	Thursday, 20 May 2021	1		Wales, but certainly also, I would imagine, from
	(10.00 am)	2		Northern Ireland, from Scotland and all parts of
SIR	BRIAN LANGSTAFF: Good morning, Mr Gething. Can you	3		England. So that will be a number of somewhere
	hear me?	4		between 100 and 150 most probably. There are
TH	E WITNESS: Good morning. Shall I call you Sir Brian or	5		representatives of the press. So you have got quite
	Brian or what would you prefer?	6		a wide audience.
SIR	BRIAN LANGSTAFF: Anything that's reasonably polite	7		Ms Richards will be asking you the questions
	will be fine. You're talking to us from Wales	8		once you have been sworn and I'll ask Mary to invite
	I imagine. Whereabouts?	9		you to take the oath.
TH	E WITNESS: Indeed. I'm in Cardiff, so not very far	10		VAUGHAN GETHING, affirmed
	from where I live.	11		Questions by MS RICHARDS
SIR	BRIAN LANGSTAFF: And in an office on your own with	12	MS	RICHARDS: Good morning, Mr Gething. Can you see and
	the technician, perhaps?	13		hear me?
TH	E WITNESS: Yes, the technician's in a room next door.	14	Α.	Yes, I can see everything fine thank you.
	So I'm in Geldards office. There's no-one else here	15	Q.	You've been a member of the Senedd since 2011; is that
	with me. I'm surrounded by green screens that look	16		right?
	much prettier on your screen, and there's a technician	17	Α.	That's correct.
	next door in case anything goes wrong.	18	Q.	Between September 2014 and May 2016 you were the
SIR	BRIAN LANGSTAFF: Good. Now let me tell you who you	19		Deputy Minister for Health?
	are talking to. You are talking to a reasonable sized	20	Α.	Correct.
	audience today. It's larger than we have had for the	21	Q.	And then you were the Minister for Health and Social
	other two health ministers. There are, however, many	22		Services from May 2016 until last week.
	more people beyond the four walls of this room in	23	Α.	That's correct. Although you'll see in the documents
	Fleetbank House who will be watching remotely, mainly,	24		the title has changed at various points in time. It's
	I suspect, in the case of today's evidence, from	25		called Cabinet Secretary for Health, and other
	1			2
	matters but its anamially the Cabinet Minister for	4		Mall Luca average severally of the content worked blood
	matters, but it's essentially the Cabinet Minister for	1	А.	Well, I was aware generally of the contaminated blood
~	Health through the whole of the last Senedd term, yes.	2		scandal because there had been not just publicity in
Q.	You are now, as of last week, the Minister for the	3 ⊿		various parliaments but also some of the media
۸	Economy in the Cabinet? Correct.	4		reporting and, in particular, some of the challenges
		5		about how infected blood use came into the National
Q.	Can you just assist us with how responsibilities as between the Deputy Minister and the Minister are	6 7		Health Service over a number of years, and the
		8		challenges that a number of campaigners had gone
٨	organised, broadly speaking. So the Minister, the Cabinet Minister, maintains full	9		through to get some form of recognition. Much of this was as a child and a teenager
Λ.	responsibility for the whole department. So during	10		growing up, of course, because I recognise the scheme
	the time that I was a Deputy Minister for Health,	11		was set up I think in 1988, when I was 14. So it's
	I was responsible to the Cabinet Minister, who is now	12		largely been through public work, but also I have
	the First Minister, Mark Drakeford. My particular	13		constituents who came to see me in my constituency
	focus was on NHS performance, so I didn't have active	14		role who have also been affected. So I have had some
	choices to make around our response to supporting	15		of that direct contact, both with improvements in
	people with infected blood, but since I became the	16		treatment for hepatitis as well as some but not all of
	Cabinet Minister in May 2016 with responsibility to	17		the challenges that people have faced in trying to get
	the whole department, then I've been essentially the	18		to this point, where there's a much wider recognition
	responsible minister within the Government.	19		not just of the harm and the suffering but actually to
Q.	When you took up that position as the Cabinet	20		do something rather more comprehensive in
-	Minister, or Minister for Health and Social Services	20		recognition and support moving forward.
	in May 2016, at that point what, if anything, did you	22	ß	How has your knowledge and understanding of their
	know and understand about the suffering experienced by	23	-4.	experiences and their suffering changed or deepened
	those who had been infected with HIV and hepatitis C	24		during the five years that you were minister?
	and the suffering experienced by their families?	25	A.	It's changed significantly. Partly because of the
	3			4 (1) Paras 1 4

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(1) Pages 1 - 4

1	continuing contact with constituents but largely
2	because of having responsibility for the role and
3	actually having to understand much more fully how we
4	got to this point and also because of the devolution
5	of responsibility for the support schemes, a move from
6	the old Alliance House to then each devolved
7	Government being responsible for a support scheme, and
8	in the direct conversations that I have then had not
9	just with officials but with representative groups, in
10	particular the Haemophilia Wales group, and the very
11	clear sense of grievance and anger that people had
12	about what was done to them by a significant failing
13	of the State, and about the fact that it still hadn't
14	been resolved.
15	I think, you know, it's undeniable that people
16	have good reason to be angry and upset about what had
17	happened and the fact that they're still having to
18	argue and fight their case and then, as the
19	responsible minister, having to make some choices
20	about what to do.
21	So I have a much better understanding but
22	I don't think I should try to tell the Inquiry that
23	I fully understand because I haven't had to live that
24	life of either losing a loved one or caring for loved
25	ones, and recognising that this isn't about any fault
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1	"Reform in Wales must ensure that:
2	"- individuals are not disadvantaged in
3	comparison with current arrangements
4	"- decisions take account of views expressed by
5	those affected and their representative bodies
6	"- any move to a new system is equitable and
7	operates transparently and improvements are affordable
8	and sustainable within the health budget."
9	Then if we go over the page we see you saying in
10	the first paragraph at the top of the page:
11	"As a first step to reforming the scheme in
12	Wales, I have taken account of the views expressed by
13	those affected and their representative bodies and the
14	need for administrative efficiency. I have therefore
15	decided that, as an interim measure, payments for the
16	remainder of the 2016-17 financial year will be at the
17	same levels as England."
18	Then you set out in the next paragraph
19	arrangements for seeking views on a new scheme by
20	means of a survey and consultation through workshops
21	and so on.
22	If we just go back to the first page, I wanted
23	to ask you about what you said in the second paragraph
24	there. You refer to the scheme having been
25	"established on a UK-wide basis", and that having "now
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or blame attaching to me or the person I'm caring for, 1 2 and I haven't had to see people leave us too soon. So 3 I have an understanding but it's not the same as 4 people who've actually had to live this. 5 Q. I'm going to ask you about some of the decisions that 6 you have made during your time in office as Minister 7 for Health. I want to pick it up with a statement 8 from October 2016. 9 Soumik, could we have WIBS0000054, please. 10 So you will see, Mr Gething, this is a written 11 statement entitled "Wales reform of financial support 12 for those affected by NHS supplied contaminated 13 blood", dated 6 October 2016, and it's a statement from you in your role as Cabinet Secretary for Health. 14 15 It says this: 16 "For those affected directly or indirectly by 17 NHS supplied contaminated blood I want to end any 18 uncertainty about the level of financial support they 19 will receive from the Welsh Government in the future. 20 "The scheme to support payment was established 21 on a UK-wide basis. However, this has now fragmented 22 through new schemes announced for Scotland and 23 England." 24 Then you set out some aspirations in terms of 25 reform: 6 1 fragmented through new schemes announced for Scotland 2 and England". I wanted to ask what you meant by 3 "fragmented" and what the implications were for Wales 4 and for your decision-making of the announcements in 5 Scotland and England. 6 A. Previously, Welsh Government ministers hadn't made 7 decisions on the support schemes because there were 8 the -- I think they were referred to as the 9 Alliance House schemes, the series of schemes that had 10 sprung up, I think there were five in total, and they 11 had been delivered on a UK-wide basis. And then the 12 decision was taken by the UK Government that 13 responsibility for support should actually go with 14 whoever has responsibility for health, so the four 15 governments within the UK, and the new schemes had by 16 that point been announced in Scotland and England. 17 So we then had to -- you know, there are people 18 then living with uncertainty, seeing announced in 19 Scotland and England, so we would need to set up 20 a scheme in Wales as well. And so, as you go through 21 my statement, you will see the initial choice made to 22

- mirror payments in England, which is where most people compare: between Wales and England. It's a big -- not
- just a land border but the reality that most of the
- social and economic links are Wales-England rather 8

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(2) Pages 5 - 8

1		than Wales-Scotland, and it's then about trying to
2		then have an engagement with people who have been
3		scheme beneficiaries in the past to understand how we
4		design a support scheme in Wales.
5	Q.	
6		perspective of the Welsh Government that this wasn't
7		a matter, really, of choice for the Welsh Government
8		to set up its own scheme, it was effectively forced
9		
		upon might be a little too strong a verb, but because
10		of the decisions of the UK Government and the actions
11		that were being taken to set up an English scheme and
12		a Scottish scheme, you had little choice but
13		effectively to set up a Welsh scheme?
14	Α.	I think that's a fair summary.
15	Q.	Do you know if there had been, as far as you can
16		recall, any consultation by the UK Government with the
17		Welsh Government about this new responsibility that
18		would be potentially thrust upon the Welsh Government?
19	Α.	I think there were conversations between officials but
20		it's certainly not a matter that the Welsh Government
21		was saying: we desperately want an entirely different
22		scheme in Wales and we want you to give us the
23		responsibility with none of the resources to do so.
24		So when the announcement was made, it wasn't
25		a surprise on the day, which does happen from time to
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1		But those relate to other UK Government choices.
1 2		But those relate to other UK Government choices. So as well as the health department in the
2		So as well as the health department in the
2 3		So as well as the health department in the UK Government, there had always been a need to make
2 3 4		So as well as the health department in the UK Government, there had always been a need to make sure that the Department for Work and Pensions are
2 3 4 5		So as well as the health department in the UK Government, there had always been a need to make sure that the Department for Work and Pensions are sighted and not going to apply conditions that would
2 3 4 5 6	Q.	So as well as the health department in the UK Government, there had always been a need to make sure that the Department for Work and Pensions are sighted and not going to apply conditions that would mean that other benefits would mean a reduction in the value of the payment, in essence.
2 3 4 5 6 7	Q.	So as well as the health department in the UK Government, there had always been a need to make sure that the Department for Work and Pensions are sighted and not going to apply conditions that would mean that other benefits would mean a reduction in the value of the payment, in essence. Then, before we look at the specific decisions that
2 3 4 5 6 7 8 9	Q.	So as well as the health department in the UK Government, there had always been a need to make sure that the Department for Work and Pensions are sighted and not going to apply conditions that would mean that other benefits would mean a reduction in the value of the payment, in essence. Then, before we look at the specific decisions that you've taken in relation to the Welsh scheme following
2 3 4 5 6 7 8 9 10	Q.	So as well as the health department in the UK Government, there had always been a need to make sure that the Department for Work and Pensions are sighted and not going to apply conditions that would mean that other benefits would mean a reduction in the value of the payment, in essence. Then, before we look at the specific decisions that you've taken in relation to the Welsh scheme following this statement, can I just ask in broad terms for your
2 3 4 5 6 7 8 9 10 11	Q.	So as well as the health department in the UK Government, there had always been a need to make sure that the Department for Work and Pensions are sighted and not going to apply conditions that would mean that other benefits would mean a reduction in the value of the payment, in essence. Then, before we look at the specific decisions that you've taken in relation to the Welsh scheme following this statement, can I just ask in broad terms for your reflections on what the advantages or disadvantages
2 3 4 5 6 7 8 9 10 11	Q.	So as well as the health department in the UK Government, there had always been a need to make sure that the Department for Work and Pensions are sighted and not going to apply conditions that would mean that other benefits would mean a reduction in the value of the payment, in essence. Then, before we look at the specific decisions that you've taken in relation to the Welsh scheme following this statement, can I just ask in broad terms for your reflections on what the advantages or disadvantages have been, from your perspective, of there being
2 3 4 5 6 7 8 9 10 11 12 13		So as well as the health department in the UK Government, there had always been a need to make sure that the Department for Work and Pensions are sighted and not going to apply conditions that would mean that other benefits would mean a reduction in the value of the payment, in essence. Then, before we look at the specific decisions that you've taken in relation to the Welsh scheme following this statement, can I just ask in broad terms for your reflections on what the advantages or disadvantages have been, from your perspective, of there being a Welsh scheme, a devolved scheme?
2 3 4 5 6 7 8 9 10 11 12 13 14	Q. A.	So as well as the health department in the UK Government, there had always been a need to make sure that the Department for Work and Pensions are sighted and not going to apply conditions that would mean that other benefits would mean a reduction in the value of the payment, in essence. Then, before we look at the specific decisions that you've taken in relation to the Welsh scheme following this statement, can I just ask in broad terms for your reflections on what the advantages or disadvantages have been, from your perspective, of there being a Welsh scheme, a devolved scheme? Well, the disadvantage is you get different schemes in
2 3 4 5 6 7 8 9 10 11 12 13 14 15		So as well as the health department in the UK Government, there had always been a need to make sure that the Department for Work and Pensions are sighted and not going to apply conditions that would mean that other benefits would mean a reduction in the value of the payment, in essence. Then, before we look at the specific decisions that you've taken in relation to the Welsh scheme following this statement, can I just ask in broad terms for your reflections on what the advantages or disadvantages have been, from your perspective, of there being a Welsh scheme, a devolved scheme? Well, the disadvantage is you get different schemes in different parts of the UK, and so you then have people
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17		So as well as the health department in the UK Government, there had always been a need to make sure that the Department for Work and Pensions are sighted and not going to apply conditions that would mean that other benefits would mean a reduction in the value of the payment, in essence. Then, before we look at the specific decisions that you've taken in relation to the Welsh scheme following this statement, can I just ask in broad terms for your reflections on what the advantages or disadvantages have been, from your perspective, of there being a Welsh scheme, a devolved scheme? Well, the disadvantage is you get different schemes in different parts of the UK, and so you then have people asking, "Well, am I better off in one scheme or another?" The advantage is the exact mirror, which is
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18		So as well as the health department in the UK Government, there had always been a need to make sure that the Department for Work and Pensions are sighted and not going to apply conditions that would mean that other benefits would mean a reduction in the value of the payment, in essence. Then, before we look at the specific decisions that you've taken in relation to the Welsh scheme following this statement, can I just ask in broad terms for your reflections on what the advantages or disadvantages have been, from your perspective, of there being a Welsh scheme, a devolved scheme? Well, the disadvantage is you get different schemes in different parts of the UK, and so you then have people asking, "Well, am I better off in one scheme or another?" The advantage is the exact mirror, which is that the exact converse, which is that you get
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19		So as well as the health department in the UK Government, there had always been a need to make sure that the Department for Work and Pensions are sighted and not going to apply conditions that would mean that other benefits would mean a reduction in the value of the payment, in essence. Then, before we look at the specific decisions that you've taken in relation to the Welsh scheme following this statement, can I just ask in broad terms for your reflections on what the advantages or disadvantages have been, from your perspective, of there being a Welsh scheme, a devolved scheme? Well, the disadvantage is you get different schemes in different parts of the UK, and so you then have people asking, "Well, am I better off in one scheme or another?" The advantage is the exact mirror, which is that the exact converse, which is that you get reflect what beneficiaries you are responsible for
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20		So as well as the health department in the UK Government, there had always been a need to make sure that the Department for Work and Pensions are sighted and not going to apply conditions that would mean that other benefits would mean a reduction in the value of the payment, in essence. Then, before we look at the specific decisions that you've taken in relation to the Welsh scheme following this statement, can I just ask in broad terms for your reflections on what the advantages or disadvantages have been, from your perspective, of there being a Welsh scheme, a devolved scheme? Well, the disadvantage is you get different schemes in different parts of the UK, and so you then have people asking, "Well, am I better off in one scheme or another?" The advantage is the exact mirror, which is that the exact converse, which is that you get reflect what beneficiaries you are responsible for actually want.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19		So as well as the health department in the UK Government, there had always been a need to make sure that the Department for Work and Pensions are sighted and not going to apply conditions that would mean that other benefits would mean a reduction in the value of the payment, in essence. Then, before we look at the specific decisions that you've taken in relation to the Welsh scheme following this statement, can I just ask in broad terms for your reflections on what the advantages or disadvantages have been, from your perspective, of there being a Welsh scheme, a devolved scheme? Well, the disadvantage is you get different schemes in different parts of the UK, and so you then have people asking, "Well, am I better off in one scheme or another?" The advantage is the exact mirror, which is that the exact converse, which is that you get reflect what beneficiaries you are responsible for actually want. The challenge is, in all of this, it was a whole
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20		So as well as the health department in the UK Government, there had always been a need to make sure that the Department for Work and Pensions are sighted and not going to apply conditions that would mean that other benefits would mean a reduction in the value of the payment, in essence. Then, before we look at the specific decisions that you've taken in relation to the Welsh scheme following this statement, can I just ask in broad terms for your reflections on what the advantages or disadvantages have been, from your perspective, of there being a Welsh scheme, a devolved scheme? Well, the disadvantage is you get different schemes in different parts of the UK, and so you then have people asking, "Well, am I better off in one scheme or another?" The advantage is the exact mirror, which is that the exact converse, which is that you get reflect what beneficiaries you are responsible for actually want.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21		So as well as the health department in the UK Government, there had always been a need to make sure that the Department for Work and Pensions are sighted and not going to apply conditions that would mean that other benefits would mean a reduction in the value of the payment, in essence. Then, before we look at the specific decisions that you've taken in relation to the Welsh scheme following this statement, can I just ask in broad terms for your reflections on what the advantages or disadvantages have been, from your perspective, of there being a Welsh scheme, a devolved scheme? Well, the disadvantage is you get different schemes in different parts of the UK, and so you then have people asking, "Well, am I better off in one scheme or another?" The advantage is the exact mirror, which is that the exact converse, which is that you get reflect what beneficiaries you are responsible for actually want. The challenge is, in all of this, it was a whole
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 20 21 22		So as well as the health department in the UK Government, there had always been a need to make sure that the Department for Work and Pensions are sighted and not going to apply conditions that would mean that other benefits would mean a reduction in the value of the payment, in essence. Then, before we look at the specific decisions that you've taken in relation to the Welsh scheme following this statement, can I just ask in broad terms for your reflections on what the advantages or disadvantages have been, from your perspective, of there being a Welsh scheme, a devolved scheme? Well, the disadvantage is you get different schemes in different parts of the UK, and so you then have people asking, "Well, am I better off in one scheme or another?" The advantage is the exact mirror, which is that the exact converse, which is that you get reflect what beneficiaries you are responsible for actually want. The challenge is, in all of this, it was a whole UK failure, a system-wide failure, over many decades
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 9 20 21 22 23		So as well as the health department in the UK Government, there had always been a need to make sure that the Department for Work and Pensions are sighted and not going to apply conditions that would mean that other benefits would mean a reduction in the value of the payment, in essence. Then, before we look at the specific decisions that you've taken in relation to the Welsh scheme following this statement, can I just ask in broad terms for your reflections on what the advantages or disadvantages have been, from your perspective, of there being a Welsh scheme, a devolved scheme? Well, the disadvantage is you get different schemes in different parts of the UK, and so you then have people asking, "Well, am I better off in one scheme or another?" The advantage is the exact mirror, which is that the exact converse, which is that you get reflect what beneficiaries you are responsible for actually want. The challenge is, in all of this, it was a whole UK failure, a system-wide failure, over many decades and you may have a challenge about which scheme is

