

Witness Name: Andrew Lansley

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INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF ANDREW DAVID LANSLEY

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Section 0: Preface

I, Lord Andrew David Lansley, will say as follows: -

- 0.1 I am a former Secretary of State for Health (“SofS”). I make this Statement pursuant to a ‘Rule 9’ request from the Inquiry dated 6 July 2022, which has asked me questions, primarily regarding my time in office at the Department of Health (“DH”) between 12 May 2010 and 4 September 2012. I have also been asked several questions in relation to my time in office as Shadow Secretary of State for Health (“Shadow SofS”) between 6 November 2003 and 11 May 2010.
- 0.2 In preparing this Statement, I have reviewed the documents provided by the Inquiry as well as a number of documents held by the DH. I have done my best to recollect the events which took place and any involvement I had with the assistance of the documents provided in order to answer the questions posed in the Rule 9 and assist the Inquiry. I have been advised that searches for potentially relevant documents returned vast quantities and it has not been possible to review all of these in detail. If more relevant documents are located that shed further light on these matters, I would be happy to add to this Statement.

Opening Comments

- 0.3 I would like to begin my Statement by making a few brief opening comments.
- 0.4 In my statement to the House of Commons on 10 January 2011 [ARCH0001478], I said that I was desperately sad that the efforts by the NHS to offer treatment led to so much illness and hardship and that what happened during the 1970s and 1980s is one of the great tragedies in modern healthcare. I expressed deep regret on behalf of governments extending back to the 1970s. I would like to reiterate these sentiments now.

- 0.5 The year prior to making my statement in the Commons, I often visited my father, who died in November 2010. We had discussed these tragic circumstances and he previously described to me how he and his colleagues in the 1970s did not know the risks to which patients were exposed during transfusions. My father (Thomas Lansley) was, until his retirement in 1982, the chief medical laboratory scientist at the East Ham Memorial Hospital. He was also Chair of the Institute of Medical Laboratory Science (now Institute of Biomedical Science).
- 0.6 With my colleagues in Opposition, both Conservative and Liberal Democrat, I came into Government committed to alleviate the hardship many had suffered. We were able to do so within months of the Coalition Government coming into office. In this respect, I particularly want to offer credit to Anne Milton, then the Minister responsible in the DH. Her assiduous work in Opposition and then in Government was instrumental to the support package announced in January 2011 which was welcomed widely in Parliament.

Section 1: Introduction

Q1: Personal Details and Professional Qualifications

- 1.1 My name is Andrew David Lansley, Lord Lansley of Orwell. My date of birth is GRO-C 1956. My address is known to the Inquiry. Prior to commencing my career, I attained a BA in Politics from the University of Exeter.

Q2: Employment History and Positions in Government

- 2.1 Between 1979 and 1987, I was a civil servant and during this time, I served as Principal Private Secretary to Norman Tebbit at the Department of Trade and Industry and at the Cabinet Office, in his role as Chancellor of the Duchy of Lancaster.
- 2.2 Between 1987 and 1990, I was Deputy Director General of the British Chambers of Commerce.
- 2.3 Between 1990 and 1995, I was appointed to run the Conservative Research Department and I ran the Conservatives campaign for the 1992 general election. I was appointed a Commander of the Order of the British Empire (CBE) for political service in the 1996 New Year Honours.
- 2.4 In 1995, I was selected by the South Cambridgeshire Conservative Association as their Prospective Parliamentary Candidate, where I was subsequently elected as Member of Parliament in May 1997.
- 2.5 The positions I held, first as an MP, then in Opposition and then in Government are as follows:

1 May 1997 – 30 March 2015	Elected as Member of Parliament for South Cambridgeshire
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15 June 1999 – 18 September 2001	Shadow Minister for the Cabinet Office
6 November 2003 - 11 May 2010	Shadow Secretary of State for Health
12 May 2010 to 4 September 2012	Secretary of State for Health
13 May 2010	Appointed as Privy Counsellor
4 September 2012 – 14 July 2014	Lord Keeper of the Privy Seal
4 September 2012 – 14 July 2014	Leader of the House of Commons
22 September 2015	Made a Life Peer - 2015 Dissolution Honours
26 October 2015	Member of the House of Lords Lord Temporal

- 2.6 On 6 November 2003, I was appointed Shadow SofS in a team led by Tim Yeo (who was Shadow Secretary of State for Education and Health). The latter departed in June 2004 (to Environment and Transport). In practice, I ran the Health team in Opposition throughout this period.
- 2.7 In Parliament, I served on several select committees including Trade and Industry, Health, the Puttnam Commission and various standing committees including the Water Bill, the Competition Bill and the Enterprise Bill.
- 2.8 As Leader of the House of Commons and Lord Privy Seal, I led the implementation of the Government's legislative programme and managed the day-to-day business of the House.

Q3(i): Role and Responsibilities as Shadow Secretary of State for Health

- 3.1 My duty as Shadow SofS between 6 November 2003 and 11 May 2010 was to scrutinise the actions of the Secretary of State for Health and develop alternative policies. During my time as Shadow SofS, there were four Secretaries of State for Health, namely: John Reid (13 June 2003 – 6 May 2005), Patricia Hewitt (6 May 2005 - 28 June 2007), Alan Johnson (28 June 2007 - 5 June 2009) and Andy Burnham (5 June 2009 – 11 May 2010).

- 3.2 As Shadow SofS, I led the Conservative health team. This team had responsibility for policy development, our relationship with all relevant sector organisations and our communications activity for our Parliamentary representation.
- 3.3 In my post, we developed policies for enhancing the autonomy and accountability of the NHS, publishing a policy pamphlet and a draft Bill. We also led a Public Health Commission, promoting enhanced voluntary action in civil society to promote health improvement. Public trust in Conservative health policies significantly improved over this period.
- 3.4 Of relevance to this Inquiry is the parliamentary passage of the NHS Redress Act 2006. This was an Act whose genesis lay in the recommendations of the CMO (Sir Liam Donaldson)'s review of redress within the NHS, published in June 2003 as "Making Amends, A Consultation Paper". The Act made a number of potential changes to the arrangements for securing redress for clinical negligence in the NHS, notably in respect of relatively small claims valued at £20,000 or less. During the passage of this Act, I expressed the Opposition's unwillingness to support no-fault compensation and our advocacy of a fact-finding phase in clinical negligence cases, obviating the need for adversarial expert witnesses. The Inquiry will be aware that this Act has not been brought into force. But its passage, as well as my statement upon no-fault compensation, reflected the political consensus that compensation for harm within the NHS should continue to be based upon the principles of liability in tort.

Q3(ii): Role and Responsibilities as Secretary of State for Health

- 3.5 In May 2010, David Cameron named me as the SofS in the Conservative / Liberal Democrat Coalition Government. I held this role until 4 September 2012.
- 3.6 As SofS, I held overall responsibility for the work of the DH, including financial control and oversight of NHS delivery and performance.

- 3.7 I was responsible for a £105 billion budget and 1.3m staff nationally. I delivered comprehensive reforms of the healthcare service, securing the passage of the Health and Social Care Act 2012, establishing NHS England, Public Health England, HealthWatch and Health and Wellbeing Boards in local government. I also initiated operational reforms in the NHS including the Cancer Drugs Fund, and oversaw a one-third reduction in administration costs, the lowest-ever NHS waiting times, and a 50% reduction in hospital-acquired infections.
- 3.8 These were the main strategic areas in which I was involved and inevitably they occupied the greater part of my time. My involvement in matters relating to blood and blood products is outlined further in this Statement.

Q4: Membership of any committees, associations, parties, societies or groups

- 4.1 I have been asked to set out my membership, past or present, of any committees, associations, parties, societies or groups relevant to the Inquiry's Terms of Reference, including the dates of my membership and the nature of my involvement.
- 4.2 Once elected as an MP in 1997, I immediately joined the House of Commons Health Select Committee. I was a member between 14 July 1997 and 20 July 1998. There were no relevant investigations touching on matters relating to this Inquiry during this period.

Q5: Involvement with other inquiries, investigations or criminal or civil litigation

- 5.1 I been asked to confirm whether I have provided evidence to, or have been involved in, any other inquiries, investigations or criminal or civil litigation in relation to human immunodeficiency virus ("HIV") and/or hepatitis B virus ("HBV") and/or Hepatitis C virus ("HCV") infections and/or variant Creutzfeldt-Jakob disease ("vCJD") in blood and/or blood products.

5.2 I have not been involved with such inquiries or investigations.

Section 2: The Department of Health

Q6: Responsibility as Secretary of State for Health for matters relating to blood and blood products

- 6.1 I have been asked what responsibility I had as SofS 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.
- 6.2 As SofS, I took overall responsibility for the Government's policy in relation to blood and blood products and in relation to financial assistance for those infected as a result of treatment. In practice, the detailed work on the development of policy in these areas was delegated to junior Ministers, as set out below.

Q7: Ministers within the Department of Health between 2010 and 2012

- 7.1 I have been asked to identify the Ministers within the DH between 2010 and 2012 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 or hepatitis viruses as a result of NHS treatment.
- 7.2 The following table sets out the DH Ministers in post whilst I was SofS:

Role	Name	Date started	Date finished
Minister of State for Health	Simon Burns	13 May 2010	6 September 2012
Minister of State (Care Services)	Paul Burstow	13 May 2010	6 September 2012
Parliamentary Under Secretary of State for Quality (Lords)	Lord Earl Howe	17 May 2010	11 May 2015

Parliamentary Under Secretary of State (Public Health)	Anne Milton	17 May 2010	6 September 2012
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7.3 The team of Ministers was supported by the following senior public officials:

Permanent Secretary: Sir Hugh Taylor KCB (2006 – July 2010)
Dame Una O'Brien (October 2010 – 2 March 2016)

NHS Chief Executive: Sir David Nicholson (September 2006 – March 2014)

Chief Medical Officer and
Director of Standards and Quality Professor Dame Sally Davies
Interim CMO from June 2010, formally
appointed March 2011 (to 2019).

