

Witness Name: Lord Barry Jones

Statement No.: WITN5708001

Exhibits: Nil

Dated:

26 January 2023

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF THE Rt Hon. LORD JONES OF DEESIDE

1. I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 16 December 2022.
2. My necessarily and sometimes bald, brief answers do not indicate any lack of concern for those who have suffered so badly.

I, Lord Barry Jones, will say as follows: -

Section 1: Introduction

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

3. Stephen Barry Jones. House of Lords, London SW1A 0PW. D.O.B. GRO-C37. Schoolteacher. Parliamentarian.

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

4. Parliamentary Under-Secretary of State, the Welsh Office during the two administrations of J.H. Wilson and that of L.J. Callaghan 1974-1979.

Question 3 - 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.

5. Membership of several House of Lords Committees, inclusive of the Committee of Selection (appointed by the House via the Chairman of Committees), Vice President of 'Attend', Founding Chancellor Glyndwr University, President Army Cadet Forces Wales, President Training Ship Tuscan, President Deeside Hospital, Patron Rainbow Biz, President of Blue Sky, the charitable arm of the Betsi Cadwallader University Health Board. Please see House of Lords Register of Interests for further lists. To the best of my knowledge, none of these memberships are relevant to the Inquiry's Terms of Reference.

Question 4 - Please provide details of any business or private interests you have or have had which are relevant to the Inquiry's Terms of Reference.

6. Nil

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.

7. Nil

Section 2: Parliamentary Under-Secretary of State for Wales (1974 - 1979)

Question 6 - Please describe your role, functions and responsibilities as Parliamentary Under-Secretary of State at the Welsh Office.

8. A most wide-ranging role. Day-to-day responsibility was for a very challenging portfolio – inclusive of Health, Schools, F.E. and Higher Education, Social Services, Arts, Sport, Agriculture. And all across a challenging geography and climate.

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.

9. Day-to-day overall responsibility for the Health brief, which I believe included blood.

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

10. (i) Undoubtedly the 1974-79 Secretary of State (SoS W) had full and ultimate responsibility, and powers, in respect of Health.
- (ii) Mr Edward Rowlands, M.P. Merthyr, appointed Parliamentary Undersecretary of State by P.M. J. H. Wilson had, as I recollect, responsibility for Health in February '74 until SoS Wales reallocated the portfolio later that year, although I cannot recall the exact date.

Section 2.1 Structure of the Welsh Office

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

11. The Welsh Office was the youngest UK department (other than the Northern Ireland Office), P.M. J.H. Wilson forming it in 1964. The Welsh Office in Whitehall was far from its Civil Service in Cardiff, which was broadly structured like a Whitehall department, with a few tweaks. Our SoS W was an effective head who built up the Department, which had three ministers and many portfolios during my term of office. It was very much a territorial department. Its geography, climate and history making for considerable differences and tensions, particularly given Wales' rural heartland and considerable urban/industrial populations through a national population of approx. 3 million.

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

12. The role and function was very challenging. It was a recent department with a broad portfolio and a distinct national identity. Its civil service had to face up to bigger departments, the Cabinet Office and the Downing Street apparatus. On the face of it the Welsh Office was autonomous. We were not a junior department but others always had a greater depth of research, massive staffing and history. This was pre-devolutionary governance and Wales would make use of English resources where appropriate. In practice it was independent but our loyal conscientious Welsh officers would liaise with their Whitehall counterparts on the implementation of Government policy. Constitutionally it was a half-way house, as there were 'excepted subjects' e.g. Defence.

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 ministers and the procedures within the department for providing advice to ministers.

13. As already indicated, the Welsh Office had a number of major portfolios (including Health) to juggle which created much pressure and meant that we

were sometimes reactive. One received much advice on paper and there were regular meetings with officials. There were also occasional ministerial meetings convened and chaired by our SoS W and occasional P.M. Fiats. Ministers were driven by the Party Manifesto and our civil servants were tasked with implementing these manifesto measures. Ministers always needed wise advice and in general there was good liaison between civil servants and ministers. It was for ministers to push on with the Government's programme despite the many problems at the time e.g. militant trade unions; cuts imposed by the 'instructions' of the International Monetary Fund; a great inflation; a sickly population gravely affected by mining, steelmaking and quarrying; emerging sub-regional 'rivalries' and differences.