Blood	Inqu	iry 20 May 2021
1		time with UK Government announcements, but it was
2		a case of the UK Government having made a decision.
3	Q.	I'm going to ask you a little later about issues of
4	Q.	funding and funding streams and what avenues of
5		funding there were for the Welsh Government in terms
6		of funding the scheme but, leaving aside for the
7		moment issues of funding, were there any particular
8		constraints or conditions or preconditions from the
9		UK Government placed upon the Welsh Government in
10		terms of what the scheme should look like or what its
11		eligibility requirements should be?
12	Α.	No. The reality is we already have a defined group of
13		people who have been beneficiaries of previous
14		schemes. Some of those are organised into groups,
15		some of those don't want to be recognised and part of
16		groups. They deal with they're dealt with the
17		schemes on an individual basis. So we have a discrete
18		group of people.
19		As to what we then did in terms of the choice we
20		made to support, there wasn't a straitjacket in terms
21		of the UK Government saying you may or may not make
22		decisions in these areas. What was really important
23		though, in terms of any support arrangements was
24		a relationship with the benefit system and to make
25		sure that people's other benefits weren't affected.
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1		that fair? So that's a challenge to work through and
2		I know we're going to talk about parity later.
3		But in the discussions we had, it meant we were
4		able to listen to what people wanted to do and what we
5		then could do. So that's why we introduced the
6		psychological support elements, because that was
7		a view that came up in the conversation we had with
8		the scheme beneficiaries that are we responsible for
9		in designing and implementing the Welsh scheme.
10	Q.	I'll come on to psychological support at a slightly
11		later stage. If we look at your next announcement,
12		this is the announcement of the scheme itself, which
13		is at CVHB0000040, and we see it's a statement by you
14		on behalf of the Welsh Government, 30 March 2017:
15		"I am pleased today to inform members of new
16		support arrangements for individuals and their
17		families affected hype hepatitis C and HIV through
18		treatment with contaminated blood in Wales. These
19		arrangements will come into effect in the coming year
20		and be administered through a new process I expect to
20		become operational in October.
22		"The significant impact on many individual lives
22 23		
		of such infections has been extensively discussed in
24 25		the Assembly chamber with broad agreement that we must
25		improve the ex gratia support provided by Welsh
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(3) Pages 9 - 12

1		Government. I announced significant new investment
2		that enabled us to mirror English arrangements on an
3		interim basis during 2016-17, but most importantly was
4		committed to taking into account the views of those
5		affected to ensure that, going forward, this support
6		is used to best effect and our arrangements are
7		transparent and equitable."
, 8		Then if we just pick it up on the last line of
9		
		the page:
10		"I am therefore introducing a single streamlined
11		scheme for Wales to be administered by Velindre NHS
12		Trust through the NHS Wales Shared Services
13		Partnership."
14		You refer in the next paragraph to there being
15		an automatic transfer to the new scheme and to working
16		with the Department of Work and Pensions and with HM
17		Revenue & Customs.
18		You refer in the next paragraph to the workshops
19		and survey.
20		And then if we go down towards the bottom of the
21		page, please, Soumik, you say this:
22		"Three principal messages influenced my
23		decisions. The first was that there is a need to
24		provide broader assistance over and above financial
25		support. Affected individuals can experience
20		
		13
1		systems. Now, I think we've done some of this but if
2		I'd understand the impact on the whole person and in
3		their context and money doesn't actually necessarily
4		do that. There may be other parts of that person's
5		life that are more important that they want assistance
6		for.
7		So some of that's a direct provision, some of it
8		is signposting people to a suitable support service.
9		So that's what we are trying to do, to see the whole
10		person to understand how we can help and support that
11		person in matters that are about more than money. The
12		obvious part is the psychological support assistance,
13		so we then eventually have provided, but it is about,
14		as I say, that broader support for the individual in
15		their own unique circumstances.
	0	
16	Q.	If we then move to the bottom of the page we can see
17		the second of the three principal messages you state:
18		" I want to address the concerns raised about
19		access to discretionary funding. This has not been
20		straightforward or equitable in that many never apply
21		at all for these funds and those shoe do apply can
22		find it burdensome and undignified to fill in forms to
		seek often modest amounts of money. As equity is
23		seek often modest amounts of money. As equity is
23 24		a key value for our new scheme, I have decided to
24		a key value for our new scheme, I have decided to

1		difficulties accessing healthcare services, home or
2		travel insurance, other financial benefits, or
3		suitable public services. Having heard this, I intend
4		our new scheme to include a holistic support service
5		for every affected individual to be provided face
6		to face, online and by telephone. I believe this will
7		significantly improve our beneficiaries' sense of
		• • •
8		security, quality of life and care and, I hope, ensure
9		they are treated with the dignity they have a right to
10		expect."
11		Just pausing there, Mr Gething, I won't take you
12		to the scheme documents but the concept of a holistic
13		support or holistic services is embedded in the actual
14		scheme documents that establish the scheme. Why was
15		something beyond financial support regarded by you and
16		
		the Welsh Government as important and what, in broad
17	_	terms, does the holistic support encompass?
18	Α.	It directly came from the conversations and engagement
19		we had in the consultation period on the new scheme.
20		So we heard in both the events, the one in
21		North Wales, the one in South Wales, as well as in the
22		written responses, that finance of course was
23		important but it was more than that and, in
24		particular, the psychological support but also
25		understanding how to navigate your way around support
25		· · · · · · ·
		14
1		towards additional expenses such as increased winter
1 2		towards additional expenses such as increased winter fuels; in relation to treatment (travel/overnight
2		fuels; in relation to treatment (travel/overnight
2 3 4		fuels; in relation to treatment (travel/overnight accommodation); and insurance (personal/travel). My intention is to remove the need for people to apply
2 3 4 5		fuels; in relation to treatment (travel/overnight accommodation); and insurance (personal/travel). My intention is to remove the need for people to apply for this support although a small discretionary fund
2 3 4 5 6		fuels; in relation to treatment (travel/overnight accommodation); and insurance (personal/travel). My intention is to remove the need for people to apply for this support although a small discretionary fund will be retained."
2 3 4 5 6 7		fuels; in relation to treatment (travel/overnight accommodation); and insurance (personal/travel). My intention is to remove the need for people to apply for this support although a small discretionary fund will be retained." Again, Mr Gething, what was the thinking which
2 3 4 5 6 7 8		fuels; in relation to treatment (travel/overnight accommodation); and insurance (personal/travel). My intention is to remove the need for people to apply for this support although a small discretionary fund will be retained." Again, Mr Gething, what was the thinking which led you to identify that as one of your three
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2 3 4 5 6 7 8 9 10 11 12 13 14 15	A.	fuels; in relation to treatment (travel/overnight accommodation); and insurance (personal/travel). My intention is to remove the need for people to apply for this support although a small discretionary fund will be retained." Again, Mr Gething, what was the thinking which led you to identify that as one of your three principal messages? Well, again, this came from engagement with people directly affected themselves and some people were applying for discretionary support but, for others, they either didn't understand or didn't want to engage in it for a range of reasons. There's still lots of stigma. Actually, for the amounts of money the point
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	Α.	fuels; in relation to treatment (travel/overnight accommodation); and insurance (personal/travel). My intention is to remove the need for people to apply for this support although a small discretionary fund will be retained." Again, Mr Gething, what was the thinking which led you to identify that as one of your three principal messages? Well, again, this came from engagement with people directly affected themselves and some people were applying for discretionary support but, for others, they either didn't understand or didn't want to engage in it for a range of reasons. There's still lots of stigma. Actually, for the amounts of money the point about burdensome and undignified, that was a very strong response from people and so, actually, rather than saying there was an amount of money that you have to go through an application process for, we decided to do exactly as the statement sets out, to increase
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1		a discretionary fund might be appropriate, so that's
2		why we retained that. But in all of these different
3		areas there are increased costs for people and those
4		costs matter. They may not be hugely significant
5		financial costs in the grand scheme of things but for
6		those people as additional costs for dealing with the
7		reality of the fact that they had had infected blood
8		from the NHS, there were things we wanted to try and
9		make some contribution towards on a much before
10		predictable basis to provide equity to the whole group
11		of beneficiaries, in recognising that some people have
12		simply not engaged with the process for reasons that
13		I think are entirely understandable.
14	Q.	Then the third principal message that you set out in
15		this statement was this:
16		"Finally, I learned that we can do more to
17		support those who have been bereaved, especially
18		during the early years when distress and financial
19		difficulty may be greatest. The one-off payment is
20		not sufficient to help people adjust when regular
21		payments cease. To address this, I have decided that
22		spouses, civil partners or partners will receive
23		75 per cent of the regular payments for three years
24		after bereavement. For the newly bereaved, payments
25		will reflect the regular payment rate at the time of
		17
1		Now, in any of these, money doesn't fully
2		reflect the loss but it is about trying to have
3		something that is as fair as possible and, of course,
4		things have progressed since this time as well.

-		unings have progressed since this time as well.
5	Q.	The Scottish scheme was 100 per cent for the first
6		year and then 75 per cent thereafter. If we leave
7		aside for a moment the 100 per cent, 75 per cent
8		difference, when we look at the most recent
9		announcements I may come back to that, but the Welsh
10		scheme limited the payments of 75 per cent to three
11		years. Was there a logical or moral or principled
12		basis for that or was that simply, in reality,
13		a reflection of financial constraints?
14	Α.	It was partly trying to understand how long a period
15		of time would it take to help support people through
16		bereavement, getting used to a change of financial
17		circumstances, and it was always a reflection that,
18		from a budgetary point of view, this a limit to the
19		budget that we have and, in managing my whole
20		responsibilities, I remember this was a particularly
21		difficult time in trying to reflect a balanced budget
22		and so there were financial considerations that were
23		part of it. There's no point trying to pretend they
24		weren't.
25		That was part of what we had to manage and, in

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mono-infected, co-infected, hepatitis C, HIV; is that 20

would depend on whether they were, for example,

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(5) Pages 17 - 20

1		right?
2	Α.	Yes.
3	Q.	What was the thinking behind differential rates then
4		for widows?
5	Α.	Because it reflects the payments that were actually
6		being made. So and this always comes back to
7		scheme design and, again, this vexed question of what
8		is fair, bearing in mind there's a huge unfairness
9		that has been imposed on these people with the pain
10		and suffering they've already gone through. But then
11		once you have ascribed an amount for regular payments
12		that are being provided, it's a percentage of those
13		regular payments and this is difficult but it was part
14		of the commentary and discussions we had about what
15		would and wouldn't be fair. So that's the way we
16		settled an equal portion of the regular payments that
17		would previously have been provided before the
18		bereavement.
19	Q.	In setting up the Welsh scheme, what, if any,
20		consideration was given to the model of financial
21		support used in the Republic of Ireland?
22	Α.	Well, this was something that was mentioned to us on
23		regular occasions and, you know, understandably so in
24		terms of advocating for the best possible support
25		scheme, the Republic of Ireland scheme was regularly

21

	Again, it comes down to what can we do and how
	do we then do that as fairly as possible, given the
	envelope that you have to operate in as a decision
	taking minister. I know that's quite uncomfortable
	sometimes because that doesn't sound you are just
	saying let's do what's right but, actually, you still
	have to make choices within the financial envelopes
	available to you and that's hard, I know. It's hard
	as a decision taker but I also know it's much harder
	if you are the person who is saying, well, it appears
	to me that there is not less more money ^ but that
	gets turned into a greater value being attached to
	someone in my circumstances in a different part of the
	United Kingdom.
	So I understand that in itself has been
	an ongoing cause of grievance, even though this
	represented an improvement in the position in Wales,
	I don't doubt for a single second that people wanted
	us to have the most generous support system available
	and they would have been disappointed we couldn't
	match with Scotland.
Q.	Why was Velindre NHS Trust chosen as the administrator
	of the scheme?
Α.	Well, there was very clear view from people who were
	going to be beneficiaries from the scheme that they
	23

1		mentioned to us, and it came down to what we were able
2		to do and to achieve. You know, we had this benchmark
3		of England on the one side and the Republic of Ireland
4		on the other and, of course, the broader healthcare
5		and support systems are different.
6		I have more understanding of the Republic of
7		Ireland's healthcare system than others. My wife is
8		Irish, I have in-laws, but it was really about what
9		can we do and the Republic of Ireland scheme was more
10		generous on a range of fronts and we simply weren't
11		able to match that in what we could do.
12		So, yes, we were aware of it, yes, we considered
13		it but actually it wasn't something that we could
14		deliver and be sustainable through the health budget
15		we had to work with.
16	Q.	What consideration was given to the Scottish model or
17		was it a case very much of just looking to the English
18		model and seeking to match elements of that?
19	Α.	We looked at the Scottish model as well as the schemes
20		developed and, you know, it's hardly surprising that
21		people will look at what's available in different (and
22		especially nearby) countries and starting with those
23		in the UK, and the Republic of Ireland being the next
24		most obvious one to look at, for reasons that are
25		entirely understandable.
		22
1		wanted a not-for-profit group. They didn't want to
2		like the idea that someone who would come in on
3		a for-profit basis be delivering the scheme. So we
4		chose Velindre as a not-for-profit organisation and
5		they were able to deliver the scheme to NHS Shared
6		Services. So NHS Shared Services was housed within
7		Velindre NHS Trust and they were able to deliver the
8		scheme in the time-frame that we wanted. It's also
9		because we're able to, instead of creating a wholly
10		new organisation we were able to direct Velindre to
11		create this service and were able to work with them to
12		do so. That's part of our ability, effectively, of
13		in-line managing the NHS in Wales, to be able to do

13 in-line managing the NHS in Wales, to be able to do
14 that.
15 Q. That was your announcement March 2017 for the scheme
16 that would then begin to operate in the autumn of

- 2017. Could we next go to WITN4065002. This is an
   announcement by you in March 2019. Before we look at
   the detail of it, is it right to understand that this
- 20 is really -- although there may have been some modest
- 21 adjustments to the scheme between 2017 and 2019, this
- 22 was the first major change that was being made to the
- 23 scheme since its inception?
  - A. Yes, that's fair.

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- 25 Q. If we look at -- well, the second paragraph refers to
  - 24

(6) Pages 21 - 24

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1	the acceptance on behalf of the Government that:	
2	" beneficiaries of our ex gratia payments	
3	scheme delivered through our partners at the Welsh	
4	Infected Blood Support Scheme will have experienced	
5	significant mental health, well-being and post	
6	traumatic stress associated with their experience of	
7	infection."	
8	Then it refers to officials having:	
9	" met with those directly affected,	
10	clinicians, the benefits advisers and counsellors at	
11	WIBSS to gauge their thoughts regarding additional	
12	means of support for all beneficiaries, particularly	
13	those at Stage 1 with life impacting complications	
14	arising from their hepatitis C infection."	
15	Then you say this:	
16	"Following these discussions I have agreed to	
17	make available the following enhanced support"	
18	If we go over the page we see you make several	
19	announcements, the first of which is:	
20	" Enhanced [hepatitis C stage 1] Scheme	
21	payment, for those with existing Stage 1 hepatitis C	
22	who are suffering from mental health symptoms which	
23	they consider to be related to their being infected	
24	with hepatitis C and where the mental health symptoms	
25	that they are experiencing have an affect on their	
	25	
1	Before we look at the other changes because	
2	this, I think, was the principal change in terms of	
3	financial support that you were announcing on this	
4	date, the English scheme had introduced in the latter	

		, , , , , , , , , , , , , , , , , , , ,
4		date, the English scheme had introduced in the latter
5		part of 2017, I think, the Special Category Mechanism.
6		Is it right to understand that this was the Welsh
7		Government's "equivalent" is not the right word,
8		I think, but its alternative to introducing a Special
9		Category Mechanism-type payment?
10	Α.	Yes, and, again, we weren't as sighted as we'd have
11		wanted to be when the Special Category Mechanism was
12		introduced and every time there was a change in
13		a scheme there's a ripple effect from people across
14		the UK. We looked and we thought then about what we
15		would want to do. So it was about a need to re-engage
16		with people, how to do this and how to do so in a way
17		that is as fair as possible. So we didn't go down the
18		same route of medical evidence but it's about the
19		understanding and the conversation with people about
20		the direct impact of their symptoms. So we
21		deliberately went for a more simplified approach and
22		that's what led to us making this when I say "us",
23		ultimately it's me, I'm the decision-maker, so it's my
24		choice, but in conversation with officials and from
25		the engagement they had with our stakeholders.

ability to carry out day to day activities. The enhanced payment will be equivalent to the current rate of payment for those at Stage 2, hepatitis C infection, which is £18,500 per annum. Where an application to receive the Enhanced Hep C Stage 1 + Scheme Payment is submitted by 23 April 2019, the payment will be backdated to 1 April 2018 or to the date that the individual first received the Stage 1 ex gratia payment under WIBSS, whichever is the later." Then if we look towards the bottom of the page 10 11 you say: 12 "The proposed enhanced scheme for those at 13 Stage 1 infection will be much simplified from that 14 available across the border, with no requirement for 15 medical input into the application process. 16 Beneficiaries will simply be asked if they are 17 suffering from any mental health symptoms that they 18 feel are related to their infection from contaminated 19 blood or blood products, the symptoms and whether they 20 are affecting their ability to carry out day-to-day 21 activities. If this is the case, there will be no 22 need for further assessment because the person has 23 already been diagnosed with Hepatitis C from infected 24 blood or blood products and this is already 25 acknowledged as unjust." 26 Q. So would it be right to understand that, in broad terms, in terms of what the process was for applying 3 for this, it's more closely related to what we've heard about in Scotland, arising from their clinical review, it's a process of self-declaration by the

beneficiary who's making the application, rather than,

analysis and a report and the completion of a form by

a clinician, setting out hepatic consequences and

process, avoiding the need for further assessment.