7.4 Between 2010 and 2012, Ms Milton 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 and HCV as a result of NHS treatment. Ms Milton was responsible for the detailed policy work involved in these issues. She would be the lead recipient of submissions from the Blood Policy Team, was the Minister who met with campaigners and officials from the financial support charities or organisations, and dealt with correspondence. She would be the first decision-maker on most of the issues with which this Statement is concerned, although she would refer key issues to me as needed and would then make recommendations to me in relation to these issues.

7.5 The Minister for Quality, Lord Howe, was also included in policy discussions as he would answer for the DH in the House of Lords. Each of these Ministers had served with me in the Shadow Health team in broadly similar policy roles.

Q8: Senior Civil Servants

- 8.1 I have been asked to identify (by name and by position) the senior civil servants within the DH 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.
- 8.2 I do not now, 12 years later, have any recollection of receiving advice from specific named civil servants on these issues. I suspect that most advice came via the responsible Minister and also my Private Office. The names of the officials with policy responsibilities are best ascertained from the underlying documents. I cannot 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 or HCV as a result of NHS treatment. However, I have been shown documents which show me receiving support at meetings and advice from the following individuals:
- a. Dr Rowena Jecock, Head of Blood Policy, responsible for policy on blood safety & supply;
 - b. Dr Ben Cole, Blood Policy Team;
 - c. Debby Webb, Infectious Diseases & Blood Policy; and
 - d. Dr Ailsa Wight, Deputy Director & Head of Programme, Infectious Diseases & Blood Policy.

8.3 The table below sets out my Private Office Staff:

Role	Name
Principal Private Secretary to the Secretary of State	Paul Macnaught
Assistant Private Secretary to the Secretary of State	Clare MacDonald
Assistant Private Secretary to the Secretary of State	Ellen Graham
Special Advisor	Jenny Jackson
Special Advisor	Bill Morgan

Q9: Information and issues which would be brought to my attention as Secretary of State for Health

Q9.a: Criteria for referral.

- 9.1 I have been asked to explain what criteria determined whether a matter was of sufficient importance to be brought to my attention.
- 9.2 In my conversations with my Private Office and Special Advisors, I will have made clear that we had a wide-ranging pro-active policy and legislative programme, much of which I was directly and personally engaged in. In the immediate aftermath of the election, I devoted much of my time to the production of the White Paper "Equity and Excellence: Liberating the NHS". This was published on 12 July 2010, just eight weeks after we took office. I also devoted much effort to the drafting of the Health and Social Care Bill, including a series of detailed meetings with Ministerial colleagues, including Coalition issues, in November and December 2010. In July 2010, I also asked Andrew Dilnot to lead a Commission on the funding of care and support. In the autumn, I led, with Ms Milton, the publication of the White Paper on public health "Healthy Lives, Healthy People" (30/11/2010) and the negotiations for the establishment of five networks for the Responsibility Deal.

- 9.3 We also gave priority in the first months to the establishment of the Cancer Drugs Fund (in December 2010), the publication of the first cross-government strategy for improving mental health outcomes (“No health without mental health”) on 2 February 2011, the eradication of waiting lists for in-patient care which extended far beyond 18 weeks, and the preparations for the risks from flu (given the large-scale impacts the previous winter).
- 9.4 In addition to these matters, I expected my Private Office to alert me to issues of importance. The Permanent Secretary and the Chief Financial Officer knew that I needed to maintain close scrutiny of our budget and the NHS control total. I looked to my Special Advisors to utilise our wide-ranging health contacts from Opposition to inform me about emerging issues.
- 9.5 I expected to be told whenever issues were likely to impact on other Government departments in ways which might cause Cabinet colleagues to raise them with me. I asked to be alerted, in particular, to issues which had a Coalition effect, as for example in respect of the social care reforms. Regular Ministerial meetings and one-to-one meetings with the Ministerial team were also a means through which I would be informed of emerging issues and those with political significance.
- 9.6 I knew that the letters to the DH and to me as SofS would give a sense of the public’s concerns and responses to issues. In addition to ensuring timely responses, I asked for a “lucky dip” system, by which several letters to me from the public were randomly selected each week and given to me with draft replies, so I could see which issues featured in our correspondence and approve the terms in which we replied.

Q9.b: Who made decisions to bring matters to my attention

- 9.7 I have been asked who would determine whether a matter was of sufficient importance to be brought to my attention.

9.8 I expected Ministers to ensure that issues of importance would be brought to my attention; I have already mentioned the meetings that facilitated this. In addition, as is apparent from correspondence which the Inquiry has provided to me for this Statement, my Private Office was often copied into correspondence with Ministers. The Private Office team had discretion whether to show them to me, as did my Special Advisers (particularly Bill Morgan); they would need to take decisions on what needed my personal attention. Additionally, the Permanent Secretary regularly told me about pending issues, particularly when these had financial implications. I was closely involved in the in-year management of the DH's budget, given the Government's overall fiscal position. In the first year in office in particular, I was closely involved in establishing a wide range of policies (including legislation and significant White Papers published in this period) and I am not aware that I lacked relevant or timely information.

Q9.c: Effectiveness of Process

9.9 I have been asked how effective the process was in ensuring that I was suitably informed of issues significant to the DH.

9.10 In the first year of an incoming government, my experience is that civil servants are very sensitive to the fact that they are dealing with new Ministers and can make no assumptions that Ministers will take decisions in line with those of their predecessors. Civil servants will have shown Ministers more issues, in more detail, in the first year or so of a new Government.

9.11 I have seen nothing in the bundle of documents provided to me for this Statement to suggest that civil servants were trying to take the decisions without Ministers being fully aware of decisions being made, or their implications. In relation to the review of the Skipton Fund, Ms Milton was very much engaged in the outcome of review and rightly looked to see the scope for more generous interpretation and support. These issues were appropriately escalated to me on a modest basis. I had full confidence in Ms Milton. Having dealt with this in Opposition, she understood the history. My particular role was to understand

what our financial framework and financial scope for action were. In the end, the financial scope was sufficient to meet the needs of those identified as being in greatest need.

Section 3: Financial Support Schemes

Q10: Communication with the Chair and/or Trustees of any of the Alliance House Organisations

- 10.1 I have been asked whether I ever met or otherwise communicated with the Chair and/or Trustees of any of the Alliance House Organisations ("the AHOs"). I do not recall meeting or communicating directly with the Chair and/or Trustees of the AHOs myself.
- 10.2 As far as I can remember, whilst I was in Opposition, I did meet representatives of the Macfarlane Trust, but I do not have details of this. I do not think I met them in Government.
- 10.3 Once SofS, Ministerial contact with the AHOs was (as far as I can recall) largely delegated to the Minister with policy responsibility for the area. So, for example, I have been referred to a letter from Christopher Fitzgerald, Chairman of the Macfarlane Trust, to me dated 4 June 2010. In his letter, Mr Fitzgerald congratulated me on my appointment and outlined the difficulties faced by those infected and their families [MACF0000179_006]. However, I can see from the documents provided for the purpose of this Statement that this was followed up by a meeting between Ms Milton and the Chairs of the MacFarlane Trust and the Eileen Trust (i.e. Mr FitzGerald and Mr Stevens) on 15 July 2010 [DHSC6699991] and [WITN6884002].
- 10.4 I can also see that on 10 January 2011, when I committed to holding a further meeting between Ministers and contaminated blood campaigners, this was a commitment that Ms Milton would meet with a group. I understand that she did so on 29 June 2011 [DHSC0004233_055].
- 10.5 I have also been referred to a letter from Peter Stevens, Trustee of the Caxton Foundation, to me dated 3 August 2011 [CAXT0000077_034]. This was a request for me to consent to the appointment of new trustees of the Foundation

who had been selected by the First Trustees. I have been referred a submission prepared by Ben Cole, recommending the approval of the trustees [DHSC6611838] and to correspondence between Ben Cole and Yemi Fagun (Ms Milton's Assistant Private Secretary), in which Ellen Graham is copied, which states Ms Milton had approved the appointment of the trustees and that I had seen Ben Cole's submission and was also content [DHSC6613893]. I have also been referred to a letter from Ms Milton to Peter Stevens dated 8 September 2011; she responded to his letter of 3 August 2011 and approved the appointment of the new trustees [CAXT0000077_033].

Q11: Working Relationship with the Alliance House Organisations

11.1 I have next been asked what, if any, knowledge I had of the working relationship between the AHOs and the DH during my time there. In particular, I have been asked:

- a. whether I considered the AHOs to be independent of the Government; and
- b. whether it was, or would it have been, acceptable to the DH for the AHOs to campaign/lobby for a change in government policy to benefit their beneficiaries.

11.2 I considered the AHOs be independent of Government within the scope of their funding agreement with the DH, i.e. they had to act within the scope of this funding agreement. I regarded the Trustees'/Directors' responsibility as being to the beneficiaries. I would not have regarded lobbying by the AHOs to be inappropriate if it was directed specifically to the interests of beneficiaries and avoided extraneous issues.

