

Witness Name: Anna Soubry

Statement No.: WITN6662001

Exhibits: WITN6662002-05

Dated: 29 November 2022

INFECTED BLOOD INQUIRY

FIRST WRITTEN STATEMENT OF ANNA SOUBRY

I, Anna Soubry, will say as follows:

Section 1: Introduction

- 1.1 My full name is Anna Mary Soubry. My address is known to the Inquiry. I was born on GRO-C 1956.
- 2.1 Prior to becoming a Member of Parliament I worked as a self-employed criminal barrister in Nottingham and before that I worked as a television journalist and presenter for Central TV and a number of networks on a freelance basis. I was a member of Parliament for Broxtowe from May 2010 to December 2019. The following tables outline the roles that I held (Table 1) and the Parliamentary Select Committees I was a member of (Table 2) during that time.

Table 1 – Employment History

Date	Organisation	Role
May 2010 – December 2019	House of Commons	Member of Parliament for Broxtowe
September 2010 - September 2012	Minister of State for Health, Sir Simon Burns	Parliamentary Private Secretary
September 2012 – October 2013	Department of Health	Parliamentary Under- Secretary of State for Public Health
October 2013 – July 2014	Ministry of Defence	Parliamentary Under- Secretary
July 2014 – May 2015	Ministry of Defence	Minister of State
May 2015 – July 2016	Department for Business, Innovation	Minister of State

	and Skills, Business and Enterprise	
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Table 2: Parliamentary Select Committees

Date	Department
February 2019 – November 2019	Work and Pensions
November 2018 – November 2019	Women and Equalities
November 2016 – May 2017	Scottish Affairs
July 2010 – November 2010	Justice

- 3.1 The Inquiry asks me to describe, in broad terms, my role and responsibilities as PS(PH). Almost ten years have passed since I held this role, and I am therefore unable to recall exactly what all the responsibilities were at that time, but I do know that my portfolio in the Department of Health (“DH”) was vast [WITN6662002]. According to this document, my responsibilities as PS(PH) in 2012 were as follows:

“Preventing avoidable mortality, saving lives; (cancer, heart & circulatory diseases, diabetes, obesity); Relationship with Public Health England, public health system & finance; Health protection, including emergency preparedness; Vaccination, including influenza; NHS Healthcheck; Health Improvement, including tobacco, alcohol, diet, obesity, physical activity, drugs, addiction to medicines; Responsibility deal; Food Standards Agency; Blood & Transplants, NHS Blood & Transplant; Ethics Fertility & Embryology, Human Fertilisation & Embryology Authority; Sexual Health; Genetics & Biotechnology, Human Tissue Authority; Complementary & Alt. Medicine; Fluoridation; Homelessness; International, Devolved Administrations & EU; Foreign nationals; Legislation; Reducing red tape; PS(Q)’s Commons Business; NHS South and London.”

4.1 Aside from my involvement with the All-Party Parliamentary Group (“APPG”) on Haemophilia and Contaminated Blood (as detailed below) I have not been a member of any committee, association, party, society or group relevant to the Inquiry’s Terms of Reference.

5.1 I have been asked to describe my involvement with the All-Party Parliamentary Group (APPG) on Haemophilia and Contaminated Blood During my time as PS(PH). During this time, I had some limited involvement with the APPG on Haemophilia and Contaminated Blood. As far as I can recall, the only meeting I attended was the one on 17 April 2013. [WITN6662003]. I was invited to the meeting by the co-chair Jason McCartney MP as it was World Haemophilia Day [WITN6662004]. I recall being told at the time that the meeting would be ‘tricky’ and that I should be in ‘listening mode’. A ministerial submission from the Head of Blood Policy, Ben Cole, dated 24 January 2013 reflects this [DHSC6759075]. The principal reason to accept the invitation was given as:

“to be seen to be engaging with the APPG, the haemophilia community, and contaminated blood campaigners. It was always likely that this recently reformed APPG would invite you to meet with them, and they are likely to ask for another meeting if you decline.” The submission then concludes with: “However, it is likely to be a difficult meeting, so we recommend that you only attend for a short period of time.”

6.1 I have not provided evidence to, nor have I been involved in any other inquiry or investigation relating to HIV, HBV, HCV, vCJD in blood and/or blood products.

