Witness Name: Anne Frances Milton
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Dated: 28/11/2022

INFECTED BLOOD INQUIRY

SECOND WRITTEN STATEMENT OF ANNE FRANCES MILTON

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Section 1: Introduction and career history

I, Anne Frances Milton, will say as follows: -

1.1. My name is Anne Frances Milton, I reside at GRO-C GRO-C and my date of birth is GRO-C 1955.

1.2. I provide this statement in response to a request under Rule 9 of the Inquiry Rules, dated 24 June 2022.

Nursing

1.3. I began my career as a nurse in 1974 having completed my training at St Bartholomew's Hospital. I trained as a nurse and worked in the National Health Service (NHS) for 25 years; this included working in primary care, as a district nurse and in palliative care. I was also a shop steward for the Royal College of Nursing.

1.4. During my time working in the NHS, I do not remember having any knowledge of contaminated blood, but I knew about hepatitis C (I remember it was initially called "non-A non-B") and also was very familiar with HIV. The Inquiry has referred me to a Commons debate on Contaminated Blood and Blood Products on 14 October 2010 in which I said, *"It was not until the mid-1980s that scientific and medical literature began to reflect increasing concern about the seriousness of disease associated with hepatitis C, and I, as somebody who was working as a nurse at the time, remember it well"* [DHSC5645810] (46). I was working in Hackney in the early days of the HIV epidemic and I was acutely aware of the stigma associated with being HIV positive. It was a terrible time for gay men to be diagnosed with an illness which at that time could not be treated and would probably end in death. For those who would never have thought they were at risk of HIV, it must have been devastating, not just for them but also for their families, to know that they had contracted HIV. I felt my previous career enabled me to better understand the implications for those infected and affected by contaminated blood.

Politics

1.5. In 2005, I moved from nursing into politics and was elected as the MP for Guildford in 2005. I served on the Health and Social Care Select Committee until December 2006. I was the Shadow Minister for Tourism from November 2006 and the Shadow Minister for Health from July 2007. I was re-elected in the 2010 election and served as Parliamentary Under-Secretary at the Department of Health (DH) from May 2010 until September 2012.

1.6. In September 2012, I was appointed a Government Whip, Vice-Chamberlain of the Household and then Treasurer of the Household (these are all promotions within the Whips' Office). In March 2015, I was appointed to the Privy Council of the United Kingdom. I was re-elected to Parliament in 2015 and in 2017. Between June 2017 and July 2019, I was the Minister of State for Skills and Apprenticeships, and was Minister for Women from 2017 to 2018. In July 2019, I resigned as Minister of State for Skills and Apprenticeships. I stood as an independent candidate in the 2019 election but was not re-elected.

1.7. I now offer consultative advice to a number of organisations mostly on further education and skills. I am the founder of The Company of Nurses and am a Trustee of Surrey University Students' Union.

1.8. As a member of the Health and Social Care Select Committee, my role and responsibilities were to scrutinise the work of DH and to examine the government, policy, spending and administration along with my fellow committee members. From memory, at the time I served on the Committee infected blood did not arise.

1.9. My responsibilities as a Shadow Minister for Health from 2007-2010 included maternity services, mental health and nursing. I do not recall any issues relevant to the Inquiry's Terms of Reference being brought to my attention in either my capacity as a member of the Health Select Committee or as Shadow Minister for Health.

1.10. My role as Parliamentary Under-Secretary of State (Public Health) (PS(PH)) between 2010 and 2012 meant that I had responsibility for certain areas of policy. It was in this role that I became involved with those infected and affected by contaminated blood.

1.11. The areas of policy I had responsibility for included, but were not limited to, the following: health improvement national programmes (health and work, sexual health, obesity, drugs, alcohol, tobacco); maternity services; medical and nurse education and training; professional regulation including of allied health professionals; blood products; and organ donation [WITN6437003].

1.12. I have not been a member of, or had any involvement with, any committees, associations, parties, societies or groups relevant to the Inquiry's Terms of Reference.

1.13. I have not had any business or private interests which are relevant to the Inquiry's Terms of Reference.

1.14. I have not provided evidence to, or been involved in, any other inquiries, investigations or criminal or civil litigation in relation to 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.

Section 2: Opening remarks

2.1. I have been provided with a number of documents by the Inquiry and by the Government Legal Department team. Where they are referred to within this statement, I have read them but I understand that there are many more documents on which my name features and I have not reviewed all of them. I have done my best using my memory and the documents to answer the questions posed and to assist the Inquiry as much as possible. If more relevant documents are located that shed further light on these matters, I would be happy to update or amend this statement.

2.2. I do not hold any further documents relevant to the Inquiry's Terms of Reference in my possession.

2.3. Of all the issues I dealt with during my time as a Government Minister, this stands out above all others, possibly because of my previous career in the NHS. The fact that so many people could have been harmed by treatment they received from the NHS with such lasting consequences for them and their families still shocks me today. Whilst serving as Public Health Minister, I was always acutely aware that any sympathy or compassion I showed towards those affected could only ever be of small comfort. What mattered to me was to do the best for those affected irrespective of past decisions that had been made.

Section 3: The Department of Health

3.1. When I became PS(PH) in May 2010 I did not know anything about the circumstances in which thousands of individuals had been infected with HIV, HCV and/or HBV as a result of being given blood or blood products.

3.2. Between 2010 and 2012, under Lord Lansley, I was the minister with particular responsibility for blood and blood products and in relation to the provision of financial support for those infected with HIV, HCV and HBV as a result of NHS treatment. Lord Lansley relied on me to carry out the day-to-day work involved with this issue, including receiving and checking submissions from the Blood Policy Team, meeting with campaigners and dealing with correspondence.

3.3. I worked alongside numerous civil servants. Yemi Fagun was my Assistant Private Secretary (A/PS) and was the person I worked with most closely on blood issues. My Private Secretary was initially Giancarlo Laura and then Edward Waller. Lauren Jones, Simon Dowlman, Michelle Lucas and Rosie Francis were amongst several staff who worked in my Private Office. Beyond this, I cannot comprehensively remember which senior civil servants I principally dealt with or received advice from in relation to blood and blood products, the risks of infection from blood or blood products, and the provision of financial support for those infected with HIV, HCV or HBV as a result of NHS treatment. I have been shown documents which show me receiving support at meetings and advice from the following individuals, some of whom I recall:

a) Dr Rowena Jecock, Lead, Blood Safety & Supply;

b) Ben Cole, Blood Policy Team;

c) Debby Webb, Infectious Diseases & Blood Policy; and

d) Dr Ailsa Wight, Deputy Director & Head of Programme, Infections Diseases & Blood Policy.

3.4. I do not know how or why it was decided which matters were considered by civil servants to be of sufficient importance to be brought to my attention and I do not know who would make those decisions. I was confident that if anything came up which included requests for meetings with me, or if anything significant happened in this area of policy, my private office would inform me. I found that the civil service worked very effectively and civil servants were good at raising issues. I thought that the process was effective in ensuring that I was suitably informed of significant issues with which the DH was concerned about during the period of my time in office. I believe that civil servants were aware that this was an important issue to me and one I cared deeply about.

Section 4: The financial support schemes

General

4.1. As I had no knowledge of infected blood before I took on my role in 2010, I spent quite a lot of time learning about it and becoming familiar with the issues. It was also very quickly clear to me, especially as I started holding meetings with those involved and became aware that those impacted needed some sort of closure. I wanted to do everything within my power to help them.

