Establishment of a National Blood Authority

Question 25/26

25 - On 18th September 1991 Nicholas Bennett (Parliamentary Under-Secretary of State, Welsh Office) wrote to Baroness Hooper (Department of Health) in response to a proposed consultation document sent by Baroness Hooper, on 19 August 1991, in which she outlined the intention to establish a National Blood Authority (NBA) which would combine the functions of the Central Blood Laboratories Authority (CBLA) with the Directorate of the National Blood Transfusion Service [DHSC0020713_016; DHSC0006937_017]. In his response Mr Bennett noted that he was:

‘much less easy about how well the proposed financial and contracting responsibilities suggested for the new authority would fit in with the need in Wales not only for the supply of blood and its products but also with dependent activities. . . I am particularly unpersuaded by the idea that decisions about business development and capital investment could rest with the National Authority which ignore the established realities of existing arrangements and David Hunt’s responsibilities for the service in Wales’ [DHSC0020713_016].

26 - On 04 October (year unclear, likely 1991) Baroness Hooper responded to Mr Nicholas Bennett's letter of 18th September 1991 and stated the following:

'I appreciate your concern that any relationship that might be established between your BTS and the NBA should be consistent with David Hunt's responsibility for the Service in Wales. I understand that consultants are looking at the management arrangements for your BTS and will be reporting within the next couple of months . . . Once our officials know the outcome of both these exercises they will be able to take forward discussions on how the Welsh BTA and the NBA might relate to each other' [DHSC0004584_095]

In light of the above correspondence between Baroness Hooper and Mr Nicholas Bennett please set out your knowledge (if any) of, and involvement in, the decision to establish a new National Blood Authority.

46. I have no recollection and the correspondence cited suggests the matter was handled by Nicholas Bennett.

Question 27 - On 17 October 1994 Virginia Bottomley (Secretary of State for Health) corresponded with you in relation to proposals by the National Blood Authority to reorganise the National Blood Service. In this correspondence she stated: 'The current proposals are the result of a strategic review undertaken by the NBA which pointed to the duplication of effort and inconsistency which over the years, have inevitably resulted from separate management. This is illustrated by the fact that, for example, there are currently eight different and incompatible computer systems operating in the 15 Transfusion Centres in England. The proposals are designed to introduce greater co-ordination, standardise procedures wherever possible, and simplify the management structure' [DHSC0004008_043]. What was your opinion at that time as Secretary of State for Wales on the proposals to reorganise the National Blood Service? You may also find DHSC0004586_008 of assistance. What input did the Welsh Office or you as Secretary of State have in decision-making regarding reorganisation of the National Blood Service?

47. This correspondence relates to matters I took up, as MP for Wirral West, with the Secretary of State on behalf of constituents, but otherwise I have no recollection.

Section 5: HIV payments

Question 28 - On 2 July 1991 Jon Shortridge (Finance Programme Division) wrote to Joe Grice (HM Treasury) on the subject of 'Haemophiliacs with AIDS.' Mr Shortridge highlighted that recent correspondence between the Chief Secretary and Mr Waldegrave, in regard to funding arrangements for haemophiliacs who had contracted AIDS, was 'not copied to the Secretary of State for Wales' [HMTR0000003_022]. He stated that an estimated £47 million had been agreed by the Chief Secretary to fund the compensation. He went on to note that 'we are somewhat surprised that an arrangement of this nature should have been reached without the Secretary of State for Wales being consulted . . . I feel I should point out that, if in the event additional costs are incurred and some of these relate to Aids victims living in Wales, my Secretary of State will not necessarily feel bound by an arrangement to which he has not at any stage been made a party.' [HMTR0000003_022]

- a. Did you, at that time, agree with the sentiment articulated by Mr Shortridge in his letter to Mr Grice?**

48. I cannot recall, but I think it unlikely ministers would not have been consulted.

- b. During your tenure as Secretary of State for Wales did you ever feel excluded from relevant discussions, in particular on the issue of compensation for those given infected blood on the NHS, by Westminster?**