Section 2: The Department of Health

7.1 Before I became PS(PH) in 2012, I had no detailed prior knowledge about the circumstances in which thousands of individuals had been infected with HIV,

HBV and/or HCV as a result of treatment by the NHS. However, I was aware that people had been infected, many had died, almost all had suffered life changing conditions and it was an extremely serious issue made all the worse because people had been infected through no fault of their own, trusting those who administered the infected blood. Shortly after my appointment as PS(PH) I received a briefing for a meeting with the Blood Policy Team on 1 October 2012 [DHSC5069299]. This gave me some background information on what had happened, the current issues, the campaign and calls for a public inquiry. I should add that from September 2010 until September 2012 I was a PPS to Sir Simon Burns who was Minister of State in DHSC. Sir Simon was primarily responsible for the passage of the Health and Social Care Bill through Parliament and almost all my time was taken up with that Parliamentary work, notably sitting as a member of the Bill Committee.

- 8.1 I have been asked by the Inquiry to describe, in general terms, what responsibility I had as PS(PH) for matters relating to blood and blood products and for decisions regarding financial assistance for those infected with HIV, HCV and/or HBV, as a result of treatment by the NHS. I have already discussed my ministerial portfolio above. As is apparent from the list of policy areas I was responsible for, my portfolio was vast.
- 8.2 I have tried to remember whether I was ever told on becoming PS(PH) what my priorities would be. I cannot recall but I do know that infected blood and the needs of the infected and affected, including financial assistance, was not a priority. There were certain issues that were a priority politically and there were issues that were departmental priorities. In the main I concentrated my efforts on those issues that were priorities both politically and departmentally. For example, I recall spending a great deal of time on plain packaging for tobacco products. It is a good example of an issue that largely united the health lobby and was therefore a priority within the DHSC, but attracted considerable political controversy. During my tenure I came down in favour of plain packaging and we made considerable progress on its introduction in the face of considerable

opposition from the tobacco industry, a vociferous group of MPs and others. There were other very serious priorities within the Department which although outside my brief took up a considerable amount of our time as a Ministerial team.

8.3 I wish to emphasise the size of the post bag I (and indeed other Health Ministers) had as PS(PH). Campaign letters would come in from a large number of campaign groups - they were doing their job. By way of example when a health charity or campaign group started a campaign, they would encourage members of the public to write (or email) their MP or DHSC directly. Some MPs would forward on all the letters or emails they received to me at the Department. Other MPs would write to me on behalf of all the constituents that had contacted them and in turn would send my response to individual constituents. Letters and emails would come in to the Department and be administrated by, I believe, a correspondence unit. They employed a number of people just to sift and forward on correspondence to the relevant part of the Department. Those letters / emails that were deemed to need a reply from a Minister would only arrive on my desk for signing. A reply would have been drafted by officials. Occasionally, in the face of a large campaign or particular issue my views would be sought on the contents of the reply.

8.4 It is worth noting that only a small proportion of the letters that crossed my desk were in relation to infected blood. With a cancer campaign, for example, we would receive well over 400 letters from MPs on behalf of their constituents, in addition to any directly sent to the Department. Each letter would receive a reply which I would sign. On most days I would sign a huge pile of letters and other than replicates would read each one. I would often make edits returning the letter to my private office and requesting it to be redrafted in accordance with my edits. In some instances, this took time and negotiation with officials. I believe I received far fewer letters when it came to infected blood campaigns.

- 8.5 In addition to replying to campaigning correspondence, some MPs would forward on individual constituents' letters relating to a health matter personal to the constituent instead of the MP dealing with it. I was not prepared to 'fob off' the constituent and in some cases I rang the MP asking them to give their constituent the service they deserved and which only they could offer. There was a lot of other Ministerial correspondence which is common in all Departments. But I was very concerned about the large number of letters we received in Health and the pressure it placed on officials. To be frank some of the replies were very poor and I would ask for changes and suggest for example more empathy or information and fewer meaningless 'lines'. Such were my concerns I called a meeting to address how we could better manage our correspondence and ensure a better service. I don't remember any real changes being made as any improvement came down to resources.
- 8.6 I do not want to give the impression that my time in DHSC was dominated by correspondence. I distinctly recall that my day and early evening was filled with back-to-back meetings on a huge variety of issues and often with a large number of attendees. Before each meeting I received a paper brief to read and often an oral briefing. In addition, there were regular parliamentary debates in relation to health topics/issues. These included adjournment and Westminster Hall debates. They were not politically contentious but as the Minister who would respond to the debate you had to be fully briefed on the subject, and the range of issues that was the subject of these half hour or ninety-minute debates was as wide as my brief. It was an exhausting schedule of work. I am not trying to make excuses for not doing more to help those infected and affected, I am simply trying to explain the way Health Ministers worked at that time - and my own experiences in particular.
- 8.7 There was also the constant firefighting of the overall health brief, for example winter crisis planning and funding, fall out from the Health and Social Care Act 2012, constant considerations over NHS funding and other issues such as the Mid-Staffordshire Inquiry. My day-to-day work, therefore, did not touch on infected blood.