4.2. Equally, when I became PS(PH) in 2010, I did not have any understanding or knowledge regarding the financial support schemes for those affected by infected blood. I soon became aware of the Macfarlane Trust, the Eileen Trust and the Skipton Fund.

4.3. By way of example, on the 24 May 2010, the Macfarlane Trust wrote to me outlining the history of the fund and urging me to do more to meet the needs of the beneficiaries of the Trust [DHSC6694804]. I have been shown this letter but given how long ago it was, I have no independent recollection of receiving it. The letter explained that following Lord Archer's report, commitments were made that at least £12,800 would be paid to each person infected with HIV and that further sums would be made available to the Trust to disperse on a discretionary basis. I have also been shown a document entitled "Macfarlane Trust/Eileen Trust/MFET Ltd" which includes facts, statistics and background on the Trusts. A large number of briefing documents such as this would have been shown to me or explained to me to improve my knowledge and understanding of this area of policy [WITN6437004]. I have no doubt that whenever anything significant arose regarding the financial schemes, it would have been explained to me and I would have been briefed by the relevant civil servants as the minister with responsibility for this area.

4.4. I cannot remember how frequently I met with those administering the financial schemes, but I know that meetings did happen. By way of example, I have been shown a briefing prepared for me for a meeting with Christopher Fitzgerald, the Chair of the Macfarlane Trust, and Peter Stevens, the Chair of the Eileen Trust and Skipton Fund on 15 July 2010 [WITN6437005]. I believe that the purpose of the meeting was for them to update me on the payment schemes following Lord Archer's recommendation about parity with Ireland (6(h) of his recommendations) following Andrew March's judicial review (which I address in more detail from paragraph 4.6 below). I cannot now recall this meeting but I have been shown an email from Yemi Fagun, my A/PS, containing a readout of the meeting which I exhibit as a contemporaneous record of the meeting [DHSC6699991]. I know that I also met with various other interested parties as well, including those affected and Lord Morris (see for example [DHSC5632631].

4.5. Various financial schemes to give support to those affected were put in place before I came into office. I assumed that the schemes worked well. From memory, one of the significant concerns of people who were infected by contaminated blood was for the government to accept liability. However, again from memory, the different campaign groups had slightly different priorities. What united them was a desire to find some closure on what had happened to them, an acknowledgement from the government that mistakes had been made, an apology from the government, and a financial settlement so they could meet the costs of their ongoing needs. I personally felt that financial recompense would help closure, albeit recognising that money could never make up for what happened. I had concerns about those infected and affected having to keep going back to obtain discretionary payments. The campaigners described it to me as going "cap-in-hand" – or as one put it "considered as a charity case" – which felt particularly insensitive and I knew that it made some of them very angry. I could, however, also understand the rationale on why payments were made in this way i.e. based on need. I would have liked all the infected and affected to be given a choice of a one-off lump sum which for some would have avoided them going back to the schemes for money, or annual payments depending on their preference. I did not feel that a one-off payment would set any precedent, as I believed their situation to be unique. I saw my job as a minister with a responsibility for this and as an advocate for the people in whose policy area I was concerned, albeit aware that any final decisions would rest with Lord Lansley and possibly the Treasury.

Response to Andrew March's judicial review

4.6. The year before I entered government, I understand that Lord Archer's inquiry report made a number of recommendations. In Chapter 12, the report made recommendations which included: "*6. Direct financial relief should be provided for those infected, and for carers who have been prevented from working.*" At recommendation 6(h), it stated: "*We suggest that payments should be at least the equivalent of those payable under the scheme which applies at any time in* [the Republic of] *Ireland.*"

4.7. I also understand that the government's response to Lord Archer's report was published on 20 May 2009 and it did not adopt recommendation 6(h). Mr Andrew March, a man who had haemophilia, who had been infected by blood products, brought a challenge by way of judicial review to the government's decision not to adopt recommendation 6(h).

4.8. By a judgment handed down in April 2010 [DHSC0003819_011], I understand that the government's decision not to adopt the Archer recommendation for parity of support with Ireland was quashed. The judgment was made on the grounds that the previous government's decision was based on an error of fact, namely that the Irish scheme was based on fault whereas it was in fact based on compensation.

4.9. I have seen a submission dated 26 May 2010 written by Debby Webb which recommended that the judgment should not be appealed: [DHSC0003623_004]. I agreed not to appeal the decision [DHSC6512976].

4.10. I have seen a submission dated 8 July 2010 written by Debby Webb and cleared by Dr Ailsa Wight which recommended that again recommendation 6(h) be rejected. This was because it was said to be "*unmeritorious, on grounds of both: (i) the factual difference between RoI & UK; and (ii) affordability*" [DHSC0006616_114]. But the submission also recommended that I should wait until I had heard evidence from the campaigners and trust chairmen before reaching a decision and should announce the new decision by way of a Written Ministerial Statement in September 2010.

4.11. Annex D to that submission included details of international compensation schemes [DHSC0006616_008]. This also considered actions taken by other affected nations.

4.12. During the summer of 2010, I had several meetings with campaigners to hear their evidence before deciding how to take the matter forward (see for example [DHSC0006616_114] and [DHSC5638587] and as touched on at paragraph 4.4 above). I met campaigning and haemophilia groups such as Tainted Blood, the Manor House Group, the Contaminated Blood Campaign Coalition, the Haemophilia Society and the Hepatitis C Trust, as well as, the chairs and representatives of the Macfarlane and Eileen Trusts and the Skipton Fund (see for example [WITN0812007]; [WITN6437006]). I also met with two campaigners on behalf of the women and widows affected [DHSC6547137] and had a meeting with Earl Howe (who was the Parliamentary Under-Secretary of State (Quality)) (PS(Q)) and Lord Morris of Manchester, President of the Haemophilia Society who had sponsored the Private Members Bill, 'The Contaminated Blood (Support for Infected and Bereaved Persons) Bill. In addition to the meetings, I received numerous written "submissions" from campaigners (see by way of example [DHSC6547137] and [DHSC6623828]).

4.13. I have also been shown a further two submissions sent to me dated 11 August 2010 and 6 September 2010 which again recommended rejecting recommendation 6(h): [DHSC0006649] and [DHSC0003623_109]. In the submission on 6 September 2010, it was also recommended that "*a further review of wider issues is undertaken internally, supported by appropriate external experts, and that the areas for review are also announced in September. This review could be completed by December*".

4.14. I conveyed my views on these submissions and commented on the draft written ministerial statement: [WITN6437007]. My preference was to conduct an internal review with the appropriate external input simply because it was unlikely that we could agree to parity with the Republic of Ireland. This did not mean that I wanted to close the door. From the meetings I had had, I felt that there were other issues that could and should be explored. Lord Lansley described this in his letter to the Deputy Prime Minister on 30 September 2010 saying:

> *However, the meetings that Anne held with those affected by this tragedy did highlight a number of aspects of this issue which were not adequately addressed by the previous Government. Hepatitis C campaigners have particularly highlighted the inequity between the HIV and hepatitis C payments. All of them have also complained about their inability to access commercial insurance, and having to pay for prescriptions. Therefore I think that there might be more that we can do to help relieve the financial hardship of this patient group.*
>
> *We are therefore planning to conduct a short review of the following issues:*
>
> - *ex-gratia payments in respect of hepatitis C. Including whether to put them on a par with payments for HIV, and payments to widows/dependents;*
> - *the mechanisms by which all ex-gratia payments are made;*
> - *access to insurance, or possible alternatives to conventional insurance;*
> - *whether they can be made exempt from prescription charges;*
> - *access to nursing and other care services in the community* [DHSC6547137].

