

Witness Name: Jeremy Quin

Statement No: WITN7526005

Exhibits: NIL

Dated: 19 July 2023

INFECTED BLOOD INQUIRY

THIRD WITNESS STATEMENT OF RT HON JEREMY QUIN MP

I provide this statement in further response to a request under Rule 9 of the Inquiry Rules 2006 dated 5 June 2023.

I, Jeremy Quin, will say as follows: -

Introduction

1. I have previously provided the Inquiry with a first written statement [WITN7526001] and a second written statement [WITN7526002]. This third witness statement is intended to provide further assistance to the Inquiry. I am keen to provide as much support as I can to the Inquiry's deliberations and wanted in particular to draw to the Inquiry's attention to relevant information I provided to the House of Commons on 22 June 2023. Secondly, I wish to explain the difficulty that other serving Ministers and I may have in providing written and/or oral evidence about certain matters given the implication of Collective Responsibility.
2. For the avoidance of doubt, I can confirm that in my current role as Minister for the Cabinet Office ("MCO") I am the Minister sponsoring the Inquiry and also the Minister chairing the Small Ministerial Group ("SMG") considering the Government's response to the recommendations in Sir Robert Francis KC's Compensation Study and, more recently, the recommendations in the Inquiry's

second interim report. It is because I am the sponsoring Minister that I have spoken in the House of Commons as follows since my appointment on 25 October 2022.

- 15 December 2022 Oral Statement
- 19 April 2023 Oral Statement
- 22 June 2023 Backbench debate

3. I should make it clear that the Cabinet Office (which traditionally has a “co-ordinating” role in Government) is not the only Government department involved in working on the Government’s response. I can confirm that HM Treasury (“HMT”) and the Department of Health and Social Care (“DHSC”) among other departments are involved in working with the Cabinet Office on the Government’s response. In paragraph 9 of this statement I explain why that is the case.
4. I do appreciate the urgency of this work. In my second written statement, I stated that I had read the Compensation Study and the Inquiry’s interim reports and that I had met members of the infected and affected community at a meeting facilitated by the Chairs of the All-Party Parliamentary Group on Haemophilia and Contaminated Blood. In my Oral Statement to the House of Commons on 19 April 2023, I stated: “In closing, I would like to reiterate the need for pace. People die every week as a result of the impact of the scandal.”

The process for formulation of the Government’s response

5. The Rule 9 request dated 5 June 2023 asked me to confirm how many cross-government meetings have taken place at the level of permanent secretaries and/or ministers and the broad nature of each meeting since the Government first received the Compensation Study.
6. My second written statement did not set out the broad nature of each meeting because of the principles of (i) Collective Responsibility and (ii) safe space for

formulation of Government policy explained below. However, consistent with these principles, I was able to provide some information about the cross-government meetings. Paragraphs 8 and 9 stated that: an SMG had been set up and met on 22 February, 8 March, 3 May, 23 May and 14 June 2023; that representation usually included but was not limited to HMT and DHSC; and that the SMG was supported by cross-government meetings of senior officials.

7. I have carefully considered what more I can say without contravening the principles of Collective Responsibility and safe space. On that basis, I hope it is helpful to provide the following additional information about the process for formulation of the Government's response.
8. At Ministerial level, the discussions have been taking place at the level of Chief Secretary to the Treasury and Parliamentary Under-Secretary at DHSC, both of whom are regular attendees at the SMG that I chair. Policies are developed within and across departments. Only when they are sufficiently developed, and it is necessary to do so, are they put up for collective consideration and agreement either at Cabinet or a committee of the Cabinet.
9. The involvement of HMT is vital because of the sums of public money likely to be involved and because of the Inquiry's recommendation that an Arms Length Body ("ALB") be set up to administer the compensation scheme. I appreciate that many of the infected and affected do not wish to see any involvement from DHSC in the process. However, as I said in the Parliamentary debate on 22 June 2023, DHSC and NHS arm's length bodies hold vital relevant clinical expertise and can bring to bear their direct experience of the England infected blood support scheme. I consider their involvement in the work on the Government's response to be necessary and helpful.
10. The Government is considering the package of recommendations as a whole and has not reached any final decisions on any of the individual recommendations; although, as the Inquiry is aware, it accepted recommendations 1 and 19 of the Compensation Study in December 2022

(recommendation 14 already having been met when the Government accepted the Inquiry's recommendations about interim compensation, in August 2022).