- 9.1 I have been asked to identify the ministers within the Department of Health (“DH” or “the Department”) between 2012 and 2013 who had particular responsibility for decisions about blood and blood products and/or for decisions in relation to the provision of financial support for those infected with HIV, HCV and HBV as a result of NHS treatment. Blood and blood products were my responsibility alone. I did not work with anyone else at the time. I do not recall any meetings with any other ministers about this issue.
- 10.1 I have been asked to identify, by name and by position, the senior civil servants within the Department with whom I principally dealt, or from whom I received advice, in relation to the following matters: 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.
- 10.2 I do not recall all of the senior civil servants I worked with, but I have been assisted by a portfolio of my private office from September 2012 [WITN6662005]. My Private Secretary at the beginning of my time as Minister for Public Health was Guy Mayou. My Assistant Private Secretaries included Yemi Fagun, Annie Evans, Jessica Sharp, and Walter Johnson, the latter of whom was also my Deputy Office Head, and all of whom were exceptionally good.
- 10.3 Yemi Fagun had a number of responsibilities. I primarily worked with Yemi on our tobacco policy, and this took up a great deal of our time. Yemi was also responsible for blood and vCJD issues and the majority of the correspondence I have seen from the Inquiry which went through my private office is addressed to her. I particularly valued Yemi’s advice on all matters including on blood and vCJD. Yemi was one of the best civil servants I worked with in all three Departments in which I have served.

- 10.4 Ben Cole and Naomi Balabanoff were part of the Blood Safety and Supply Policy Team during my time as PS(PH). Dr Ailsa Wight, Deputy Director of Infectious Diseases and Blood Policy, and Rowena Jecock, Head of Policy, Blood Safety and Supply were also involved. I also recall talking to Dame Sally Davis about the issue of infected blood during my time as PS(PH).
- 11.1 I have been asked to describe how, as PS(PH), information and issues would be brought to my attention. I found my time at the DHSC more challenging than other departments I subsequently worked in, indeed more challenging than anything I had done before or since. Given that I'd worked as a criminal barrister with a large defence practice, I think this says quite a lot about the difficulties at that time within the Department. It wasn't just that I felt I could not question things and had to take what I was given; when I specifically asked for something to be done that officials didn't agree with or approve of, I was told it would not be done. I used to describe to friends that trying to get anything done or question anything in any meaningful way was like "walking through porridge with lead boots on". The then Permanent Secretary Una O'Brien, who I liked very much, must have heard that I was unhappy and frustrated because she asked to meet me. I explained my frustrations and she gave me the name of someone external to the department who she believed would be able to help me achieve what I wanted within the Department. Around this time, I asked the Chief Whip if, come the next reshuffle, I could leave Health and said I would be more than content to return to the back benches. I recall writing a letter to that effect, the contents of which were later leaked. I denied wanting to leave Health because I didn't want to embarrass senior ministers. Come the reshuffle, I went to the Ministry of Defence and after the General Election of 2015 I was appointed Business Minister attending Cabinet. I can assure the Inquiry I never encountered the difficulties I experienced in DHSC in the two other Government Departments in which I served. Again, I'm not making excuses for failings on my part but explaining the situation as I saw it.

- 11.2 I have been further asked what criteria determined whether a matter was of sufficient importance to be brought to my attention. I cannot really answer this question as I do not know the criteria. My experience was that some civil servants exercised a significant level of gatekeeping. If something was very urgent due to time pressure and it needed to be done that day, it would be brought to my attention but that seemed to be the only obvious criteria.
- 11.3 I do not feel that the process of ensuring that I was suitably informed of significant issues with which the DH was concerned was at all effective. However, some civil servants were excellent, particularly when we were working with them on a clear and common goal.