11.3 I have been referred by the Inquiry to [CAXT0000108_017]. These are minutes of an early meeting of the Trustees of the Caxton Foundation, for a meeting on 4 August 2011. This was an 'internal' meeting and no members of the DH are

recorded as attending, as far as I can see. I can see that in the explanation of the background to the Caxton Foundation, there was a discussion of the objectives of campaigners, who were looking at wider objectives including a public inquiry, and that it was explained that the idea that payments were based on 'charitable need' attracted anger. However, I do not think that this casts further light on the issue of campaigning or lobbying objectives and it is not a document that I would have seen until sent to me for this Statement.

Q12: Contact with and knowledge of the beneficiary community

- 12.1 I have been asked what, if any, contact did I and others in ministerial positions at the DH (in so far as I was aware) have with the beneficiaries of the AHOs. I have been asked to include any formal forums for contact between the DH and those communities, and any *ad hoc* contact that I had.
- 12.2 I note that there are various examples of written communications from beneficiaries in the documents provided by the Inquiry. This includes examples of constituents writing to me [DHSC6700077] and [DHSC6651598] and also examples of letters addressed to me as SofS [DHSC6612602]. However, as explained in response to Q31 below, and depending on who had sent the letter, the response to such correspondence would generally be handled by Ms Milton as the responsible Minister.
- 12.3 My understanding is that Ms Milton had a number of meetings with beneficiaries of the AHOs or advocates who spoke on their behalf. See for example [DHSC5647339], a letter from me to Dr Vincent Cable MP, which refers to meetings held by her in 2010, with (a) Mr Fitzgerald and Mr Stevens of the Macfarlane and Eileen Trust; and (b) meetings with campaigners from Tainted Blood, the Manor House Group, the Haemophilia Society and the Hepatitis C Trust, as well as two individuals (whose names have been redacted) who spoke for "women and widows".
- 12.4 I have been referred to an email from Yemi Fagun to Dr Jecock and Ms Webb dated 3 August 2010 [DHSC5638587], copied to Clare MacDonald in my

Private Office. This provided a summary of a meeting attended by Ms Milton, Dr Jecock and Ms Webb to hear the views of GRO-A (Manor House Group), Charles Gore (Hepatitis C Trust) and Mike Dorricott. I see that when Ms Milton asked what financial assistance was wanted by campaigners, Mr Dorricott said this would need to be considered on an individual basis but suggested a lump sum plus ongoing payments would be ideal. It was also said that campaigners wanted a debate in the Commons. I do not recall seeing this email at the time.

Q13: Knowledge and Understanding of Beneficiaries' Needs

- 13.1. I have been asked what, during my time at the DH, what was my knowledge and understanding of the needs of the beneficiaries of the AHOs, and the source of that understanding.
- 13.2. I have explained below how before I came into office, I was already committed to carrying out a review of the Skipton Fund ("the Review"). That initiative was put into effect shortly after the Coalition Government came into office. I have provided further information about the Review in response to Q19 below. However, the process was a major source of information about, and a means of understanding, the needs of those infected with Hepatitis C.
- 13.3. I have been referred to the following documents by the Inquiry:
- 13.3.1. [DHSC5647339]: this is a letter from me to Dr Vincent Cable MP dated 12 October 2010, who had written on behalf of his constituent. As set out at sub-paragraph 12.3, I referred to the Review which was ongoing and that I had recently held a series of meetings to gather information and evidence. I also referred to the meetings that Ms Milton had held and which I have outlined above.
- 13.3.2. [DHSC6700077]: this is a letter from Ms Milton to Anne McIntosh MP dated 15 September 2010. Ms McIntosh had sent a letter to me on 9

September 2010, enclosing correspondence from one of her constituents. Ms Milton explained in her letter that she was responding to Ms McIntosh's letter on my behalf as the Minister responsible for blood policy. She outlined the information that I have summarised at sub-paragraph 13.3.1 above; and

13.3.3. [DHSC6700493]: this is a letter from Pat Maudsley on behalf of Jack Straw MP dated 23 February 2011 in relation to one of his constituents who had suffered as a direct result of receiving contaminated blood or blood products. Mr Straw's constituent expressed disappointment about the outcome of the Review and requested that a public apology be made and followed by a public inquiry. Attached to this letter was an earlier letter from me to Mr Straw dated 18 August 2010 in which I provided information of a similar nature as that summarised at sub-paragraph 13.3.1. I have further been referred to a draft response to Ms Maudsley's letter of 23 February 2011 [DHSC6700516] and [WITN6884003], which appears to have been drafted by Ben Cole for Ms Milton. The draft response explained that the Review report set out how decisions were reached and that decisions on payments were based on an expert scientific review of evidence. It stated that I had made a public apology on 10 January 2010 and that the time to have held a public inquiry was much closer to the events in question and the issue now is how best to support those affected. Unfortunately, a final signed version of this letter has not been located.

13.4. These are letters illustrating the engagement that took place as part of the Review.

Q14: Tensions with the Beneficiary Community

14.1 I have been asked whether I was aware of any tensions between the beneficiary community and any of the AHOs, or of any concerns held by the beneficiary community about the AHOs or the parameters of the financial support schemes.

- 14.2 I was not aware in detail of “tensions”, but I was aware that members of the beneficiary community were conducting a campaign for increased financial compensation equivalent to that paid in the Republic of Ireland, including a legal challenge, which went beyond the scope of the activities of the AHOs themselves.
- 14.3 I am sure that I would also have been aware that there were widespread criticisms of the schemes prior to the Review.
- 14.4 I have explained the reaction to the Review in my response to Q22 below.
- 14.5 After the completion of the Review and the announcement to Parliament, I understood that my statement in Parliament had substantially met the calls for additional support to victims, and that there would then be a period for the implementation of the announcement. I would not have expected to be directly involved unless the implementation had not been achieved as intended.

Section 4: Archer Inquiry

Q15: Engagement with the Archer Inquiry

- 15.1 I have been referred to an email to a member of the public dated 30 June 2009 [DHSC0041266_184], in which I stated that Conservatives believed it was wrong for the DH to have failed to take part in the Archer Inquiry.
- 15.2 I have been asked why this was the case. This was because we expected the Government to be as transparent as possible in relation to the Archer Inquiry.
- 15.3 I have further been asked whether this position was maintained after I became Secretary of State for Health.
- 15.4 After I became SofS in 2010, the issue of engagement with Lord Archer's Inquiry did not arise, as our focus was by then on the needs of the beneficiary community. I did not change my views on the importance of engagement, but in practical terms the position had moved on, since Lord Archer had reported more than a year before I took office. The issue was a reconsideration of his recommendations and the need to review the Skipton Fund, rather than one of engagement with his work.
- 15.5 In the same email of 30 June 2009 [DHSC0041266_184], I indicated that I thought that the Government's choice of review date for the Skipton Fund (2014) was arbitrary and that this was to kick the issue "into the long grass". I came into office committed to a review of the Skipton Fund, but it had not needed the announcement of Gillian Merron, then Minister for Public Health, on 6 April 2010, to generate this commitment.
- 15.6 My recollection is that this was a commitment made by the Conservative Party not merely during, but indeed before, the election campaign of May – June 2010. On the commitments made during the election campaign, see the reference in the letter from the Macfarlane Trust to Anne Milton dated 24 May 2010 [MACF0000179_006], which referred to the promise made to conduct a

review. In relation to early commitments, see for example how, during a debate in the Commons regarding the Government's lack of engagement with Lord Archer's Inquiry on 1 July 2009 [DHSC5200930], my fellow Conservative, Jeremy Hunt MP, raised concerns with Gillian Merron about the Government's choice to review the Skipton Fund only in 2014, stating:

"The response said that the Government would review the situation in 2014. That seems a long time away, particularly for my constituents and indeed everyone else's. Why was that date chosen? It feels very much as though the issue is being kicked into the long grass, when for many people involved, the financial concerns are immediate."

- 15.7 This of course echoed what was set out in my email of 30 June 2009 [DHSC0041266_184]. I regarded the-then Government's statement in April 2010 as a means of avoiding criticism, not least from other parties in the Election campaign. In practice, it made no difference, as it was already our intention to bring forward the Review.

Q16: Debating Lord Archer's Recommendations

- 16.1 The Inquiry has said that it understands that in opposition the Conservatives made a commitment to debate Lord Archer's recommendations outlined in the Contaminated Blood Bill. I have been asked why this commitment was given and whether it was honoured during my time in office and if not, why not.
- 16.2 Following Ms Milton's statement on 14 October 2010 [DHSC5222778], which will be discussed in further detail in Sections 5 and 6 below, the Archer Report was debated the same day [ARCH0001103, pages 522 – 572]. Geoffrey Robinson had tabled a backbench motion for debate in which he urged the Coalition Government to issue an apology and to implement the recommendations of Lord Archer's Report, and recommendation 6(h) in particular. Anne Milton responded to the debate, saying that she was "*deeply sorry about the events that led to the infection of people who were treated with blood products with HIV and hepatitis C*" (page 564) and speaking about the

review to be conducted. The motion was defeated by 285 votes to 44. I note that Ms Milton stated that the debate proved to be extremely helpful and it would inform her decisions on how to proceed [DHSC5222778].