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

14. In Health one had ultimately a splendid, wise deputy permanent secretary. There was much paperwork to consider. One oversaw eight recently created Area Health Authorities. There were monthly meetings with the eight Chairs of the Area Health Authorities together, which were chaired by the minister. The minister received their reports, as well as advice from officials. The deputy permanent secretary and his senior officials would then be responsible for implementing policy. One's private office liaised vertically with the Cardiff base by telephone and face-to-face meetings.

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.

15. The Welsh Office operated like a Whitehall department with tweaks here and there. Information mostly came from officials in Cardiff and one trusted them to decide upon the essentials, as one could not be kept informed on all matters, as there was much traffic. The minister depended upon the private office and particularly the private secretary to decide which issues required his attention. The ministers' private secretary would minute and present papers on the key issues identified for ministerial consideration.

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 Parliamentary Under-Secretary of State;
16. My SoS W would negotiate the budget with the Chief Secretary to the Treasury which was never easy, especially so from 1974-79. Sometimes I would go to the Treasury to discuss issues with the 2nd Permanent Secretary.
- b. the process by which the amount of funding for health matters was decided upon in the period in which you were Parliamentary Under-Secretary of State.
17. I do not recollect the luxury of deciding my own budget: not in 74-79. If, on advice from the civil service or myself the SoS W wished to implement a Welsh Health initiative, he would usually have to find the funding from within Wales' budget.

Section 2.2 Relationship between the Welsh Office and Department of Health and Social Security (Westminster)

Question 15 - Please describe, in broad terms, the relationship between the Welsh Office and the Department of Health and Social Security ("DHSS") 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, and hepatitis.

18. DHSS was always a giant department compared with the Welsh Office, a small new department. The broad relationship one guesses would not be easy but SoS W would always cope with this. Whilst Wales might have had some wriggle room on policy, it would not have a lot more. I do not recollect blood crossing my desk but presume that it must have done. In so far as the DHSS took major responsibility then the detail of blood, blood products, haemophilia and other bleeding disorders, and hepatitis, would be in the purview of senior civil servants in Cardiff. DHSS would always take the lead in handling both public concern and when these matters were raised in Commons' debates.

Question 16 - How much oversight, if any, did DHSS retain over health policy decisions made in respect of Wales? Please provide any relevant examples.

19. One cannot recollect examples of DHSS oversight. It would have been resisted by SoS W. There was collaboration often. For example, I would accompany SoS DHSS Barbara Castle to meet the Presidents of the Royal Colleges. There were times when Wales needed DHSS resources and status. Wales did though try to play down the considerable trade union challenges. The DHSS was forever in a political maelstrom and PMs Wilson, Callaghan and Heath were consistently engulfed by the white water of militancy. Health was forever a battleground and P.M. J.H.W. shrewdly set up a Royal Commission on the NHS in 1975. They were exceptional times.

Question 17 - To what extent did the Welsh Office interact with and seek to influence the DHSS on matters relating to blood and blood products?

20. I am certain that Welsh officials interacted with conviction and professional expertise. I am also certain that they would give their insightful opinions and be ready to guard Wales's interests but I can give no detail.

Question 18- To what extent did the Welsh Office attempt to align its policies and activities with those of DHSS on such matters and on health policy more generally?

21. I am certain there was intelligent interaction. Our Civil Service was essentially Welsh by birth and 70s Wales wanted to enhance the citizens' health and happiness. Devolved governance has moved on (and the Welsh Government might now, for a variety of reasons, decide not to follow Department of Health policies in some areas) but one was not aware in 74-79 of difference or hostility in relation to significant Government health policies, in respect of which DHSS would take the lead.

Question 19 - Please describe, in broad terms, your interactions whilst minister within the Welsh Office with the DHSS in relation to health policy.

22. One would occasionally meet DHSS Ministers as in paragraph 19. One would sit in the same ministerial room with colleagues, one recollects no stated differences. Sometimes one would be alongside DHSS in the cabinet room under a P.M.'s cabinet committee. Perhaps one's SoS W would occasionally 'correct', 'persuade', 'inform' his DHSS colleague but such instances were probably rare.