Section 3: The Financial Support Schemes

General

- 12.1 I have been asked by the Inquiry about my understanding of the financial schemes established to provide support for those affected by infected blood when I became PS(PH) in 2012. When I came to the DH, I did not have any detailed understanding of how the Trusts and Schemes operated. When I was briefed about the schemes, I could not understand why there were different funds or why they were so complicated and difficult for applicants to access. It struck me as illogical and profoundly wrong. I do not remember being given specific information about the financial support schemes after I assumed the role, but I do remember that there were briefings.
- 12.2 I recall believing that Anne Milton had done everything she possibly could to get more money for the Trusts and Schemes for the beneficiaries. I spoke to Anne during my time as PS(PH), giving her my views including that we should fully compensate all those infected and affected. Her responses led me to conclude she had done everything she could and there was nothing more that we as politicians could do.

- 13.1 The Inquiry asks me to explain the involvement I had with the appointment of trustees for the Alliance House Organisations (“AHOs”) in my role as PS(PH) and referred me to a draft submission from the Blood Policy Team in January 2013 [DHSC5026109]. I have a vague memory of this which is prompted by the name of one of the trustees. Alan Rook had a TV background and a connection with Central TV where I worked during the 1980s. I believe I checked that I did not know him. Otherwise, I accepted the recommendations in relation to the new trustees and the appointment of Ann Lloyd as the chair. I have no other recollection of any involvement with the appointment of trustees of the financial schemes.
- 14.1 The Inquiry has asked me how frequently I met with the Chair and trustees of the Alliance House Organisations. Unfortunately, I have hardly any recollection of any such meetings, and I have not been referred to or able to locate any minutes of such meetings. I would not have kept minutes (if any did exist) after I left the Department. I recall that my view at the time was that the systems of the AHOs were inefficient and overly bureaucratic, and it felt like the default position was to put up barriers and make the whole process as difficult as possible.
- 15.1 The Inquiry has asked me to describe the working relationship between the AHOs and the DHSC during my tenure as PS(PH). My understanding was that the previous administration (i.e. when Lord Lansley was Secretary of State) had given them more funding. I was unhappy with the whole system and thought the ‘cap in hand’ nature of it was humiliating for the beneficiaries. I believed the system should change but that suggestion was swiftly knocked on the head when discussed with civil servants. Unfortunately, as these events occurred almost 10 years ago, I cannot recall the detail. All I remember is that in pre-meeting briefings I expressed my views that the system should be changed. I also remember discussing the same with officials in my private office - for example Yemi. My recollection is that whilst people like Yemi were sympathetic to my view, at a senior departmental level there was little if anything that we

could do and, in any event, there was little political will to change the system.

- 15.2 I have been asked whether I considered the AHOs to be “truly independent of the Government.” I cannot now recall anything about the relationship between the DH and the AHOs. I thought that the DHSC should be more robust with the AHOs to ensure that they delivered to beneficiaries and did not make them feel humiliated.

Funding of the AHOs

- 16.1 The Inquiry has asked me to set out the process by which the DHSC provided funding to the AHOs and my role in that process (and whether my role changed over time). I do not recall ever being involved in this aspect of the AHOs.

- 17.1 The Inquiry has noted that from 2012 to 2013, myself and the then Secretary of State, Jeremy Hunt, received submissions from the DH regarding the approach to take to the financial reserves of the Eileen Trust (“ET”) and the Macfarlane Trust (“MfT”). I have been shown a submission from Ben Cole, Head of Blood Policy dated 6 December 2012 [DHSC5007810]. I only have a very vague memory of this. However, I note the Secretary of State Jeremy Hunt’s SPADs (i.e. Special Advisors, who were political advisors to Ministers) were copied in. That would make sense as any financial commitments had clear political implications. It may well be that they were the ones who agreed to this. I do have a vague memory of a conversation with one of Jeremy Hunt’s SPADs about the submission referred to above. The Inquiry has directed me to a number of other documents, but I have no recollection of decisions taken beyond what I have referred to above.

- 18.1 The Inquiry has noted that it has heard evidence from the Macfarlane Trust and Caxton Foundation witnesses that both charities were, in their view, underfunded. I do not recall being made aware that the Trustees thought the

AHOs were underfunded at the time. As for whether the Macfarlane Trust or the Caxton Foundation were adequately funded, I was very concerned about their processes as I've explained. My view was that the infected and affected should be properly compensated - not reliant on going to AHOs.

18.2 I have been told by the Inquiry that In March 2013 Roger Evans, then Chair of the MacFarlane Trust expressed his view that the funding provided by DHSC was "insufficient". I do not recall being aware of this view at the time.