Section 5: Response to the Andrew March Judicial Review

Q17: Response to the March Review

- 17.1 The Inquiry has reminded me that on 16 April 2010, judgment was handed down in *The Queen (on the Application of Andrew Michael March) and The Secretary of State for Health* [DHSC0003819_011]. The judicial review succeeded and the Government's decision not to adopt recommendation 6(h) of the Archer Report 2009, to provide parity of support with the RoI, was quashed.
- 17.2 I have been asked what involvement I had in reconsidering this recommendation, following the quashing of the previous decision. The making of a new decision on recommendation 6(h) was initially made by Anne Milton as the responsible Minister. However, my Office was kept aware of developments through copies of the relevant submissions sent to my Private Office and Special Advisers and I agreed with it, essentially for the reasons relating to 'no-fault compensation' that I have outlined further below.
- 17.3 I have been provided with the following documents evidencing the decision-making process:
- a. [DHSC0003623_004]: a submission from Ms Webb to Ms Milton dated 26 May 2010. This was a submission on whether or not to appeal the decision. The recommendation was that it should not be appealed. I can see that Clare MacDonald in my Private Office was copied into this submission;
 - b. [DHSC6512976]: an email from Ms Milton's Office dated 2 June 2010. This records that she was "*content not to appeal the judgment*" and a more detailed submission on the follow-up options was awaited. Clare MacDonald in my Private Office was copied into this email;

- c. [DHSC0006616_114]: a submission from Ms Webb to Ms Milton dated 8 July 2010. The submission recommended that Ms Milton should reject recommendation 6(h) “on the basis that it is unmeritorious on grounds of both “(i) factual difference between the RoI & UK; and (ii) affordability”. However, the submission also suggested that a decision should be made following meetings on 15, 20 and 22 July 2010 with campaigners and Trust chairmen, to hear their evidence. It was suggested that Ms Milton announce the new decision on recommendation 6(h) via a written ministerial statement when the House of Commons returned in September 2010. Clare MacDonald and Bill Morgan in my Private Office were copied into this submission;
- d. [DHSC0006649]: a submission from Ms Webb to Ms Milton dated 11 August 2010. This submission again recommended that Ms Milton reject recommendation 6(h) due to factual differences and affordability. The submission recommended postponing the planned Skipton Fund Review pending Ms Milton’s consideration of evidence from campaigners. Clare MacDonald and Bill Morgan in my Private Office were copied into this submission;
- e. [DHSC0003623_109]: a submission from Ben Cole to Ms Milton dated 6 September 2010. This submission maintained the approach that recommendation 6(h) should be rejected for the reasons stated in previous submissions and suggested that this be announced in September 2010. It suggested that at the same time, Ms Milton should announce a review of wider issues, including a review of the Skipton Fund, and reporting before the end of the year. Clare MacDonald, Bill Morgan and Jenny Jackson in my Private Office were copied into this submission;
- f. [DHSC6539475] and [DHSC5078130]: an email from Ben Cole to Clare MacDonald dated 30 September 2010 with an attached submission

seeking my approval of a draft version of the Witness Ministerial Statement and draft letter to Deputy PM.

- g. [DHSC6556612] and [DHSC6547137]: an email from Clare MacDonald to Ben Cole dated 30 September 2010, attaching the signed letter to the Deputy Prime Minister, Nick Clegg ("Deputy PM") dated 30 September 2010, seeking Home Affairs Committee clearance to respond to the Andrew March Judicial Review ruling, and the draft Written Ministerial Statement. In the letter, I confirmed the decision to reject recommendation 6(h) of the Archer Report and the reasons for doing. I will discuss this in further detail in my response to Q18 below.
- h. [ARCH0001103, pages 91 – 92]: the Written Ministerial Statement dated 14 October 2010 laid by Ms Milton, in which she announced that recommendation 6(h) would again not be accepted. Ms Milton also announced that she would be initiating a review of several aspects of Lord Archer's recommendations and expected to be able to report by the end of 2010.

Q18: Reasons for Rejection of Recommendation 6(h)

- 18.1 I have been asked to outline the reasons why the recommendation was again rejected, with reference to Ms Milton's Written Ministerial Statement in response to the judicial review, published on 14 October 2010 [ARCH0001103, pages 91 - 92].
- 18.2 From the time of the Opposition's response to the NHS Redress Act 2006, my team will have known that we were opposed to the implementation of a 'no-fault' compensation scheme in the NHS, principally on grounds of cost to the NHS generally and not in relation to this issue specifically. In the absence of a general finding of fault against the NHS in this case - especially in view of the conclusion of the HIV Haemophilia Litigation, which was settled in 1991 without findings of fault on the part of the Central Defendants including the DH - it was

our view that to pay compensation equivalent to that in the Rol would have implied a 'no-fault compensation' approach in this case, which would then become a precedent in other (potentially, many other) cases. So I was clear that we would not accept this recommendation. This did not mean that I was unconcerned by the needs of, and the financial hardship suffered by, those affected, and I wished to alleviate that suffering as far as we could.

18.3 In my letter to the Deputy PM on 30 September 2010 [DHSC6547137], I explained that Ms Milton had convened a series of meetings to gather information and evidence to help inform the decision to reject recommendation 6(h). Ms Milton had met with the Chairs of the Macfarlane Trust, the Eileen Trust and the Skipton Fund to discuss the operation of the ex-gratia payment schemes and that she had met with the representatives of the main campaign groups (Tainted Blood, the Manor House Group, the Contaminated Blood Campaign Coalition, the Haemophilia Society and the Hepatitis C Trust), as well as two campaigners who spoke for women and widows. I went on to explain that the meetings held by Ms Milton highlighted a number of issues which were not adequately addressed by the previous government and stated: *"I think that there might be more that we can do to help relieve the financial hardship of this patient group."*

18.4 I explained to the Deputy PM that I had decided to reject recommendation 6(h) on the basis that *"there were very specific events and failings that occurred in Ireland that were unique to that country. In contrast, there have never been any findings of fault here in the UK."* Additionally, I set out that it was estimated that setting up a similar scheme in the UK would costs in excess of £3 billion and *"a financial commitment of that size would require significant reprioritisation of other essential programmes."*

18.5 I have been referred to a document which discusses previous estimates of the cost of implementing the Rol's Hepatitis C and HIV compensation scheme in the UK [DHSC0003623_015] and implies uncertainty about these estimated costs. However, insofar as affordability was an issue, to my mind it was not in relation to a figure comparable to that paid in the Rol. That was excluded as a

matter of policy, so consideration of those costs was really not directly to the point. But what is true is that the overall fiscal position was dire. The DH budget increased in the years 2011-12 and 2012-13 by the least amount (in real terms) since the 1970s. Nonetheless and despite this very difficult background, as Ministers we wished to enhance the financial support available and the payments, not least to those infected with Hepatitis C. I knew that with stricter controls on spending in-year in fiscal 2010-11, I might have headroom for a number of priorities, of which this financial support would be one.

18.6 The reference in my letter to the Deputy PM [DHSC6547137] to seek Home Affairs Committee ("HA Committee") clearance was a reference to the need to secure the policy approval of the relevant Cabinet Committee. The Deputy PM was Chair of the HA Committee. The correspondence would permit other Ministers to intervene if they did not agree. Silence signified consent. The Deputy PM will have responded giving HA Committee clearance, although I have not have been provided with a copy of that clearance letter. If there were Liberal Democrat objections, the Deputy PM would have referred it to the 'Quad' i.e. a Coalition committee which comprised of the PM (David Cameron) and Chancellor of the Exchequer (George Osborne) for the Conservatives and Deputy PM (Nick Clegg) and Chief Secretary to the Treasury (Danny Alexander) for the Liberal Democrats. Where there were 'Coalition issues' (i.e. differences of policy between the parties) which needed to be clarified beyond the Coalition Programme, it was referred to the Quad. This did not happen. Thus, the Coalition Government was in agreement with the decision made.

18.7 On 14 October 2010, Ms Milton laid the Written Ministerial Statement on support for those affected by contaminated blood [DHSC5222778]. This reiterated what was stated in my letter to the Deputy PM. She confirmed that she would be initiating a review of issues raised by Lord Archer's recommendations including: the level of ex gratia payments made to those affected by Hepatitis C, including financial support for their spouses and dependents and taking account of the level of payments made to those infected with HIV in the UK and via schemes in other countries; the mechanisms by which all ex-gratia payments are made;

access to insurance; prescription charges; and access to nursing and other care services in the community.

Section 6: The Skipton Fund Review

Q19: Announcement of the Review

19.1 The Inquiry has noted my letter to the Deputy PM in September 2010, in which I informed him that I had decided to conduct a short review of support available to those infected with HCV, including but not confined to the level of payments for HCV [DHSC6547137]. A Written Ministerial Statement to initiate the review was subsequently laid by Ms Milton on 14 October 2010 [DHSC0006626]. I have been asked to describe:

- a. why I decided to conduct this review;
- b. how it was carried out and by whom;
- c. to what extent it covered Wales, Scotland and Northern Ireland; and
- d. what the conclusions were.

19.2 I have been referred to:

- a. [PRSE0004024]: the report entitled "Review of the Support Available to Individuals Infected with Hepatitis C and/or HIV by NHS-Supplied Blood Transfusions or Blood Products and their Dependents" dated 1 January 2011, pursuant to the Written Ministerial Statement laid by Ms Milton on 14 October 2010;
- b. [DHSC0003623_062]: an email sent on behalf of Dr Jecock dated 7 October 2010, attaching a submission regarding the review on contaminated blood providing advice on conduct and handling. I note that email was copied to Bill Morgan in my Private Office;
- c. [DHSC0041266_064]: a submission from Ben Cole dated 18 November 2010, detailing an interim update on the contaminated blood review payments for the purpose of seeking agreement to recommended principles

underpinning proposed changes to the financial relief provided to those affected by contaminated blood. I can see that Bill Morgan, Clare MacDonald, Jenny Jackson and Paul Macnaught in my Private Office were copied in;

- d. [DHSC0041266_030]: a submission from Ms Webb to me, Ms Milton and Lord Howe dated 15 December 2010 which consolidated the draft Review Report's recommendations for circulation to the HA Committee for their approval. I see that Paul Macnaught and Bill Morgan from my Private Office were copied into this submission; and
- e. [DHSC5142875]: a submission from Ms Webb to me, Ms Milton and Lord Howe dated 5 January 2011.