4.15. Before the written statement was laid in the House, Lord Lansley had to give his approval [DHSC5078130], which he did [DHSC6547137].

4.16. On 14 October 2010, I made a written statement announcing that recommendation 6(h) would not be accepted [ARCH0001103] (pp. 91–92). I said that "[e]*very country must make its own decisions on financial support for those affected, taking account of its own particular circumstances, and affordability*." I initiated the review of the issues raised by the recommendations and undertook to report by the end of the year. One of the big concerns was that if we linked payments in the UK to those in the Republic of Ireland, *"[t]his would require the UK to defer to the resourcing decisions made by the* *government of another sovereign state, operating under different fiscal constraints and policy circumstances*" and "…*it would cost in excess £3 billion to replicate the Irish scheme in the UK. It will be impossible to find that amount of money without a severe impact on other essential health programmes*." [DHSC5222778] (2-3). This is what I understood to be the case. At that time there were significant financial pressures, so despite my desire to give those affected a one-off payment, I did also understand the reasons why this was rejected.

4.17. When considering the response to Lord Archer's recommendation 6(h), I took into account what I had heard from those infected and affected, the campaigners and trust chairman, the advice I had received and the responses to my queries; I would have recommended what I felt was the right thing to do. I felt that there must be another way of dealing with this and helping the people who had been infected and affected rather than replicating what had been done in Ireland.

Contact with and knowledge of the beneficiary community

4.18. I believe I was the only minister in the department at that time, who had contact with the beneficiary community, as I was responsible for this area of policy. Lord Lansley would rightly ask me to meet with and respond to the community. I had as much contact as time would allow, including meeting with the community and MPs who would write to me with their constituent's concerns. I know that in the letters that have been reviewed (only some of which I have seen), my fellow MPs would frequently contact me with questions and requests on behalf of their constituents about these issues and I would always do my best to reply and assist. I felt those infected and affected should have as much access to me as was possible.

4.19. I was very keen to hear as much as I could about this issue, and the concerns that the community had. I had frequent informal meetings with MPs, and many formal ones, although I cannot recall all the dates. In order to maximise access to me, I also held a meeting in Westminster Hall on 11 November 2010. I know from the conversations I had that day and afterwards that people in the meeting felt it was a really valuable opportunity to talk about their experiences. I remember people appreciating the chance to come and speak to us and I was personally touched by their stories, many of which I remember to this day (as I describe further at paragraph 4.29 below).

4.20. I received a large amount of ad-hoc contact from the community and I have been shown various letters of correspondence following meetings. For example, I have been shown a letter from the Chief Executive of the Haemophilia Society, Tainted Blood Committee and Chair of the Manor House Group following our July 2010 meeting when I was reviewing Lord Archer's recommendation 6(h) [WITN0812007]. There was further correspondence urging me to include those who had been left out or were not eligible for payments from the schemes, for example, those who were bereaved before 29 August 2003 and whose loved ones had haemophilia and were infected with HCV, parity for those with haemophilia infected with HCV with those infected by HIV, and for the distinction between the Stage 1 and Stage 2 recipients of the Skipton fund to be removed: [DHSC6700247] [DHSC5691807] [DHSC6707506]. I was also very keen to receive all evidence, ideas and proposals from the community to help me better understand the issues that were important to them so that I could do everything within my power to help them [DHSC5636682; DHSC6672059].

4.21. As I touched on at paragraph 4.12 above, on 22 July 2010, I attended a meeting with Carol Grayson and Colette Wintle. I have been shown a record of this meeting drafted by Carol Grayson [WITN1055150]. I remember Carol Grayson quite well and I think the note she has provided is a good summary of what occurred in the meeting. The note also accords with another record of the meeting I have seen contained in an email sent by Yemi Fagun on 10 August 2010 [DHSC5128443]. Mrs Grayson's note shows that we discussed a range of topics including: my hope of providing a resolution for those infected and affected by Christmas; HCV infection; educating health care professionals and doctors on the infected blood history; provision of nursing care available to haemophiliacs; the infected still having to pay for prescriptions; repeated assessments being requested by DWP; and specific issues that women infected and affected faced. I can recall being fairly shocked that repeated assessments were required for DWP, but I do not recall any other detail of the meeting.

4.22. Mrs Grayson's note of the meeting recorded:

> *CW passed a vital document (kindly provided by CG and her late husband) which highlighted the misunderstanding within the DOH on state of knowledge of Non A Non B Hepatitis during the 1970's and 1980's, and when it was known to be 'deadly'. The Minister was visibly shocked when she read the statement by Dr Rizza quoted from HIV the myth published in 198. She instructed JJ to get their information changed immediately, and reflect this in their responses to any future written communications from the Department of Health. This is a significant move forward. The Minister accepts that a change of language, and understanding, that non A non B was not an inadvertent infection must now be acknowledged which CG and CW have been challenging the DOH on for many years.* [WITN1055150]

4.23. The background to this discussion about the use of the word "inadvertent'" was some correspondence between Colette Wintle and me that had taken place before the meeting. On 8 May 2010, Mrs Wintle had written to me saying:

> *…I feel you may be under a misapprehension […] that Hepatitis C was not an inadvertent infection. To suggest so is misleading because it infers that the Department of health have investigated the cause of the infection and concluded it was unavoidable.* [DHSC6696295]

4.24. On 30 June 2010, I had replied saying:

> *You suggest that my statement that the infection of haemophilia patients with hepatitis C in the 1970s and 1980s was inadvertent, is misleading. However, internationally, at that time, experts were divided in their views about the infection risk associated with blood, especially clotting factors which were made from pooled donations. There were a few who advised that the risk was worryingly high. However, the prevailing medical opinion did not support this view. Hepatitis C was then thought to be a mild and often asymptomatic infection. Indeed, Lord Archer's report states that 'We do, however, realise that the potential seriousness of hepatitis C was not then known, while understanding of AIDS was rudimentary'..."* [WITN1056121]

4.25. I do not recall whether I took any further action – or indeed whether any further action was required – about the use of the word "inadvertent". I am reasonably sure that I understood Carole Grayson and Colette Wintle's position during the meeting and I know I was keen to do everything within my power to help.

4.26. On 10 August 2010 following the meeting, my APS Yemi Fagun provided a note detailing the main points raised at the meeting. That note states:

> *CW and CG expresed* [sic] *their alarm at DH's response to letters which claimed that for a long time experts hadn't realised that non-Hep A/Hep B was deadly. They insisted that key people knew. CW claimed that there was a 10-year wait even after experts acknowledged the deadly nature of the condition. She said one doctor who treated her said it was an "oversight" on his part that he didn't tell her. They asked for an apology be made to Lord David Owen who supported haemophilias* [sic] *in their quest for a resolution and the family of the late Dr Spence Galbraith who had expressed concerns about the safety of the blood supply earlier on. CG gave PS(PH) a document and CD. The CD critiques the 2006 Self Sufficiency report. PS(PH) promised to ask David Harper for a view on the CD. She also wanted an expert (DH?) virologist to give a view on the paper and CD.* [DHSC5128443]

4.27. Rowena Jecock responded by email on the same day confirming that I had requested David Harper's (DH Chief Scientist) advice and that they would refer him to the documents provided by Carol Grayson and obtain his advice. She also stated that *"PS(PH) did not ask for this within any particular timescale, but she did commit to write back to both ladies when she had received David's advice. We will provide a draft in due course."* [DHSC5128443].