Question 20 - In a witness statement provided to the Inquiry, Dr John (Tony) Napier stated that the "*formal relationship [between the Welsh Regional Transfusion Services ("WRTS") and DHSS] was mediated through the Welsh Office*" [§30 of WITN6915001]. Is this your recollection? Please describe the

relationship between the Welsh Regional Transfusion Service and the Welsh Office, insofar as you can recall.

23. I cannot recall but presume that the Welsh Office did have control and responsibility since that was always the ministerial objective and senior officials would seek to deliver.

Question 21 - Dr Napier also described the relationship between the DHSS and the Welsh Office in the following terms: “*the DoH had a working relationship with officials in the Welsh Office and would have shared policy and objectives, this arrangement would complement my own communications with Welsh Office officials. The managing health authorities would for the main part not be active participants in these deliberations*” [§48 of WITN6915001]. Is this a description with which you agree?

24. Yes. I venture to say Dr Napier’s summation is correct.

Question 22 - Please consider the following documents concerning a review of the National Blood Transfusion Service (“NBTS”). DHSC0003738_026, DHSC0003738_022, DHSC0003738_021, DHSC0002181_056, DHSC0002183_009, DHSC0103249_102, DHSC0001318, DHSC0103249_059.

25. I do not recollect these documents. I may have seen them but experienced officials may have judged that this was not necessary.

Question 23 - On 8 October 1976, R A Owen of the Welsh office wrote to the DHSS stating that the Welsh Office wanted “*to play a full part*” in the proposed review of the National Blood Transfusion Services. He stated that the desire was for “*a Welsh presence on both of the proposed study groups*”. Dr Bloom from the University of Wales was put forward in addition to Jim Morgan from the Welsh Office [DHSC0003738_026]. The meetings of the minutes held on 27 October and 3 November 1976 [DHSC0003738_022] state: “*The question of including a person with responsibilities in Wales was left for*

further consideration in view of the wish to keep membership small, but at the same time the expressed wish of the Welsh Office for Professor Arnold [sic] Bloom of the University of Wales to be included in the clinical users study group was noted." In letters dated 16 November 1976 [DHSC0003738_021] and 19 November 1976 [DHSC0002181_056], T E Dutton of the DHSS assured Welsh Office officials (and mentions having assured the Chief Medical Officer for Wales, Dr Bevan) that Professor Bloom would be consulted and invited to meet the group at some stage in their deliberations. In the event, it appears that Professor Bloom was not consulted [DHSC0103249_102 and DHSC0103249_059].

a. Do you recall having had sight of any of these documents or correspondence? If not, would you have expected to?

26. No. I recollect, I think, a Mr Owen, a senior and trusted civil servant. As this correspondence concerned specific expert scientific matters, I doubt that such a civil servant would forward these documents to his/her minister.

b. Was the Welsh Office informed of the decision not to consult Professor Bloom?

27. I do not know. I do not recollect the M.O. Dr Bevan reporting a happening such as this.

c. Was it common for Welsh clinicians and officials not to take part in working groups like this?

28. I cannot now say whether this was common in 74-79. We were though a new department and our officials were far away from Whitehall.

d. Please describe, in broad terms, the relationship between the Welsh Office and Professor Bloom/the Cardiff Haemophilia Centre.

29. I cannot recollect the relationship.

- e. To what extent was the Welsh Office happy to defer to Professor Bloom's position in relation to proposals concerning blood services in Wales?

30. I cannot recall.

Question 24 - In a letter sent to W d'A Maycock of the DHSS on 9 October 1975, B Bevan stated that the Welsh Regional Transfusion Centre would be unable to increase production of fresh plasma for AHG concentrate beyond the levels for 1975 unless the Welsh Office agreed to fund the appointment of an additional three senior technicians and to recommend their appointment to the Area Health Authority. He wrote: "*We are considerably under-staffed compared with other Transfusion Centres with comparable intakes of blood*" [DHSC0002179_013]. In his response dated 15 October 1976, Mr Maycock wrote: "*I do hope that Welsh Office will find it possible to approve these additions to your establishment*" [DHSC0002179_023].