Were those essentially the reasons for going down this

model rather than the clinical model, to try and make

that people have already gone through and then to be

another process, where you are going to be re-examined

and you won't know what the answer to that is before

we're prepared to acknowledge that you really are

recognition was that, in the great majority of cases,

that you'd end up saying that was the outcome and why

suffering further psychological impact, and the

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told that we need to, essentially, put you through

Q. You refer here, I think, to it being a simpler

it simpler and more straightforward?

A. Yes, and, again, it's an understanding of the hurt

sequelae of hepatitis C?

A. Yes, that's fair.

as under the English scheme, a process which requires

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(7) Pages 25 - 28

reference there to the English scheme having adopted

beneficiaries will challenge Welsh Government's policy if a similar approach is not adopted in Wales." Then three options are set out:

"Introduce Special Category Mechanism or

If we go over the page -- I'm not going to go

"... the Welsh Government adopt the Special Category Mechanism or a similar system. This would ensure our beneficiaries would not be disadvantaged under our scheme, compared to those in the English

Before I ask you a question, I just want to show you one further document. So that's March 2018. And 30

Bearing in mind these were recommendations being

made and then followed up in March and June of 2018, can you help us understand why it was not until March 2019 that the enhanced stage 1 plus payment was

initial recommendation from WIBSS and then when that comes to me as the minister, and the dialogue between officials, but also looking to engage with people directly affected, and that's also why this was backdated because the length of time getting the

Part of the challenge in the Special Category Mechanism is it was announced without notice and so we were then really catching up and every day you are trying to catch up, there are people who are understandably saying, "Why are we being treated

So it's simply about how quickly the machinery of government and consultation can work to understand what do we do. The broad recommendation is there. We

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A. Yes, it's a challenge in getting through from the

through the detail of the options analysis -- if we look at the "Conclusion" on the next page, we can see

Then there is an estimate of costs.

this. This is also pressing as the majority of our beneficiaries are at stage 1 and if there was a change of policy in Wales then they could be financially

the recommendation from WIBSS is that:

"Do away with stage 1, thereby negating need for

"Since England introduced the SCM, we have received a number of queries on whether Wales will

the Special Category Mechanism. It says:

follow suit. It is highly likely that WIBSS

"Don't adopt

[Special Category Mechanism]."

something similar

scheme."

significant to them."

introduced?

process right.

differently?"

1	put people through that process.	1
2	You'd need to have something for people to	2
3	actually recognise they had those symptoms, to	3
4	recognise actually and to be able to say there's	4
5	something that I feel I am directly impacted by, and	5
6	that would then be a much simplified conversation; so	6
7	that's self-declaration, rather than an external	7
8	review and support.	8
9	Of course, you need to remember there's quite	9
10	a lot of mistrust where, if you're being told that	10
11	there's going to be an extra medicalised process, that	11
12	some people think that's just a way of trying to come	12
13	up with the wrong answer and I've heard, essentially,	13
14	that would be a cost-saving process to avoid making	14
15	payments. So we had to try to think through all those	15
16	different things and then come back, as I had already	16
17	said at the end of the paragraph you refer to about	17
18	what is just, and it already acknowledged injustice	18
19	that had been visited upon these groups of people.	19
20	<b>Q.</b> This is an announcement made in March 2019. If we go	20
21	to HSSG0020018, we can see this is a report from the	21
22	manager of the Welsh Infected Blood Support Scheme	22
23	a year earlier, 22 March 2018. If we go to page 7,	23
24	please, Soumik, we can see under the heading there	24
25	"Potential options re Special Category Mechanism",	25
	29	
4	it we there are to U.O.O.O.O.O.O.O.O.O. we will a set Marco this set	4
1	if we then go to HSSG0020006, you'll see, Mr Gething,	1
2	there's an exchange of emails here from June 2018	2
3	within the Department of Health in Wales, and if we	3
4	go or, the Health and Social Services group within	4
5	Wales. And if we go to the next page and we just look	5
6 7	at the email at the bottom of the page so this is	6 7
8	June 2018 it says:	8
o 9	"There are a few things outstanding which are	8 9
	currently holding us back."	
10 11	The first is: "The 2018/10 uplift for heneficiery payments."	10 11
12	"The 2018/19 uplift for beneficiary payments."	11
	I will ask you about the general position of	12
13 14	uplifts in a few minutes. Then 2:	13
		14
15 16	"England has introduced a Special Category	15
	Mechanism which, in theory, provides beneficiaries at	
17 18	stage 1 that have limiting lifestyle factors similar	17 18
	to beneficiaries clinically classed as stage 2, with	18
19 20	the stage 2 payment levels. Our paper highlighted	
20 21	some options around this"	20 21
	That, I think, is a reference to the March 2018	21
22	paper.	
23	Skipping down a couple of lines, the email	23
24	continues:	24
25	"Again we are receiving regular calls about	25
	<b>S</b> 1	

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(8) Pages 29 - 32

					,,,
1		then have to find a way to say: well, how do we do	1		needs for such support has also been emphasised
2		this in a way that is fair, to operationalise it? And	2		through the Infected Blood Inquiry and will form part
3		that then comes to me with some choices about	3		of the overall package of holistic provision
4		sign-off, saying, "Yes, please go ahead and do this,	4		available."
5		and find a way to do this fairly" and then to sign off	5		So the second aspect of your March 2019
6		and make the announcement on that actual operational	6		announcement was to introduce a psychological support
7		way to deliver it. But because of the time that it	7		service; is that right?
8		had taken, that's why there was an element of	8	Α.	Correct.
9		backdating in it as well, to reflect the fact that	9	Q.	And is it right to understand that that was a service
10		otherwise it would move forward from the March the	10		available both to those whose route of infection was
11		later date when it was announced, you'd have	11		through blood products as a consequence of treatment
12		understandably had people coming and making	12		for bleeding disorders and those whose route of
13		representations about the fairness of that.	13		infection was through transfusion or treatment with
14		So that was a proactive decision to backdate it	14		other types of blood product?
15		to reflect the time taken to deliver the change.		Α.	Yes, that's right. Essentially anyone affected by the
16	Q.	If we then go back to your March 2019 announcement at	16		matters that the Inquiry is running through. So it's
17		WITN4065002, and just pick up the other aspects of	17		really about the psychological impact rather than
18		that announcement.	18		trying to re-understand the route to the infection
19		Go to the third page, please, Soumik.	19		taking place, but the consequence of that (unclear:
20		So the second announcement is in the second	20		audio interference).
21		paragraph on this page:		Q.	We see there the reference to families, as distinct
22		" a structured assessment and personalised	22		from when we look at the financial support
23		package of additional assistance will be offered to	23		payments the bereaved, the narrower definition
24		all those infected and their families as part of the	24		of in terms of widows, widowers, civil partners,
25		new WIBSS psychological support arrangements. The	25		partners and so on.
		33			34
1		The psychological support arrangements are	1		inviting them to apply. This support will further
2		available, are they, to any family members, in	2		enhance the lives of those affected in a more
3		principle, who have been affected?	3		regulated and equitable way and will be available in
4	A.	In principle shown that they had been affected and,	4		addition to the existing regular ex gratia and income
5		you know, within that we didn't think we'd have	5		top-up payments."
6		a mushrooming out of people wanting to get family	6		Now, the suggestion there that there will be
7		members who hadn't been affected because this is	7		a revised and more open and transparent way to the
8		this is so personal, and it's the direct impact and	8		administration of the existing discretionary fund
9		understanding and you know, whilst there are	9		might tend to suggest that there had been problems
10		support groups, those are to support each other. Lots	10		with the way in which the discretionary fund was
11		of people don't want to talk about this in public and	11		operating and that it wasn't operating at the most
12		so it's actually a challenge to get people to take up	12		desirable level in terms of openness and transparency.
13		the support that's been offered. And that's why the	13		Is that correct and were you aware of there
14		direct conversation and the direct communication with	14		being particular concerns of problems about the
15		those infected and their families have been important,	15		discretionary fund?
16		and the recognition that if you try to limit this to,	16	Α.	Well, my recollection is that we weren't getting lots
17		if you like, the next of kin, that wouldn't	17		of people applying and making use of it and
18		necessarily reflect the wider impact of the	18		understanding what was available in the discretionary
19		psychological harm that had been caused.	19		fund. This is really about proactively making it
20	Q.	And then if we look at the next paragraph it says:	20		clear to people the eligibility criteria for all
21		"In addition to these enhancements, WIBSS will	21		beneficiaries and inviting them to apply, so you don't
22		adopt a revised and more open and transparent approach	n 22		have in uneven take-up within the fund and, equally,
23		to the way the existing discretionary fund is	23		you don't get people frustrated applying through the
24		administered. They will write to all beneficiaries	24		discretionary fund for something that may or may not
25		informing them of the eligibility criteria and	25		be eligible when actually a greater understanding of
		35			36 (9) Pages 33 - 36

### The Infected Bl

			ne nneotee
1		the criteria could help to resolve that before it's	
2		a problem.	
3		This really is about trying to make it work as	
4		fairly as possible and making sure everyone's got	
5		proper notice so they can make a choice about whether	
6		they want to apply or not.	
7		So it's really about the learning and	
8		introducing new parts and understanding how proactive	
9		you need to be to make clear the fund's purpose and	
10		its eligibility.	
11	Q.	If we just go back to the full page and just look at	
12		the next paragraph, it says or, you say:	
13		"I can also confirm that the suite of ex gratia	
14		payments currently available to those belonging to	
15		WIBSS will see their payments rise in line with the	
16		Cost of Living Price Index including Housing (CPIH) as	
17		published in February 2019 from the 1 April 2019."	
18		So that's a cost of living increase to payments.	
19		Now we know from other evidence the Inquiry has	
20		heard, and indeed will no doubt hear more about	
21		tomorrow, that in April 2019 the Department of Health	
22		and Social Care announced an increase in the rates of	
23		regular payments that were going to be made under the	
24		English scheme. I just wanted to ask you a couple of	
25		questions in relation to that.	
		37	
1		notice of that.	
2		The frustration was there had been a meeting	
3		between officials between governments I think in the	
4		week before, and there wasn't any sharing or	
5		conversation about that. In fact, my understanding	
6		was that officials had agreed that they'd wait for the	
7		Inquiry to start and see what came from the evidence	
8		before moving and that we then had been in a position	
9		where we haven't made substantive increases until the	
10		recently announced parity agreements, and that has	
11		largely been about our ability to do so.	
12		So, yes, that situation that we have been in and	
13		I recognise that it's put those people that we have	
14		responsibility for in terms of the Welsh scheme in	
15		a different position.	
16	Q.	We can take that down.	
17		More broadly, Mr Gething, what's your	
18		understanding, as effectively the decision-maker who	
19		established the Welsh scheme, as to the rationale for	
20		the making of these payments? Why are they made and	
21		what are they designed to reflect?	
22	Α.	Well, these are it's the successor scheme to the	
23		old Alliance House scheme that came up, as we have	
24		gone through, in an <i>ad hoc</i> way and, in honesty, my	
25		understanding is these are support payments to reflect	
		20	

llood	Inqu	iry 20 May 2021
1		First of all, was the Welsh Government, as far
2		as you can recall, informed or told in advance that
3		those increases were going to be made to the English
4		payments?
5	A.	I don't recall that we had any material notice of the
6		increase that was going to be made in England. That's
7		a cause of frustration and it inevitably leads to
8		beneficiaries in different parts of the UK saying,
9		"What's happening to us?" So, no, we didn't have
10		material notice of the change.
11	Q.	Again, without we've got multiple comparison
12		tables, I think, in the papers, but without going to
13		the tables and going through the specific payments in
14		any one point in time, is this right as a matter of
15		general statement: the Welsh Government did not make
16		a comparable increase, or, I think, any increase other
17		than the increase announced here, to the regular
18		payments to try and bring them either closer to or in
19		line with the English payments until we get to the
20		very recent March announcement of this year, which
21		I want to come on to later?
22	Α.	I think that's right, because I think just correct
23		me if I'm wrong, but the payments we're talking about
24		now and the increase was essentially the first day of
25		the Inquiry sitting and we certainly didn't have
		38
1		the fact that something had gone wrong, to reflect the
2		harm and the distress, but also really to try to
3		provide some practical support for people. And we get
4		into the position of there being no recognition of
5		formal liability and a desire not to admit liability.
6		I understand why people do that from time to
7		time I used to be a lawyer in the old days when
8		I had a job that people understood and respected
9		but the reality is that there's been a long-standing
10		desire not to call these "compensation payments", but
11		in reality they are what many people understand to be
12		something like that and, once you have these ex gratia
13		payments in place, with the practical support that
14		they provide, you've got to find a way to deliver them
15		fairly.
16		I've tried not to get too tied up into whether
17		they are or aren't compensation. I've tried to focus
18		on the practical impact the payments have and how we
19		deliver fairness and support, why is why some of the
20		changes we've run through in the scheme was more about
21		more money.
22		But that's my honest understanding of what's
23		happened and, as I say, I've got an imperfect
24		understanding of how the schemes were put together in

understanding of how the schemes were put together in the past. I have a much clearer understanding of my

40

24

25

1		role as a decision-maker in trying to do the right
2		thing since I became the responsible minister.
3	Q.	In terms of, as it were, the period during which the
4		Welsh scheme has been in operation, is this right,
5		that there has not been by or on behalf of the Welsh
6		Government or, indeed, I think, any of the other
7		governments any attempt at a structured or
8		comprehensive assessment of the needs of those who
9		were infected and their families or of the losses
10		experienced by them over many years?
11	Α.	I think there are two answers to that, but I'm not
12		trying to be difficult, I'm trying to say that, in
13		honesty, the way we've tried to understand the needs
14		and the conversations we've had about designing the
15		scheme, that was about trying to understand the need
16		and how we best provide support.
17		That's different, though, to the way that, if
18		you're running a legal claim, you would run through
19		and understand rather more acutely and hopefully more
20		accurately the direct impact of the loss suffered and
21		the pain, suffering and financial loss. So we've
22		never tried to do that in the way you would in a claim
23		that I'm familiar with in my time in both personal
24		injury and employment law fields, but we have tried to
25		understand the impact in those broader terms when
		41
1	~	of what's been done to them.
2	Q.	Can I ask you to look now, just I think to assist with
3		some general questions about some of the funding
4		constraints, at a statement from Chris Jones.
5		Soumik, it's WITN4065004.
6 7		You'll see there this is a statement of
		Dr Chris Jones on behalf of the Welsh Government. Can
8 9		you just tell us what Dr Jones' position is within the Welsh Government?
9 10	A.	Dr Chris Jones is the Deputy Chief Medical Officer for
10	А.	Wales.
12	Q.	Now, if we go to the third page of the statement,
13	ч.	Dr Jones has helpfully set out some matters in
14		relation to the funding arrangements. So if we pick
15		it up towards the bottom of the page under the heading
16		"Funding for the Scheme":
17		"3. The budget allocated to WIBSS is considered
18		as part of the annual budget setting process of the
19		Welsh Government. Forecast of expected costs are
20		received regularly from WIBSS, with specific revisions
21		where any change in policy is being proposed.
22		"4. This will include an estimate of costs in
23		relation to HIV cases which can be taken into account
24		
		when setting the weish Government budget for WIBSS.
25		when setting the Welsh Government budget for WIBSS. The additional budget for the HIV cases is transferred

1		we've consulted with and listened to people that we
2		have responsibility to support through the Welsh
3		scheme.
	~	
4	Q.	It's right, I think, to say that the Welsh scheme
5		and again, this is in common with the other national
6		schemes doesn't purport to compensate for past
7		losses. The regular payments are designed to provide
8		a degree of financial support on an ongoing basis
9		rather than to account for any type of historic loss?
10	Α.	I think that's a fair summary of the position, yes.
11	Q.	Do you consider that there is, in broad terms, on
12		Government and I'm deliberately using the term "on
13		Government" in that general sense rather than any
14		specific national body a moral responsibility
15		or obligation to address the impact of what happened?
16	Α.	Yes, and I don't think we would be having this Inquiry
17		if that weren't the case. If we didn't think there
18		was any moral responsibility and obligation to act in
19		Wales, well, we wouldn't have spent the money in the
20		scheme in the way that we did. We recognise that
20		there is moral responsibility and I hope that at the
22		
		end of this Inquiry we'll have a clear understanding
23		not just of what happened but actually what's going to
24		take place in the future. Because every year there
25		are fewer people to make the case and to remind people
		42
1		to Wales at the second supplementary budget each
2		year."
3		Dr Jones has defined that.
4		"This is because it was recognised that no
5		funding flow to Wales had taken place in relation to
6		historical HIV cases."
7		Then if we go down to paragraph 6, we can see
8		Dr Jones says:
9		"In terms of the ongoing annual process for the
10		transfer of HIV funding, it would be desirable that
11		this arrangement is regularised and that Wales
12		receives a permanent transfer of funding.
13		"7. Funding levels for WIBSS are reviewed
14		annually and during the financial year, if required."
15		Then paragraph 8 he says:
16		"The levels of regular payments and lump sums
10		were initially set in 2016-17 after consideration of
		5
18 10		the Scottish and English schemes; coupled with the
19		wider consideration of overall affordability."
20		Then he refers to the engagement process and
21		then if we go over the page, paragraph 9, he explains
22		how regular payments "are increased by the Consumer
23		Prices Index to take account of inflation", refers to
24		the stage 1 plus hepatitis C category, and then says
25		this:
		44 (11) Pages 41 - 44

1		"Welsh Government has not matched the increase
2		in ex gratia payments announced by the UK Government
3		on the opening day of the Infected Blood Inquiry
4		in 2019."
5		Then talks about the parity issue, which we'll
6		come on to later.
7		Then paragraph 10 says:
8		"Prior to the parity announcement on
9		25th March 2021 Welsh Government had received many
10		representations in the form of correspondence both
11		from beneficiaries, their families and Senedd members.
12		Whilst all correspondence is given due consideration,
13		the fact remained that Welsh Government were unable to
14		meet the financial implications of these requests."
15		Then paragraph 11:
16		"There is no ongoing minimum funding commitment
17		by the UK Government or DHSC towards the Welsh
18		Government's funding for WIBSS.
19		"12. It would be preferable if a permanent
20		budget transfer to Welsh Government, from 21-22
21		onwards, could be agreed with the UK Government."
22		Then at paragraph 13 he says:
23		"Moving away from 'in-year' budget transfer and
24		time limited proposals from the UK Government would
25		ensure there is continuity and security for the levels
		45
1		in that way but, as we've discussed, there's been
1 2		a shift and movement in payments. So that's why
2		I think getting to more broader parity is really
4		important and then it's about whether it's clearly
<del>4</del> 5		identified as a financial transfer on agreed rates,
6		otherwise you're getting into a transfer is made for
7		this purpose but if all the schemes shift and change,
8		then that changes the nature of the payments being
9		made, it's not fully covering the costs going out in
10		the scheme and you are then taking money from other
11		parts of each relevant Government's health budget to
12		do so. That's why I think clarity on this and a
13		longer term commitment is desirable, as Dr Jones sets
14		out in his statement.
15	Q.	So is this right, and again it may reflect the
16		evidence we've heard in relation to other parts of the
17		United Kingdom: the payment is made by DHSC but you
18		don't necessarily know what precisely that payment's
19		going to be well in advance and you don't have
20		a long-term commitment to the continuity of that
21		payment; is that right?
22	A.	That's correct.
23	Q.	Do you know if you can't assist us with this then
24		please do say so, but do you know how the DHSC
25		calculates the HIV payment that it makes to the Welsh
		47

