

Witness Name: Ms Jane Hutt

Statement No: WITN7293001

Exhibits: WITN7293002-

WITN7293009

Dated: 27 September 2022

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF JANE ELIZABETH HUTT

I, Jane Elizabeth Hutt, will say as follows: -

1. I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 13 July 2022.
2. I am providing this statement in respect of matters arising during my time as Secretary for Health and Social Services and then Minister for Health and Social Care for the (then) Welsh Assembly Government from May 1999 to January 2005.

Section 1: Introduction

Question 1 – Please set out your name, address, date of birth and any professional qualifications relevant to the duties you discharged whilst employed as Minister for Health and Social Services within the Welsh Government between May 1999 and January 2005.

3. My name is Jane Elizabeth Hutt. My date of birth is GRO-C 1949. My work address is Senedd Cymru, Ty Hywel, Cardiff Bay, Cardiff, C99 1NA.

4. I graduated from the University of Kent, Canterbury in 1970 and obtained a Certificate of Qualification in Social Work at the London School of Economics in 1972, as well as a Masters in Management Development and Social Responsibility from the University of Bristol in 1995.
5. Given the passage of time, I have had to rely on documents provided by the Inquiry, together with documents provided by officials within the Welsh Government's Department of Health and Social Services and their advisors, to inform my answers to the questions below. Where relevant I identify the documents relied on.

Question 2 - Please set out your employment history including the various roles and responsibilities that you have held throughout your career, as well as the dates of these positions.

6. I have been a member of Senedd Cymru (originally the National Assembly for Wales) for the Vale of Glamorgan since 1999 and have served as a Minister in the Welsh Government from 1999 as follows:
 - i. Secretary for Health and Social Services
May 1999 – March 2000
 - ii. Minister for Health and Social Care
March 2000 – January 2005
 - iii. Minister for Assembly Business and Chief Whip
January 2005 – 2007
 - iv. Minister for Budget and Assembly Business
May 2007 – July 2007
 - v. Minister for Children, Education, Lifelong Learning and Skills
July 2007 – 2009
 - vi. Minister for Business and Budget
2009 – 2011
 - vii. Minister for Finance
2011-2016
 - viii. Leader of the House and Chief Whip
May 2016 - 2017
 - ix. Deputy Minister and Chief Whip

December 2018 – May 2021

x. Minister for Social Justice

May 2021 – to present

7. Prior to my career as a Senedd member, I held various roles including as Coordinator of Welsh Women's Aid, Coordinator of Chwarae Teg, a Member of Cardiff Community Health Council and a non-executive director of Cardiff Community Healthcare Trust. I was an elected Member of South Glamorgan County Council for 12 years.

Question 3 - Please describe, in broad terms, your role and responsibilities as Minister for Health and Social Services between May 1999 and January 2005.

8. I was appointed as Secretary for Health and Social Services in May 1999 but executive power for Health related matters in Wales remained with the Welsh Office Minister responsible for Health (Jon Owen Jones MP) until 1 July 1999. The constitutional arrangement was that from that point, the First Minister delegated general powers under the National Health Service Act 1977 in relation to the Assembly's public health function to me. In this regard, my role and responsibilities continued until my period in this office ended in January 2005, during which time my title changed to Minister for Health and Social Services in March 2000.

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

9. I have never been a member of a committee, association, party, society or group relevant to the Inquiry's Terms of Reference nor have I been involved with the same. I have however as a Senedd Member supported affected constituents.

Question 5 - Please provide details of any business or private interests you have or have had which are relevant to the Inquiry's Terms of Reference.

10. I do not have any business or private interests relevant to the Inquiry's Terms of Reference.

Question 6 - Please confirm whether you 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. If so, please provide details of your involvement and copies of any statements or reports which you provided.

11. I have not previously been involved in any inquiry, investigation, criminal or civil litigation in relation to HIV, HBV, HCV or vCJD in blood and/or blood products.

Section 2: The Welsh Government

Question 7 – When you became Minister for Health and Social Services in 1999 what, if anything, did you know about the circumstances in which thousands of individuals had been infected with HIV, HCV and/or HBV as a result of treatment by the NHS?