4.28. I do recall asking officials for advice from David Harper and I was keen to understand more about HCV infection and treatments available over the years but I do not recall receiving this and my lawyers have been unable to locate a copy of his advice. I know that I continued to correspond with Mrs Wintle and Mrs Grayson (see for example Mrs Wintle's letter of 20 August 2010 [DHSC6563413] and my letter of 9 March 2011 [WITN1056129]) but neither sheds light on these matters. It is my understanding that the issues raised with me in the meeting along with other documents received, were considered as part of the review of the payment schemes [WITN1056129].

4.29. From my meetings and correspondence with the infected and affected communities, I understood that they all had individual needs. I felt I understood the impact on them and what they needed insofar as anyone who had not suffered as they had, ever could. I remember many of the individuals personally and was touched by their terrible stories. At the time, I described some of the experiences I had heard saying, "*I heard some truly harrowing accounts, but also some very uplifting ones*" [WITN6437008]. There was one man at the

Westminster Hall meeting in November 2010 who told me he survived the Herald of Free Enterprise ferry disaster, only to discover he had been infected with HIV and HCV. I knew in the early days it would have been so hard because of the stigma associated with HIV at that time. I remember a woman who I believe was infected by a blood transfusion after having given birth and I remember Diana Johnson's constituent GRO-A among others. In addition to the meeting, as I have touched on in my first statement, I offered those present the chance to say more on forms that were available, including on behalf of others who would have liked to attend but could not; many of them did so: [WITN6437009]. I gained much by listening to and reading about their experiences as did all the officials who worked with me. I have no doubt that civil servants had a very full understanding of this issue and along with me, DH officials did everything they could to understand the experience of the infected and affected.

Reform of the payment schemes

4.30. In October 2010, I wrote to the Prime Minister to confirm that I had asked officials to initiate a short review of some aspects of provision and support for those affected by contaminated blood [DHSC5645278]. I also outlined my intention to write to the health ministers in the devolved administrations to see whether they wished to participate in the UK-wide aspects of the review and to consult with them on any recommendations which affected them.

4.31. The Terms of Reference of the review were:

> *1. To review the following aspects of provision and support for those affected with HIV and/or hepatitis C via NHS-supplied contaminated blood and blood products:*
>
> *a. to review the level of ex-gratia payments made to those infected with hepatitis C, including:*
>
> - *the consideration of financial support for their dependants;*
> - *the eligibility date for entry to the current scheme;*
> - *comparison with the ex-gratia payments made in the UK to those infected with HIV (and their dependants);*
>
> *b. to review the mechanisms by which the ex-gratia payments for HIV and hepatitis C are made;*

> c. *to consider the provision of insurance for those infected, (having regard to similar access available to other groups) including:*
>   - *life assurance cover;*
>   - *mortgage protection cover;*
>   - *travel insurance;*
>
> d. *to consider the issue of prescription charging for those infected;*
>
> e. *to review the provision of, and access to, nursing and other care services in the community for those infected.*
>
> 2. *To develop options arising from the above, and make recommendations to Ministers for their consideration by the end of the year [PRSE0004024] (3).*

4.32. I cannot now recall the details of how the review was conducted. I have been shown a submission sent to me by Rowena Jecock and cleared by Clara Swinson on 7 October 2010 which provided advice on the conduct and handling of the review [DHSC0003623_062]. From the document, it appears that the review was to be carried out by consulting with and seeking views and advice from key external partners including Chairs and trustees of the ex-gratia payment schemes, patient groups and campaigners, clinical, scientific and other experts, including the government's expert scientific advisory committee on hepatitis and HIV and relevant government departments. Furthermore, it stated the intention to commission a joint report from the Advisory Group on Hepatitis and Expert Advisory Group on AIDS to establish the facts around the impact of living with HCV versus HIV and a further meeting with the patient representatives. I have been shown an email dated 11 October 2010 from my A/PS Yemi Fagun in which she referred to discussions with me about the Written Ministerial Statement, the submission's recommendations and my approval of meeting with campaigners so I know I was engaged and being kept informed: [WITN64370010]. I had no doubts that I was being kept well informed.

Liaison with Scotland

4.33. In the submission it was proposed that the review should be for England only. On 13 October 2010, I understand that I wrote to Nicola Sturgeon, Edwina Hart and Michael McGimpsey confirming the plan to proceed on an England only-basis and to consult with the devolved administrations on any recommendations which touch on matters within their responsibility. I also understand that I confirmed that I had asked my officials to keep the devolved administrations officials informed as the review progressed [DHSC6577979; WITN64370033; WITN64370034]. I refer to correspondence with Wales regarding the review at paragraph 4.49 below. My legal advisors have not been able to locate any correspondence from Michael McGimpsey in response to my letter or the review, but I note that he was copied into most of the communications from Nicola Sturgeon and Edwina Hart concerning the review.

4.34. In relation to Scotland, on 23 October 2010, I understand that Nicola Sturgeon replied to my letter saying her officials would have a watching brief on the work of the Expert Group and that she wished them to be fully involved in discussions on next steps; she felt that "*any plans to offer different criteria/levels of compensation to those in different countries from different sources, could cause each of our administrations considerable difficulties*" [DHSC0004134_038].

4.35. I understand that on 19 November 2010, Scottish officials met with civil servants in London to discuss issues arising in the review [DHSC0041266_011] (1).

4.36. On 12 December 2010, Nicola Sturgeon wrote to me confirming a number of issues for consideration as part of the current review including those arising from the meeting in London. [DHSC0041266_011]. The letter was sent to the Blood Policy team and I know I saw and considered it because I asked my officials to provide answers to some of the points that Ms Sturgeon raised [DHSC6699317].

Parity of HCV and HIV support

4.37. As per the Terms of Reference (as referred to in paragraph 4.31 above), the review considered parity of support for bereaved and dependent families of people infected with HCV as to those affected by HIV. I have been shown a submission dated 18 November 2010 sent to me by Ben Cole and cleared by Dr Ailsa Wright providing an interim update on the review. The submission confirms a proposal to *"Where possible, reduce the key anomalies between the current HIV and hepatitis C payment schemes"* and set out various options for doing so [DHSC5005376] (3). My comments on the submission are contained in an email from my PS Giancarlo Laura [DHSC5218876]. I recall that I was very open to the idea of offering a choice of either a lump sum payment or annual payments, whichever worked best for those infected and affected.

Package of measures

4.38. On 7 December 2010, I was sent a detailed submission by Rowena Jecock that presented the recommendation for responding to the financial relief aspects of the review and sought my view on areas where the balance between "*flat-rate and needs-based payment is particularly pertinent*" among other matters [DHSC0003814_090]. The submission set out a "*wide-ranging package of measures*".

4.39. On 8 December 2010, I attended a meeting with Lord Lansley and others to discuss the proposed outcome of the review. I have no recollection of this meeting now but have been provided with a note that summarises what took place [DHSC6587848] (12). The note recorded that my aim was to satisfy the majority of campaigners while recognising that not all would be satisfied. We agreed that co-infected would receive both annual payments without a deduction. The note recorded that *"PS(PH) summarised the package that she would like to recommend to SofS, based on the advice in the submission. It was clarified that any bereavement payment would be in addition to the pre 2003 catch up for dependents of those deceased with Hep C, and the recurrent flat rate payments"* [DHSC6587848] (13). This would have been based on the advice in the 7 December 2010 submission: [DHSC0003814_090].