49. Not so far as I recall.

- c. What involvement did you have in deciding the UK Government's position on compensation (or other payments) for patients with haemophilia infected with HIV?**

50. I can add nothing of substance to the correspondence cited by the Inquiry.

- d. **How and to what extent did you exercise any influence on policy on this matter with (i) the Department of Health (ii) the Treasury, (iii) the Prime Minister?**

51. I can add nothing of substance to the correspondence cited by the Inquiry.

- e. **To what extent would the Welsh Office have been able to form a separate policy on this matter if it had wished to do so? Would this have required the assent or approval of other Departments?**

52. As stated above, our flexibility/discretion in such a case, where no significant "Welsh dimension" or divergence existed, would have been very limited. The main player, where additional public expenditure is to be incurred, was (and remains) HM Treasury.

- f. **Were efforts made to establish a separate Welsh policy on these matters? If not, why not?**

53. I have no recollection.

Question 29 - Between 1991 and 1992 the issue arose as to whether financial support should be provided to those infected with HIV on the NHS via blood or blood products who were non-haemophiliacs. Please see:

- a. Letter dated 2 December 1991 from William Waldegrave to David Mellor, to which you were copied in. [DHSC0002921_009].
- b. Letter dated 3 December 1991 from G. Dickson to Mr Grice and the Chief Secretary [HMTR0000003_043].
- c. Letter dated 17 December 1991 from Ian Lang (Secretary of State for Scotland) [HMTR0000003_046].
- d. Letter dated 27 December 1991 from Peter Brooke (Secretary of State for Northern Ireland) to William Waldegrave [DHSC0002921_009]. [HMTR0000003_047].
- e. Letter dated 2 January 1992 from you to David Mellor [DHSC0002717_014; DHSC0002921_009].

Having regard to this correspondence, what if anything do you recall of your views on this issue?

54. I have no clear recollection, but I am sure I would have been sympathetic to the compelling case set out by Peter Brooke in the letter provided by the Inquiry.

Question 30 - Looking back, what are your reflections on how the Welsh Office, the Department of Health, the Treasury and the Government handled the issues of:

a. Providing financial support and/or recompense to people with haemophilia who had been infected with HIV through the use of blood or blood products provided by the NHS?

55. It is impossible to quantify the human suffering that was inadvertently caused by infected blood and it seems particularly cruel that treatments designed to improve and/or prolong life could inadvertently have the opposite effect. Of course there will always be an argument that financial support could and should have been more generous, provided earlier and so forth. I am just glad, looking back on this sad episode, that such support was indeed provided.

b. Providing financial support and/or recompense to people who did not have haemophilia who had been infected with HIV through blood or blood products provided by the NHS? You may also find DHSC0002585_009, HMTR0000003_083 and CABO0000044_030 or assistance.

56. I am glad the argument for providing financial support won the day, including in the case of non-haemophiliacs, whose ill fortune in this matter was no less than that of anyone else.

Section 6: Other issues

Question 31 - Please provide any further comment that you wish to provide on matters that you believe may be of relevance to the Infected Blood Inquiry. To assist we have provided a list of issues (attached).