12. When I was elected to the National Assembly for Wales and appointed Secretary for Health and Social Services in May 1999, I had a general awareness of the circumstances in which many individuals had been infected following NHS treatment in the UK during the 1970s, 1980s and early 1990s.

Question 8 - Please describe, in general terms, what responsibility you, as Minister for Health and Social Services, had 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.

13. As indicated at paragraph 8 above, I held executive power between July 1999 and January 2005 in respect of the Assembly's public health functions, which would have included responsibility for decisions in relation to blood and blood products during that period. I was subsequently engaged with the UK Government, Scottish Government and the Northern Ireland Executive regarding decisions on financial assistance for those infected with HIV, HCV and HBV as a result of treatment prior to devolution. Any legal liability for that infection (as opposed to responsibility for ongoing health related needs and assistance such as care and treatment) rested with the UK Government, who were responsible at the time of infection, for the NHS across the UK as it pre-dated devolution.

Question 9 - Please identify other persons holding ministerial roles in the Welsh Government between 1999 and 2005 who had particular responsibility for decisions about blood and blood products and/or for decisions regarding financial assistance for those infected with HIV, HCV and/or HBV, as a result of NHS treatment.

14. There were deputy Ministers for Health and Social Services from 2000, being Brian Gibbons (2000 to 2003) and John Griffiths (2003 to 2007), who supported me in my role as Minister for Health and Social Care. Prior to the Government of Wales Act 2006, Deputy Ministers were not officially part of the Welsh Government, were not in Cabinet and did not have any delegated responsibility.
15. The First Minister and the Minister for Finance, Local Government and Public Services would have been directly engaged in financial decisions, such as the establishment of a Hepatitis C ex- gratia scheme.

Question 10 - Please identify (by name and by position) the senior civil servants within the Welsh Government with whom you principally dealt, or from whom you 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 and HBV as a result of NHS treatment.

16. From my memory and as confirmed in the records held by the Welsh Government, the following were senior civil servants in the Department of Health and Social Services during the time when I held ministerial responsibility for Health:
 - Director General, Health and Social Care – Peter Gregory, Ann Lloyd
 - Other senior officials - Paul Williams, Colin Williams, John Morgan, Mike Pontin, John Sweeney, Peter Lawler, Chris Riley and Simon Dean.
 - Chief Medical Officers - Ruth Hall.
 - Senior Medical Officers – David Salter, Gladys Tinker, Mike Harmer, Bill Smith, Mike Simmonds and Jane Ludlow.
17. In addition to the above senior civil servants, I would have received advice on these matters from divisional and branch heads and other officials (for example, see the advice I received in the memos dated 04/08/99 (HSSG0000140_076); 20/12/99 (HSSG0000140_074); 17/12/03 (WITN5257004) and 30/03/04 (WITN5257005)), who were accountable to senior clinical and executive officials.

Question 11 - What role did the Blood Standards and Quality Group have in making decisions about blood policy? What contact did you have with this group? You may find [GLEW0000568] of assistance.

18. Please find attached the terms of reference for the Blood Standards and Quality Group ("BSQB") issued under Welsh Health Circular (WHC (99) 78) dated 16 April 1999 (WITN7293002). It can be seen from paragraphs 4 and 5 that the BSQB's terms of reference included considering and providing clinical advice to the Minister on the strategic development of blood services in Wales.
19. I issued a paper to note on current issues relating to the safety of blood and blood products in Wales to the Health & Social Services Committee on 13 March 2002 (GLEW0000568), which summarises the key issues relating to the safety of blood and blood products. The paper notes the establishment by the Assembly of the BSQB in 1999 *"to consider quality, efficient use of blood and development services throughout Wales."*

Section 3: Alliance House Organisations (“AHOs”)

Question 12 - What, if any, briefing were you given about the AHOs upon first taking office?

20. There is no record of me being specifically briefed on the various AHOs when I first took office.

Question 13 - Please explain the involvement you had (if any) with the representatives of the AHOs as Minister for Health and Social Services. Please provide any relevant documentation with your written statement.

21. There do not appear to be any documents which record my engagement with the AHOs, save for information relating to the establishment of the Skipton fund.