18.3 In relation to the letter from Linda Riordan MP dated 30 April 2013 [DHSC6804115] that the Inquiry has referred me to, I have no memory of this issue after looking at these documents and therefore I am unable to comment. I have not been shown any answer sent to Ms Riordan. My view has always been that the infected and affected deserve to be adequately compensated.

Contact with and Knowledge of the Beneficiary Community

19.1 I have been asked by the Inquiry what my knowledge and understanding of the needs of the infected and affected communities was during my time at the DH. I have a strong recollection of meeting some of the IAP at a meeting organised by Dame Diana Johnson MP. I have never forgotten the strength of feeling of those people, their experiences and that was why I swiftly developed the view that they should be fully compensated, and the only issue should be how much (quantum). I specifically remember during a meeting with Dame Sally Davies and another senior official (during which we discussed a number of issues) asking how much it was reckoned it would cost to compensate the infected and affected. My recollection is that I was told it was around £350 million. I also recall that at some point I had constituents whose son had had difficulty obtaining I believe a mortgage and I remember being involved and trying to help them.

- 19.2 At that time, I did not feel that the DHSC made much attempt to obtain a deeper knowledge and understanding of the IAP's needs. After the meeting with Diana Johnson MP, very little happened. We knew that the campaigning would continue but I believe the Department felt that the meeting was all that needed to be done. The impression I got was that this was an issue to be managed, not solved, because there was no more money that could be put towards solving it.
- 20.1 As for the issue of contact with beneficiaries, my main recollection of contact with the beneficiaries of the AHOs is of the meeting with Dame Diana Johnson MP as described above. Beyond that I have no recollection of any other meetings apart from the meeting with the APPG which Jason McCartney chaired.
- 21.1 The Inquiry has asked me how my understanding of the IAP communities' needs was affected by correspondence with and meetings I attended. I am very sorry, but I have no recollection of the letters the Inquiry has referred me to. What I do remember are the in-person meetings I attended. At these meetings I was struck by the justified anger of the beneficiaries and campaigners and at that time I thought the whole thing was a scandal. As I have said above, as a result of the meetings I attended, I formed the view that the issue of liability should either be admitted or set aside and that the only issue should be quantum of damages. I felt a huge injustice had been done to these people and that no-one had done what they should have done. Beneficiaries were pushed from pillar to post and then when the funds were finally set up the way they operated was humiliating.
- 22.1 I have been asked by the Inquiry what action I took after receiving correspondence such as that outlined above to address the issues raised. In relation to any letters I sent out, I always did my best to read every letter before signing it. As for whether I ever escalated the concerns of the beneficiaries to the Secretary of State for Health, Jeremy Hunt, or raised issues directly with the AHOs: I don't think I ever raised anything directly with the Secretary of State for

Health, Jeremy Hunt, as we did not have that kind of relationship and I felt that the political will was not there to do anything that would make a difference at that time. This may be with the benefit of hindsight, but I believed from officials on this matter, to whom I did express my dissatisfaction with the situation, that this entire matter was something that was never going to change. Unfortunately, with the passing of ten years since this time I cannot recall exactly who gave me this impression. I do, however, recall expressing my dissatisfaction with the whole system as I have described above in paragraph 15.1.

Administration of the AHOs

23.1 The Inquiry has asked what my understanding was of the reasons for the discrepancies between the Hepatitis C and HIV payment schemes. When it came to medical or scientific issues, I accepted the advice of officials who knew considerably more on the subjects than I did. I would challenge them if I was aware of any contrary views. However, exploration of conflicting arguments would normally be outlined in the briefings and the officials would then explain why their recommendations were the ones ultimately put forward.

24.1 I have been asked by the Inquiry whether I was made aware of any criticisms of the Skipton Fund and Caxton Foundation during my time as PS(PH) and I have been referred to a number of documents. In relation to a letter from the Contaminated Blood Campaign dated April 2013, I have no memory of ever seeing this letter or being made aware of it. As explained earlier, Ministers only see emails and letters addressed to them after they have been received by the DHSC and in turn reviewed by officials. Officials decided what emails and letters would be put in front of me. In relation to an email the Inquiry has referred me to, to Jan Barlow, Chief Executive of the Caxton Foundation from a beneficiary on 24 November 2013, I have no memory of seeing this correspondence. Given the contents I would expect to remember seeing it if I had done.