57. I have nothing else of relevance to add, thank you.

Statement of Truth

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

Signed

GRO-C

Dated: 11th January 2013

Date	Notes/ Description	Exhibit number
02/07/1991	Letter from Jon Shortridge (Finance Programmes Division) to Joe Grice (HM Treasury) entitled 'Haemophiliacs with AIDS' regarding him not being copied into correspondence between the Chief Secretary and Mr Waldegrave about funding arrangements. Mr Shortridge was surprised that the funding arrangement of £47million was made available by the Treasury without the Secretary of State for Wales being consulted, and that if this amount should prove to be insufficient, he would not necessarily feel bound by an agreement to which he had not been made a party.	HMTR0000003_022
03/12/1991	Letter from G Dickson to Mr Grice regarding government compensation to 75 non-haemophiliac patients infected with HIV, discussing the amount of compensation that can be made available, with handwritten response.	HMTR0000003_043
17/12/1991	Letter from Ian Lang to Rt. Hon. David Mellor regarding linking financial support given to non-haemophiliac patients infected with HIV with the MacFarlane Trust as well as discussing the negative publicity surrounding HIV infection litigation in Scotland.	HMTR0000003_046
27/12/1991	Letter from Peter Brooke, Secretary of State for Northern Ireland, to William Waldegrave, Secretary of State for Health, re: financial help being offered to non-haemophiliac patients who contracted HIV through transfusions, transplant and tissue transfer in the UK	HMTR0000003_047

13/02/1992	Memorandum from James Hogben to Mr Grice re: Blood Transfusion Victims Infected with HIV, attaching a draft letter discussing compensating all those infected with HIV via blood and blood products and that the settlement funds will come from existing budget.	HMTR0000003_083
14/02/1992	Letter from David Mellor, Treasury Chambers, to Rt Hon William Waldegrave, Department of Health, re: blood transfusion victims infected with HIV, confirmation of assurance that there will be no further extension to other groups and funding will be from existing provisions	CABO0000044_030
02/08/1990	Letter from D. McGlinn, Health Services Division to Dr. H. Gunson, re: Proposal for a Nationally managed Blood Transfusion Service in England and Wales. Secretary of State for Wales has responsibility for health services provided within the principality- suggestion that this should be reflected in substantive proposals	NHBT0000489_013
02/01/1992	Letter from David Hunt, Welsh Office, to David Mellor, re: support for proposals for a settlement through the MacFarlane Trust in relation to blood transfusion patients with HIV	DHSC0002717_014
	Draft minute to the Prime Minister, re: Blood transfusion patients with HIV, discussing settlement for non haemophiliacs infected through NHS treatment	DHSC0002585_009
02/12/1991	Letter from William Waldegrave to Rt. Hon. David Mellor QC, re: Blood Transfusion ETC patients with HIV, campaign on behalf of patients infected by HIV in the course of treatment, cost, Macfarlane Trust	DHSC0002921_009
17/10/1994	Letter from Virginia Bottomley, Secretary of State for Health, to David Hunt, re: proposals of the NBA for reorganisation of the NBS	DHSC0004008_043
	Letter from Baroness Hooper, to Mr. Nicholas Bennett, The Welsh Office, re: Discussions about the anticipated relationship between the proposed National Blood Authority for England and the Welsh Blood Transfusion Service	DHSC0004584_095
18/09/1991	Memo from Nicholas Bennett, Under-Secretary of State for Wales, to Baroness Hooper,	DHSC0020713_016

	Parliamentary Under Secretary, Department of Health, re: NBA consultation document	
19/08/1991	Letter from Baroness Hooper to Nicholas Bennett, Parliamentary Under Secretary of State for Wales, re: intention to establish National Blood Authority, which would combine the functions of the CBLA and the Directorate. Draft version DHSC0032950 attaches a Consultation Document on Proposed National Blood Authority.	DHSC0006937_017
11/11/1994	Memo from D. E. Burrage, Department of Health, to C. Cavanagh, cc'd Mr. Kelly, Department of Health, Re: NBA reorganisation proposals- Briefing for the Rt Hon David Hunt MBE MP .	DHSC0004586_008
21/12/1990	Report from J.Canavan (ACVSB), titled 'Hepatitis C Antibody Screening Test - Advisory Committee on the Virological Safety of Blood (ACVSB)', dated 21st December 1990	PRSE0004667
16/01/1991	Minute from Mary Delfgou to J. Canavan, re: Hepatitis C antibody screening test: Advisory Committee on the virological safety of blood. Confirms PS(L) has agreed that 'screening tests for HIV [sic] antibodies should be introduced as soon as is practicable.'	NHBT0000191_013