Question 14 – What understanding did you have of the needs of those infected with HIV and Hepatitis from blood and blood products, and how did you obtain that understanding? You may find [HSSG0000123_037] useful when considering this question

22. After first taking office, I started receiving briefings (such as those dated 4 August 1999 (HSSG0000140_076) and 20 December 1999 (HSSG0000140_074)) and written questions from AMs (such as on 21 July (HSCO0014351_003) and 25 November 1999 (HSSG0000123_110)) regarding some of the issues facing and being raised by those infected by blood and blood products. I note from the letter dated 3 February 2000 (HSSG0000140_047) that I had by then received representations from two groups representing haemophiliacs in Wales. As I gained more information, I wanted to meet with those affected. I also note from my letter to the South Wales Haemophilia Group (“the Group”) dated 2 March 2000 (WITN7293003) that I invited them to meet with me so that I could find out more about the Group’s aims.
23. I subsequently met with two representatives of the Group on 13 April 2000 and the note of the meeting records our discussions regarding their needs.
24. I note that there was further correspondence with the Group on 31 May 2000 and 13 June 2000 (WITN7293004) regarding a new haemophilia centre at the

University Hospital Wales, Cardiff. During that dialogue, I was also particularly concerned with the treatment, advice and support available to those infected (see paragraph 30 below). In addition, I note that at that time I exchanged correspondence and received briefings regarding requests for the establishment of a financial assistance scheme and a public inquiry, which I address in more detail at sections 4,5 and 6 below).

25. The record of the Assembly debate on 8 March 2001 (GLEW0000437_002) records me as saying that *"When I became Assembly Minister for Health and Social Services, I met with representatives of the South Wales Haemophiliac Group and Birchgrove Wales, for people who are affected by hepatitis C. I discussed these issues with them. We discussed similar issues during the presentation for Members a few weeks ago."* The record also refers to me speaking about future care, including hospital facilities and drug availability for those affected, as well as responding to calls for a public inquiry.
26. In addition to the engagement with the groups referred to above, I also gained an understanding of the needs of those affected, from my constituency work.

Section 4: Establishment of a financial assistance scheme for those infected with hepatitis C in Wales

Question 15 - When you took up your role as Minister for Health and Social Services in 1999, what was your understanding of (i) what the Government policy was on whether or not there should be a financial assistance scheme in place for those infected with HCV by blood or blood products? and (ii) the reasons underpinning said Government policy? You may find [HSSG0000140_076], [HSOC0014351_003], [HSSG0000123_110], [HSSG0000140_047] of assistance.

27. I note that I received a briefing on 4 August 1999 (HSSG0000140_076) which confirmed that UK Government policy was that generally, compensation or other financial help was only paid out where the patient has been inadvertently infected with another illness, or harmed as a result of another medical or surgical procedure, where individuals working for the NHS were at fault. The UK Government had decided not to depart from this general rule in the case of haemophiliacs and others infected with hepatitis 'C' in the 1970s, 1980s and early 1990s.
28. Officials' understanding of the reasons underpinning the UK Government's policy are explained in paragraph 4 of the August 1999 briefing (HSSG0000140_076).

Question 16 - The Inquiry understands that the policy to not implement a financial assistance scheme for those infected with Hepatitis C was in place prior to your tenure as Minister for Health and Social Services. To what extent did you review this policy and the reasons for it when you assumed the position? If you did, what prompted this. If you did not, why did you not?

29. I would have considered the UK Government policy not to implement a financial assistance scheme, not least as I received correspondence and written questions from AMs on this issue (for example from Dafydd Wigley AM MP on 21 July 1999 (HSCO0014351_003) and Peter Black AM on 25 November 1999 (HSSG0000123_110)) and had received briefings regarding this correspondence. In addition, I also received correspondence from others, as can be seen from my letter dated 3 February 2000 (HSSG0000140_047).