4.40. I cannot now recall, but the note and the submission leads me to believe that I would have recommended:

> *ii) a bereavement payment for <u>all</u> spouses/partners (HIV and hepatitis C) where the infection was/is a major contributory cause of death:*
>
> *A. a single lump sum bereavement payment (say £50k (Estimate: £68 - £105m one-off, but this assumes 60% take-up and could be higher, + £0.5m p/a). This option could replace option 5.ii) above, but would need to be supplemented with an additional one-off sum for stage 1 pre-2003 catch-up, costing around an extra £20m…* [DHSC0003814_090] (3).

4.41. At the meeting, the note shows that it was decided that:

a) the recurrent flat payment rate for infected individuals with severe hepatitis C should be set at £12.8k which was the same rate as for HIV;

b) there would be "*a pot of money as recommended in the submission for discretionary needs based funding for Hep C infected individuals";*

c) there would be lump sum payments of £45k and £20k to dependents of those deceased with and without cirrhosis respectively before August 2003, based on existing eligibility criteria to correct the anomaly arising from the original August 2003 cut-off date;

d) the associated set up costs would be covered, estimated at £0.3m;

e) there would be discretionary needs based funding (of £0.6m p/a) for dependents of living infected individuals with Hepatitis C;

f) a new charitable trust would be set up to handle these discretionary payments by 1 April 2011;

g) money should be allocated for pre-payment prescription certificates (£104 per person); and

h) payments would be index-linked [DHSC6587848] (14).

4.42. It appears from the decisions made in the meeting that my recommended bereavement payment, in addition to the pre-2003 catch-up, was not agreed and instead the pre-2003 cut-off date was removed for payments to dependents of those deceased with and without cirrhosis. I think I would have initiated the discussion about the claimants' view of the discretionary pot and put forward my understanding *"…that they would much prefer a lump sum or annual payments, as it was felt to be demeaning to have to ask for money on a yearly basis"* [DHSC6587848] (12). I would have made this point because I can clearly remember thinking this at the time and wanting us to make a one-off payment to enable the infected and affected to stop having to keep coming back for money. That said, I really cannot remember the details of this meeting but I know that I simply wanted to give the most generous financial package possible.

4.43. The note of the meeting states, *"It was acknowledged there were difficult trade-offs as to both the money available, and the fact that payments were not and* *had never been intended to be compensatory"* [DHSC6587848] (12). I cannot speak for others at the meeting, but I would not have involved myself in avoiding being compensatory. Whether it was compensatory or not, to me was neither here nor there. I wanted to make sure the infected and affected got the money they needed to meet their needs. I was not then, and am not now in a position to comment on whether a compensatory payment would be seen to be an acceptance of liability.

4.44. The note records that after the meeting:

> *Ministers felt there was scope to go further in a number of areas, to reflect that Ministers had considered the case of the Hep C victims in the round and have directed appropriate money to those who most required it, within affordable means. Following these further discussions, it was agreed that as suggested in the original submission, a lump sum payment of £25,000 (in addition to the £25,000 already received at Stage 2) would be made to those with the most serious Hep C illness when they progressed to that stage of the disease. Ministers felt this additional £25,000, in conjunction with the new £12,800 per annum for current sufferers, would give recognition of their circumstances within the current financial constraints* [DHSC6587848] (14).

4.45. On 10 December 2010, I understand that Lord Lansley wrote to the Deputy Prime Minister seeking Home Affairs Committee clearance for his decisions following the review [DHSC0041266_037]. He also wrote to the Prime Minister on the same day [WITN4688071].

4.46. On 15 December 2010, Debby Webb circulated the draft review report to Lord Lansley, the Parliamentary Under-Secretary of State (Quality) Earl Howe and me: [DHSC5025532]. I obviously considered this with care because after I had read it, I asked that the Chief Medical Officer review it to check the expert advice (which she duly did: [WITN64370011]) and for a member of the team to review it from the perspective of an ardent campaigner. I am recorded as having wondered whether we ought to refer to the evidence from other countries explicitly in the text of the review itself. I also removed parts of the report that I felt might cause unnecessary upset to the campaigners [WITN64370011].

4.47. The review itself was published in this 70-page document: [PRSE0004024].

4.48. On 10 January 2011, Lord Lansley announced the outcome of the review and the new financial measures which included an increase in funding through the

Skipton Fund for those infected with HCV whose conditions had progressed to stage 2 [DHSC5205794], and a new charitable trust empowered to make discretionary payments to those infected by HCV, their dependants and bereaved spouses ([DHSC5205794] and see also [DHSC6700330]). The same day, I wrote to some of those affected and who had been involved, sending them copies of the review (see for example [WITN64370012]). Beyond what is shown in the documents as set out above, I cannot recall whether the measures were in accordance with my precise recommendations.

Liaison with the devolved administrations

4.49. As shown above in my correspondence with Nicola Sturgeon, the devolved administrations were consulted during the review (this can also be seen in respect of Wales at [DHSC6577978] and [WITN64370013]). From the documents I have been shown, the devolved administrations were also informed of the impending announcement on 10 January 2011 and Ministers in the devolved administrations were sent the full review report on 10 January 2011, ahead of the Secretary of State's statement. They were not, however, given as much time as they might have liked with the report prior to its announcement. On 4 January 2011, Stephanie Barnhouse, a Welsh Official, emailed Rowena Jecock referring to a teleconference on 22 December 2010. She said that the Welsh Minister would be writing to me to express her disappointment at not being given sight of the report containing the review's recommendations before the announcement was made [WITN64370014]. On 7 January 2011, the Welsh Minister, Edwina Hart, indeed wrote expressing disappointment that, "*I will not have sight of the report and its recommendations in advance of your announcement*" [WITN64370015].

4.50. Approaching the devolved administrations in advance of the announcement was a sensitive matter and was considered by Debby Webb in a ministerial submission on 5 January 2011 which said:

> ***Devolved Administrations***
>
> *21. The hepatitis C elements of this package have financial implications for the DAs as they each pay their share. Scotland has already written to the Permanent Secretary, and Wales will be writing to PS(PH), expressing their desire to see the report in advance of publication.*

> *22. We understand the sensitivity of approaching the DAs in advance of any announcement, so have worded the speech and policy statement to reflect that you will be asking them whether they wish to participate in the new measures or whether we will proceed on an England-only basis. Once HA Committee agreement has been obtained, and in advance of making the announcement, we recommend that you formally write to the Health Ministers. Draft letters are at* ***Annex D*** [DHSC5142875].

4.51. On 26 January 2011, Rowena Jecock wrote an email explaining that in the event, the report only received HA Committee clearance on 10 January, so it was sent to the UK Health Ministers by email an hour later around midday, a few hours before Lord Lansley made the announcement at 16:04 [DHSC6699442] (2). I sent a letter on 1 February 2011 confirming that, *"During the course of the review my officials shared the report of the clinical expert group, had some discussion about the options under consideration and provided initial cost estimates to officials in each of the devolved administrations. The Secretary of State for Health sent the full review report to Ministers in the devolved administrations ahead of his statement to Parliament on 10 January"* [DHSC6577978] (2). From memory most of the liaison with the devolved administrations regarding the review were via officials. I do not recall being particularly involved in these discussions.