- a. Was this, in your recollection, something that was approved by the Welsh Office?

31. I do not recollect.

- b. Were you, or would you have expected to have been, consulted on matters regarding the funding and staffing of the transfusion service in Wales?

32. I cannot recall but believe I should have been consulted on such a matter.

- c. If so, did you, or were you required to, consult the Secretary of State about the matter?

33. I do not recollect consultation with SoS W.

d. Did you have the authority to make a decision about such matters without consulting the Secretary of State?

34. Yes, if advised by memo/paper/minute sent, delivered by the senior official(s). However, the SoS W private office kept close 'contact' via its private secretaries and the SoS W could have intervened if he considered it appropriate. In my view, now, I cannot see oneself going forward with such a decision without an SoS W approval, given the funding implications.

Section 2.3 - Relationship between the Welsh Office and the Chief Medical Officer for Wales

Question 25 - What was your understanding, in broad terms, of the role of the Chief Medical Officer ("CMO") for Wales during your time as Parliamentary Under-Secretary of State (please note that the Inquiry understands that the CMO role was undertaken by Richard Bevan, followed by Gareth Crompton)? 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.

35. Always. It was a principal necessity for the CMO to inform either the Ministers' officials or possibly the Minister directly about such risks.

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

36. They sometimes sought to see me and give their view.

c. The extent to which the CMO was responsible for issuing guidance,

advice or instruction to clinicians.

37. They certainly did so.

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

38. I believe that this was their duty.

Question 26 - 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, and if so who determined the agenda?

39. I recall meetings with both Dr Bevan and Dr Crompton. For example, I recollect Dr Bevan advising (and ultimately persuading) me to close small, isolated maternity units – for reason of safety and better practice.

Question 27 - How often, if ever, did you interact with the CMO during your time as Parliamentary Under-Secretary of State?

40. Not often. They were respected by our civil servants and myself but I think they avoided these moments. They were medics and they instinctively displayed caution and reluctance before generalists.

Question 28 - On 3 May 1979, Professor Gareth Crompton (CMO) wrote to the Welsh Office concerning comments made by Dr John Napier regarding South Glamorgan Health Authority (“SGHA”) and WRTS [DHSC0044178_004]. Dr Napier had claimed that WRTS was “*renowned for poverty and the underdeveloped nature of its services*”. Professor Compton stated his belief that the performance of WRTS was symptomatic of a nationwide problem: budget constraints on Area Health Authorities preventing them from investing in regional and subregional services. He also wrote:

"It is my view that the time has come to give serious consideration to the present policy of making completely unfettered financial allocations to Areas and leaving them with a completely free hand to determine priorities within their areas, including relative priorities between area services and regional and subregional services. There is a very strong case for planning these supra-area services on a supra-area basis, ie by the Welsh Office, and for earmarking, within the allocation to AHAs adequate funds to finance the planned services, this earmarking to be on a regional basis."

- a. Although this letter was sent shortly before your time as Parliamentary Under-Secretary of State ended, did you have sight of this letter? If not, would you have expected to have had sight of it?**

41. No. The letter was sent on election day and we would have entered a period of purdah well before then.

- b. Were you briefed on this issue? If not, would you have expected to be briefed on this issue had your time as Parliamentary Under-Secretary of State not come to an end shortly afterwards?**

42. Not to my knowledge. It is possible (even probable) that one would have been briefed if my term of office had not come to an end but it is difficult to be definitive.

- c. Were you often briefed on issues like this during your time as Parliamentary Under-Secretary of State?**

43. Not often. This was a most serious, distressing issue and I recollect few as such.

- d. Do you agree with either of the assessments of WRTS and SGHA provided by Dr Napier or Professor Crompton?**

44. It is difficult to express a view many years later but there are elements of both assessments with which I agree. I would agree in broad terms with Professor Crompton that the quality of service, provision and professionalism in Wales was not behind that in England, against a UK wide backdrop at the time of financial stringency. However, I mentioned at paragraph 14 that Area Health Authorities had recently been established and they faced many, varied and sometimes differing problems.

Section 2:4 - Self-sufficiency

Question 29 - On 8 April 1975, you wrote a letter to Raymond Gower MP stating an intention to make the NHS self-sufficient as soon as practicable (in AHG concentrate) [referenced in DHSC0042607].