19.3 I have been asked, first, why I decided to conduct the Review.

19.4 I have already referred to the commitment that the Conservative Party had made to an earlier Review, prior to election in May 2010. Thus, although my letter to the Deputy PM put the matter in the context of the decision not to accept Lord Archer's recommendation 6(h), I had already been committed to seeing whether there was more that could be done to alleviate hardship. I was also acting to fulfil the previous promise to review the Skipton Fund announced by the former Minister under the previous Government, Gillian Merron MP, on 16 April 2010. I agreed that this should proceed immediately and be concluded by the end of 2010. It was my expectation that by that time I would have much clearer visibility of my funding flexibilities, particularly in-year, to enable us to respond positively to the Review.

19.5 I have then been asked how it was carried out and by whom.

19.6 The Review was conducted within the DH, supported by input from relevant external experts and stakeholders, including the Chairs of the Macfarlane and Eileen Trusts and the Skipton Fund. The Devolved Administrations were informed and expected a Review but were aware that they would be able to make their own decisions in the light of our findings. I have been referred to the

Inquiry statement of Dr Jecock, who says that she led the Review, in conjunction with Dr Ailsa Wight. I understand from Section 3 of the report [PRSE0004024] that scientific and clinical advice on Hepatitis C and HIV was obtained from the Advisory Group on Hepatitis, the Expert Advisory Group on AIDS, the UK Haemophilia Centre Doctors Organisation, the Hepatitis C Trust and Health Protection Agency. Advice on insurance was obtained from the Association of British Insurers and Hannover Life Assurance. There was liaison with HM Treasury, the Department of Work and Pensions and HM Revenue and Customs as well as the Blood and Tissue Policy Unit of the DH and Children in the Republic of Ireland. Representatives of the affected community and members of Parliament were engaged throughout the process. These findings were then shared with Ms Milton who, in turn, made recommendations to me based on these findings.

- 19.7 The Review did not cover Wales, Scotland and Northern Ireland but, as explained in my letter to the Prime Minister ("PM") dated 10 December 2010 [DHSC6547137], I planned to write to the UK Health Ministers to let them know of the outcome of the Review. The Devolved Administrations were responsible for funding any settlement for Hepatitis C infections in their own territories. I accepted that it would be preferable to achieve UK-wide agreement on funding decisions, but I also considered it would be unfair to those in England to delay or limit action, should funding priorities differ elsewhere.
- 19.8 The conclusions of the Review are set out in its report [PRSE0004024]. Prior to finalising the report, a submission from Ms Webb dated 5 January 2011 was sent to me, Ms Milton and Lord Howe and other senior copyees, including Bill Morgan and Paul Macnaught in my Private Office [DHSC5142875]. A final draft of the Review Report was provided for the purpose of obtaining my specific agreement to the recommended outcomes, namely to:
- a. Introduce a recurrent flat rate annual payment of £12,800.00 for each living person who was infected with Hepatitis C and had developed serious liver disease, together with additional discretionary payments for those infected with Hepatitis C and their dependants. These

discretionary payments would be targeted at those in greatest need (such that the relief scheme for Hepatitis C infected would operate on the same principle as the schemes for HIV infection). The annual payment was to be updated in line with CPI;

- b. Provide posthumous Stage 1 payments (£20,000) and Stage 2 payments (to rise from £25,000 to £50,000) based on the existing eligibility for the Skipton Fund for those who were infected with Hepatitis C but who had died before 29 August 2003;
- c. Make a further lump-sum payment of £25,000 for those with the most serious Hepatitis C related illness;
- d. To provide the cost of an annual prescription season ticket to the wider infected patient group (resulting in them not having to pay for their prescriptions);
- e. All ex-gratia payments were to be disregarded for the purposes of means testing for income tax, social security payments and eligibility for social care services in England; and to
- f. Make an additional £100,000 payment per annum in England to selected national charities for three years to provide additional counselling access for this group.

19.9 The estimated cost of this package at this time was a one-off cost of £49-78 million and a recurrent cost of £12 million (estimated at £100 million to £130 million over the lifetime of the then Parliament).

19.10 There was also discussion of whether an apology should be offered, whether by me or the Prime Minister. The latter was not recommended. But in my statement before the Commons on 10 January 2011, I said, "As the current Health Secretary, and on behalf of Governments extending back to the 1970s, may I begin by saying how sorry I am that this happened, and to express my

deep regret for the pain and misery that many have suffered as a result.”
[ARCH0001478].

Q20: Actions following receipt of the Report

20.1 I have been asked what actions I took between receiving a copy of the Review report and my announcement on 11 January 2011.

20.2 I have been referred to:

- a. [ARCH0001478]: the oral statement in the Commons on 11 January 2011 in relation to the outcome of the Skipton Fund Review;
- b. [DHSC6587848]: an email chain containing a summary of my views on the submission received from the DH on potential policy outcomes from the Skipton Fund Review dated 5 January 2011;
- c. [DHSC0041266_035]: a letter to the PM setting out the actions I proposed to take as a result of the Skipton Fund Review dated 10 December 2010;
- d. [HSOC0011201]: a note of a meeting between Nicola Sturgeon and Haemophilia Scotland dated 3 February 2011;
- e. [DHNI0000485]: a review of the financial support available for people affected by contaminated blood from Seamus Camplisson (Health Protection Branch) dated 17 February 2011, concerning the information provided to the Devolved Administrations and associated funding needs for the Devolved Administrations as a result of my announcement on 11 January 2011;
- f. [DHNI0000460]: a note by Karen Simpson in advance of a scheduled phone call with Edwina Hart (Minister of Health, Welsh General Assembly) and Nicola Sturgeon (Scottish Cabinet Secretary for Health

and Wellbeing) regarding the outcome of the Review dated 7 February 2011;

- g. [CVHB0000007_063]: a letter to Dr Charles Hay attaching a statement by Edwina Hart (Minister for Health, Welsh Assembly Government) in response to the Contaminated Blood Review made on 8 March 2011;
- h. [DHSC6581104]: a letter from Edwina Hart to me dated 9 February 2011 expressing her concerns about the circumstances surrounding the publication of the Contaminated Blood Review report on 10 January 2011; and
- i. [DHSC5176958]: a letter from Nicola Sturgeon to me dated 22 February 2011 expressing her concerns regarding the lack of engagement by the DH with the Scottish Government prior to my announcement of the Contaminated Blood Review report at Westminster on 10 January 2011.

20.3 The process of making decisions on the Review is clearly set out in these documents, as well as those referred to below. I received a copy of the submission from Dr Jecock dated 7 December 2010, and addressed primarily to Anne Milton and Lord Howe, to which a draft report of the Review was attached [DHSC0003814_090]. The submission was provided to me by Dr Jecock at the request of my Private Office, as I had intended to make an announcement on the findings of the Review before the end of 2010 [DHSC6677327]. It included a number of recommendations based on the findings of the Review.

20.4 Upon receipt of this submission, I met with Ms Milton, Lord Howe, officials from the DH, and Private Office staff on 8 December 2010 to discuss the Government's response to the Review. At the meeting I expressed my desire to make an announcement before Christmas 2010. I discussed with Ministers the extent to which payments should be increased to match those who were infected with HIV [DHSC6560607].

20.5 A number of decisions were made following the meeting, after seeking agreement with my Ministerial team. These are set out by Private Office in an email to Ms Webb dated 16 December 2010, shortly after the meeting on 8 December 2010 [DHSC6560607]:

- a. On 9 December 2010, Ministers agreed a final package of measures taking into account their individual views.
- b. On 10 December 2010, a letter outlining these measures was sent to the Deputy PM seeking Home Affairs clearance. A response was sought by 16 December 2010.
- c. I was making attempts to announce the outcome on 20 or 21 December 2010 and had instructed my Private Office to make further enquiries to see if an oral statement could be made in the House of Commons.

20.6 Ms Milton correctly, in my view, pressed for more generous payments. I was supportive of this, particularly as regards Stage 2 Hepatitis C payments, taking account of the medical and scientific evidence - in which I took an interest - and this also prompted the clinical panel to maintain a review of the clinical evidence. Ministers decided to increase the lump sum payment to those who received a Stage 2 Skipton Fund Payment to £50,000 overall [DHSC6561474].

20.7 Once there was general agreement about the measures that should be implemented, I had asked for the cost of these measures to be estimated. I have been shown an email dated 10 December 2010, in which DH officials are formulating these costings based on the agreed policy decisions made by Ministers [DHSC6564261, pages 6 - 7].

20.8 A letter was also sent to the PM on 10 December 2010 [DHSC0041266_035] setting out the policy recommendations.

20.9 As the Review report was still in draft at that stage, it had not been released to the HA Committee, which needed to approve the policy recommendations

before a public announcement was made. I received a further submission on 15 December 2010 from Ms Webb [DHSC0041266_030], which summarised the position as follows:

- a. A submission and draft report had been sent to Ministers, including me, on 7 December 2010, based on which decisions had been made about funding for those infected by HCV, after meetings and discussions held on 8 and 9 December 2010;
- b. A clearance letter had been sent to the HA Committee and the PM on 10 December 2010;
- c. I wished to make an announcement on the outcome on or around 21 December 2010 but certainly before Christmas;
- d. A copy of the draft report now needed to be circulated to the HA Committee so that the policy recommendations could be approved;
- e. Officials sought comment from Ministers on the draft report, to ensure that Ministers were satisfied with the conclusions reached within it; and
- f. I, together with Ministerial colleagues, were noted to have agreed to the seven outcomes set out at paragraph 9 of the submission.