24.2 Similarly, in relation to other correspondence the Inquiry has referred me to (including [DHSC5080237], which is a draft letter dealing, amongst other things, with the start of the Caxton Foundation's work) I have no recollection of this, or the "teething problems" the Caxton referred to. However, I note that a later draft letter which followed the subsequent meeting with the Hepatitis clinical experts and campaigners on 29 November 2012, at [DHSC6752271] says that:

"I believe the mechanism we have established for making discretionary payments for those affected by hepatitis C [i.e. the Caxton Foundation] is not yet sufficiently responsive to the needs of its beneficiary community in a way that makes a discernible improvement to the quality of life of those in greatest financial need. I therefore intend to meet the Trustees of the Caxton Foundation ... to discuss with them how they might develop ways to better support their beneficiary community."

This reflected my views of the Caxton Foundation. Officials recommended a meeting in February 2013 [DHSC5064838] when the new Caxton Chair and Chief Executive were in post. This took place in March 2013 (see below).

25.1 I have been asked by the Inquiry if I considered the AHOs to be well run. This was not my impression based on the meetings I had with beneficiaries and campaigners. They did not seem to understand that this was not their private fund and that this was money that people were entitled to. The default position seemed to be to try to not give beneficiaries money. I made my views on this clear to the relevant officials and believed that the officials shared my concerns. I do not recall what I expected officials to do once I made my views clear. As I explained at paragraph 8.1 above, the various issues surrounding infected blood were not a priority when I became PS(PH). My recollection of the situation at the time was that it was thought the previous set of Ministers had done everything that could be achieved at that particular time.

Reform of the AHOs

- 26.1 I have been asked what role I or the DHSC had in the change proposed by the Skipton Fund and the Skipton Appeals Panel to the evidence it would accept in order to prove a stage 2 claim. I have been directed to a submission from Ben Cole of the Blood Policy Team to the PS(PH) dated 4 July 2012 [DHSC5176515]. This is before I took the position, so I would not have seen it and I do not recall any discussions about altering the criteria.
- 27.1 I have been asked about a meeting with campaigners and Hepatitis clinical experts that took place on 29 November 2012. I have seen document [HSOC0029810] (Which appears to be minutes of a meeting on 29 November 2012). I do not recognise this document and do not know who the author is. It has not come from the DHSC. I am sorry to say but I do not believe the minutes I have been referred to of that meeting are accurate. The minutes state that I said, "as a negligence lawyer". I would not have said this because I am not, nor have I ever been a negligence lawyer. Further, if I had referred to my legal work, I would have used the term criminal barrister, I do not use the generic term lawyer. I would have said "I am a criminal barrister" to qualify my own inexperience in civil work and would more likely have said "this is not my field but..." and then given my view.
- 27.2 Although I now have no recollection about why this meeting was held, I have seen document [STHB0000690] which outlines the purpose of the meeting as *"to provide an opportunity for the campaigners to put their concerns about the ill health effects of chronic hepatitis C infection to the experts, and for the experts to summarise the evidence they provided in Autumn 2010 and explain how they assess scientific evidence"*. The document goes on to say that the purpose of the meeting *"is not to discuss payments or to negotiate changes to the Skipton Fund eligibility criteria."* I cannot recall how the Hepatitis C payment schemes were affected by this meeting nor can I recall what actions I took as a result. I have seen document [DHSC5064838] which lists actions identified by

Rowena Jecock following the meeting including, in summary: 1. Providing advice/information to the campaigners on concerns they raised about retained blood samples, and the National Haemophilia Database's compliance with the Data Protection Act; 2. Following up on the point raised about the higher rate of death amongst haemophilia patients with Hepatitis C to see what implication there may be; 3. Committing the Minister (i.e. me) to meet with the Caxton Foundation. In relation to these actions, I am unable to recall whether the first two actions were undertaken but have no reason to think they would not have been. The meeting with the Caxton Foundation did take place in March 2013.

28.1 The Inquiry has directed me to various documents relating to a meeting on 25 March 2013 with the Caxton Foundation. I have been shown document [DHSC5160801] which is a briefing for the meeting. This records that I was the one who requested this meeting to discuss issues raised by campaigners following the meeting I had with them on 29 November 2012. This document also outlines various lines to take and information I would have been given in advance. I apologise but I cannot recall this meeting and am therefore unable to provide any more information about what was discussed, and any actions taken as a result.