Discretionary payments for stage 1 HCV infection

4.52. I cannot recall what the rationale was for offering discretionary, not regular, support for those with HCV at stage 1 when all those infected with HIV were eligible for regular payments. I remember that one of the issues raised with me was that people who got HCV can recover and be clear of the virus, which may be why discretionary payments were offered. Although strictly speaking if people recovered then their need is less, although they had still been infected and so, still suffered.

4.53. While I have no independent recollection, the following documents shed some light on this issue. From the expert advice received during the review, I can see that it was concluded by DH that:

> *The lack of morbidity associated with acute hepatitis C infection supports the current position that individuals who experience acute infection, and do not progress to chronic infection, should not receive financial support; The evidence did not support a strong case for making a change to the current Skipton Fund stage 1 payment for all individuals with chronic*

> *hepatitis C infection, as this payment is designed to take account of the range of symptoms cause by hepatitis C infection, as well as the side-effects of treatment* [DHSC6645036].

4.54. In preparation for a meeting with the campaigners following the review, I was sent a "Background Note: 'Stage 1' Hepatitis C" which stated that:

> *9. While campaigners claim to experience a number of non-hepatic conditions as a result of their hepatitis C infection, there is a dearth of evidence to indicate causal links between their HCV status and these illnesses. Given the advice received from our clinical experts on the spectrum of illness apparently associated with HCV, we advised ministers that a discretionary funding mechanism would be the fairest way to target the greatest level of financial assistance to those who need it most.* [DHSC0041309_093] (3)

4.55. On the 29 June 2011, I met with various contaminated blood campaigners. I received a briefing for the meeting [WITN64370016]. The briefing stated:

> *The decision to make further lump sum and annual payments to stage 2 recipients only, was based on an expert review of the evidence base on the spectrum and impact of disease associated with hep C infection.*
>
> *The advice of the expert group was that the current stage 1 payment was adequate to take account of the range of symptoms caused by hepatitis C infection, or the treatment for it.*
>
> *However, the review report recognises the very varied individual positions of those at stage 1, which is why we consider discretionary payments are the fairest way to provide support those in ill-health and financial need as a result of hepatitis C infection.*

4.56. My A/PS provided a summary note of the meeting in which I confirmed that I would not be able to make a decision to revisit the funding. I would review the funding for the Caxton Foundation at the end of 2012. I would write to the Prime Minister and Lord Lansley to convey the views of the campaigners and I would meet with a group of scientific and clinical experts in the autumn to discuss whether the stage one/stage two threshold had been set at the right place [WITN64370017] (3).

4.57. On 12 August 2011, I received a submission from Rowena Jecock and cleared by Dr Ailsa Wright and Ed Jewell in relation to the commitments I made at the meeting. The submission recommended:

> *The scientific evidence underpinning stage 1 and stage 2 payments via the Skipton Fund be kept under review on an ongoing basis through the Advisory Group on Hepatitis, taking account of the impact of new treatments...We monitor the operation and funding for the Caxton Foundation to ensure that it is operating as Ministers intended and that funding is adequate; and that any financial pressures that might arise be addressed in FY 2012/13 as far as possible through re-balancing the overall funding allocation for the Macfarlane Trust and Caxton Foundation* [WITN64370018] (6-7)

4.58. The draft letter to be sent to the Prime Minister can be found at [WITN64370019]. Lord Lansley's PS confirmed to my A/PS that Lord Lansley was content with the recommendation in the submission that the scheme be kept under review, but stressed that no commitment be made to changing the compensation funding regime [WITN64370020].

Effectiveness of scheme administration

4.59. On 1 March 2011, Andrea Leadsom MP wrote to me setting out one of her constituent's concerns about the governance of the Macfarlane and Skipton Trusts. He was concerned about expenditure of the board of the Macfarlane Trust, that there were no contaminated blood sufferers on the board of the new Skipton Trust and that remuneration for staff of the trusts should be scrutinised closely as it came from the annual grant for the infected and affected [DHSC6675412].

4.60. On 28 March 2011, I replied confirming that I was pleased to hear that her constituent was able to scrutinise the Macfarlane Trust at a Board meeting, the Skipton Fund was not set up as a charity, it was a company limited by guarantee, with four directors and that the new hepatitis C charitable trust was being set up and once it was, there would be an opportunity for those affected and their representatives to apply to sit on the board [DHSC6675413]. I cannot recall if I received any advice regarding the allegations made in the letter or if any action was taken by myself or DH in response, apart from replying to the letter.

4.61. I do not know if DH had the remit to intervene if concerns were raised about the effectiveness of the organisations administering the financial schemes or if it ever did intervene. I have a vague memory of hearing some concerns regarding the financial schemes, but I do not recall this being an ongoing issue. My memory might not serve me well but I have no doubt that the goodwill was there to make sure the funds were administered properly, however, it is possible they might have fallen short. These were schemes inherited by previous governments so I do not know why they were constituted as they were.

Caxton Foundation

4.62. After the review, I continued to work on issues involving contaminated blood including:

a) ensuring that we maintained the established arrangements which exempted HIV and Hepatitis C ex-gratia payments made by the Macfarlane Trust, the Eileen Trust and the Skipton Fund etc from tax and benefit calculations (see for example [WITN64370021]; [WITN64370022]; [DHSC6699430]);

b) promoting the window in which posthumous claims for those who died prior to the creation of the Skipton Fund on 29 August 2003 could be made [DHSC5009169; [DHSC5659511];

c) closing the Hepatitis C Information Line due to low usage [WITN64370023]; [DHSC5659136]; and

d) meeting and corresponding with campaigners and representatives of the contaminated blood community, my colleagues and their constituents about the outcome of the review, and conducting follow up work (see for example [DHSC0004233_055; [DHSC0004574_005]). This included raising concerns with the Prime Minister by letter dated 18 July 2011 in which I advised that the work done to date had not brought closure to many, expressing their concerns about the way current arrangements were working and proposing that I "*look at the system of discretionary payments to those infected with hepatitis C in late 2012, after it has been in operation for a year, to ensure that it is supporting all those who need it*" [WITN64370024].

4.63. In addition to this, significantly, the Caxton Foundation was established on 28 March 2011 to make discretionary payments to people who have been infected with hepatitis C by contaminated NHS-supplied blood and blood products and their families.

4.64. On 26 April 2011, I received a submission from Ben Cole and cleared by Dr Ailsa Wright in relation to the progress on the implementation of the measures announced following the review. The submission confirmed that:

> *The Caxton Foundation which will make the new discretionary hepatitis C payments has been established. The Trustees are now deciding the on-going structure of Caxton in advance of making the first set of payments to beneficiaries from October 2011, when DWP regulations will be in place to enable payments to be disregarded for the purposes of assessment for benefits.* [DHSC5009206] (3)

4.65. It continued, *"The Trust will not make payments to beneficiaries until DWP amend their regulations to disregard these payments for the purposes of calculating state benefits. DWP cannot do this until October 2011. This will also allow the new Trustees time to decide how the Trust will operate"* [DHSC5009206]. The submission confirmed that the devolved administrations would participate in the new financial provisions through the Skipton Fund and the Caxton Foundation. It is my understanding that the founding trustees of the Caxton Foundation carried out the work to determine the operating structure of the Caxton Foundation, as well as the precise eligibility criteria and size of payments but I was not involved in this [DHSC6700574].