30. In the light of the UK Government's policy on compensation, the powers then invested in the Welsh Assembly Government and the advice I had received in respect of it, my recollection is that my main focus at this time had been on the care being provided to those in Wales with haemophilia and hepatitis 'C'. I have mentioned (at paragraph 24 above) the discussions regarding arrangements for treatment at the University Hospital for Wales, which was designated as one of the 23 centres in the UK providing comprehensive care for haemophilia treatment. I note from my letter dated 3 February 2000 (HSSG0000140_047) that a health helpline (Health Information Wales) had been set up to offer general guidance to those who may have become affected, or had concerns over being infected, with consideration being given to providing more specific assistance to supplement the guidance and support being received from hospital consultants and GPs. In addition, I recall that issues had been raised regarding the drugs available to treat hepatitis 'C' and so funding was made available, for example:

- a. for combination drug therapy. Up to that point the only treatment for hepatitis 'C' was alpha interferon, which had a limited success rate and was not suitable for all patients. The use of alpha interferon with ribavirin appeared more successful and so, once the combined treatment had been approved by the National Institute for Clinical Excellence, the Welsh Assembly Government led the way in funding that combined treatment;
- b. the development of other therapeutic agents; and
- c. three pieces of research by the Public Laboratory Service into the prevalence of hepatitis 'C' in Wales.

Question 17 - What was your understanding of the reasoning to not set up a financial assistance scheme for those infected with Hepatitis C from blood and blood products, when a scheme was in place for those similarly infected with HIV? Did you agree with this differentiation? Please explain your views. You may find [GLEW0000437_002] of assistance.

31. My understanding of the reasoning of the UK Government not to set up a financial assistance scheme for those infected with Hepatitis 'C', like that implemented for those similarly infected with HIV is as set out in the briefing of 4 August 1999 (HSSG0000140_076); namely that *"With regard to the financial help for haemophiliacs infected with HIV, the circumstances were different in light of the stigma surrounding the virus at the time; the fact that the infection was rapidly fatal, associated with sexual transmission and that haemophiliacs could inadvertently infect their partners. The [UK] Government has made it clear that these were all important considerations that do not apply to hepatitis 'C'."*
32. The advice I received in August 1999 (HSSG0000140_076) recognised the UK Government's position on no-fault compensation, and this was repeated in the briefing on 20 December 1999 (HSSG0000140_074). I understand that prior to my appointment as Secretary for Health and Social Services, Jon Owen Jones (the Welsh Office Minister then responsible for Health in Wales) had asked officials to explore the possibility of a special scheme for Wales based on international comparisons but it had been decided that financial and practical implications meant that such a scheme was not considered viable.
33. I note that in the Assembly debate on 8 March 2001 (GLEW0000437_002), I express my sympathy to those infected and emphasise that it had been a difficult decision, following the advice and consideration given by the Department of Health not to establish a special payments scheme. I went on to broadly reiterate the reasons for not implementing a scheme similar to that operating for those infected with HIV which are set out above.

Question 18 - In October 2001 the Scottish Parliament's Health and Community Committee recommended giving financial assistance to those infected with Hepatitis C via NHS blood/ blood products, regardless of whether negligence had been proven [MACK0001929_001, document page 21]. Do you recall seeing this report? What was your view on whether or not there needed to be a review of the Government position following these events? You may find [DHSC5302493] of assistance.

34. I recall the report of the Scottish Parliament's Health and Community Committee as an important contribution to the consideration of the Welsh

Assembly Government's position. I regularly met with the Scottish Health Minister to discuss this and other matters, including attending the meeting on 22 October 2001 (DHSC5302493). I note the paper for that meeting, including the item at 8.17.

Question 19 - To what extent, if at all, was the Welsh Government's decision not to establish a financial assistance scheme prior to 23 January 2004 because of a need, whether actual or perceived, to align with the position in Westminster?

35. Infection via contaminated blood had been UK wide (and indeed much wider than that) and had taken place prior to devolution. It is also relevant that the period 1999 to 2004 was in the very early days of devolution. Welsh Government powers were much more limited at that time, as highlighted in paragraph 13. For the reasons I have explained above, the advice I had received is that it would have been inappropriate for Wales to take a separate position to the other three nations in respect of financial assistance. In the circumstances, my view as I recall was that the most appropriate approach was to work as closely as possible with the other administrations on a four nations basis and act where we considered it appropriate, within the constraints of the Welsh Government's powers at the time. The work undertaken in Scotland was important as it led to the commissioning by the Scottish Executive of a Report of the Expert Group on Financial and Other Support chaired by Lord Ross, dated 2003 (HSOC0020367).
36. Where there was greater leeway for Wales to approach matters differently was in relation to the treatment, advice and support of those infected, for example in respect of access to drugs and the provision of a new treatment centre (see paragraph 30 above), which is why our efforts were primarily focused in this area, at that time.