- a. **Do you recall the contents of, or are you in possession of a copy of, this letter?**
45. No.
- b. **To what extent was self-sufficiency in AHG concentrate discussed within the Welsh Office during your time as Parliamentary Under-Secretary of State?**
46. I do not recall.
- c. **To what extent was self-sufficiency in AHG concentrate discussed with other ministers during your time as Parliamentary Under-Secretary of State?**
47. Not to my recollection.

Question 30- In a letter sent to the Welsh Office on 19 December 1974, B O B Gidden of the DHSS noted W A Vinnall's (Welsh Office) concern that Cardiff Regional Transfusion Centre was unlikely to be able to do much in the way of increasing its output of plasma because of accommodation problems [DHSC0003720_164].

- a. What, if any, initiatives were taken by the Welsh Office in order to ensure that sufficient plasma for AHG concentrate was being produced at this time?**

48. I do not know.

- b. Were you, or would you have been expected to have been, consulted on this matter?**

49. I do not recollect consultation. I think it reasonable to expect to be consulted on this very important matter.

Statement of Truth

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

Signed

GRO-C

Dated

26 January 2023

Table of exhibits:

Date	Notes/ Description	Exhibit number
20/10/2021	Witness statement of Dr John Napier, WRTS, dated 20 October 2021	WITN6915001
08/10/1976	Letter from R A Owen, Welsh Office, to M W Draper, DHSS, re: the organisation of the National Blood Transfusion Service, dated 4 November 1976	DHSC0003738_026
04/11/1976	Minutes of meetings held on 27 October and 3 November 1976 to consider what advice should be sought on the likely future requirements of blood and blood products and to agree terms of reference for the enquiry, dated 4 November 1976	DHSC0003738_022
16/11/1976	Letter from T E Dutton to R A Owen, re: organisation of the national blood transfusion service, dated 16 November 1976	DHSC0003738_021
19/11/1976	Letter from T. E. Dutton, Department of Health and Social Security, to J. A. Morgan, Welsh Office HSIC, re: Blood Products - Working Group on Likely Trends in Demand, dated 19 November 1976	DHSC0002181_056

03/01/1977	Draft report from T. E. Dutton, to Parrott, Dr. Raison, Dr. Waiter, Dr. Maycock, Dr. Lane, M. A. Harris, Cleasby, re: The development of the NBTS, The Trends report, Working group on trends in the demand for blood products, dated 3 January 1977	DHSC0002183_009
22/07/1977	Minutes of meeting of the NBTS held on 22 July 1977 on arrangements for the study of the organisational pattern of the NBTS	DHSC0103249_102
12/01/1977	Final draft of Report of the Working Group on Trends in the Demand for Blood Products, dated December 1977	DHSC0001318
18/01/1978	Draft letter from Ted E. Dutton to J. A. Morgan, re : communication of the Report of the Working Group on trend in the use of blood products for use in Health Services, dated 18 January 1978	DHSC0103249_059
09/10/1975	Letter from B. Bevan, National Blood Transfusion Service, to Dr. W. d'A. Maycock, Department of Health and Social Security, re: Production of fresh plasma for AHG concentrate, dated 9 October 1975	DHSC0002179_013
15/10/1975	Letter from W. d'A Maycock, to B.	DHSC0002179_023

	Bevan, re: Welsh transfusion Centre, RTD(75)21, fresh plasma production for AHG concentrate, additional staff to facilitate increased production rate, dated 15 October 1975	
03/05/1979	Letter from G. Crompton (CMO) to Mr. O. H. Morris, re: Insufficient finance and support for the South Glamorgan Health Authority, dated 3 May 1979	DHSC0044178_004
17/01/1990	Letter from J. D. H. Evans to J. N. Desai, Treasury Solicitor's Department, cc: Peter Brand, Department of Health, re: Haemophiliacs/ HIV Litigation- Welsh Office, dated 17 January 1990	DHSC0042607
19/12/1974	Letter from B. O. B. Gidden to R. A. Owen, re: problem of increasing blood products production, dated 19 December 1974	DHSC0003720_164