29.1 On 17 April 2013 I was invited to meet the APPG on Haemophilia and Contaminated Blood on World Haemophilia Day. I have only a vague memory of attending this meeting and I cannot recall any specifics discussed. I am therefore unable to comment about anything said or actions taken as a result.

Section 4: Recommendations of the Archer Inquiry

30.1 I have been asked about the motion proposed by Geoffrey Robinson on 14 October 2010. I do not recall it. I have referred myself to Hansard and it strikes me that I voted with the Government in accordance with the Whip especially as by that time I was a PPS to the Health Minister Sir Simon Burns. I also note that the motion had very few supporters so presumably the other political parties

had decided not to whip their MPs to vote for the motion. In October 2010, I would not have known much about this issue as it was some time before my involvement.

Section 5: Calls for a Public Inquiry

31.1 During my tenure as PS(PH) I do not really recall calls for a Public Inquiry. My view was that the immediate priority should be providing adequate compensation for the people infected and affected. No Inquiry was established at that time as far as I am aware because officials were firmly against any Inquiry and there was no political will for an Inquiry. I cannot recall why others were firmly against an Inquiry, that is for them to explain. My focus was on the compensation I believed victims and their families should receive. I did not challenge the views of officials on a public inquiry.

32.1 The Inquiry has asked me what part Inquiries established in Canada, France and Ireland played in the Government's decision not to hold a full public inquiry at that point. I was not aware of other international inquiries. I know that what was happening in Scotland was a huge consideration; but I was not aware of what was happening internationally when I was PS(PH). Similarly, the criminal prosecutions and large compensation payments made in some of those countries were not something that I was aware of so I cannot comment on whether this deterred the UK from holding a public inquiry at the time.

33.1 The Inquiry has referred me to a letter I sent to Simon Kirby MP dated 24 October 2012 in which I stated the reasoning for not holding a public inquiry. [DHSC6759444]. I stated:

"It has been the view of successive governments that there is no justification for a public inquiry into the matters relating to NHS supplied contaminated blood or blood products in England. The relevant facts are now in the public domain and all the relevant documents held by the Department on blood safety, covering the period 1970-1985 (when viral

inactivation of clotting factor products was introduced), have now been published in line with the Freedom of Information Act 2000. If any further relevant documents from that period do come to light, the Department will publish them in accordance with the Act."

33.2 I have no recollection of this letter. Department officials at the time were adamant that there was no merit in a public inquiry.

33.3 The Inquiry has asked me whether I ever questioned whether the established lines as detailed above remained accurate in light of increased campaigning for a public inquiry by the IAP and their MPs. I have no memory of there being increased campaigning for a public inquiry while I was PS(PH), my recollection was that compensation was more of a priority and it was certainly my priority in relation to this issue. In general, I did not always adhere to lines to take as I objected to being told by officials what I should say, and I think I had a reputation as someone who was more inclined to take their own lines. As to why I followed the lines to take regarding a public inquiry, my focus had always been compensation and the funds, and there was no political appetite in any party for an Inquiry at this time.

34.1 The Inquiry has asked me about a meeting I attended on 29 November 2012 organised by Dame Diana Johnson MP. I have already discussed my recollection of that meeting above. I recall that demands for a public inquiry were not the main focus of the meeting. The Inquiry has asked to what extent my background as a "lawyer" (not my word) influenced my decision making in relation to contaminated blood issues and calls for a public Inquiry. I do not consider my background as a criminal barrister had anything to do with my response to contaminated blood or the merits of holding a public inquiry. I recall saying to my officials that in my mind the only question should be quantum (how much) and later asked officials what sum of compensation they believed would form a settlement.

35.1 The Inquiry has directed me to a letter from Dan Rogerson MP to myself dated 5 December 2012 [DHSC6746339]. The email from a constituent attached to the letter says: *"A full judicial public inquiry, with all the power of the law to call upon those responsible for the disaster to give evidence under oath to determine who was responsible. Without this, it is impossible for Government to gain from lessons learnt and prevent similar disasters in the future."* I do not recall the letter to Dan Rogerson, nor the action taken in response to this, if any. I did not question the established view that a public inquiry was not needed, although I did believe that a grave injustice - relating to lack of full and proper compensation - had been done.