1		of payments required to achieve parity across all
2		[four] nations."
3		Then just over the page to complete it:
4		"There is an annual commitment for DHSC to
5		provide funding to cover the cost of payments made to
6		those who were infected with HIV. This has arisen as
7		there has been no permanent transfer of funding made
8		to Wales to cover the costs of those with HIV
9 10		unlike the arrangement made under the old schemes
10		for those infected with Hepatitis."
11 12		So with that by way of background and explanation, just a handful of questions or
12		clarification I wanted to ask you about. In terms of
14		the HIV funding then, we see from this, and in common
15		with what we've learnt from the witnesses over the
16		last two days in relation to Northern Ireland and
17		Scotland, that the Department for Health and Social
18		Care provides funding directly to the Welsh Government
19		which is designed to cover or reflect HIV payments; is
20		that right?
21	Α.	Yes, that's the theory of what's supposed to happen
22		and it's done on an annual basis.
23	Q.	When you say that's the theory of what's supposed to
24		happen, why do you use that description?
25	Α.	Well, because this a budget transfer that's earmarked
		46
1		Government?
1 2	A.	Government? No, I don't. I'd be making it up if I told you that
	A.	
2	A. Q.	No, I don't. I'd be making it up if I told you that
2 3		No, I don't. I'd be making it up if I told you that I could tell you how the calculation is arrived at.
2 3 4 5 6		No, I don't. I'd be making it up if I told you that I could tell you how the calculation is arrived at. Don't worry, I think we've got documentation that
2 3 4 5		No, I don't. I'd be making it up if I told you that I could tell you how the calculation is arrived at. Don't worry, I think we've got documentation that assists and, if not, we can ask further questions in writing. So is it right to understand from Dr Jones'
2 3 4 5 6 7 8		No, I don't. I'd be making it up if I told you that I could tell you how the calculation is arrived at. Don't worry, I think we've got documentation that assists and, if not, we can ask further questions in writing. So is it right to understand from Dr Jones' statement and from your own knowledge that, currently,
2 3 4 5 6 7 8 9		No, I don't. I'd be making it up if I told you that I could tell you how the calculation is arrived at. Don't worry, I think we've got documentation that assists and, if not, we can ask further questions in writing. So is it right to understand from Dr Jones' statement and from your own knowledge that, currently, there is no ongoing commitment from the Department of
2 4 5 6 7 8 9		No, I don't. I'd be making it up if I told you that I could tell you how the calculation is arrived at. Don't worry, I think we've got documentation that assists and, if not, we can ask further questions in writing. So is it right to understand from Dr Jones' statement and from your own knowledge that, currently, there is no ongoing commitment from the Department of Health and Social Care from the UK Government to the
2 4 5 6 7 8 9 10 11	Q.	No, I don't. I'd be making it up if I told you that I could tell you how the calculation is arrived at. Don't worry, I think we've got documentation that assists and, if not, we can ask further questions in writing. So is it right to understand from Dr Jones' statement and from your own knowledge that, currently, there is no ongoing commitment from the Department of Health and Social Care from the UK Government to the future of the HIV element of the funding?
2 3 5 6 7 8 9 10 11 12		No, I don't. I'd be making it up if I told you that I could tell you how the calculation is arrived at. Don't worry, I think we've got documentation that assists and, if not, we can ask further questions in writing. So is it right to understand from Dr Jones' statement and from your own knowledge that, currently, there is no ongoing commitment from the Department of Health and Social Care from the UK Government to the future of the HIV element of the funding? That's correct. So we have this annual process but
2 3 4 5 6 7 8 9 10 11 12 13	Q.	No, I don't. I'd be making it up if I told you that I could tell you how the calculation is arrived at. Don't worry, I think we've got documentation that assists and, if not, we can ask further questions in writing. So is it right to understand from Dr Jones' statement and from your own knowledge that, currently, there is no ongoing commitment from the Department of Health and Social Care from the UK Government to the future of the HIV element of the funding? That's correct. So we have this annual process but there's no other set out in any way that would be
2 3 4 5 6 7 8 9 10 11 12 13 14	Q.	No, I don't. I'd be making it up if I told you that I could tell you how the calculation is arrived at. Don't worry, I think we've got documentation that assists and, if not, we can ask further questions in writing. So is it right to understand from Dr Jones' statement and from your own knowledge that, currently, there is no ongoing commitment from the Department of Health and Social Care from the UK Government to the future of the HIV element of the funding? That's correct. So we have this annual process but there's no other set out in any way that would be enforceable or, you know, practically or morally that
2 3 4 5 6 7 8 9 10 11 12 13 14 15	Q.	No, I don't. I'd be making it up if I told you that I could tell you how the calculation is arrived at. Don't worry, I think we've got documentation that assists and, if not, we can ask further questions in writing. So is it right to understand from Dr Jones' statement and from your own knowledge that, currently, there is no ongoing commitment from the Department of Health and Social Care from the UK Government to the future of the HIV element of the funding? That's correct. So we have this annual process but there's no other set out in any way that would be enforceable or, you know, practically or morally that that payment will continue. It's happened year to
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	Q.	No, I don't. I'd be making it up if I told you that I could tell you how the calculation is arrived at. Don't worry, I think we've got documentation that assists and, if not, we can ask further questions in writing. So is it right to understand from Dr Jones' statement and from your own knowledge that, currently, there is no ongoing commitment from the Department of Health and Social Care from the UK Government to the future of the HIV element of the funding? That's correct. So we have this annual process but there's no other set out in any way that would be enforceable or, you know, practically or morally that that payment will continue. It's happened year to year but we have seen that changes have been made
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	Q.	No, I don't. I'd be making it up if I told you that I could tell you how the calculation is arrived at. Don't worry, I think we've got documentation that assists and, if not, we can ask further questions in writing. So is it right to understand from Dr Jones' statement and from your own knowledge that, currently, there is no ongoing commitment from the Department of Health and Social Care from the UK Government to the future of the HIV element of the funding? That's correct. So we have this annual process but there's no other set out in any way that would be enforceable or, you know, practically or morally that that payment will continue. It's happened year to year but we have seen that changes have been made previously in one-off budget transfers and then the
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recipients?

(11.14 am)

(11.45 am)

page:

scheme, but there's one particular point I wanted to

ask you about here. So if we look at question 3, the

not dependent on which Government is in power."

beneficiaries the absence of any kind of long-term

increase their suffering, distress and anxiety or

hinder their ability to make life decisions?

A. Yes, I understand that. I understand that without

Do you understand and accept that for

commitment, guarantee, assurance, may significantly

a clear commitment that the scheme will carry on for

"Lifetime guarantee for all scheme recipients --

observation, third bullet point down:

		I ne infecte
1		WIBSS scheme, so if we leave aside the direct payment
2		from DHSC in relation to an HIV element, that is
3		funded out of the Welsh Government's general health
4		budget, is it?
5	Α.	Correct.
6	Q.	There are no specific sums allocated by the
7		UK Government to the Welsh Government, specifically in
8		respect of financial support, leaving aside the HIV
9		payments?
10	Α.	No. So when the transfer was made and responsibility
11		was devolved, there wasn't an ongoing commitment to
12		change the money if there were increases made in each
13		of the schemes. So the additional sums we found have
14		come from the health budget.
15	Q.	If we can just pick up one of the observations made in
16		the survey that was undertaken before the WIBSS scheme
17		was set up, it's at WITN5665002, please, Soumik.
18		So we can see here "Welsh Government survey
19		summary of responses, reform of support for those
20		affected by NHS supply of contaminated blood", the
21		date, if we look at the bottom of the page, is
22		30 March 2017. If we go to the fourth page, so there
23		are a number of themes which you've already referred
24		to and which you explained in your March 2017
25		statement were then picked up in the design of the
		49
1		date to that scheme. I've said several times the
1 2		reality is that each year there are fewer people who
3		are still with us and so I expect the scheme to
4		continue through its lifetime.
5		The challenge is there are elections every
6		year every term, and a new Government may have
7		a different view and trying to have a legal guarantee,
8		I think, is difficult but a clear commitment, and as
9		clear a commitment as I think you can get from Wales,
10		because within our Senedd, I've referred previously in
11		the statements you have highlighted, the discussions
12		will have taken place within the chamber and people in
13		all parties want to see a settlement for the future.
14		So there's significant cross-party desire to see
15		a settlement that is long-term and not simply
16		something that works on a year-to-year basis and
17		that's certainly the position of this Government.
18	MS	RICHARDS: Sir, I note the time. I've still got
19		a number of questions to ask, so perhaps this would be
20		a convenient moment for a break.
21	SIF	R BRIAN LANGSTAFF: Yes, we will take a break until
22		quarter to 12. This allows anyone who wishes who is
23		watching to have some refreshment if they wish, have
24		a break. The same applies to you as it does to us but

a break. The same applies to you as it does to us but 24 25 there's one thing which I must say to you, as I say to

the life of the beneficiaries that obviously affects the way that people make life plans. I understand that completely. It's a point that I completely understand and I'm not surprised came up in the consultation that we ran. Q. To what extent is the Welsh Government able to give any kind of commitment or assurance or reassurance that payments will be made for the lifetime of the A. Well, we've agreed now, particularly with the movement on parity, we've agreed a scheme and as clear a commitment as this Government can give, that that scheme will continue for the future. There's no end 50 all witnesses: you are giving evidence, you must not talk to anyone about the answers you have given or the answers which you expect you may be asked to give in the rest of your evidence. You can talk about anything else you like. I look forward to seeing you back at quarter to 12. A. Thank you, Sir Brian. (A short break) MS RICHARDS: Mr Gething, there's just one point of detail I wanted to ask you about before moving to some other thematic issues. If we look at your witness statement -- WITN5665001, please, Soumik -- and go to page 6, you set out in the top of the page your understanding of some of the differences between the national schemes, and I just wanted to ask you about what you say in the second sentence, at the top of the "Under WIBSS, Hep C and/or HIV do not have to be detailed on the death certificate as it does under the other schemes." Can you just assist us with this: what was the thinking behind the decision not to include a requirement that the condition or some aspect of the 52 (13) Pages 49 - 52

1		condition be identified on the death certificate?
2	Α.	My understanding this is my recollection is that
3		once people have been diagnosed and they would then be
4		in the scheme, the bereavement lump sum recognises
5		that's almost certainly going to be a material
6		contribution, whereas actually, if you then get into
7		the deaths and the causes of it, ie you'd tend to get
8		comments around people wanting something on the death
9		certificate for a different purpose. So it's really
10		about not wanting to try to make them have to re-fight
11		their ability to receive the bereavement payment and,
12		again, it's the recognition of the lack of dignity and
13		stress that might cause. But these are people we have
14		already recognised are entitled under the schemes that
15		have received other payments.
16	Q.	We can take that down, thank you, Soumik.
17		I wanted to ask you next about two areas not
18		covered by the scheme, either in Wales or in any of
19		the other nations. The first is the position of those
20		who were infected with hepatitis B in consequence of
21		treatment with infected blood products or infected
22		blood. Has the Welsh Government ever, to your
23		knowledge, expressly considered the inclusion or
24		exclusion of hepatitis B? In other words, has it ever
25		been positively addressed by the Welsh Government?
		53

1 question of bereavement payments. Now, again, we've 2 looked at the various written statements that you have 3 made in terms of making announcements about the 4 scheme. I don't think we need to look at the 5 underlying scheme documentation itself but they are 6 clear that the payments are for widows, widowers, 7 civil partners or partners of those who have died, and 8 there is some provision for under 21 dependent 9 children in full-time education. 10 What's the justification for excluding from the 11 financial support scheme wider family members, such as 12 parents who have lost a child or adult children whose 13 parents have died? 14 A. It's really about the parameters of the scheme that we 15 have. I know that there are ongoing discussions 16 between officials in all governments about the extent 17 of support payments and I'm hoping it does include 18 a broader view on dependent children or otherwise. 19 But this again comes back to the schemes that we've 20 inherited, how we then look to revise those schemes 21 and the conversations we've had with families and any 22 extra category we provide we would need to be able to 23 fund and to do that in a way that didn't simply skim 24 money off other people. 25

So it's difficult in the complicated system

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1	A.	I couldn't honestly tell you from documents I have
2		seen that I have seen a deliberate examination of
3		hepatitis B, but that may have come up in the advice.
4		So I don't want to say that that's never happened
5		because I'd need to go through it in detail in some of
6		the documents.
7	Q.	But you have no recollection of giving consideration
8		to it yourself, expressly?
9	Α.	No. What I've done is to consider the current
10		conditions that we provide for and when we've
11		inherited the scheme, this has been the scheme that
12		we've had and in trying to understand the difference
13		between hepatitis B and hepatitis C and its impact and
14		also the curative ability for it. So I can't honestly
15		say that I specifically, in advice, recollect
16		proactively considering hepatitis B.
17	Q.	This probably follows from what you said then, but
18		would this be right then, that you are not then in
19		a position to give us an explanation as to why
20		hepatitis B might merit inclusion or merit exclusion
21		from the scheme?
22	Α.	No, I couldn't honestly do that for you. I'd be
23		making it up. Which I don't think is a smart thing to
24		do given the oath I've taken.
25	Q.	The second area that I wanted to ask you about is the
		54
1		we've inherited how we tried to simplify that. And
2		there isn't a deliberate judgment that has been made
3		that dependent children or parents are somehow
4		undeserving, but we're dealing with the schemes we've
5		had and the conversations we've had to date. So
6		I don't want again, I don't want to try to invent
7		and say there's been a specific turn of mind to it or
8		a positive decision to exclude other categories in
9	~	effect.
10	Q.	If we leave aside financial constraints for a moment,
11		so leave aside implications for budgeting, would you
12		accept that there may be as great a moral case for
13		making payments to the kind of family members I've
14		identified, who have suffered some of the greatest
15		losses imaginable in terms of the death of a child or,
16		as a child, the death of a parent, that the moral case
17 10		for making payments to them exists; would you accept
18 19		that?
	Α.	Yes, I can see that. And if you look at this in the process you would in a legal claim, then you'd
20 21		understand who's bringing the claim and on what basis.
21		And here, of course, if you have a child who isn't
22 23		married, next of kin, then what happens then, and
23 24		L can understand the plain moral case that is made and

- 24 I can understand the plain moral case that is made and 25 I wouldn't try to deny that case at all.
  - 56

(14) Pages 53 - 56

1	Q.	As a matter of fact I'm going to ask you a little
2		more about the parity discussions in a moment, but was
3		the question of widening the scope of those who were
4		bereaved who might be eligible to receive payments,
5		was that a feature of any of the parity discussions
6		between the four nations that you're aware of?
7	Α.	I'm aware that officials are discussing the potential
8		to widen the scope of people in the ongoing parity
9		discussions. We've reached a conclusion on a range of
10		areas but there are others still to run through, and
11		my understanding is that health officials are talking
12		about those. That, of course, depends on financial
13		choices also being made as well.
14	Q.	Now, I want to turn then in a little more detail to
15		the discussions about parity. Can we look, first of
16		all, just at a couple of materials which indicate what
17		might be regarded as the importance of the issues that
18		the question of parity gives rise to.
19		So if we start with WITN4506022, please, Soumik,
20		we can see and this is really just by way of
21		example, there are references at various points in the
22		documentation that this is a December 2019 meeting
23		of the WIBSS governance group, which has
24		representatives both from the scheme and, ordinarily
25		at least, from the Welsh Government.
		57
1		well. It's been raised directly with me by
2		stakeholders in correspondence and then personally to
3		the various times and, in fact, I think it's raised in
4		terms of the psychological impact as well. There was
5		correspondence on that point that I'm aware of.
6		So, yes, parity is a very real issue for people
7		in every part of the UK and obviously, given that
8		there have been differences in the scheme in Wales
9		with other parts of the UK, it's certainly been
10		a matter that has been raised on a regular basis with

11 us and other elected representatives too. 12 Q. You have referred to the psychological impact. There 13 is a letter from Dr Coffey, who's consultant clinical 14 psychologist with the Welsh Infected Blood Support Scheme to the Welsh Government recently, WITN4506014. 15 16 I don't have specific question for you, Mr Gething, 17 arising out of this letter but it is, I think, 18 sufficiently important to warrant being referred to. So we'll see it's addressed to Ms Cody within the 19 20 Welsh Government, 11 March 2021. Dr Coffey explains 21 that she's been a consultant clinical psychologist 22 since December 2019, working clinically with 23 beneficiaries of the Welsh scheme: 24 "There has been much discussion about the issues 25 related to the lack of parity across the four devolved 59

1		And if we go to the bottom of the second page,
2		we see under the heading "Parity of payments", we
3		see a reference to CC, I think that's Catherine Cody,
4		reading out a statement:
5		"As an interim step in advance of any
6		recommendations in the Infected Blood Inquiry's final
7		report, the governments of the four nations are
8		working towards greater parity in financial and
9		non-financial support across the UK schemes, taking
10		account of local circumstances and beneficiaries'
11		needs."
12		Then top of the next page we see:
13		"MSW"
14		And that I think is a reference to the scheme
15		manager:
16		" highlighted the high amount of calls WIBSS
17		have received from beneficiaries regarding parity in
18		payments."
19		Is it your understanding that this has been
20		a key concern and source of anxiety, or indeed anger
21		and frustration, for beneficiaries this issue of lack
22		of parity?
23	Α.	Yes, the differing design and the levels of payments
24		in the schemes is plainly a matter that is not just
25		there in theory but is there in very real terms as
		58
1		schemes and this has been a significant feature in
2		many of the consultations I have had with WIBSS
2		clients. I am therefore, bringing to your attention,
4		and the attention of Ministers, my observations about
5		the significant psychological, and not only financial
6		impact this ongoing issue is having on WIBSS clients.
7		"It is crucial that the context and impact of
8		the decisions of a higher powered organisation are
9		seen as relevant and need consideration. There are
10		similarities between the decisions of the governments
11		now, and the NHS then, which is a reminder of the harm
12		not help that was inflicted upon the beneficiaries.
13		"Understandably people report entrenched
14		feelings of anger and injustice, alongside damaged
15		identities related to feeling like 'a second-class
16		citizen', as unworthy and undeserving due to a growing
17		awareness that harm was knowingly inflicted on
18		an 'unimportant' group of people. The extent of the
10		psychological injury is unguestionable. The
20		acceptance and normalisation of the harm caused is
20		only more recently being exposed and challenged but
22		the current legitimisation of the lack of parity is
22		a highly sensitive reminder that again such people are
24		
24 25		targeted as 'less than' causing secondary psychological injury.