11. In the Commons on 22 June 2023, I said that, ultimately, the form and extent of the compensation scheme comes down to decisions that have to be made by Government. I also said: "The Government have not made a final decision on compensation. Just as it is critical to ensure that any scheme works effectively for the victims, the House should expect the Government to work through the estimated associated costs to the public sector."
12. Whilst no final decision has been reached on recommendation 4 of the Compensation Study (or Inquiry recommendation 3 which covers the same issue), in my Oral Statement on 15 December 2022 I said: "The Government recognise that the scheme utilised must be collaborative and sympathetic, and as user-friendly, supportive and free of stress as possible, while being consistent with the Government's approach to fraud. The Government will ensure those principles are adopted." I can confirm that that remains the Government's position and that it is working on how best to achieve this in practice.
13. The Compensation Study recommended that the compensation scheme should be delivered locally within each devolved nation. The Inquiry has recommended that the compensation scheme be delivered by one central UK-wide body. As Health is a devolved issue, the Government is keen to work with the Devolved Administrations regarding the delivery of a compensation scheme and I can confirm that the Government is doing so. In the Commons on 22 June 2023, I stated that I had recently met Scottish and Welsh Ministers and the permanent secretary of the Northern Ireland Department of Health to discuss the Inquiry's second interim report. I have done so again subsequently on 11 July 2023.
14. Both the Compensation Study and the Inquiry recommended that an ALB be set up to administer the compensation scheme with guaranteed independence of judgement and accountable directly to Parliament for the expenditure of public funds and the fulfilment of its terms of reference. This recommendation has significant practical implications. In my Oral Statement to the House of

Commons on 19 April 2023, I stated: “Sir Brian recommends an arm’s length body in which His Majesty’s Government would have no ongoing role beyond providing taxpayer funds as required by the body. On anything like this scale, this would be a new departure, and it does have implications for Government accountability that will need careful consideration alongside how its financial implications will be managed.”

15. The setting up of a UK-wide compensation scheme administered by an ALB reporting directly to Parliament is highly likely to require primary legislation. Any such legislation would be subject to Parliamentary scrutiny in the usual way. It is inevitable that such scrutiny will involve consideration of the amount of public money likely to be required.
16. My understanding is that there is considerable uncertainty over the size of the cohort who might be eligible for an award. I am aware that the Inquiry’s Statistical Expert Group has recently provided it with a report on the Group’s findings from their investigations into the number of infections from blood and blood products in the UK between 1970 and 1991 and the subsequent survival rate of those infected. I have been provided by the Inquiry with a document prepared by it summarising the Group’s Key Findings. It states that the range for the number of people infected with Hepatitis C (in people with bleeding disorders) is 3,650 – 6,250. It also provides an estimate (with 95% uncertainty interval) of 21,300 – 38,800 for the number of people infected with Hepatitis C (in transfusion recipients). Uncertainty about the size of the eligible cohort necessarily creates significant challenges for those seeking accurately to estimate the amount of public money likely to be required to fund the compensation scheme.
17. A further feature of the recommended compensation scheme which is likely to attract scrutiny is that the compensation proposals are different to, and in some respects more generous than, the levels of compensation that would be awarded by the Courts. The Inquiry’s second interim report states: “there is no need for [the compensation scheme] to mirror the precise legislative or legal approaches to claims for compensation that might be brought before the courts or tribunals of

any particular part of the UK". The law in England and Wales relating to the assessment of compensation for personal injury and loss is not identical to that in Scotland. The Inquiry proposes that the same approach be adopted to applicants from England, Wales, Scotland and Northern Ireland. It also recommends that the affected be able to bring their own claims. The second interim report states: "Recognising an affected person as having a claim in their own right means that the calculation of appropriate compensation for them should not be dictated by the fatal injury legislation specific to any of the three jurisdictions."