Section 5: Establishment of the Skipton Fund

Question 20 - On 29 August 2003, Dr John Reid, Secretary of State for Health, announced a financial assistance scheme for English people infected with hepatitis C by blood and blood products [NHBT0015207_002]. You also made an announcement on 29 August 2003 that you would 'be looking closely into the implementation of a financial assistance scheme for people infected with hepatitis C as a result of being given blood products by the NHS' [SCGV0000255_035].

a. What if any prior notice did you have of Dr Reid's announcement?

37. I recall that I welcomed this announcement but there is no record of when Dr Reid's (intended) announcement was drawn to my attention.

b. Why was your announcement restricted to looking into the setting up of a scheme?

38. The contemporaneous documents indicate that all four administrations started working on the implementation scheme straight away. My speaking notes for the Quarterly Policy Meeting of Health Ministers on 22 September 2003 (DHSC5973860), suggest that officials from each of the administrations met to discuss a financial assistance scheme within a couple of weeks of the announcements of 29 August 2003 (NHBT0015207_002).

c. What prompted your announcement given your previous views on this issue?

39. I have referred above to the desirability of a four nations approach to the issues around financial support.

Question 21 - Please explain, in as much detail as possible, the involvement you had in the decision-making process which led to the creation of the Skipton Fund. Also please set out which Official(s) led on the discussions for the Welsh Government? You may find [DHSC5973850] and [WITN5257004] of assistance.

40. I have read Ann Lloyd's second witness statement (WITN5257001) and concur with her description of the setting up of the Skipton Fund at paragraphs 7 and 8 of her statement. I would have been involved in meetings with the other Health Ministers (such as that on 22 September 2003 (DHSC5973860)) to discuss policy. The detail on any agreed scheme such as this would then be worked on by officials. I was subsequently briefed and asked to make a decision on the parameters of the final scheme (see briefings of 17 December 2003 (WITN5257004) and 30 March 2004 (WITN5257005)).

Question 22 - To what extent did you, or, to your knowledge, your Officials, consult with the infected and affected community to get their input into the proposed scheme? You may find [GLEW0000401] of assistance.

41. The Scottish Executive led on behalf of the 4 nations on the work underpinning the scheme and as part of that process, progressed consultation with the infected and affected community. I understand that as part of this process, the Haemophilia Society was made aware of the likely scheme parameters and provided feedback (see briefing to the Scottish Minister for Health & Community Care dated 11 December 2003 (WITN5257004)). As indicated in a letter dated 7 November 2003 (GLEW0000401), reference is made to me having arranged to meet with a representative of Haemophilia Wales to discuss compensation packages for haemophilia sufferers. I also note that in my speaking notes for the quarterly policy meeting of Health Ministers dated 22 September 2003 (at Item 2) (DHSC5973860), I refer to officials meeting with the Haemophilia Society and other interested groups, to discuss their involvement in the scheme's development.

Question 23 - Please provide your views on the following features of the scheme:

a. The exclusion of those who cleared hepatitis C spontaneously (sometimes referred to as natural clearers).

42. I recall these issues being considered at the time. I understand from documents prepared for the Scottish Executive and released by the Inquiry (see paragraph 41 above), that the rationale for their exclusion was that those who had cleared the virus following treatment were not believed to experience

any residual ill health as a result of their infection. They were believed to have carried a small increased risk of liver cancer but in the event that this was realised, they would have been eligible for an additional award of £25,000 (see appendix C to briefing to Ministers dated 11 December 2003 (WITN5257004)).

b. The exclusion of dependants of those who died before 29 August 2003.