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<sup>(15)</sup> Pages 57 - 60

			The infecte
1		"The inequality provokes reactivation and	
2		reliving of past traumatic experiences and can be	
3		perceived as confirmation that fairness is not	
4		, required due to the 'second-class citizen' status.	
5		Equality and fairness would help to interrupt the	
6		trauma cycle and the associated symptoms providing	
7		a platform for the complex journey towards adjustment	
8		and acceptance of situations of harm and injustice.	
9		"Achieving parity would demonstrate the	
10		importance of recognising the need for fairness and	
11		justice. I have been struck by the resourcefulness	
12		and resilience shown by the beneficiaries of the	
13		scheme and surprised by the desire to 'move forward'	
14		from such painful experiences. Realistically the	
15		associated traumas will never be resolved but it is	
16		psychologically damaging at limiting progress if	
17		aspects of inequality, in particular the lack of	
18		financial parity across the four devolved schemes are	
19		not currently addressed."	
20		Now, that was a letter addressed by Dr Coffey to	
21		the Welsh Government and for the attention of	
22		ministers. Do you, Mr Gething, accept and acknowledge	
23		what Dr Coffey sets out in that letter?	
24	Α.		
25		frustrated and the differing levels of payments do	
		61	
1		shift in the Ministers who were responsible and, you	
2		know, the eventual agreement to make some progress	
3		and, to be fair, the way that the current Cabinet	
4		Office Minister has pursued the matter, and that the	
5		four Health Ministers, within each of the parts of the	
6		UK, have rapidly come to agreement on parity, in short	
7		order, immediately before the elections in Wales and	
8		Scotland.	
9	Q.	I'm going to ask you I am going to try and unpick	
10		a little of that and just look at a handful of	
11		documents that might cast some light or indeed give	
12		rise to questions about the process.	
13		So if we just start with a "Four Nation	
14		Ministerial Teleconference" on parity that took place	
15		in July 2019, it's WITN5665003. We can see the date	
16		there, 10 July 2019, and we can see the attendees in	
17		terms of ministerial attendance: for England, Jackie	
18		Doyle-Price, the then Minister for Mental Health,	
19		Inequalities and Suicide Prevention; Julie Morgan for	
20		Wales, so the Deputy Minister for Health and Social	
21		Services at the time; Joe FitzPatrick for Scotland, so	
22		Ms Gougeon's predecessor; and then Northern Ireland,	
23		as we heard yesterday, did not have a Minister, so we	
24		have there attending the Permanent Secretaries for the	
25		Department of Health and the Department of Finance in	

1		have a real impact on how people se	ee themselves and
2		this question of value: am I valued d	ifferently to
3		other people in other parts of the Uk	who have all
4		essentially suffered the same injury	
5		failing on behalf of the State? So I c	
6		that and it's why there's such frustra	
7		•	
		length of time it has taken to get to v	
8		have got on having a greater parity i	
9		financial settlement and provision fo	
10		It's also why there's a need to have	it on a firmer,
11		and more long-term footing.	
12		So yes, I recognise that and	it's certainly not
13		been for want of trying we've not be	en able to land
14		get to the position that was only read	ched in March of
15		this year, and this is just the reality of	of not having
16		a consistent view, a sudden change	in Ministers, but
17		also about trying to get to the point v	where this isn't
18		seen as it's up to every Government	to find its own
19		money to do this, rather than actuall	
20		it's a UK-wide failing and have a UK	
21		how that financial parity is achieved.	
22		There's been stops and start	
23		conversations between officials and	
23		with Jackie Doyle-Price then led to a	
24 25			
20		partly explained by the General Elec	alon and then some
		62	
1		Northern Ireland.	
2		Now, just before we look at the	he detail of some
2		of the discussions here, prior to July	
4		· · · · ·	
		Mr Gething, to what extent, if at all,	
5		of parity been discussed, first of all,	
6		a ministerial level between the four r	
7	Α.	I've had conversations with UK minis	-
8		things at this point in time. Most of	
9		conversations were around Brexit bu	
10		I had had a conversation with Jackie	Doyle-Price about
11		wanting to get to parity. This was th	e first time
12		that all four governments were in the	e same place at
13		the same time to talk about it.	
14		There had been regular conv	ersations between
15		officials about the need to try to get	to a point
16		where there was parity because of t	he regular
17		correspondence and understandable	e lobbying to want to
18		get a more normalised and regular p	position that
19		delivered financial parity across the	
20		this is the first time that ministers fro	
21		governments who had ministers at t	
22		same place together with the official	
23		Northern Ireland Executive.	· · · · · · · · · · ·
24	Q.	Then if we look below the heading "I	Discussion" we see
25	-4-	it's said that:	
20			
		64	(16) Pages 61 - 64

(16) Pages 61 - 64

1		"Jackie Doyle-Price provided some opening
2		context to the discussion."
3		The second bullet point:
4		"The Minister apologised to her counterparts in
5		Scotland, Wales and Northern Ireland that she had been
6		unable to give advance notice of the uplift in English
7		scheme payments announced at the end of April."
8		Were you ever given or have you ever received
9		any understanding of why it was said that the minister
10		was unable to give advance notice of that change to
11		the ministers in the other nations?
12	Α.	No, there's never been an explanation as to why that
13		was unable to happen. I think it's more accurate to
14		say it was a choice.
15	Q.	Then the next bullet point:
16		"Going forward, the Minister would like to adopt
17		a spirit of cooperation between the four nations,
18		looking at options to achieve parity, whilst honouring
19		their integrity as separate, devolved schemes. As
20		part of this, she emphasised that no one nation, and
21		indeed no one beneficiary group, should be
22		disadvantaged by future changes."
23		Then we can see the position being set out by
24		Julie Morgan in terms of Wales:
25		"The Minister explained that the Welsh
		65

1	Then:	1
2	"[Mr] Pengelly [who was the Northern Ireland	2
3	Department of Health permanent secretary] said that	3
4	the issue of what we mean by parity appears to need	4
5	further examination, noting that parity of support	5
6	does not necessarily mean equally financial payments	6
7	across all four nations. [Jackie Doyle-Price] agreed	7
8	with this, querying how best we describe the 'value'	8
9	of the non-monetary support provided across the four	9
10	schemes."	10
11	Then there's a description about sorry,	11
12	a discussion about "holistic support" and Ms Morgan	12
13	talks about the "psychological support".	13
14	Just pausing there actually, no, we'll just	14
15	look at the rest and then I'll ask you the question,	15
16	I think, rather than pausing there.	16
17	"Funding" paragraph at the bottom of the page	17
18	reports:	18
19	"[Mr Fitzpatrick] said he felt there was a case	19
20	for future funding to come from outside health budgets	20
21	suggesting that the Treasury could provide	21
22	a central funding allocation, which could then be	22
23	used by each administration to make scheme	23
24	improvements."	24
25	Then next page, second bullet point, it says:	25
	67	

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1		Government had heard strong views from their infected
2		and affected campaigners since the England uplift
3		announcement with calls for Wales to match these
4		levels of financial support
5		"The Minister went on to explain that the scheme
6		in Wales is determined by the resources currently
7		available, and that as such, they do not feel it is
8		possible to find an additional £3m within their
9		existing health budgets."
10		We then have the position in Scotland being set
11		out, and over the page the permanent secretary at the
12		Department of Finance setting out Northern Ireland's
13		position.
14		Then we can see there's a wider discussion
15		and under the heading "Principles of parity" it's
16		said there should be a "general agreement that each
17		nation should give due warning of changes".
18		And then:
19		"[Mr FitzPatrick] emphasised that moving
20		forward, it was important to consider the four schemes
21		in their entirety
22		"[Ms Doyle-Price] said that she felt the four
23		nations need to agree some shared principles for
24		moving forward first and that a conversation about
25		funding can then take place around these."
		66
1		"On Wales and [Northern Ireland's] request for
2		central HMT funding for immediate payment uplifts,
3		[Jackie Doyle-Price] responded that it was helpful to
4		understand the strength of feeling on this particular
5		matter. She did explain that she had already had
6		robust conversations with HMT about the recent uplift
7		to the English scheme, and that the English Department
8		of Health and Social Care had found funding for the
9		uplift within their existing health budgets.
10		[Jackie Doyle-Price] said that she was willing to
11		communicate Wales and [Northern Ireland's] position to
12		the centre at Westminster."
13		So just to understand these discussions, we see,
14		insofar as Wales is concerned, Ms Morgan saying, "We
15		can't match the English payments because we don't have
16		the money", and, it would appear, a request being
17		made, expressly or implicitly, that funding for that
18		should come from the Treasury. And was it your
19		understanding that Ms Doyle-Price was effectively
20		saying, "Well, I can pass that on but don't hold your
21		breath"?
22	Α.	Yes. She essentially said that she would make that
23		position known as part of what, at that point in time,
24		looked like some assurance from the UK Department of

looked like some assurance from the UK Department of

Health and Social Care that they wanted to find a way 

(17) Pages 65 - 68

1		forward. But every time that there is extra funding	1
2		found within existing health budgets, it does not	2
3		always appear to be a real reflection of the position,	3
4		and knowing that it causes additional pressure,	4
5		particularly when, as in this case, we were unsighted,	5
6		but I didn't hold out a huge I didn't accept	6
7		this was a guarantee but I did expect the	7
8		UK Government to act in good faith on this, and	8
9		I think in a future budget or financial statement	9
10		there was an express reference made to money to	10
11		increase infected blood payments in Northern Ireland	11
12		by the then Chancellor, and I think that we wrote	12
13		a further follow-up letter about that, because the	13
14		conversation about parity has moved in fits and starts	14
15		through this period of time.	15
16	Q.	We'll look at that letter in a moment. If we just go	16
17		back to the full page we see in bold print:	17
18		"In discussing next steps following this	18
19		meeting, the following points were made"	19
20		Then if we skip over the first two bullet points	20
21		we then get a passage that says:	21
22		"The following key messages were agreed upon:	22
23		"The four nations are committed to achieving	23
24		parity of support; careful and further consideration	24
25		must be given to what is meant by this, in	25
		69	
4			
1		Soumik, go back to what Mr Pengelly said, so bottom	1
2		half of the page, we see there Mr Pengelly:	2
3		" noting that parity of support does not	3
4		necessarily mean equal financial payments across all	4
5		four nations."	5
6 7		And Ms Doyle-Price is recorded as agreeing with this.	6 7
8		Now in the eyes of beneficiaries, that might be	8
9		said that parity of support means exactly that: equal	9
10		financial payments across all four nations.	9 10
10		What was the Welsh Government's approach to or	11
12		understanding of parity at this time and subsequently?	12
13	A.	Our understanding was that you could achieve parity	12
14	А.	either by having the same essential sums of money in	13
15		terms of the overall sum but that beneficiaries may	15
16		want to prioritise different areas of support. Or	16
17		alternatively you could have the same levels of	10
18		support in the same categories and, of course, the	18
19		additional support that we provided into the	19
20		psychological support, that is non-financial support.	20
21		There's a cost to providing it but that's	21
22		non-financial support to that individual group of	22
23		beneficiaries. But I think that in reality our	23
24		position was that we wanted to see, as far as	24
25		possible, similar levels of payments. And we would	25
		71	
		· ·	

1		acknowledgement that it does go beyond financial
2		payments alone;
3		"As part of the above, the integrity of schemes
4		developed under devolution must be respected in
5		recognition that the four schemes have evolved to
6 7		address the particular needs of their beneficiary communities, in dialogue with those communities.
8		"In moving forward with this, no beneficiary of
9		any country's scheme will be made worse off
10		financially, nor in terms of financial support."
11		It might be said that whilst this meeting
12		records at a very high level of generality
13		a commitment to achieving parity of support, there
14		doesn't appear to be any articulation or understanding
15		of what parity might mean in practice; is that right?
16	Α.	I think that's fair, but that point about trying to
17		make sure that no beneficiary group is left worse off
18		by any agreement between the four nations on parity,
19		it was important for us. And it's then about looking
20		to how do you actually practically achieve that. So
21		this is a starting point in having all governments in
22		the same place at the same time, it's certainly not an
23 24		end of the road. And as we've seen, it took another couple of years to get somewhere meaningful.
24 25	Q.	And if we just go back to the previous page, please,
20	ч.	70
		10
1		want to see other parts of the UK recognise the
2		progress we'd made on psychological support because
3		that had been proven to be generally useful and
4		something that beneficiaries themselves had valued.
5	Q.	Now, that was July 2019. If we then turn to the
6		letter you sent to one of the ministers in the
7		Department of Health in October of that year. It's
8		WITN5665004.
9		So it's from you and Julie Morgan. It refers to
10		a letter from David Liddington to Jackie Doyle-Price
11		concerning parity, and then says this:
12 13		"This letter follows the meeting of UK Ministers
13 14		and a representative from Northern Ireland to discuss the issue of parity for those involved in our support
15		schemes. At the meeting it was agreed that your
16		predecessor would work with Westminster colleagues to
17		address the need for additional funds to allow for
18		a first step in the parity issue."
19		Is that a reference to the request that you or
20		Ms Morgan had articulated for Jackie Doyle-Price to
21		raise Wales' need for funding with the Treasury?
22	Α.	Yes, and the softer indication that something might
23		happen when in fact, in that statement, nothing
24		happened at all. I don't think there was a it was
25		referenced at all in the statement. There wasn't
		72 (18) Pages 69 - 72

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1		a subsequent statement by the Chancellor, well, as	1		exploring further the issue of parity?
2		I say, infected blood payments in Northern Ireland	2	Α.	No, we'd raised it, I know officials had raised it,
3		were specifically recognised.	3		but there hadn't been any genuine ministerial
4	Q.	Yes, we looked at that, I think in passing at least,	4		engagement at all and I certainly don't recall
5		with Mr Swann yesterday. But you say in the second	5		participating in any discussion around it and I don't
6		paragraph:	6		think Julie Morgan and my deputy had participated in
7		"The statement made on 4 September by the	7		further direct ministerial engagement, which is
8		Chancellor did not mention any additional funding	8		disappointing and frustrating.
9		for this issue in Wales. This was very disappointing,	9	Q.	If we just move on then to June 2020, we can see
10		given that this problem pre-dates devolution and the	10	-4-	a letter sent by Ms Cody, the policy lead within the
11		letter of 23 July gave reassurance that there would be	11		Welsh Government for this, WITN4506012. So this is
12		consideration of an equitable share in funding, to	12		a letter to beneficiaries, dated 10 June 2020. Second
13		provide for parity across the four UK support schemes.	13		sentence of the first paragraph:
14		"We urge you therefore to reconsider the issue	13		"I thought that you would appreciate an update
15			14		
		and provide the funding necessary to enable to us work			on the work we are currently undertaking to achieve
16 17		towards parity in the support provided to those	16		parity of the schemes across the UK."
17		infected and/or affected across the UK."	17		There's reference to a meeting that Julie Morgan
18		Now up until March of this year, and we'll come	18		had with the Chair of Haemophilia Wales and the Chair
19		on to consider developments in March of this year in	19		of the Senedd's Cross Party Group:
20		a moment, had there been any further progress in terms	20		" they discussed the growing pressure for
21		of securing any additional funding from the	21		Wales to match fund our ex-gratia scheme payments to
22		Treasury in the Westminster Government?	22		reflect that paid to those on the English scheme."
23	Α.	No.	23		It's then said:
24	Q.	Had there been again, up until March of this year, any	24		"Vaughan Gething and Mark Drakeford have
25		further ministerial discussions, that you can recall,	25		considered the proposals put forward, which have been
		73			74
1		costed, and unfortunately it has been agreed that	1		" press the Treasury for the necessary
2		Welsh Government are not in a position to fund the	2		funding, as this is a UK Government responsibility."
3		proposal at this time."	3		Then the "work includes all areas of the four UK
4		So is it right to understand that there had been	4		schemes", and then:
5		some fresh and active consideration by you and the	5		"The Minister and Deputy Minister wrote to the
6		First Minister of whether the money could be found?	6		then Minister of State for Care last October,
7	۸	Yes, and as we're going through the budget exercise it	0 7		
	А.				reaffirming the funding case [that I think is
8		was a specific ask from the support groups and that's	8		a reference to the letter we just looked at], progress
9		why there was a meeting with the cross-party group and	9		was held up by the UK General Election, and delay in
10		Lynne Kelly and Julie Morgan. Julie Morgan had been	10		confirming Ministerial responsibilities."
11		the previous chair of the cross-party group on this	11		Then we see the reference to the Paymaster
12		issue. I think she had been active in this issue in	12		General, Penny Mordaunt, having initial discussions
13		her time as a member of the UK Parliament too, and we	13		and proposing to take this forward.
14		reached a position where we weren't able to find the	14		So, prior to the involvement of the Paymaster
15		money, given the budget position that the Government	15		General, it would appear from this that there had
16		and the health budget faced.	16		been, to some extent, an element of vacuum in terms of
17		Equally, what we had understood was going to be	17		decision-making, that there was nothing happening from
18		a genuine attempt to find parity across the UK,	18		the UK Government. Is that a correct understanding?
19		officials were continuing to raise the issue and to	19	Α.	Yes. So the conversation between officials hadn't
20		want to talk about it but, as you see in the letter,	20		made any progress, then there was a General Election,
21		we hadn't reached a conclusion by then and it wasn't	21		and then there was a gap and there was a vacuum
22		clear who had ministerial responsibility until Penny	22		without progress being made, and then Penny Mordaunt
23		Mordaunt was identified as the relevant minister.	23		was identified as the relevant Minister responsible
24	Q.	We can see in the next paragraph it refers to	24		for the Infected Blood Inquiry, although in the letter
25		continuing to:	25		you will note that the agreement to "convene a four
		75			76