4.66. On 30 August 2011, I received a submission from Ben Cole and cleared by Jonathan Stopes-Roe recommending that I consent to the appointment of the six new trustees of the Caxton Foundation as requested by the founding trustees who I believe ran an open competition [DHSC6611838]; [WITN64370025]. I sent the letter consenting to the appointment of the six new trustees on 8 September 2011 [CAXT0000077_033].

4.67. I have been shown a briefing prepared for me, for a meeting with the Caxton Foundation Trustees on 17 November 2011 [DHSC6629618]. The briefing confirmed that I had requested the meeting in order to hear from the Trustees about how they intended the Foundation to operate and for me to let them know what my aims were in setting up the Foundation. The submission also set out various issues to be discussed. I cannot now recall this meeting and I understand my legal advisors have been unable to locate a note of the meeting but it is likely this meeting did take place as it appeared in my diary.

HCV evidence review

4.68. On 5 July 2012, I received a submission from Ben Cole and cleared by Dr Ailsa Wright regarding a meeting to discuss the evidence for the health impacts of HCV and to ask the Advisory Group on Hepatitis (AGH) to provide advice on new evidence in this area, on an on-going basis [DHSC5058889]. The submission recommended that I agree to the purpose and management of the meeting with the campaigners, send the invitation letters to the expert groups and campaign groups and agree to the scope of the AGH review and write to the committee chair. I agreed to the proposed handling of the meeting and signed the letters to be sent [WITN64370026] (2).

4.69. On or shortly before 16 July 2012, I wrote a letter to Sue Threakall, the Chair of Tainted Blood [DHSC0004574_004]. I confirmed that I intended to host a meeting between representatives of the campaign groups and some of the clinical and scientific experts who provided advice on the spectrum and impact of disease associated with HCV that informed the department's 2010 review of the support available to people infected with HCV and/or HIV by NHS supplied blood transfusions or blood products, and their dependants. I intended that the meeting would take place in the autumn.

4.70. I left my role as PS(PH) in September 2012, before the meeting had taken place. Nonetheless, I understand that this meeting did take place on the 29 November 2012 although I was not in attendance. I exhibit various documents relating to the meeting in case they are of assistance: [WITN64370027]; [DHSC5146643]; [DHSC5128268].

4.71. I understand the AGH review was also progressed after I had left my role. I exhibit further documents in relation to this though I have no personal knowledge of the events that followed September 2012: [DHSC6727611]; [DHSC6727606]; [DHSC0004574_005]; [WITN64370028]; [WITN64370029]; [DHSC5032753]; [DHSC5132676]; [WITN64370030].

Section 5: Public Inquiry

5.1. During my tenure as a member of the Health Select Committee between 2005 and 2006, I do not recall the issue of infected blood or the need for a public inquiry ever coming up and I am sure it was not raised with us or by us.

5.2. Similarly, I do not recall being contacted about contaminated blood when I was Shadow Minister for Health between 2007 and 2010 and therefore cannot recall calls for a public inquiry during my time as Shadow Minister for Health.

5.3. I have been referred to various documents which outline calls for a public inquiry during my time in office. I have seen:

a) A letter dated 16 June 2010 and sent to me asking the *"…new coalition Government to hold a full judicially backed Public Inquiry into the contamination of Haemophiliacs and others through NHS Blood and Blood products?"* [MWAR0000106] (2).

b) A report dated 13 July 2011 entitled, *"HIV and Hepatitis C infection from contaminated blood and blood products"* and authored by Dr Gavin Colthart. The report states that *"…patient groups (such as the Haemophilia Society, the Hepatitis C Trust, Tainted Blood and the Manor House Group) and their supporters have…lobbied for many years for both financial compensation and a public inquiry"* [MACK0002055] (8).

c) The Secretary of State received a letter which was copied to me on 4 August 2011 asking *"Can you therefore please explain the reason for refusing a public inquiry into the murders of over two thousand haemophiliacs caused by the actions of your department?"* [DHSC6612602].

5.4. I would have given consideration to the calls for a public inquiry.

5.5. I have seen two examples which shed some light on my views at the time on the issue of a public inquiry. First, in an undated letter from me to Conor Burns MP from late 2010 responding to a letter of his dated 27 October 2010, I wrote:

> *A formal inquiry is not necessary to ascertain lessons from what happened. We know what went wrong, and we now have strong measures in place to minimise the risks of a similar tragedy happening in*

> *future. Successive Governments have introduced a range of measures to ensure the safety of the blood supply. Recombinant clotting factors are available to all haemophilia patients. These synthetic products remove any potential for transmission of infection through donor sourced products. In addition, the blood supply is regularly screened for a number of infectious agents, a list of which is kept under constant review by the independent Advisory Committee on the Safety of Blood, Tissues and Organs* [DHSC6696365] (2).

5.6. Secondly, I have seen the briefing for my meeting with the campaigners on 29 June 2011 which contained the following reasons not to establish a public inquiry:

> *The time to have held a public inquiry was nearer to the events in question.*
>
> *All of the available government documents from the period in question (1970-85) have been published on the Department's website* [WITN64370016] (2).
>
> …
>
> *Lessons from the past have been learnt.*
>
> *Successive governments have introduced a range of measures to help prevent a similar tragedy from ever happening again and are advised by our independent expert scientific advisory committee on the Safety of Blood, Tissues and Organs (SaBTO). The quality and safety of blood and blood components is regulated in accordance with the European Blood Directives by the Blood Safety & Quality Regulations 2005.*
>
> *Products manufactured from human plasma, such as albumin, clotting factors and immunoglobulins are medicinal products, the safety, quality and efficacy of which are regulated in accordance with European medicines legislation* [WITN64370016] (26).

5.7. This would have informed my view at the time.

5.8. I knew that a public inquiry might reveal more about what happened at the time but only after several years of investigation and still no additional money would have been allocated to those infected and affected by contaminated blood. My concern with public inquiries was, and still is, that the costs are significant and they take a great deal of time to conduct. I would have liked to have met the financial needs of those infected and affected without a public inquiry so saving not only precious time but also directing the money to where I felt it should go i.e. to those infected and affected.

5.9. While I mean no disrespect to this inquiry, in my heart, I felt strongly that we would have been better off using the money to give the infected and affected a one-off payment. An inquiry takes a long time, when people were still, and still are, dying from this terrible tragedy. Those were and are my personal feelings. I am not entirely sure why various governments had not established a public inquiry before, but I did not favour it when I was minister responsible for this area for the reasons stated above. The campaigners wanted to know who was culpable and what happened, and I accept that an inquiry would probably have achieved that, but there was the more pressing need for financial assistance and compensation. There would have been many involved with decisions in the 1970s and 1980s that had catastrophic consequences albeit those decisions are likely to have been made in good faith, based on the evidence they had at the time. This inquiry may reveal more.

5.10. During my time in office, we would have looked at the establishment and findings of inquiries in other countries, such as Canada, France and Ireland. I cannot now say what part they played in the government's decision not to hold a public inquiry (but I demonstrate at paragraph 4.11 above how work was done to consider the international compensation schemes).

5.11. I do not know what I would have done at the time that it was discovered that people had been given contaminated blood but I assume there must have been an investigation to establish what happened and to prevent a further tragedy. I think many of the campaigners still feel that there must be someone, or some people who should have taken the blame, or partial blame for decisions made. I am not in a position to comment on this except that I can understand why they feel as they do – I would feel the same if it was me.

5.12. Looking back, and drawing on the totality of my experience as Minister of State for Health, I honestly do not know what more I can say about how the department handled calls for a statutory public inquiry.