20.10 On 21 December 2010, Clare McDonald in my Private Office confirmed to officials that the announcement would not be made that day as originally planned, but would instead be made on the 10th of January 2011. We had not received Home Affairs clearance by that stage [WITN6884004]. Letters to the DAs would be sent once policy clearance had been achieved.

20.11 The submission of 5 January 2011 from Ms Webb [DHSC5142875] again summarised the decision-making up to that point. By this stage, only the final details of the announcement needed to be confirmed. My Private Office confirmed on 6 January 2011 that I was content with:

- a. the report and the outcomes described in the submission of 5 January 2011;
- b. the position in paragraph 13 of the submission, that the additional payment of £25,000 should be made to all those who are eligible; and
- c. the draft oral statement and the advice which was contained in the submission about providing an apology to those who were infected [DHSC6587848].

Devolved Administrations

20.12 I have been shown a letter dated 12 December 2010 from Nicola Sturgeon (Scottish Cabinet Secretary for Health and Wellbeing at the time) to Ms Milton setting out her meeting with the chair of the West Scotland Group of the Haemophilia Society. Within the letter, Ms Sturgeon requested that she, and her officials, be kept informed about the outcome of the Review [DHSC0041266_011].

20.13 I have also been shown an email dated 23 December 2010, which was sent to my Private Office by Dr Jecock [DHSC6568259]. The email summarised the extent of consultation DH officials had with their counterparts in the Devolved Administrations about the policy implications arising from the Review. Dr Jecock wrote:

"I mentioned that Ailsa Wight and I had a very difficult telecon with all 3 DAs yesterday in relation to the contaminated blood review. Scotland currently has an independent public inquiry (the Penrose Inquiry) underway into the deaths of a number of patients in Scotland from contaminated blood/blood products, and Scottish colleagues in particular are frustrated that no letters have come to their ministers from ours about intentions/decisions on how we plan to proceed. They are also concerned that our ministers may announce their intentions before UKHD minister(s) receive such correspondence. SoS' office

has been holding signed letters for the DAs for some time, but has not sent, pending a response from HA Committee.

Following a letter from PS(PH) asking whether they wished to participate in the review, both Scottish and Welsh ministers said they were content for their officials to keep a watching brief on the expert group and asked that their officials be fully involved in discussing how recommendations from the clinical expert group be taken forward. NI were content to be kept informed. Although we have spoken to all DAs about what options were under consideration, none has made any specific suggestions for other options that they would like to see considered, although all - understandably - have expressed concerns about cost implications.

To summarise: we have previously shared with the DAs the paper agreed by our clinical expert group, and have had telephone conversations with them on the options under consideration, likely direction of travel, and have provided them by email with our working assumptions and cost estimates for each of these options. Yesterday, we confirmed verbally with them what we expect to be announced here.”

20.14 On 5 January 2011, I received a further submission from Ms Webb about the upcoming announcement of the outcome of the Review. Within this, at paragraphs 21 and 22, she set out the position of the Devolved Administrations at that time [DHSC5142875].

20.15 At this stage, it appears we were still awaiting final approval from the HA Committee. On 6 January 2011, my Private Office staff responded to Ms Webb with my view on the position of the Devolved Administrations as follows:

“He has confirmed that he would like us to wait until we have clearance (or are extremely confident of clearance) before sending letters to the Devolved Administrations, but he would like them to have advance notice before the announcement if possible. (The timing of this may be tricky if we don't receive

clearance until Monday morning which is likely, but I will consider that).”
[WITN6884005]

- 20.16 This was the position that Ms McDonald had communicated to officials on 21 December 2010 [WITN6884004].
- 20.17 I have been referred to the oral evidence given by Dr Jecock to the Inquiry on this issue [INQY1000226]. Dr Jecock explained that she felt some discomfort about not sharing the proposed new measures with the Devolved Administrations in advance of the announcement of the results of the Review, but that she was instructed not to. As explained by Dr Jecock, this was because whilst we wanted to ensure a good working relationship with the Devolved Administrations, there was a concern about future announcements leaking.
- 20.18 On 7 January 2011, shortly before the announcement was set to take place, I received a letter from Edwina Hart (Minster of Health, Welsh General Assembly) stating that she had requested, but had been refused information about the policy decisions made and the report on which they were made [WITN6884006]. The email from Dr Jecock of 23 December 2010 at para 20.13 above [DHSC6568259] (which I did not see at the time) does show a degree of consultation and fore-knowledge of the announcement on 10 January 2010, available to Devolved Administrations at official level. It summarises the consultation or discussions that took place at official level before the final announcement.
- 20.19 At the time of the announcement on 10 January 2011, I sent out letters to the Devolved Administrations informing them of the outcome of the Review and the policy decisions which had been made [WITN6884007] and [WITN6884008].
- 20.20 As to the level of consultation with the Devolved Administrations, I would again highlight that the decisions I had made and the funding to implement them were in relation to England. The Devolved Administration needed to make their own

decisions and carry themselves the financial consequences. There were no “Barnett consequential” to my allocation of existing DH budgets (i.e. the decisions did not impact on their budgets). This was a devolved matter. Timing also meant that in order to meet our commitment to report on the Review at the earliest opportunity, a prior agreement with the Devolved Administrations on the terms of the announcement was neither necessary nor, I would judge, likely.

Q21: Rationale for Changes

21.1 I have been asked for the rationale for the changes made. I have been referred to:

- a. [DHSC0003814_090]: a submission from Dr Jecock dated 7 December 2010 on the Contaminated Blood Review discussing clinical evidence and recommendations of financial relief;
- b. [DHSC5037527]: a review of the ex-gratia payments for individuals infected with Hepatitis C by contaminated NHS supplied blood and blood products from Ben Cole dated 16 September 2010;
- c. [DHSC5284065]: a review note updating me on the progress of implementing the measures announced on 10 January from Ben Cole dated March 2011; and
- d. [HSOC0017012]: an email from Sue Threakall to Owen Paterson dated 10 February 2011, referring to my letter questioning the reasoning for the 12-week time limit on applications to the Skipton Fund in respect of individuals who died prior to 29 August 2003.

21.2 In general terms, the rationale for the changes is explained in the Review report. Further, the rationale for the rate of payments was explained in my letter to the PM of 10 December 2010. Other aspects of the decision were also explained in that letter, in the statement I made on 11 January 2011 [ARCH0001478] and in response to questions on the statement. The time limit on applications was

linked to the fact that I was only able to make these payments available because we achieved significant in-year savings in DH central budgets. There were a number of priorities to which I allocated these in-year savings, including to PCTs, for NHS support to social care and for the purchase of cancer/related equipment (for example, linear accelerators). The funding of the Review measures was one of this small number of priority allocations. All of these allocations had to be accounted for within the 2010-11 financial year, so applications needed to be received by 31 March 2011 to achieve this.

- 21.3 I have been referred to a document entitled “Communications activity on contaminated blood payments” dated 28 April 2011 [DHSC5131026], which provides examples of how the changes to the Skipton Fund were publicised, e.g., in the “Medical Directors’ Bulletin February 2011”, “GP and Practice Team Bulletin February 2011” and “Chief Nursing Officer’s Bulletin February 2011”.
- 21.4 I have been asked whether attention was given to the difficulties that might be faced by applicants in meeting the procedural requirements of an application.
- 21.5 Whilst the deadline of 31 March 2011 was set for the reasons set out at subparagraph 21.2 above, I understand that this was not a hard deadline and that applications could be made after the deadline where the reason for delay was found to be reasonable. Furthermore, 31 March was the deadline for registration (i.e., notification of an intention to claim) rather than an application (which required supporting evidence). These issues were addressed in a further Written Statement made on 30 March 2011 [DHSC0004218_109] in which Ms Milton stated, in response to a question to me:

“Jason McCartney: *To ask the Secretary of State for Health (1) if he will assess the merits of allowing those who are newly-eligible for compensation for contaminated blood to claim funds from the Skipton Fund on an ongoing basis instead of imposing a deadline of 31 March 2011; [49412]*

(2) whether he undertook any consultation before establishing a deadline of 31 March 2011 for claims by those newly-eligible for compensation in respect of contaminated blood to claim funds from the Skipton Fund; [49430]

(3) if he will extend the deadline for claimants of compensation for contaminated blood to the Skipton Fund in cases where it can be demonstrated that it was not possible to make claimants aware of new arrangements within the time allowed; [49431]

(4) for what reasons he established a deadline of 31 March 2011 for claims to the Skipton Fund by those affected by contaminated blood. [49432]

Anne Milton: *When the deadline of 31 March 2011 was announced 10 January 2011, it gave potential claimants 12 weeks to register their intention to make a claim with the Skipton Fund. It is not essential for claimants to obtain all of the necessary evidence to support their claim by that date. The deadline was decided without consultation. Due to the uncertainty of how many applications there may be in respect of those who died pre-2003, we will not know by 31 March 2011 whether all claims have come forward. However, the Skipton Fund will consider registrations that are made after 31 March 2011, on a case by case basis, where there is a valid reason for the applicant to have missed the registration deadline."*

21.6 I understand that the position was publicised by the Skipton Fund. Whilst I am told that it is not possible now to access what was set out on the Skipton Fund website at the time, I note that on 29 October 2014, in response to a question in the Commons, Jane Ellison explained:

"The decision that claims to the Skipton Fund in respect of people who died before 29 August 2003 could be registered after 31 March 2011 on a case-by-case basis, where there was a valid reason for the applicant to have missed the registration deadline, was communicated by the Skipton Fund on its website. It was not communicated through the other channels listed in Deposited Paper DEP2011-0543. The Skipton Fund website still states that it is possible to apply for payments on behalf of the estate of someone who died prior to 29 August 2003, but claimants are asked to contact the Skipton Fund to discuss whether the claimant has a valid reason for missing the original deadline for registering claims of 31 March 2011." [RLIT0001734]

Whilst I believe this was the position, I do not recall having any involvement with this issue, which would have been handled by Ms Milton.