75

(19) Pages 73 - 76

1		Health Ministers' meeting to take this forward", that
2		didn't really happen.
3		What did happen, though, was the reference made
4		in, I think, paragraph 23 of my statement, where a bid
5		was nevertheless made in the summer of 2020 for the UK
6		Treasury to help resolve the matter.
7	Q.	We've looked over the last two days at a letter sent
	Q.	•
8		by the Paymaster General to the Chancellor of the
9		Exchequer in September 2020 but you have helpfully
10		exhibited to your witness statement an earlier letter,
11		and if we'll just look at that, its WITN5665005.
12		So this is a letter from Penny Mordaunt,
13		Paymaster General, 13 July 2020, to the Chancellor of
14		the Exchequer. If we pick it up at the bottom of the
15		page "Financial support", she says in the second
16		sentence of that first paragraph:
17		"Ministers and the previous Prime Minister have
18		committed to address disparities across the UK in the
19		levels of financial support providing by the four
20		devolved schemes."
21		There's reference then to the previous Minister
22		within the Cabinet Office and the Parliamentary Under
23		Secretary of State for Health having:
		, , , , , , , , , , , , , , , , , , , ,
24		" met with campaigners and committed to
25		a number of actions. This included resolving the
		77
1		Any decision on compensation will require careful
1 2		Any decision on compensation will require careful consideration."
2		consideration."
2 3		consideration." If we go to the next paragraph:
2 3 4		consideration." If we go to the next paragraph: "Experience of other Inquiries suggests that early action could save the Government significant
2 3 4 5 6		consideration." If we go to the next paragraph: "Experience of other Inquiries suggests that early action could save the Government significant legal costs as well as provide victims with
2 3 4 5 6 7		consideration." If we go to the next paragraph: "Experience of other Inquiries suggests that early action could save the Government significant legal costs as well as provide victims with compensation as soon as possible
2 3 4 5 6 7 8		consideration." If we go to the next paragraph: "Experience of other Inquiries suggests that early action could save the Government significant legal costs as well as provide victims with compensation as soon as possible "I believe the best arrangement would be to view
2 3 4 5 6 7 8 9		consideration." If we go to the next paragraph: "Experience of other Inquiries suggests that early action could save the Government significant legal costs as well as provide victims with compensation as soon as possible "I believe the best arrangement would be to view this scheme as part of the NHS's existing compensation
2 3 4 5 6 7 8 9		consideration." If we go to the next paragraph: "Experience of other Inquiries suggests that early action could save the Government significant legal costs as well as provide victims with compensation as soon as possible "I believe the best arrangement would be to view this scheme as part of the NHS's existing compensation schemes."
2 3 4 5 6 7 8 9 10 11		consideration." If we go to the next paragraph: "Experience of other Inquiries suggests that early action could save the Government significant legal costs as well as provide victims with compensation as soon as possible "I believe the best arrangement would be to view this scheme as part of the NHS's existing compensation schemes." She then says she would like "to discuss the
2 3 4 5 6 7 8 9 10 11 12		consideration." If we go to the next paragraph: "Experience of other Inquiries suggests that early action could save the Government significant legal costs as well as provide victims with compensation as soon as possible "I believe the best arrangement would be to view this scheme as part of the NHS's existing compensation schemes." She then says she would like "to discuss the merits of doing this work with your officials as soon
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2 3 4 5 6 7 8 9 10 11 12 13 14		consideration." If we go to the next paragraph: "Experience of other Inquiries suggests that early action could save the Government significant legal costs as well as provide victims with compensation as soon as possible "I believe the best arrangement would be to view this scheme as part of the NHS's existing compensation schemes." She then says she would like "to discuss the merits of doing this work with your officials as soon as possible". Then if we just look at the bottom paragraph she
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16		consideration." If we go to the next paragraph: "Experience of other Inquiries suggests that early action could save the Government significant legal costs as well as provide victims with compensation as soon as possible "I believe the best arrangement would be to view this scheme as part of the NHS's existing compensation schemes." She then says she would like "to discuss the merits of doing this work with your officials as soon as possible". Then if we just look at the bottom paragraph she explains she's copied this letter to the Chief Secretary to the Treasury, the Parliamentary
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17		consideration." If we go to the next paragraph: "Experience of other Inquiries suggests that early action could save the Government significant legal costs as well as provide victims with compensation as soon as possible "I believe the best arrangement would be to view this scheme as part of the NHS's existing compensation schemes." She then says she would like "to discuss the merits of doing this work with your officials as soon as possible". Then if we just look at the bottom paragraph she explains she's copied this letter to the Chief Secretary to the Treasury, the Parliamentary Under-Secretary of State for Health and the Health
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18		consideration." If we go to the next paragraph: "Experience of other Inquiries suggests that early action could save the Government significant legal costs as well as provide victims with compensation as soon as possible "I believe the best arrangement would be to view this scheme as part of the NHS's existing compensation schemes." She then says she would like "to discuss the merits of doing this work with your officials as soon as possible". Then if we just look at the bottom paragraph she explains she's copied this letter to the Chief Secretary to the Treasury, the Parliamentary Under-Secretary of State for Health and the Health Ministers of Scotland, Wales and Northern Ireland.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19		consideration." If we go to the next paragraph: "Experience of other Inquiries suggests that early action could save the Government significant legal costs as well as provide victims with compensation as soon as possible "I believe the best arrangement would be to view this scheme as part of the NHS's existing compensation schemes." She then says she would like "to discuss the merits of doing this work with your officials as soon as possible". Then if we just look at the bottom paragraph she explains she's copied this letter to the Chief Secretary to the Treasury, the Parliamentary Under-Secretary of State for Health and the Health Ministers of Scotland, Wales and Northern Ireland. We can see there the reference to work being
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20		consideration." If we go to the next paragraph: "Experience of other Inquiries suggests that early action could save the Government significant legal costs as well as provide victims with compensation as soon as possible "I believe the best arrangement would be to view this scheme as part of the NHS's existing compensation schemes." She then says she would like "to discuss the merits of doing this work with your officials as soon as possible". Then if we just look at the bottom paragraph she explains she's copied this letter to the Chief Secretary to the Treasury, the Parliamentary Under-Secretary of State for Health and the Health Ministers of Scotland, Wales and Northern Ireland. We can see there the reference to work being undertaken by the four Departments of Health to
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21		consideration." If we go to the next paragraph: "Experience of other Inquiries suggests that early action could save the Government significant legal costs as well as provide victims with compensation as soon as possible "I believe the best arrangement would be to view this scheme as part of the NHS's existing compensation schemes." She then says she would like "to discuss the merits of doing this work with your officials as soon as possible". Then if we just look at the bottom paragraph she explains she's copied this letter to the Chief Secretary to the Treasury, the Parliamentary Under-Secretary of State for Health and the Health Ministers of Scotland, Wales and Northern Ireland. We can see there the reference to work being undertaken by the four Departments of Health to provide costings and, is this right, the Welsh
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23		consideration." If we go to the next paragraph: "Experience of other Inquiries suggests that early action could save the Government significant legal costs as well as provide victims with compensation as soon as possible "I believe the best arrangement would be to view this scheme as part of the NHS's existing compensation schemes." She then says she would like "to discuss the merits of doing this work with your officials as soon as possible". Then if we just look at the bottom paragraph she explains she's copied this letter to the Chief Secretary to the Treasury, the Parliamentary Under-Secretary of State for Health and the Health Ministers of Scotland, Wales and Northern Ireland. We can see there the reference to work being undertaken by the four Departments of Health to provide costings and, is this right, the Welsh Government, through its officials, submitted
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	A	consideration." If we go to the next paragraph: "Experience of other Inquiries suggests that early action could save the Government significant legal costs as well as provide victims with compensation as soon as possible "I believe the best arrangement would be to view this scheme as part of the NHS's existing compensation schemes." She then says she would like "to discuss the merits of doing this work with your officials as soon as possible". Then if we just look at the bottom paragraph she explains she's copied this letter to the Chief Secretary to the Treasury, the Parliamentary Under-Secretary of State for Health and the Health Ministers of Scotland, Wales and Northern Ireland. We can see there the reference to work being undertaken by the four Departments of Health to provide costings and, is this right, the Welsh Government, through its officials, submitted an estimate of costings to the Cabinet Office in the summer of 2020 or thereabouts?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	А.	consideration." If we go to the next paragraph: "Experience of other Inquiries suggests that early action could save the Government significant legal costs as well as provide victims with compensation as soon as possible "I believe the best arrangement would be to view this scheme as part of the NHS's existing compensation schemes." She then says she would like "to discuss the merits of doing this work with your officials as soon as possible". Then if we just look at the bottom paragraph she explains she's copied this letter to the Chief Secretary to the Treasury, the Parliamentary Under-Secretary of State for Health and the Health Ministers of Scotland, Wales and Northern Ireland. We can see there the reference to work being undertaken by the four Departments of Health to provide costings and, is this right, the Welsh Government, through its officials, submitted an estimate of costings to the Cabinet Office in the

d Inqui	iry	20 May 2021
	remaining disparities in financial support in Northern Ireland, and Scotland, and addre as possible broader issues of disparity, im support for bereaved partners (beneficiari England, Wales and Northern Ireland are disadvantaged compared to beneficiaries "The Departments of Health across	essing as far cluding es in severely in Scotland).
	nations are costing the amounts needed to parity for beneficiaries, and we expect this	s work to
	be completed shortly. The resolution of the disparities is one of the main requests of the and their families, and my strong belief is would be the right thing to do." Then we can see then the reference	the victims that it
	compensation for victims. It refers to Mini Dowden having written to the Prime Minis January 2020 and then she says, in the se paragraph, picking it up in the second line	ister iter in econd
	" I believe it to be inevitable that Government will need to provide substant compensation."	
	Then she goes to set out a numbe that regard. She says her officials are wo "[Department of Health and Social	rking with:
	colleagues to consider approaches to con 78	npensation.
	Then just for the sake of completeness, w although we've looked at it already this we obviously not with you, Mr Gething, at the September 2020 follow-up letter from the General, EIBS0000705. So this is 21 Sep and if we just look a little further down the can see she then refers, under the headin support" in the second paragraph, to the of have been provided on the basis of costs following five years. If we go over the pag see in the last paragraph, the last written she says: "I cannot stress enough the urgend long overdue action on financial support a compensation."	eek but Paymaster otember 2020 page we gg "Financial costings that over the ge, we can paragraph, cy of taking and
Α.	Would you agree, Mr Gething, that financial support and compensation was I Yes, and I think Penny Mordaunt deserve for setting out very clearly in that correspondence	ong overdue? s some credit
	for setting out very clearly in that correspondence the need to act and her belief that it's the thing to do so. I hope that clarity has help move forward in the way that we have do with parity, but the next stage on the issue	right bed us to ne partially

note at the end of the letter as well.

flags have been her letter and also the handwritten

(20) Pages 77 - 80

		I ne infected	BIOO
1	Q.	Now, if we then look at WITN4506023, this is a meeting	1
2		of the WIBSS Governance Group, 4 March 2021. So it's	2
3		now a number of months on from the Paymaster General's	3
4		letter to the Chancellor. If we go to page	4
5	Α.	Sorry, the note that I have is 7 July 2020 not	5
6		March 2021.	6
7	MS	RICHARDS: I'm sorry, I've got the wrong reference.	7
8		Soumik, I think it's WITN4506023, my apologies	8
9		sorry, 025.	9
10		Thank you, Mr Gething. This should be the right	10
11		meeting, 4 March 2021. If we go to the third page, if	11
12		we look at the bottom of the page, we can see a Welsh	12
13		Government update. So this is as at early March,	13
14 15		4 March, Ms Cody says she's:	14 15
16		" continuing to work closely with the other four nations health departments regarding parity.	15 16
17		"[Ms Cody] notified the group of Northern	10
18		Ireland's decision to pay widow payments for members	18
19		of their scheme until they pass away and recognised	19
20		that this would cause distress to WIBSS	20
21		beneficiaries."	21
22		So, again, that's the early March announcement	22
23		Mr Swann told us about yesterday and then Ms Cody	23
24		refers to being in the process of briefing Ministers	24
25		and amending the direction. So is it right to	25
		81	
1		made clear that we had elections and that our ability	1
2		to make ministerial choices would be affected, and so	2
3		there was a short window to achieve what we would all	3
4		want to do, and that then happened very quickly.	4
5		So officials had to work very quickly after that	5
6		to get to the point where we could have a written	6
7		statement and I received a number of communications	7
8		about what might or might not be in a written	8
9		statement, what might not be in the parity agreement	9
10 11		that was reached and I then issued a written statement	10
12		on the first day of the pre-election period, which is unusual. You'd normally have to make those	11 12
12		ministerial choices the day before but we would	12
13		otherwise have been in the absurd position of Wales	13 14
15		not being able to make a statement that set out for	15
16		people that we had responsibility for how they were	16
17		directly affected by the agreement that had been	17
18		reached.	18
19		So we did then make that statement on the first	19

So we did then make that statement on the first 19 20 day of the pre-election period. It was a discrete matter where the same messages were being provided in 21 22 each part of the UK and I believe it was appropriate 23 to do so. **Q.** Then if we look then at the statement that you made on 24

25 25 March 2021, it's WITN5665006. You say this:

lood	Inqu	iry 20 May 2021
1		understand that, by this point in time, 4 March 2021,
2		the Welsh Government had heard nothing substantive
3		further about funding or about how parity might be
4		achieved?
5	Α.	That's correct. It all happened in a significant rush
6		towards the end of March, so shortly after this
7		meeting, in fact. And, in some ways, I think that the
8		Northern Ireland decision helped crystallise matters
9		and move things forward to get to the ultimate
10		position that we're able to announce on 26 March,
11		I think.
12	Q.	We'll look at your announcement of I think it is
13		25 March in a moment, but what can you recall of the
14		events or discussions in which you participated or of
15		which you were made aware in the course of March 2021?
16	Α.	So it's really as my statement sets out in
17		paragraph 24. It was raised in one of the regular
18		meetings between the four Cabinet Health Ministers
19		across the UK. We had been meeting on a regular basis
20		throughout most of the pandemic. That would be
21		myself, Jeane Freeman in Scotland, Matt Hancock and
22		Robin Swann, and it was raised in the 11 March meeting
23		that there might be a way to deliver progress and
24		deliver broad parity, and there was agreement there
25		that we'd want to do so, but myself and Jeane Freeman
		82
4		
1		"I am pleased to inform members of additional
2 3		financial support for those infected with hepatitis C and/or HIV via contaminated blood or blood
3 4		
4 5		products "Members will be aware that agreement was
6		reached in principle between the 4 UK health
7		departments to resolve disparities in July 2019.
8		Since then officials have worked with their
9		counterparts and those in UK Cabinet Office to resolve
10		these disparities.
11		"Today UK Treasury has announced that they will
12		fund a number of changes to the 4 UK schemes to work
13		towards parity. This funding will be backdated to
14		April 2019. For our beneficiaries who currently
15		receive ex-gratia payments delivered through our
16		partners at [WIBSS], the scheme will be amended as
17		follows."
18		Then we can see set out six elements to the
19		changes:
20		"Our regular annual ex gratia payments will be
21		increased to the rates currently paid in

England/Scotland;

22

23

24

25

"Payments for bereaved partner will be increased to 100 per cent of the beneficiaries payment in year 1, and 75 per cent in year 2 and subsequent years in 84

(21) Pages 81 - 84

			The Infected Blood
1		line with the position in Scotland;	1
2		"All the above payments are to be back dated to	2
3		April 2019"	3
4		Then the next two bullet points deal with	4
5		amendments to the lump sum payments, one to bring it	5
6		in line with Scotland backdated to April 2017, one to	6
7		change in line with England and be backdated to	7
8		April 2017, winter fuel payments to be paid in	8
9		addition from April 2021.	9
10		Then if we go over the page, you refer to the	10
11		bespoke psychological support scheme, and then you	11
12		say:	12
13		"We remain committed to working towards	13
14		addressing disparities between the schemes and will	14
15		work with WIBSS to communicate the changes to	15
16		beneficiaries. Beneficiaries will continue to receive	16
17		their current payments until the changes can be made.	17
18 19		We anticipate that they will be able to make	18
20		additional payments where required by the end of the	19 20
20 21		calendar year, and sooner if possible. "I have also agreed with my fellow Health	20
21		Ministers that any future changes to national schemes	21
22		will be subject to consultation across the four	22
24		administrations."	23
25		Now, just I think a couple of questions of	25
		85	
1	A.	No, my understanding is that there is still some	1
2		ongoing conversation around parity. We talked earlier	2
3		about potential for dependent children, for example.	3
4		So there are still some conversations that are still	4
5		taking place between officials. On the payments for	5
6		bereaved partners, we'd need to understand whether the	
7		April 2019 backdating date actually makes a material	7
8		difference, bearing in mind how recently the changes	8
9		were made, when the three-year period that we	9
10		previously announced would have been completed by	10
11		then, so it may make no material difference. But on	11
12		the broader issues on parity that you raised in our	12
13		questions before the break then, yes, there are still	13
14 15		conversations that are taking place between health	14
15 16		departments, and of course the recommendation of this Inquiry could well be material to those as well.	15 16
10	Q.		10 17
18	ч.	clarify again one point on detail in terms of the	18
19		bereaved payments about the applicable rate.	19
20		I'm going to ask you the guestion, Mr Gething.	20
20		If you are not able to answer it, it is probably	20
22		something we will wish to follow up and ask someone	22
23		within the Welsh Government to answer in writing, but	23
24		the question I have been asked to raise with you is	24
25		this: will payments be based on an assumption so	25
		87	