Limitations on my written and oral evidence

18. While I am keen to provide the further update above, I also feel I need to set out the impact of Ministers of the Crown being subject to the Ministerial Code. The current version of the Ministerial Code was issued by the Cabinet Office in December 2022 and is available online. Paragraph 1.3a of the Ministerial Code states that: "The principle of collective responsibility applies to all Government Ministers"

19. Further detail is provided in section 2 of the Ministerial Code. It describes the nature of the principle of Collective Responsibility and summarises the very important justification for it.

a. The General Principle is stated as follows in paragraph 2.1.

"The principle of collective responsibility requires that Ministers should be able to express their views frankly in the expectation that they can argue freely in private while maintaining a united front when decisions have been reached. This in turn requires that the privacy of opinions expressed in Cabinet and Ministerial Committees, including in correspondence, should be maintained."

b. Paragraph 2.3 states.

"The internal process through which a decision has been made, or the level of Committee by which it was taken should not be disclosed. Neither should the individual views of Ministers or advice provided by civil servants as part of that internal process be disclosed. Decisions reached by the Cabinet or Ministerial Committees are binding on all members of the Government ... Ministers should take special care in discussing issues which are the responsibility of other Ministers, consulting ministerial colleagues as appropriate."

20. I consider that all ongoing Government work on the response to the Inquiry's recommendations engages the principle of Collective Responsibility. As already noted, the Government's response to the Inquiry's recommendations does not fall wholly within my responsibilities or those of the Cabinet Office; other Government departments, in particular HMT and DHSC, are also involved.

21. The principle is founded in the strong public interest in effective and efficient Government decision-making. That public interest, which has long been recognised, protects the process by which policy options under consideration by Ministers are developed and discussed in advance of a final decision being made. For Cabinet government to operate effectively, Ministers need to be able to discuss policy freely and frankly. This promotes decision-making that is likely to yield the best outcome in terms of policy. Once a collective decision has been made, Ministers are accountable and responsible for the collective decision that they have reached, not the individual views that they may have expressed throughout the policy development process.

22. It is also to be noted that there is a closely related principle – the safe space principle - that the Government as a whole (both Ministers and officials) should be able to consider and reconsider the formulation and development of policy options in a safe, private space without a requirement to discuss or disclose its developing thinking in public.

23. These matters place serious limitations on the extent to which I, or any other Minister, can provide written or oral evidence on certain matters. Specifically, I consider that these principles mean that while a Government position is still being determined, it is difficult to enter into detail on:

- the nature of options being considered by Government including (save to the extent already publicly stated) questions about which recommendations might or might not be accepted.
- the nature of each cross-government meeting convened to consider the Compensation Study or the Inquiry's recommendations.
- the consideration that has been and is being given by me / the Cabinet Office to interim compensation for bereaved parents and bereaved children.

The timeline for the Government's response to the Inquiry's recommendations

24. The Government has stated on more than one occasion that it intends to respond as soon as possible to the Inquiry's recommendations when the Inquiry's final report is published. I have also stated that the Government has not ruled out making an earlier statement to Parliament.

25. On 16 March 2023, in response to a Parliamentary Question from Dame Diana Johnson MP, I stated: "I am truly delighted that Sir Brian Langstaff has announced his intention to produce a second interim report, which, as I understand it, will be published before Easter. That will help the Government to meet our objective to be able to respond quickly when the final report is published in the autumn, although I do not wish to understate the complexity of the work involved in addressing the impact of the scandal."

26. On 22 June 2023, I told the Commons that: "The Government have made clear that they want the work to be done to ensure it is ready to respond to Sir Brian Langstaff's final report as soon as possible. I have also made clear that that does

not preclude us from making an earlier statement if we are in a position to do so.”

27. I do consider that it would be helpful for the Government to see the Inquiry’s final report before finalising its response to the Inquiry’s recommendations. The final report will enable the Government to see those recommendations in their full context. This will assist it to take the important decisions required (potentially involving the expenditure of large amounts of public money); decisions that will in due course be scrutinised both within and outside Parliament.

28. The Government’s objective is to respond to the Inquiry’s recommendations as quickly and comprehensively as possible following the publication of the Inquiry’s final report.

Statement of Truth

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

GRO-C

Signed

Dated

19/7/2023