Correspondence with Mark Ward

5.13. The Inquiry has referred me to a letter sent to me from Mark Ward dated 16 June 2010 [MWAR0000106]. I cannot now recall if I ever saw this letter or provided a response to it but I have been informed by my legal advisors that they have not been able to locate a response (they were also not able to locate the original letter so I cannot say for certain whether my office received it).

5.14. Nonetheless, on 1 November 2010, Simon Kirby MP emailed me on behalf of Mr Ward [WITN64370031]. Through Mr Kirby, Mr Ward asked me to address various questions about the costings undertaken during the review, the studies undertaken to show long-term benefits to haemophiliacs from antiviral therapies, compensation to be provided to haemophiliacs given vCJD-implicated treatment for their psychological distress and steps to be taken by DH addressing treatment from imported US products relating to vCJD. I have seen an undated draft letter that I believe was sent addressing these questions and inviting Mr Ward to attend the open meeting in Westminster Hall on 11 November 2010 [WITN64370032].

5.15. I have also seen that Mr Ward attended a further meeting with me on 29 June 2011 [DHSC5026128] (6) following which, I wrote to the Prime Minister [WITN64370024]. I have also seen a draft letter which suggests that I replied to Simon Kirby MP following a letter from him dated 14 December 2011 enclosing correspondence from Mr Ward [DHSC6644385].

“Open email”

5.16. I have been shown a letter from Jessica Morden MP to Lord Lansley dated 6 February 2012 enclosing an “open email” from her constituent to Lord Lansley, Kenneth Clarke and me. The email was from a widow of a man with haemophilia asking for meaningful compensation and closure [DHSC6651598].

5.17. Although I cannot now recall what action I took on receipt of this email, I have been shown an unsigned response to Jessica Morden MP which I think would have been sent [DHSC6651597]. As this demonstrates, I always tried to respond with compassion and give information. I was trying to find a way to compensate and bring closure. It is maybe important to note that I did have a period of absence from my duties as Minister in February and March 2012 for medical reasons which could have affected my availability to respond.

Correspondence with Conor Burns MP

5.18. At paragraph 5.5 above, I have quoted from the undated letter I wrote to Conor Burns MP. This was a reply to his letter of 27 October 2010 on behalf of a constituent [DHSC6696364].

5.19. I was assured that there were safeguards in place to make sure this did not happen again but I do not know what investigation, analysis or enquiries were undertaken at that time in order to reach the view that a formal inquiry was not necessary to learn lessons.

Section 6: Retention of documents

6.1. The Inquiry has referred me to a Commons debate on Contaminated Blood and Blood Products on 14 October 2010 in which I stated:

> *I know that campaigners have been concerned about cover-ups, and that not all the documents have been released. I assure him that officials have told me that all documents have been released, but somewhere in the back of a cupboard, somebody at some point might discover more. It is a mistake to think that there is any conspiracy, however. I do believe, in all honesty, that previous Governments and the current Government have done, and continue to do, all that they can to ensure that all information is in the public domain* [DHSC5645810] (46).

6.2. My understanding was:

> *…that some Government documents on this issue were inadvertently destroyed some years ago, but many of them are still available. All of the relevant Government papers that are available from the period 1975-1985 are on the Department of Health's website...Only five documents from this period are being withheld, because they contain personal information, (which is exempt from release under section 40 of the Freedom of Information Act), some of which was provided in confidence (and so exempt under section 41 of the Freedom of Information Act). Given the level of public interest in this matter, the Government is ready to release any more relevant documents should any come to light* [DHSC6700291] (1-2).

6.3. The advice I received was that all documents that were available had been released apart from the five withheld due to an exemption under the Freedom of Information Act. The source of this is likely to have been a civil servant as highlighted in the briefing pack prepared for the second reading of the

Contaminated Blood (Support for Infected and Bereaved Persons) Bill in the House of Lords on 22 October 2010 which stated:

> ***B8. HAS THE GOVERNMENT ENSURED THAT ALL RELEVANT DOCUMENTATION IN RELATION TO CONTAMINATED BLOOD PRODUCTS HAS BEEN RELEASED?***
>
> *Approximately 5,500 documents relating to contaminated blood products between 1970 and 1985, when heat treatment of clotting factors was introduced, have already been published on the Department of Health's website. Given the level of public interest in this matter, the Government is ready to release any more relevant documents should any come to light in line with the Freedom of Information Act.*
>
> ***Background***
>
> *Five documents (one of which was a duplicate) and one further document, from an earlier batch released, were withheld, in whole or part, because they contain information which would identify a patient. This information was provided to Lord Archer in letters accompanying the documents that he received, and has been given in PQs. No request for further material from these documents has been received by Lord Archer or another party.*
>
> ***B9. WHAT DOCUMENTS ARE STILL WITHHELD?***
>
> *We are committed to review all relevant documents and will only withhold those necessary because they contain personal information or other such sensitive material.*
>
> ***If needed***
>
> *In view of the time that has elapsed, and the personal nature of the information, we do not believe that it would be appropriate for the Department to write to the individuals whose personal information is contained in those documents, to ascertain whether they are content for it to be released.*
>
> ***Background***
>
> *Officials are satisfied that no documents withheld adds anything significant to what is already known from the many thousands of documents already released. No documents have been withheld on policy grounds.*

> ***B10. Why did the Government destroy documents?***
>
> *Regrettably, a number of documents relating to this issue were inadvertently destroyed some years ago. I cannot tell you why they were destroyed, or what was in them. However, all the documents which are available for the period 1970-85, amounting to over 5,500 documents, have been published on the Department of Health website.*
>
> [DHSC5146963] (pp. 36-38)

6.4. I relied on my officials to ensure that all relevant information was in the public domain. In my ministerial career I have never had reason to suspect or think that if a civil servant told me there was no further information this would not be the case.

Section 7: Other matters

7.1. The following is a chronological list of statements, speeches or interventions made by me in Parliament during my tenure as PS(PH) that are relevant to the Inquiry's Terms of Reference:

a) Contaminated Blood and Blood Products Debate – 14 October 2010

b) Reply to Topical Question regarding review of criteria of stage 2 Skipton payments – 22 November 2011

c) Short Debate on Haemophilia - 8 February 2012 (please see https://members.parliament.uk/member/1523/contributions for the full list of all my contributions).

7.2. I also made contributions relating to the National Blood Service but these focus on donations and privatisation of the service so are less likely to be of interest:

a) NHS Blood and Transplant Debate – 7 June 2011

b) National Blood Service Debate – 15 March 2011.

7.3. I believe that during my time as minister in DH, the decision making and the way civil servants helped me in my work was always professional, honest and open. I had a relationship with civil servants that engendered trust and as a result the ability for me to challenge them, and they to challenge me in a constructive manner.

7.4. I would have liked a different outcome in terms of a financial settlement in the hope that this might bring some closure. However, as a junior minister I did not have responsibility for the DH budget or the government's budgets. I was not the one who would have to decide what savings were made as a result of a significant financial settlement.

7.5. I hope that this statement assists the Inquiry in its work explaining my role as Minister more fully and details why and how decisions were made. I sincerely hope that this Inquiry brings all those affected by this tragedy some closure. None of us can fully understand what those infected and affected have been through over the years but it remains the one issue that arose during my time in Parliament that never is far from my thoughts.

Statement of Truth

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

Signed........GRO-C.............

Dated.........28/11/2022...