1		detail, if we go back to the previous page.
2		The backdating of payments in terms of the
3		regular annual payments for primary beneficiaries and
4		payments for bereaved partners is to be backdated to
5		April 2019. Why was that date chosen, Mr Gething?
6		Are you able to assist with that?
7	Α.	My understanding is that relates to when changes were
8		made in England and to backdate to that point in time,
9		and it's a conversation about levelling up to the
10		level that each country was paying for each of the
11		areas, and there's a line chosen about when the
12		financial support is being made available to enable
13		backdating to take place. And you'll have seen the
14		costings that you ran through in a previous document
15		to enable us to do so.
16	Q.	That's, I think, right in terms of there had been an
17		uplift to English payments in April 2019. In relation
18		to payments for bereaved partners, I think the
19		Scottish scheme pre-dated April 2019. So it may be
20		some disparities remain. Is there any proposal for
21		officials of the health departments of the four
22		nations to work together to try and identify whether
23		there are any further disparities and if so what
24		action to take, or is this it now in terms of
25		addressing disparity?
		86
1		these are the regular payments for bereaved
1 2		these are the regular payments for bereaved partners that the date of death and the applicable
2		partners that the date of death and the applicable
2 3		partners that the date of death and the applicable rate is the current rate so it's 100 per cent and
2 3 4		partners that the date of death and the applicable rate is the current rate so it's 100 per cent and then 75 per cent thereafter of what the partner would
2 3 4 5		partners that the date of death and the applicable rate is the current rate so it's 100 per cent and then 75 per cent thereafter of what the partner would have been entitled to as at the new rates or is it
2 3 4 5 6		partners that the date of death and the applicable rate is the current rate so it's 100 per cent and then 75 per cent thereafter of what the partner would have been entitled to as at the new rates or is it the 100 per cent and then 75 per cent of what the
2 3 4 5 6 7	A.	partners that the date of death and the applicable rate is the current rate so it's 100 per cent and then 75 per cent thereafter of what the partner would have been entitled to as at the new rates or is it the 100 per cent and then 75 per cent of what the partner would have been entitled to as at the date he
2 3 4 5 6 7 8	A.	partners that the date of death and the applicable rate is the current rate so it's 100 per cent and then 75 per cent thereafter of what the partner would have been entitled to as at the new rates or is it the 100 per cent and then 75 per cent of what the partner would have been entitled to as at the date he died?
2 3 4 5 6 7 8 9	A.	partners that the date of death and the applicable rate is the current rate so it's 100 per cent and then 75 per cent thereafter of what the partner would have been entitled to as at the new rates or is it the 100 per cent and then 75 per cent of what the partner would have been entitled to as at the date he died? I can't confirm that point directly now so I don't
2 4 5 6 7 8 9	A.	partners that the date of death and the applicable rate is the current rate so it's 100 per cent and then 75 per cent thereafter of what the partner would have been entitled to as at the new rates or is it the 100 per cent and then 75 per cent of what the partner would have been entitled to as at the date he died? I can't confirm that point directly now so I don't want to give the wrong answer but I will happily make sure we provide you with the current answer in
2 3 6 7 8 9 10	A. Q.	partners that the date of death and the applicable rate is the current rate so it's 100 per cent and then 75 per cent thereafter of what the partner would have been entitled to as at the new rates or is it the 100 per cent and then 75 per cent of what the partner would have been entitled to as at the date he died? I can't confirm that point directly now so I don't want to give the wrong answer but I will happily make
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2 3 4 5 6 7 8 9 10 11 12 13 14 15		partners that the date of death and the applicable rate is the current rate so it's 100 per cent and then 75 per cent thereafter of what the partner would have been entitled to as at the new rates or is it the 100 per cent and then 75 per cent of what the partner would have been entitled to as at the date he died? I can't confirm that point directly now so I don't want to give the wrong answer but I will happily make sure we provide you with the current answer in writing. Then can I just ask why it might take until the end of this calendar year to be able to implement these changes? Are you still waiting for further
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16		partners that the date of death and the applicable rate is the current rate so it's 100 per cent and then 75 per cent thereafter of what the partner would have been entitled to as at the new rates or is it the 100 per cent and then 75 per cent of what the partner would have been entitled to as at the date he died? I can't confirm that point directly now so I don't want to give the wrong answer but I will happily make sure we provide you with the current answer in writing. Then can I just ask why it might take until the end of this calendar year to be able to implement these changes? Are you still waiting for further confirmation from the Treasury as to the position or
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17		partners that the date of death and the applicable rate is the current rate so it's 100 per cent and then 75 per cent thereafter of what the partner would have been entitled to as at the new rates or is it the 100 per cent and then 75 per cent of what the partner would have been entitled to as at the date he died? I can't confirm that point directly now so I don't want to give the wrong answer but I will happily make sure we provide you with the current answer in writing. Then can I just ask why it might take until the end of this calendar year to be able to implement these changes? Are you still waiting for further confirmation from the Treasury as to the position or is there some other reason why it might take a while
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	Q.	partners that the date of death and the applicable rate is the current rate so it's 100 per cent and then 75 per cent thereafter of what the partner would have been entitled to as at the new rates or is it the 100 per cent and then 75 per cent of what the partner would have been entitled to as at the date he died? I can't confirm that point directly now so I don't want to give the wrong answer but I will happily make sure we provide you with the current answer in writing. Then can I just ask why it might take until the end of this calendar year to be able to implement these changes? Are you still waiting for further confirmation from the Treasury as to the position or is there some other reason why it might take a while to implement?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	Q.	partners that the date of death and the applicable rate is the current rate so it's 100 per cent and then 75 per cent thereafter of what the partner would have been entitled to as at the new rates or is it the 100 per cent and then 75 per cent of what the partner would have been entitled to as at the date he died? I can't confirm that point directly now so I don't want to give the wrong answer but I will happily make sure we provide you with the current answer in writing. Then can I just ask why it might take until the end of this calendar year to be able to implement these changes? Are you still waiting for further confirmation from the Treasury as to the position or is there some other reason why it might take a while to implement? Well, it's simply about going through all the records
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	Q.	partners that the date of death and the applicable rate is the current rate so it's 100 per cent and then 75 per cent thereafter of what the partner would have been entitled to as at the new rates or is it the 100 per cent and then 75 per cent of what the partner would have been entitled to as at the date he died? I can't confirm that point directly now so I don't want to give the wrong answer but I will happily make sure we provide you with the current answer in writing. Then can I just ask why it might take until the end of this calendar year to be able to implement these changes? Are you still waiting for further confirmation from the Treasury as to the position or is there some other reason why it might take a while to implement? Well, it's simply about going through all the records to make sure we do it properly. What we have from
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Q.	partners that the date of death and the applicable rate is the current rate so it's 100 per cent and then 75 per cent thereafter of what the partner would have been entitled to as at the new rates or is it the 100 per cent and then 75 per cent of what the partner would have been entitled to as at the date he died? I can't confirm that point directly now so I don't want to give the wrong answer but I will happily make sure we provide you with the current answer in writing. Then can I just ask why it might take until the end of this calendar year to be able to implement these changes? Are you still waiting for further confirmation from the Treasury as to the position or is there some other reason why it might take a while to implement? Well, it's simply about going through all the records to make sure we do it properly. What we have from Treasury is agreement on a year, and what we actually
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Q.	partners that the date of death and the applicable rate is the current rate so it's 100 per cent and then 75 per cent thereafter of what the partner would have been entitled to as at the new rates or is it the 100 per cent and then 75 per cent of what the partner would have been entitled to as at the date he died? I can't confirm that point directly now so I don't want to give the wrong answer but I will happily make sure we provide you with the current answer in writing. Then can I just ask why it might take until the end of this calendar year to be able to implement these changes? Are you still waiting for further confirmation from the Treasury as to the position or is there some other reason why it might take a while to implement? Well, it's simply about going through all the records to make sure we do it properly. What we have from Treasury is agreement on a year, and what we actually want is to be able to make these changes permanent,

properly in place to be able to understand who we need 88

87

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1		to change payments with and for.
2	Q.	So your understanding is that the commitment you have
3		from HM Treasury will just pay for 12 months' funding
4		of these changes and not any longer term?
5	Α.	Yes, I don't think we have a longer term commitment.
6		And that's one of the things I think it would be
7		really helpful to resolve moving forward, and to have
8		a clearly identified financial stream that is for this
9		purpose. Otherwise, if this go into the general
10		health department budget without an obviously
11		identified funding stream to do so, there is always
12		a risk that pressure in other parts of the health
13		department in any of the UK countries could lead to
14		pressure on this scheme.
15		Now, we know the hurt and the upset that has
16		been caused to date. I don't think it would be
17		sensible to then end up having a row between
18		governments about whether the right amount of money
19		has been passported from the Treasury to each of the
20		four UK health departments. So clarity in the longer
21		term commitment and clarity in the sums of money being
22		passported over I think would be to the benefit of
23		beneficiaries, but then all those people are charged
24		with making decisions as well.
25	Q.	We can take that down, thank you, Soumik.
		89
1		was caused before devolution, but actually the reality
1 2		was caused before devolution, but actually the reality
2		is it's harm that comes from the Health Service which
2 3		is it's harm that comes from the Health Service which is now devolved. And people will expect whoever the
2 3 4		is it's harm that comes from the Health Service which is now devolved. And people will expect whoever the relevant Health Minister is in each part of the UK to
2 3 4 5		is it's harm that comes from the Health Service which is now devolved. And people will expect whoever the relevant Health Minister is in each part of the UK to understand what's happening and not to say, "I'm only
2 3 4 5 6		is it's harm that comes from the Health Service which is now devolved. And people will expect whoever the relevant Health Minister is in each part of the UK to understand what's happening and not to say, "I'm only the Health Minister, it's nothing to do with me, you
2 3 4 5 6 7		is it's harm that comes from the Health Service which is now devolved. And people will expect whoever the relevant Health Minister is in each part of the UK to understand what's happening and not to say, "I'm only the Health Minister, it's nothing to do with me, you need to ask someone else". Lots of people see there's
2 3 4 5 6 7 8		is it's harm that comes from the Health Service which is now devolved. And people will expect whoever the relevant Health Minister is in each part of the UK to understand what's happening and not to say, "I'm only the Health Minister, it's nothing to do with me, you need to ask someone else". Lots of people see there's someone trying to pass the buck and actually every
2 3 4 5 6 7 8 9		is it's harm that comes from the Health Service which is now devolved. And people will expect whoever the relevant Health Minister is in each part of the UK to understand what's happening and not to say, "I'm only the Health Minister, it's nothing to do with me, you need to ask someone else". Lots of people see there's someone trying to pass the buck and actually every health minister should understand what is happening.
2 3 4 5 6 7 8 9 10		is it's harm that comes from the Health Service which is now devolved. And people will expect whoever the relevant Health Minister is in each part of the UK to understand what's happening and not to say, "I'm only the Health Minister, it's nothing to do with me, you need to ask someone else". Lots of people see there's someone trying to pass the buck and actually every health minister should understand what is happening. The best way to do that is to engage properly and
2 3 4 5 6 7 8 9 10		is it's harm that comes from the Health Service which is now devolved. And people will expect whoever the relevant Health Minister is in each part of the UK to understand what's happening and not to say, "I'm only the Health Minister, it's nothing to do with me, you need to ask someone else". Lots of people see there's someone trying to pass the buck and actually every health minister should understand what is happening. The best way to do that is to engage properly and meaningfully.
2 3 4 5 6 7 8 9 10 11 12		is it's harm that comes from the Health Service which is now devolved. And people will expect whoever the relevant Health Minister is in each part of the UK to understand what's happening and not to say, "I'm only the Health Minister, it's nothing to do with me, you need to ask someone else". Lots of people see there's someone trying to pass the buck and actually every health minister should understand what is happening. The best way to do that is to engage properly and meaningfully. I also think that it would mean we're more
2 3 4 5 7 8 9 10 11 12 13		is it's harm that comes from the Health Service which is now devolved. And people will expect whoever the relevant Health Minister is in each part of the UK to understand what's happening and not to say, "I'm only the Health Minister, it's nothing to do with me, you need to ask someone else". Lots of people see there's someone trying to pass the buck and actually every health minister should understand what is happening. The best way to do that is to engage properly and meaningfully. I also think that it would mean we're more likely to get a better designed scheme at the end of
2 3 4 5 6 7 8 9 10 11 12 13 14		is it's harm that comes from the Health Service which is now devolved. And people will expect whoever the relevant Health Minister is in each part of the UK to understand what's happening and not to say, "I'm only the Health Minister, it's nothing to do with me, you need to ask someone else". Lots of people see there's someone trying to pass the buck and actually every health minister should understand what is happening. The best way to do that is to engage properly and meaningfully. I also think that it would mean we're more likely to get a better designed scheme at the end of this, to understand how we do properly address the
2 3 4 5 6 7 8 9 10 11 12 13 14 15	Q.	is it's harm that comes from the Health Service which is now devolved. And people will expect whoever the relevant Health Minister is in each part of the UK to understand what's happening and not to say, "I'm only the Health Minister, it's nothing to do with me, you need to ask someone else". Lots of people see there's someone trying to pass the buck and actually every health minister should understand what is happening. The best way to do that is to engage properly and meaningfully. I also think that it would mean we're more likely to get a better designed scheme at the end of this, to understand how we do properly address the issues of continuing concern.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	Q.	is it's harm that comes from the Health Service which is now devolved. And people will expect whoever the relevant Health Minister is in each part of the UK to understand what's happening and not to say, "I'm only the Health Minister, it's nothing to do with me, you need to ask someone else". Lots of people see there's someone trying to pass the buck and actually every health minister should understand what is happening. The best way to do that is to engage properly and meaningfully. I also think that it would mean we're more likely to get a better designed scheme at the end of this, to understand how we do properly address the issues of continuing concern. Is it your expectation that funding for any
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	Q.	is it's harm that comes from the Health Service which is now devolved. And people will expect whoever the relevant Health Minister is in each part of the UK to understand what's happening and not to say, "I'm only the Health Minister, it's nothing to do with me, you need to ask someone else". Lots of people see there's someone trying to pass the buck and actually every health minister should understand what is happening. The best way to do that is to engage properly and meaningfully. I also think that it would mean we're more likely to get a better designed scheme at the end of this, to understand how we do properly address the issues of continuing concern. Is it your expectation that funding for any compensation framework would come from the
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18		is it's harm that comes from the Health Service which is now devolved. And people will expect whoever the relevant Health Minister is in each part of the UK to understand what's happening and not to say, "I'm only the Health Minister, it's nothing to do with me, you need to ask someone else". Lots of people see there's someone trying to pass the buck and actually every health minister should understand what is happening. The best way to do that is to engage properly and meaningfully. I also think that it would mean we're more likely to get a better designed scheme at the end of this, to understand how we do properly address the issues of continuing concern. Is it your expectation that funding for any compensation framework would come from the UK Government?
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24		is it's harm that comes from the Health Service which is now devolved. And people will expect whoever the relevant Health Minister is in each part of the UK to understand what's happening and not to say, "I'm only the Health Minister, it's nothing to do with me, you need to ask someone else". Lots of people see there's someone trying to pass the buck and actually every health minister should understand what is happening. The best way to do that is to engage properly and meaningfully. I also think that it would mean we're more likely to get a better designed scheme at the end of this, to understand how we do properly address the issues of continuing concern. Is it your expectation that funding for any compensation framework would come from the UK Government? Yes, that is my expectation what would happen, otherwise we'll just repeat all of the pain that has been caused by not having that clarity in the way that the schemes themselves have been designed up to this point for the support payment. And do you share the Paymaster General's view, as
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 9 20 21 22 23	A.	is it's harm that comes from the Health Service which is now devolved. And people will expect whoever the relevant Health Minister is in each part of the UK to understand what's happening and not to say, "I'm only the Health Minister, it's nothing to do with me, you need to ask someone else". Lots of people see there's someone trying to pass the buck and actually every health minister should understand what is happening. The best way to do that is to engage properly and meaningfully. I also think that it would mean we're more likely to get a better designed scheme at the end of this, to understand how we do properly address the issues of continuing concern. Is it your expectation that funding for any compensation framework would come from the UK Government? Yes, that is my expectation what would happen, otherwise we'll just repeat all of the pain that has been caused by not having that clarity in the way that the schemes themselves have been designed up to this point for the support payment.

lood	Inqu	iry 20 May 2021
1		Part of the announcement made by the
2		Paymaster General on 25 March 2021 was about setting
3		up or undertaking commissioning work in relation to
4		a compensation framework. Is that something that you
4 5		
		or your officials had prior notice of or any prior
6		involvement in before the Paymaster General's
7		announcement?
8	Α.	It certainly wasn't part of the conversation that
9		I recall having with health ministers on 11 March.
10		Obviously, I welcome the fact that there is what looks
11		like a serious attempt to address the issue of
12		compensation, but it happened in a subject to any sort
13		of ministerial conversation that I've been part of.
14		I'd expect though, in reality, that should the
15		undertaking it was going to be done by officials
16		working with each other in the first instance. So it
17		may be that's a matter for my successor in the health
18		role, Eluned Morgan, to address, but that does depend
19		on how the compensation scheme is proposed to be set
20		up.
21	Q.	Is it your expectation that the Welsh Government will
22		have some involvement in or be consulted on the
23		discussions and proposals and principles about
24		a possible compensation framework?
25	Α.	Yes, I think it should be. And it's because the harm
		90
1		Exchequer, that it is inevitable that the Government
2		will need to provide substantial compensation?
3	Α.	I agree. That is the right thing to do and it is
4		a matter of how rapidly the Government moves to do the
5		right thing. And that is a Government of any shade
6		now and in the future. It is plainly a matter for the
7		UK Government to resolve.
8	MS	<b>RICHARDS:</b> Sir, those are my questions for Mr Gething.
9		We do need to give Core Participants the opportunity
10		to suggest any further questions but I'm conscious
11		also Mr Gething has, I think, a significant meeting
12		which means he would wish to be away by 1.20, and so
13		could we perhaps take 20 minutes now to enable any
14		further questions to be suggested to me and then
15		resume at 1 o'clock, which should give sufficient time
16		to complete Mr Gething's evidence.
17	SIR	BRIAN LANGSTAFF: Yes, indeed. I think we will take
18		up every minute of your time until 1.20 probably, but
19		not beyond, I hope. We'll take a break now, with that
20		in mind, until 1 o'clock.
21	MS	RICHARDS: Thank you, sir.
22	A.	Thank you.
23	SIR	BRIAN LANGSTAFF: 1 o'clock.
24		(12.39 pm)
25		(A short break)
		92 (23) Pages 89 - 92
		(20), 1900 00 - 02