Q22: The Response to the Review

22.1 I have been asked about my understanding of the response of campaigners to the Review.

22.2 I have been referred to:

- a. [DHSC0004233_055]: a letter from Dr Jecock to me and Ms Milton dated 12 August 2011. The letter noted that Ms Milton met with a representative group of campaigners on 29 June 2011. It noted that there remained a group of campaigners dissatisfied with both the scope and scale of the new payments announced in January 2011. At the meeting on 29 June 2011, Ms Milton agreed to host a meeting of experts to discuss the clinical and scientific evidence underpinning Skipton Fund Stage 1 and Stage 2 payments. The letter recommended keeping Skipton Fund payments under review on an ongoing basis through the Advisory Group on Hepatitis and that the operation and funding of the Caxton Foundation should be monitored. I can see that the submission was copied to Ellen Graham and Bill Morgan in my Private Office. I do not recall the particulars of this letter nor whether it was showed to me at the time.
- b. [DHSC0004233_023]: a submission to Ms Milton from Dr Jecock dated 19 October 2011. It referred to a meeting which Ms Milton was scheduled to have with campaigners on 24 October 2011, which was (apparently) viewed by campaigners as an opportunity to negotiate further changes to the Skipton Fund. I note that the campaigners had received Skipton Fund Stage 1 payments and considered it unfair that they were not eligible for further lump sum or annual Stage 2 payments unless they progressed to severe Hepatitis C-associated diseases. The submission also mentioned that one campaigner was considering a discrimination claim. I can see that the submission was copied to Ellen Graham in my Private Office. I do not recall the particulars of this submission nor whether it was showed to me at the time.

- c. [DHSC5058889]: a submission from Ben Cole, dated 5 July 2012 to Ms Milton which detailed a meeting with experts and campaigners to discuss the health impacts of Hepatitis C infection. I note at paragraph 6 of the submission, it was said: *"Since the outcome of the review was announced in January 2011, there has been dissatisfaction among the campaign groups about the continued division of Hepatitis C into stage 1 and stage 2."* The submission proposed that the purpose of the meeting should be to consider the clinical and scientific base of the Review's outcome. I can see that the submission was copied to Bill Morgan in my Private Office. I do not recall the particulars of this submission nor whether it was showed to me at the time.

22.3 Whilst these submissions outline dissatisfaction amongst campaigners, I can recall the response in the House of Commons to my statement. This was one of general welcome, including from the official Opposition. I note that during the debate which followed my statement on 11 January 2011, Diane Abbott expressed that the Opposition welcomed the Review and my statement [WITN4688072] . Whilst I accept that there were still comments from some MPs on the decision to not to make payments comparable to those in the Republic of Ireland, I believe the response from the Opposition was reflective of a widespread view, including in the beneficiary community, that we had made considerable efforts to meet the needs of the community. Even if we did not accept the proposition of comparability with the RoI, we had nonetheless done much to meet the needs of those in greatest hardship. Furthermore, as the correspondence quoted above shows, the matter of Stage 1 and Stage 2 payments was kept under review by Ms Milton, with expert input.

Q23: Difficulties implementing the new financial measures across devolved administrations

23.1 I have been asked whether I had any difficulties implementing the new financial measures across Devolved Administrations.

23.2 In response to a question posed by Jonathan Evans, MP for Cardiff North, following my statement in the Commons on 10 January 2011 [WITN4688072], with respect to whether I intended to speak to fellow Ministers in Wales, I stated that I was only speaking on behalf of England, with the intention that decisions were to be made as rapidly as possible for England. These decisions had yet to be made by the Devolved Administrations; but should the Devolved Administrations wish the DH to administer the system on the same basis across the United Kingdom, we would be happy to do so.

23.3 I have also been shown a written answer drafted by Ms Milton in response to a question raised by Jenny Willott, MP for Cardiff Central, on 13 January 2011 [WITN6884009] about the proportion of people infected with Hepatitis C and/or HIV who reside in the Devolved Administrations. In her response, Ms Milton explained:

“There is no data available on either the total number, or the proportion, of individuals infected with HIV and/or hepatitis C by contaminated National Health Service supplied blood and blood products, who reside in England, Wales, Scotland or Northern Ireland. The only available data is for the total numbers infected in the United Kingdom who have registered with one of the ex-gratia schemes (the Macfarlane Trust, the Eileen Trust or the Skipton Fund). The Macfarlane and Eileen Trusts do not hold data on where each of their claimants was infected. Of the registrants to the Skipton Fund 3,317 were infected in hospitals in England, 120 in hospitals in Northern Ireland, 636 in hospitals in Scotland, and 226 in hospitals in Wales. Our best estimate of the total number of individuals who were infected with HIV and Hepatitis C, and published epidemiological estimates suggest that up to 28,043 other individuals might have been similarly infected with Hepatitis C by who had blood transfusions in the UK. Over roughly the same period, approximately 1,200 people with haemophilia and 100 other individuals were infected with HIV by NHS-supplied blood products or blood transfusions. Separate figures specifically for AIDS are not collected.”

- 23.4 A background note in this document also explains: *“DH provides financial support for all those infected with HIV, irrespective of where they live. Currently, DH recharges the Devolved Administrations for the cost of payments from the Skipton Fund to individuals who were infected with Hepatitis C by treatment they received in NHS hospitals in their respective territories, irrespective of where they now reside. The changes to payments for hepatitis C infection announced in 10 January 2011 relate to individuals who were infected in English hospitals only. The Devolved Administrations have not yet decided how to proceed in respect of individuals who were infected in hospitals in their territories.”*
- 23.5 I was not surprised by the complaints from the Devolved Administrations as regarding the process of responding to the announcements we had made regarding the Review, but I think they agreed with the conclusions we reached on the substance of the issues.

Section 7: Formation of Caxton Foundation

Q24: Understanding of main advantages and disadvantages of using a charitable trust to fund payments

24.1 I have been asked what I understood to be the main advantages and disadvantages of a system whereby Government money was disbursed to those infected with Hepatitis C by blood and blood products, via a charitable trust.

24.2 I have no recollection why some AHOs were set up as charities and others as companies. The essential point here was to complement, not contradict, the structure of payments already in place, particularly for HIV-related recipients.

24.3 However, I understand that discretionary payments could be administered by a charity and that the Skipton Fund was not set up to make such payments. Prior to the announcement of increased funding as a result of the Skipton Fund Review, on 6 January 2011, my Private Office received correspondence debating the approach to the announcements to be made. Lord Howe noted his view, that:

“... our narrative should be around 'need' and the emphasis we have tried to place in the package on addressing that need where it has been demonstrated. That is why we have gone for the discretionary approach with the new charitable trust for those whose need is most acute”.
[DHSC5256752].

24.4 I have been shown an email dated 14 January 2011 between Graham Kent, from DH Legal, and Judith Diamond from HMRC. Within the email, Mr Kent explained that the discretionary payments would have to be made by a new charity which was yet to be set up [DHSC5052908].

- 24.5 I have also been shown a document justifying the instruction of Wilsons Solicitors to advise the DH, and the payment of their fee, drafted by Ailsa Wight, dated 14 April 2011. Within the document, Dr Wight stated that a new foundation was required as the Skipton Fund did not have the powers to make discretionary payments [DHSC5161294].
- 24.6 Finally, I have been shown a briefing addressed to PS(PH) and to me dated 26 April 2011 from Ben Cole, which outlined the progress made in implementing the improved ex-gratia payment scheme adopted as a result of the Skipton Fund Review [DHSC5009206]. At paragraph 4, the briefing stated that the Caxton Foundation had been set up and that payments would be made in October 2011, once DWP regulations were in place which disregarded payments for benefit calculations.

Q25: Involvement of the Devolved Administrations in the establishment of the Caxton Foundation

- 25.1 I have been asked to what extent were the Devolved Administrations involved in the establishment of the Caxton Foundation. I do not have any recollection in being involved in the detail of the establishment of the Caxton Trust and do not think that this would have been handled at SofS level. However, I have been referred to a small number of documents, which I summarise in case they assist.
- 25.2 I have already referred to the briefing dated 26 April 2011, which at paragraph 9 stated that the Devolved Administrations had agreed to participate in the new financial arrangements. Work was underway, with the Devolved Administrations, to widen the scope of the agreements establishing the Caxton Foundation [DHSC5009206].
- 25.3 I have been referred by the Inquiry to [DHNI0000299], which is a Service Level Agreement between the DH (for England) and the Scottish Ministers, Welsh Ministers and the DH, Social Services and Public Safety in respect of the Skipton Fund made on 30 April 2012. The agreement set out that in

March 2011, the DH and Devolved Administrations had agreed to increase the size of payments and make annual ex gratia payments to certain persons infected with Hepatitis C by blood products received through NHS treatments. It set out how the Devolved Administrations had seen and approved the "Agency Agreement" with the Skipton Fund which would administer the scheme and authorised the DH to sign the Agency Agreement. It stated that the parties agreed that the DH would continue to be responsible for the administration and funding of the scheme on behalf of the Devolved Administrations and would be accountable for the effective management and oversight of the Agency Agreement. Clause 8 of the agreement provided that the parties shall establish regular review meetings to discuss the performance of the scheme. I do not believe that I would have seen this document at the time.