43. In my letters of 3 March (GLEW0000396) and 8 April 2004 (GLEW0000140), I explain that the decision not to make payments to families who cared for loved ones had not been an easy decision to make. However, the underlying principle of the payment scheme had been that resources should be targeted to help alleviate the suffering of people living with the virus and any payments were not intended as a form of compensation.

c. Why the payments were set at the level they were, and in particular why (i) were the payments not set at the level recommended by Lord Ross' committee in their report [HSOC0020367] or (ii) set at the same level as those in the Republic of Ireland [GLEW0000140]; [GLEW0000402]. You may find [WITN5257005], [GLEW0000396] and [DHSC5341599] of assistance.

44. My letter of 3 March 2004 (GLEW0000396) suggests that the detailed work in relation to the payment scheme had been undertaken by the Scottish Executive on behalf of all UK Health Authorities. Following this work, it had not proved possible to meet the recommendations of Lord Ross' (or the Haemophilia Society's) report on the payment structure of the scheme.
45. My letter of 8 April 2004 (GLEW0000140) draws a distinction between the background to the schemes in the Republic of Ireland and in the UK.

Section 6: Calls for a public inquiry

Question 24 - Please outline how and by whom you were briefed on the issue of calls for a public inquiry when you first took office in 1999.

46. I note that I was briefed on 20 December 1999 (HSSG0000140_074) on the issue of a public inquiry, as a number of letters had been received as part of a campaign for compensation, which had also called for a public inquiry. I also note that I discussed the request for a public inquiry with the Haemophilia

Groups and addressed those calls during the Assembly debate on 8 March 2001 (GLEW0000437_002).

Question 25 - To what extent during your tenure as Minister for Health and Social Services did you consider afresh the case for holding a public inquiry into infected blood and blood products given that it was established Government policy not to hold a public Inquiry? In particular, did the fact that on 20 December 1999 you were informed that between 1984 – 1987 some unheat-treated Scottish blood products had come to Wales, but it was not clear whether they had been used to treat patients in Wales, cause you to reconsider the case for a public inquiry? If not, why not [HSSG0000140_074]. You may find [GLEW0000568] and [HSSG0000140_047] of assistance.

47. I note that whilst the issue that some unheat-treated Scottish blood products had come to Wales had been identified by late 1999, the advice remained that a public inquiry was unlikely to serve any useful purpose and that it was important for those infected that we focused on ensuring that those concerned received the best treatment, advice and support that could be provided. It was also relevant to any consideration by the Welsh Assembly Government of the case for holding a public inquiry that, as noted at paragraph 13 above, the events took place prior to devolution when the NHS across the UK was the responsibility of the UK Government and so any public inquiry which was a UK matter would have needed to have been a UK Inquiry.

48. I note from various documents held by the Welsh Government that the case for holding a public inquiry continued to be raised by stakeholders and discussed during the following years, including:

- a. In letters of reply to the Secretary of the Haemophiliacs Association on 3 February 2000 (HSSG0000140_047) and 29 March 2001 (WITN7293005).
- b. In an Assembly debate on 8 March 2001 (GLEW0000437_002).
- c. In replies to a number of letters from AMs during 2000 and 2001 (WITN7293006) (WITN7293007) (WITN7293008) (WITN7293009).

- d. In a paper to the Health and Social Services Committee on 13 March 2002 (GLEW0000568).

Question 26 - To what extent, if at all, was the Welsh Government's decision not to establish a public inquiry because of a need, whether actual or perceived, to align with the position in Westminster?

49. Following on from my answer at paragraph 47, it was considered to be essential to work closely with the UK Government and the other devolved administrations on a four nations basis, given the background to individuals receiving infected blood in the 1970s, 1980's and early 1990s before devolution and the pan-UK nature of the issues which had arisen. In addressing the circumstances of the people who had been infected with HIV, HCV and/or HBV as a result of infected blood administered pre-devolution, I sought to address the needs of people affected using our powers regarding care and treatment and for the Assembly Government to be open to scrutiny for decisions taken and to be guided by the people infected and affected. I recall that was my intent as a Health and Social Services Minister during my time in office.