36.1 I have been referred to a quote by Charles Lister, former Head of Blood Policy (1998 – 2003), in evidence he gave to the Inquiry:

"I raised the question of how much I may have been affected by a collective mindset. I had in mind the concept of 'Group Think', and whether officials, experts and ministers alike were affected by Group Think when addressing this issue. When I now reflect on these issues, it is that concept which I ponder on rather than any sense of resistance from the civil service. It is the sense that when you work closely and collectively together, there is a risk of group mindset developing and the risk that you are not sufficiently open to challenge to the existing group views. It is of course impossible to say how much this impacted on our decision making." [INQY1000212].

36.2 I have been asked to provide my views on this comment, and to explain whether the concept of 'Group Think' impacted on my decision making in respect of a public inquiry. I do think that Charles Lister is correct here and that 'Group Think' was an issue. As I wrote in a letter to David Cameron towards the end of my time at DHSC, I believed that this was the last great national scandal. I distinctly remember hand-writing a personal note at the bottom of this letter. Unfortunately, neither myself nor my legal team have been able to locate a copy of this letter.

- 37.1 Jeremy Hunt, who was the Health Secretary during my time as PS(PH), gave oral evidence to the Inquiry on 27 July 2022 [INQY1000235]. I have considered the evidence he gave about this issue. The Inquiry asks whether I agree that the Government did not have an open mind on the issue of whether there should be a public inquiry during my time in office.
- 37.2 I am not in a position to comment on what the view of the 'Government' or the Secretary of State was at the time. For me, holding or not holding a public inquiry was not the focus of my attention in relation to infected blood. I was far more concerned that those infected and affected were granted the compensation that they were clearly entitled to.
- 38.1 I have seen the transcript of Lord Fowler, former Secretary of State for Health's, oral evidence to the inquiry dated 21 September 2021 [INQY1000144]. The Inquiry has stated that Lord Fowler said in his evidence to this Inquiry that a public inquiry should have been established earlier than it was. As stated above my main concern was that those affected were adequately compensated. This entire scandal should have been resolved decades ago with people being fully and properly compensated.
- 39.1 Looking back at the totality of my experience as PS(PH), my reflections on how the DH handled the issue of calls for a statutory public inquiry are as follows. As I have said repeatedly above, those affected should have been given money with no strings and no nonsense. I thought we should determine quantum and pay them. I appreciate that the Inquiry is looking at many important issues such as how infected blood came into the UK and all that then followed including the appalling treatment of those infected and their families and loved ones.

Section 6: Other Matters

- 40.1 I would like to say that those infected and their families and loved ones are owed many things - justice in short. And an enormous apology. I apologise for all and any failings on my part when I was PS(PH). I can only say how sorry I am that I did not do more. There are undoubtedly many, many lessons to be learnt. I hope that my experiences during my time as PS(PH) give some sort of insight into how the Department operated and the relationship between officials and Ministers at that time.
- 40.2 I would like to give an example. I was a PPS to Sir Simon Burns from 2010-2012. At some time in 2011 I received a number of emails from constituents complaining of cancelled operations at the local hospital (QMC part of Nottingham University Hospital Trust). My email inbox was a good indicator of a local problem. I contacted NUHT and also raised the matter with Simon's officials. I knew DHSC received weekly updates from Hospital Trusts. I was struck by the defensive tone of their reply to my request as to whether they were aware of any difficulty at NUHT with a rise in cancelled operations - I felt somewhat belittled for even raising the matter. I had to chase up my request and finally I was told very firmly there was no difficulty. Within a week an eminent surgeon at the QMC made the front page of the local paper - operations were being cancelled on a huge scale because of pressures on the Emergency Department. I took the view that either NUHT had some local reason for this pressure on its ED or what was happening at NUHT was happening in other Trusts and we had a very serious national (England) problem with clear implications for patients and the NHS and obvious political implications. Again, I spoke to officials - I gave details of the surgeon's claim and lack of denial from NUHT. Again, I was very firmly and defensively told there was no problem at NUHT. I think it was about two weeks later that severe pressures on Accident and Emergency Departments across England were making huge headlines in the media. I've never forgotten this because to me it spoke volumes about the attitude of too many senior officials in DHSC - they were in charge, and they knew best. There was no questioning of the information they had, no curiosity

or concern when confronted with evidence that contradicted their view of a situation or issue. In short, a culture of denial. I was struck by the complete disconnect between how officials (and often Ministers) believed things were and the reality “on the ground”. I experienced that failing in other Government Departments in which I served but none more so than in DHSC.

Statement of Truth

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

Signed

GRO-C

Dated November 29th 2022