25.4 Please also see my answers to Q23 above.

Section 8: Calls for a Public Inquiry

Q26: Consideration of calls for a public inquiry whilst Shadow Secretary of State for Health

- 26.1 I have been asked what consideration, if any, I gave to calls for a public inquiry during my time as Shadow Secretary of State for Health.
- 26.2 I have been reminded that when I was Shadow SofS, this issue was raised at least once with me in an email from a member of the public (her name has been redacted) dated 29 June 2009 [DHSC0041266_184]. Her father had tragically died from HIV when she was a child and she had previously written to Andy Burnham on 18 June 2009 advocating for a public inquiry. As set out in Section 4 above, I responded to her by expressing the Conservative Party's belief that there should have been full engagement with the Archer Inquiry, that we welcomed the Archer Report and that the Government's choice to review financial support in 2014 was arbitrary and essentially unacceptable. However, I do not remember that a policy on whether a full public inquiry was necessary was formulated.

Q27: Briefing on taking office as Secretary of State for Health

- 27.1 I have been asked to describe what, if any, briefing I received on the issue of contaminated blood and calls for a public inquiry on my commencement in office as Secretary of State for Health.
- 27.2 Again, I do not remember this being raised with me at this time. I have been supplied with a copy of a briefing received when I entered office [WITN6884010], and this is probably indicative of the nature of the key topics that would have been raised with me as SofS.

Q28: Consideration of calls for a public inquiry when Secretary of State for Health

28.1 I have been asked what consideration I gave to calls for a public inquiry during my time in office as SofS.

28.2 I have been referred to:

- a. [MACK0002055]: a House of Commons Library Note dated 13 July 2011, on HIV and Hepatitis C from contaminated blood and blood products, written by Dr Gavin Colthart, of the Science and Environment Section. Sections 1 and 2.4 noted that despite ongoing lobbying, successive governments had refused to hold a public inquiry. This ultimately prompted the non-statutory Archer Inquiry, which concluded that a full public inquiry should have been held much earlier to address the concerns of the haemophilia community. I do not recall seeing this document whilst I was in in office;
- b. [DHSC6612602]: a "Freedom of Information Request" letter from Mark A Ward, Secretary of TaintedBlood, to me, with Ms Milton in copy dated 4 August 2011. The letter highlighted that "*Requests for a full judicially backed government inquiry into...mass infections, which have lead (sic) to many deaths, have been refused.*" His letter emphasised the particular struggles of the haemophilia community. He requested reasons for refusing a public inquiry. I do not recall seeing this letter at the time. However, I have been referred to a draft letter from Michelle Hinds of the Freedom of Information Team to Mr Ward dated 5 September 2011, which was cleared by Dr Wight, which responds to Mr Ward's requests [WITN6884011] and [MWAR0000047];
- c. [MWAR0000106]: a letter to Ms Milton dated 16 June 2010, requesting that the Coalition Government launch a full judicially backed public inquiry into contamination of haemophiliacs and others through NHS blood and blood products. The writer stated that she had written several letters to civil

servants over the years on this issue and would like her letters to go to me directly. I do not recall seeing this letter during my time in office;

- d. [MWAR0000035]: an undated letter from Nicolette Hartwell to Mark Ward regarding his letter to me about contaminated blood products, which advised that the new government was unable to make any commitment regarding future policy at that time but conveyed that the DH recognised the difficulties faced by many people and their families affected by contaminated blood products. I do not recall seeing Mr Ward's original letter to me and I have been advised that it has not been located; and
- e. [DHSC0041266_184]: email correspondence from an individual to me, over the course of 2009 – 2010. I have already referred to her email dated 29 June 2009 and my response dated 30 June 2009 at sub-paragraph 26.2 above. On 9 November 2010, she wrote to me again, asking me to *"find a way to bring peace to the people who have been affected by this tragedy"*. I have been referred to a draft email wherein Ms Milton was responding on my behalf and advised of the Review being undertaken, providing the terms of reference [DHSC0041266_183].

28.3 I do not remember giving specific consideration to requests for a public inquiry whilst SofS, for the reasons outlined below. This is not to say that I was unaware that, amongst the various issues being raised by campaigners, continued requests for a public inquiry were being made. But the issue was not put to me for consideration by officials or raised by other Ministers.

Q29: The Government's reasons for not establishing a public inquiry during my time in office as Secretary of State for Health

- 29.1 I have been asked to set out my understanding of the Government's reasons for not establishing a public inquiry during my time in office as SofS.
- 29.2 As far as I can now recall, there was no substantial political drive or debate for such an inquiry. I had established the Mid-Staffs Public Inquiry. I cannot recall

having received comparable and pressing calls for a public inquiry into the Infected Blood issue. Further, we had made substantial steps forward in securing support for those infected; the focus of debates was upon developing and implementing these proposals.

29.3 It would be very unusual for a Minister to seek colleagues and the PM's agreement for a Public Inquiry, where other Ministers did not think there was an issue to be examined. I do not remember there being a demand, let alone political consensus, amongst Coalition Ministers that this step was needed.

29.4 I have been referred to an email to Ms Milton from a constituent dated 17 June 2011 whose father had passed away after having been infected by Hepatitis C and was requesting a public inquiry [WITN6884012]. I do not recall seeing this letter. However, I have been referred to a draft response prepared by Ben Cole which stated: *"In relation to your call for a public inquiry, the time to have held such an inquiry was nearer to the events in question...Lessons have been learnt, and a wide range of measures have now been introduced to make the blood supply safer"* [WITN6884013] and [DHSC5673371]. A similar response was set out in the draft response to Mr Straw's constituent as set out at subparagraph 13.3.3. I do not recall seeing these documents at the time; however, as I have already expressed in this Statement, during my time in office, my focus in relation to this issue was directed towards improving financial support to those who had suffered and the Review was the main mechanism through which we gathered input and evidence, as opposed to a public inquiry.

Q30: Part played by the establishment and findings of inquiries in other countries

30.1 I have been asked what part the establishment and findings of inquiries in other countries such as Canada, France and Ireland played in the Government's decision not to hold a full public inquiry during my time in office as Secretary of State for Health.

30.2 I do not believe they played a part in the Government's decision not to hold a public inquiry at this time. I can see that information was provided to Ministers about actions taken in other countries. I have been referred to the submission from Ms Webb to Ms Milton dated 8 July 2010 (copied to my office) which recommended that Ms Milton should reject recommendation 6(h) [DHSC0006616_114]. Annex D to that submission included details of international compensation schemes [DHSC0006616_008]. I can see that Annex D references (for example) a recommendation from the inquiry chaired by Justice Krever in Canada; however, the purpose of the document was to compare compensation or support provided in different nations.

Q31: Action taken following receipt of the open email from one of Jessica Morden MP's constituents

- 31.1 I have been asked what action I took after Jessica Morden MP sent me and two of my colleagues an open email from one of her constituents on 6 February 2012 [DHSC6651598], including any correspondence in reply.
- 31.2 The open email was from a widow whose haemophiliac husband sadly passed away in 1991 as a result of being infected by contaminated blood. She had received a Stage 1 payment of £20,000.00 from the Skipton Fund but had been refused a Stage 2 payment as a result of medical records being destroyed. The writer requested that I help all widows of haemophiliacs to get meaningful compensation and closure. The fact that Scotland had established the Penrose Inquiry was mentioned.
- 31.3 I am afraid I do not recall this nor what, if any, action the DH took following receipt of this. However, I have been shown a draft letter of response from Ms Milton to Ms Morden [DHSC6651597]. This confirms, in effect, that the letter from Ms Morden was passed to Ms Milton to provide a response as the responsible Minister and that I would have been unlikely to have seen it.

Q32: Present view on whether the Government should have established a UK-wide public inquiry before now

32.1 I have been referred to evidence heard by the Inquiry from campaigners and former Secretary of State for Health, Lord Norman Fowler, upon the view that the government should have established a UK-wide public inquiry before now [INQY1000144] and [INQY1000145]. I have been asked to set out my present view on these observations.

32.2 I did not consider the issue when I was SofS and nor was I asked to do, so I do not think that any comments now would be of any great value.

Q33: Reflections on how well the Department of Health handled the issue of calls for a statutory public inquiry

33.1 I have been asked for my reflections on how well the DH handled the issue of calls for a statutory public inquiry, looking back and drawing on the totality of my experience as Secretary of State for Health.

33.2 During my time in office, we set out substantially to improve the level of payments made to alleviate hardship. Practically speaking, given the limits on governmental (including civil service capacity), a public inquiry would have resulted in cost and delay to that process, both of which would have been detrimental to the interests of those affected. If at any stage, there would have been a change in government policy upon providing no-fault compensation, that would have changed the position.

Section 9: Other Issues

Q34: Statements, speeches or interventions made during my tenure as Secretary of State for Health

34.1 I have been asked to provide a chronological list of all statements, speeches or interventions made by me in Parliament during my tenure as Secretary of State for Health, insofar as they are relevant to the Inquiry's Terms of Reference.

34.2 The only statement I made whilst SofS which is relevant to the Inquiry's Terms of Reference is my statement in the Commons on 10 January 2011 regarding the outcome of the Review [ARCH0001478]. Thereafter, my statement was debated and I offered responses to comments raised and questions posed [DHSC5653629].

Q35: Further comments

35.1 I have been asked to provide any further comment that I wish to provide about matters of relevance to the Inquiry's Terms of Reference.

35.2 I have none at present.

Statement of Truth

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

Signed  _____

Dated 12/10/2022 _____