Statement of Truth

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

Signed GRO-C

Dated 27/09/22

Date	Notes/ Description	Exhibit number
16 April 1999	Terms of reference for the Blood Standards and Quality Group ("BSQB") issued under Welsh Health Circular (WHC (99) 78) dated 16 April 1999	WITN7293002
21 July 1999	Letter from Jane Hutt to Dafydd Wigley AM MP	HSCO0014351_003
4 August 1999	Briefing from S Patterson to T Kirby and Jane Hutt re: Hepatitis compensation advice	HSSG0000140_076
25 November 1999	Written question from Peter Black AM	HSSG0000123_110
20 December 1999	Memo from S Patterson to J Gregory, J Hutt cc PR Gregory, B Smith, R Hughes, C White, A Jones re: Hepatitis C and the campaign for compensation, litigation, situation in Scotland, Haemophiliacs co-infected with HIV and Hepatitis.	HSSG0000140_074
3 February 2000	Letter from Jane Hutt to the Secretary of the Haemophiliacs Association on 3 February 2000	HSSG0000140_047
2 March 2000	Letter from Jane Hutt to Chairman of South Wales Haemophilia Group	WITN7293003
13 April 2000	Campaign Involving Haemophiliacs Infected with Hepatitis C by Medical Intervention – Note of Decisions and Action Points	HSSG0000123_037

13 June 2000	Letter from Chairman of South Wales Haemophilia Group to Jane Hutt	WITN7293004
8 March 2001	Notes of Welsh Government debt Re: compensation for Haemophiliacs infected with Hepatitis C	GLEW0000437_002
29 March 2001	Letter from Jane Hutt to the Secretary of Haemophilia Wales	WITN7293005
Various 2001	Letter from Jane Hutt to John Griffiths AM dated 22 March 2001 Letter from Jane Hutt to Peter Law AM dated 16 March 2001 Letter from Jane Hutt to Peter Black AM dated 10 April 2001 Letter from Jane Hutt to Carwyn Jones AM Dated 21 May 2001	WITN7293006 WITN7293007 WITN7293008 WITN7293009
22 October 2001	Paper for meeting between Jane Hutt and Scottish Health Minister dated 22 October 2001 Joint Ministerial Committee on Health Agenda and Meeting Notes: held on 22 October 2001. Topics discussed including Hepatitis C Compensation	DHSC5302493
13 March 2002	Paper on "Safety of Blood and Blood Products" by Jane Hutt	GLEW0000568
1 March 2003	Report "Report on the Expert Group on Financial and Other Support" Commissioned by the Scottish Executive	HSOC0020367
29 August 2003	Department of Health press release re: Hepatitis C Payment Scheme Announced	NHBT0015207_002
22 September 2003	Speaking notes for the Quarterly Policy Meeting of Health Ministers. Re: pay modernisation, Hepatitis C and public involvement	DHSC5973860
7 November 2003	Letter from Jenny Randerson (Welsh Liberal Democrat and Assembly Member for Cardiff Central) to Jane Hutt (Welsh Assembly Government) Re: Haemophilia Wales	GLEW0000401
11 December 2003	Briefing to the Scottish Minister for Health & community Care RE: Hepatitis ex-gratia scheme	WITN5257004

17 December 2003	Memo from S Paterson (Major Health Conditions and Clinical Support) To Ms C White and J Hutt (Minister for Health and Social Services) Re: Hepatitis ex-gratia scheme	WITN5257004
3 March 2004	Letter from Jane Hutt to Jenny Randerson Re: Attached Letter (page 2) dated 03/03/2004 from J Hutt, Welsh Assembly Government, to J Randerson, re: Written Assembly Question & WAQ 32089, and letter (page 3) (dated 03/03/2004) from J Hutt to J Randerson re: Written Assembly Question & WAQ 32088 and letter (page 4) (dated 01/03/2004) from B. Cotter, House of Commons, to J Randerson re: Haemophilia and Hepatitis C	GLEW0000396
8 April 2004	Letter from Jane Hutt Re: the Irish Government scheme for compensating those who were infected by Hepatitis C as a result of receiving blood products in the Republic of Ireland	GLEW0000140
30 March 2004	Briefing note from S Paterson (Community, Primary Care and Health Service Policy) to C White and J Hutt (Minister for Health and Social Services) Regarding Hepatitis C Ex-gratia scheme	WITN5257005
22 September 2021	Ann Lloyd's second witness statement	WITN5257001