1		(1.00 pm)
2	MS	<b>RICHARDS:</b> Mr Gething, a handful or questions for you
3		that Core Participants have asked to have raised.
4		I asked you this morning about the exclusion from the
5		scheme of bereaved parents, non-dependent children,
6		other family members. What about the position of
7		carers who may have themselves lost income or
8		pensions, who may have suffered their own health
9		difficulties and, indeed, continue to suffer that loss
10		if still caring for their infected partners? Do you
11		agree that there is a moral case for the provision of
12		financial support to that category of individual?
13	Α.	I can understand the moral case that is made and I'm
14		not unsympathetic to it. The challenge is we have
15		a current set of support schemes that are drawn up in
16		a specific way, and it's really about how if the
17		compensation schemes are to be real, how you then
18		understand those people that have been directly
19		impacted by the need to provide care and support as
20		well as those people who suffered financial loss as
21		well as those people who have been bereaved. So, yes,
22		I recognise the point that is being made.
23	Q.	You set out your understanding that some of the
24		ongoing discussions between officials incorporated
25		consideration of the position of wider family members,
		93
1		devolved. That's all part of the schemes that we are
2		handling. And the money that is transferred each
		handling: Find the menoy that is transformed each
3		year the Welsh Government Scottish Northern Irish
3 4		year, the Welsh Government, Scottish, Northern Irish
4		Government and Executive respectively have to decide
4 5	0	Government and Executive respectively have to decide how to use that money in the schemes that we provide.
4 5 6	Q.	Government and Executive respectively have to decide how to use that money in the schemes that we provide. In terms of the calculation made by the Department of
4 5 6 7	Q.	Government and Executive respectively have to decide how to use that money in the schemes that we provide. In terms of the calculation made by the Department of Health and Social Care as to what it will give on an
4 5 6 7 8	Q.	Government and Executive respectively have to decide how to use that money in the schemes that we provide. In terms of the calculation made by the Department of Health and Social Care as to what it will give on an annual basis to the Welsh Government for the HIV
4 5 6 7 8 9	Q.	Government and Executive respectively have to decide how to use that money in the schemes that we provide. In terms of the calculation made by the Department of Health and Social Care as to what it will give on an annual basis to the Welsh Government for the HIV funding, do you know if that's calculated by reference
4 5 7 8 9 10	Q.	Government and Executive respectively have to decide how to use that money in the schemes that we provide. In terms of the calculation made by the Department of Health and Social Care as to what it will give on an annual basis to the Welsh Government for the HIV funding, do you know if that's calculated by reference to what's made available in England, which wouldn't
4 5 7 8 9 10 11	Q.	Government and Executive respectively have to decide how to use that money in the schemes that we provide. In terms of the calculation made by the Department of Health and Social Care as to what it will give on an annual basis to the Welsh Government for the HIV funding, do you know if that's calculated by reference to what's made available in England, which wouldn't have included these bereaved payments, or is it a sum
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4 5 7 8 9 10 11 12 13		Government and Executive respectively have to decide how to use that money in the schemes that we provide. In terms of the calculation made by the Department of Health and Social Care as to what it will give on an annual basis to the Welsh Government for the HIV funding, do you know if that's calculated by reference to what's made available in England, which wouldn't have included these bereaved payments, or is it a sum that is intended to cover and does cover all HIV-related payments made by WIBSS?
4 5 7 8 9 10 11 12 13 14	Q. A.	Government and Executive respectively have to decide how to use that money in the schemes that we provide. In terms of the calculation made by the Department of Health and Social Care as to what it will give on an annual basis to the Welsh Government for the HIV funding, do you know if that's calculated by reference to what's made available in England, which wouldn't have included these bereaved payments, or is it a sum that is intended to cover and does cover all HIV-related payments made by WIBSS? My understanding is it relates to the share, as it
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4 5 7 8 9 10 11 12 13 14 15 16 17		Government and Executive respectively have to decide how to use that money in the schemes that we provide. In terms of the calculation made by the Department of Health and Social Care as to what it will give on an annual basis to the Welsh Government for the HIV funding, do you know if that's calculated by reference to what's made available in England, which wouldn't have included these bereaved payments, or is it a sum that is intended to cover and does cover all HIV-related payments made by WIBSS? My understanding is it relates to the share, as it were, of HIV people. But I'd want to check that to make sure I'm not giving you a misleading answer. That's fine.
4 5 7 8 9 10 11 12 13 14 15 16 17 18	A.	Government and Executive respectively have to decide how to use that money in the schemes that we provide. In terms of the calculation made by the Department of Health and Social Care as to what it will give on an annual basis to the Welsh Government for the HIV funding, do you know if that's calculated by reference to what's made available in England, which wouldn't have included these bereaved payments, or is it a sum that is intended to cover and does cover all HIV-related payments made by WIBSS? My understanding is it relates to the share, as it were, of HIV people. But I'd want to check that to make sure I'm not giving you a misleading answer. That's fine. There are a number of points, Mr Gething, in
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4 5 7 8 9 10 11 12 13 14 15 16 17 18	A.	Government and Executive respectively have to decide how to use that money in the schemes that we provide. In terms of the calculation made by the Department of Health and Social Care as to what it will give on an annual basis to the Welsh Government for the HIV funding, do you know if that's calculated by reference to what's made available in England, which wouldn't have included these bereaved payments, or is it a sum that is intended to cover and does cover all HIV-related payments made by WIBSS? My understanding is it relates to the share, as it were, of HIV people. But I'd want to check that to make sure I'm not giving you a misleading answer. That's fine. There are a number of points, Mr Gething, in

22	detailed implications of the new parity arrangements
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- and if there is anything you've been unable to answeror can further clarify then there will be a means for
- 24 of can further clarity then there will be a me25 that to happen.

	discussions, to your knowledge, addressed at all the question of carers in the position that I've described?
A.	I'm not aware of all the detail of those discussions but I would expect that they would be part of
	discussions about not just parity in the scheme going
	forward but also the unfinished well, the recently
	started conversation of whether there is going to be a proper compensation scheme.
Q.	Now I've asked you this morning about the funding
	stream in relation to HIV payments, and you've told
	us, as indeed Dr Jones did in his statement, about
	funding received from the Department of Health and Social Care.
	In terms of the bereavement payments that have
	hitherto been made in Wales on the three-year basis,
	where those are bereavement payments made to widows or partners of those who had been infected with HIV, who
	has up until now funded those payments? Is it the
	Department of Health and Social Care or has that come
	from the Welsh budget?
Α.	My understanding is that for those people, those are
	still payments made through the scheme. So that's
	94
A.	Thank you.
Q.	In terms of HIV payments going forward, have the
	parity discussions included any discussion about
	whether the existing Department of Health and Social
A.	Care funding stream will continue? Yes, that is part of the necessary parity discussions
Λ.	moving forward, to make sure there's a proper
	underpinning of where we are. So you've seen in
	Dr Jones' statement and my earlier evidence that we
	think it would be sensible for everyone to have a more
	predictable way to deliver payments, and that would
	include the long-term provision on HIV and other
	scheme payments as well. So the best way to do that, I think, is in having a long-term settlement. But we
	have made a significant jump forward with on parity
	have made a significant jump forward with on parity but there's still more to do.
Q.	
Q.	but there's still more to do.
Q.	but there's still more to do. Now you've told us that, in terms of the practical arrangements for implementing the changes announced on 25 March, that might take some time. Your aspiration
Q.	but there's still more to do. Now you've told us that, in terms of the practical arrangements for implementing the changes announced on 25 March, that might take some time. Your aspiration was that it would be this calendar year by the end
Q.	but there's still more to do. Now you've told us that, in terms of the practical arrangements for implementing the changes announced on 25 March, that might take some time. Your aspiration

including the position of those who are bereaved who

are not widows of partners, et cetera. Have the

- the Welsh Government was waiting for a decision from
- the UK Government on funding in relation to achieving
- parity, did the Welsh Government set up or ask WIBSSto set up any systems or contingency plans to enable

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1		it to, as it were, hit the ground running or is that	
2		work only starting now?	
3	A.	Well, it's only really since 11 March to then the	
4		statement being made in the two weeks, there was quite	
5		a lot to do in those two weeks to get things up and	
6		running and agreed. So within that window I don't	
7		think it would be realistic to say that we set up an	
8		alternative mechanism in case those parity discussions	
9		didn't land and come to fruition.	
10		And this is actually guite difficult. The	
11		challenge in co-ordinating all of the information we	
12		got from the old Alliance House schemes took about	
13		six months with information being provided. And	
14		I think that's detailed and set out in other witness	
15		statements in evidence you've had. So it's trying to	
16		set a realistic time-frame for when we can do that.	
17		But, as I say, earlier if possible, and we	
18		certainly want to do this as early as possible for	
19		beneficiaries' sake.	
20	Q.	Given the changes have are contemplated further to	
21	ч.	your announcement on 25 March 2021 so the	
22		amendments to the scheme to try and each greater	
23		parity to what extent are discretionary payments or	
24		income top-up payments going to remain part of the	
25		Welsh scheme?	
20		97	
		91	
1		stood prior, at least to 25 March 2021, if the Welsh	
2		Government wanted to increase hepatitis C or	
3		HIV payments or, indeed, to widen the scope of the	
4		scheme and make payments to new categories of	
5		recipients, the Welsh Government would have to find	
6		the money from its overall health budget, which could	
7		not then be used for other health expenditure?	
8	A.	That's correct.	
9	Q.	And so is it right to understand from your	
10		evidence that your preference would be for a system of	
11		funding in which funding for support was received	
12		directly from Her Majesty's Treasury or, in any event,	
13		received in some way which didn't make it part of the	
14		health budget?	
15	Α.	Yes, you are always going to in accounting terms,	
16		you are always going to need to have somewhere very	
17		that money is identified. But I think an identifiable	
18 10		stream of money, on the basis of agreements on parity,	
19 20		is eminently preferable. Otherwise, you will always	
20		have people saying: where is the money coming from?	
21		Is money being taken from the funding stream that	
22		should be there? And I think a level of opaqueness in	
23		this moving forward is not going to provide the	
24		settlement that all of us want to see.	

**Q.** So would it be right to understand two aspects of

	-	
1	Α.	Well, that's part of what I understand is subject to
2		the ongoing discussions on parity. You have this
3		challenge of income top-up payments, whether there's
4		means testing, whether that's the right thing to do or
5		not. You also have and we've run through this
6		a little before, about discretionary payments. And
7		any form of discretionary payment there's a challenge
8		about how fair it is and what the basis and parameter
9		for that is and are we going to have a discretionary
10		fund. And if so, on what basis is it going be made
11		available? I think it would be helpful if there was
12		as much agreement as possible on the scale of that and
13		the knowledge that people have about their ability to
14		apply for discretionary payments and we need to
15		regularly remind people about that facility, if it's
16		going to continue as well. Otherwise we will have the
17		sort of lopsided approach to discretionary payments
18		where some people never make use of it and others will
19		and there's likely to be unhappiness about.
20	Q.	The final group of questions I have for you,
20 21	Q.	
21		Mr Gething, touch on matters relating to funding, which you have already to some extent addressed, but
23		I just want to I have been asked to seek
24		clarification in a handful of respects.
25		So is this right, that as things stand and have
		98
1		future funding that would be particularly important:
2		one is that it's an identified pot of money, as it
2		were, so that you don't get into the consequences that
4		
4 5		you just described; and the second would be a degree
		of long-term commitment so that you can plan but,
6		perhaps most importantly, you can give your
7		beneficiaries the assurance, the guarantee, the
8		security that they desire?
9	Α.	Yes. And that point about the security has been
10		expressed in your previous questions as well. It came
11		up in the consultation. People will be able to make
12		life choices and plans, and that will, I think, help
13		all of us and be a good outcome to be able to achieve
14		across the UK.
15	Q.	And then the final question, again on the issue of
16		funding arrangements, was this: when the English
17		scheme's regular payments were increased in 2019 from
18		Department of Health and Social Care funding, why
19		could Wales not mirror that by seeking a Barnett
20		consequential to enable it to access an uplift in the
21		funding available to WIBSS?
22	Α.	Okay, so this is about how health funding is delivered
23		across the UK. So almost all health funding is

- covered by Barnett. If there was additional money put
- into the health budget to cover that announcement on

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1	the first day of this Inquiry, we would have had
2	a Barnett share of that. But because the UK
3	Government said they'd found the money essentially
4	down the back of the departmental sofa, then there was
5	no consequential made at all and they found the
6	equivalent of £3 million in our budgetary terms within
7	the departmental budget. And that was the statement
8	that was made. And therefore there's no consequential
9	provided to Wales, Scotland or Northern Ireland.
10	MS RICHARDS: Thank you.
11	Mr Gething, those are the questions I have for
12	you. I'm just going to check whether your own
13	representatives have any. No.
14	Sir Brian?
15	SIR BRIAN LANGSTAFF: I have no questions.
16	MS RICHARDS: Mr Gething, is there anything that you would
17	like to add?
18	A. I just want to finish by saying I am genuinely pleased
19	that this Inquiry is taking place. For all the hurt
20	and people having to relive their experiences in going
21	through this, I really do hope that at the end of this
22	we get a settlement that provides a measure of the
23	justice that has been denied for a very long time and
24	I hope that the recommendations do lead to much
25	greater equity across the UK, a measure of closure and
	101
	101
4	
1	times it may have been that you were expressing
2	having had some anger at both the delays and the
3	unexpected surprises on the long route towards parity
4	and what you see as justice for those who have been
5	infected and affected. I do respect the balanced way
6	in which you've put that, so as not to be, perhaps
7	again this is my take on it, so don't by any means
8	comment that you have avoided putting them in a way
9	in which might have been unproductive.
10	So I think I've heard it clearly. Thank you
11	very much.
12	A. Thank you, Sir Brian.
13	MS RICHARDS: Sir, this afternoon's witness will be
14	Mrs Ramsey, who will be dealing with, in some more
15	detailed respects, the workings of the Welsh scheme.
16	SIR BRIAN LANGSTAFF: We can manage her at 2.00, can we
17	not?
18	MS RICHARDS: Yes, certainly.
19	SIR BRIAN LANGSTAFF: So 2 o'clock. I hope that gives
20	everyone enough time. I believe it should. If we
21	slip by five minutes, we do, but otherwise it's
22	2 o'clock.
23	MS RICHARDS: Thank you, sir.
24	(1.15 pm)
25	(Luncheon Adjournment)
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1	
1	a proper recognition of the genuine pain and upset
2	that has been caused over a very long time.
3	People are in a position today where they are
4	suffering because the State got this wrong and let
5	people down, and that failure has been lived with for
6	a very long time and I hope that future Ministers
7	won't be in a position where we're still having really
8	difficult meetings with people who have been let down
9	and recognise they haven't been fairly treated, since
10	the final long and painful campaign to get recognition
11	of that has been at least partially acknowledged.
12	So I hope that the future after this Inquiry
13	will be a better one for all of the people who, as
14	I say, have been let down in the past.
15	MS RICHARDS: Thank you. Sir.
16	SIR BRIAN LANGSTAFF: Well, it remains for me to thank you
17	for giving us your time this morning. I appreciate
18	we've made you run close to the 1.20 deadline but I'll
19	just take a couple of minutes, if I may, to thank you
20	for what I have seen as a thoughtful, eloquent,
21	careful way in which you have given your evidence but,
22	in particular, its humanity. What struck me most of
23	all, actually, was the measured way in which you
24	expressed some of the frustrations, as it seemed to
25	me and I'm not inviting you to comment on this at
	102
1	(2.00 pm)
2	SIR BRIAN LANGSTAFF: Good afternoon, Mrs Ramsey.
3	THE WITNESS: Prynhawn Da. Good afternoon.
4	SIR BRIAN LANGSTAFF: That means you can hear and you can
5	see me. Good. That's a good start. Now you're in
6	Cardiff, are you?
7	THE WITNESS: I am. I'm in our offices in Companies House
8	in Cardiff.
9	SIR BRIAN LANGSTAFF: Is there anyone there with you?
10	THE WITNESS: No, just your IT technician in the next
11	room.
12	SIR BRIAN LANGSTAFF: Thank you.
	,
13	What you are talking to, let me describe first
13 14	What you are talking to, let me describe first what is here at Fleetbank House, we have a reasonable
13 14 15	What you are talking to, let me describe first what is here at Fleetbank House, we have a reasonable size audience, suitably socially distanced. We have
13 14 15 16	What you are talking to, let me describe first what is here at Fleetbank House, we have a reasonable size audience, suitably socially distanced. We have a reasonable cohort of lawyers, again socially
13 14 15 16 17	What you are talking to, let me describe first what is here at Fleetbank House, we have a reasonable size audience, suitably socially distanced. We have a reasonable cohort of lawyers, again socially distanced. And there is press coverage. You are
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13 14 15 16 17 18 19 20	What you are talking to, let me describe first what is here at Fleetbank House, we have a reasonable size audience, suitably socially distanced. We have a reasonable cohort of lawyers, again socially distanced. And there is press coverage. You are talking, however, mainly, in terms of numbers, to those who are beyond these walls. They are watching remotely. I expect there will be quite a number from
13 14 15 16 17 18 19 20 21	What you are talking to, let me describe first what is here at Fleetbank House, we have a reasonable size audience, suitably socially distanced. We have a reasonable cohort of lawyers, again socially distanced. And there is press coverage. You are talking, however, mainly, in terms of numbers, to those who are beyond these walls. They are watching remotely. I expect there will be quite a number from Wales, as you might imagine, but it will be across all
13 14 15 16 17 18 19 20 21 22	What you are talking to, let me describe first what is here at Fleetbank House, we have a reasonable size audience, suitably socially distanced. We have a reasonable cohort of lawyers, again socially distanced. And there is press coverage. You are talking, however, mainly, in terms of numbers, to those who are beyond these walls. They are watching remotely. I expect there will be quite a number from Wales, as you might imagine, but it will be across all four nations.
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psychology service?

			The infected Bloo
1		ALISON MARY RAMSEY, sworn	1
2		Questions by MS SCOTT	2
3	MS	SCOTT: Good afternoon, Mrs Ramsey.	3
4	Α.	Good afternoon.	4
5	Q.	You are employed by the NHS Wales Shared Service	5
6		Partnership as Director of Planning, Performance and	6
7		Informatics; is that right?	7
8	Α.	That's correct, yes.	8
9	Q.	And you say in your witness statement that the	9
10		partnership I'm going to call it that for short	10
11		is an independent organisation owned and directed by	11
12		NHS Wales; is that right?	12
13	Α.	That's correct.	13
14	Q.	And that the partnership, together with the Velindre	14
15		University NHS Hospital Trust deliver the Welsh	15
16		Infected Blood Support service WIBSS I'm going to	16
17		call it for the Welsh Government.	17
18	Α.	That's also correct.	18
19	Q.	And that the partnership employs yourself, the WIBSS	19
20		manager, the deputy manager and the finance officer;	20
21		is that right?	21
22	Α.	The deputy manager's an employee of the Velindre NHS	22
23	~	Trust.	23
24 25	Q.	And the Velindre NHS Trust also employs the welfare	24
25		team and the psychologists and the team that run the	25
		105	
1		role with Shared Services there was an element of the	1
2		role which would be responsible for WIBSS. So that	2
3		was when I undertook more detailed research as to what	3
4		WIBSS was and when it had been set up and what its	4
5		purpose was. And when I was interviewed for the role,	5
6		Ms Swiffen-Walker was part of the stakeholder panel,	6
7		so there were questions around WIBSS as part of that	7
8		initial appointment process.	8
9	Q.	Has your knowledge changed or deepened during your	9
10		time in your current role?	10
11	Α.	Most definitely. As we've heard in evidence this week	11
12		a lot of history to how the scheme was established,	12
13		which I had to quickly get up to speed with, but also,	13
14		most importantly I think, my understanding of the	14
15		emotional impact that the infected blood scandal has	15
16		had on the beneficiaries, not just people living in	16
17		Wales but across the UK.	17
18	Q.	And how have you gained that knowledge, about the	18
19		emotional impact?	19
20	Α.	I think it's clear in many of the applications that we	20
21		receive and, importantly, I think in the work that our	21
22		welfare support team, which makes up one of the three	22
23		component parts of WIBSS, has undertaken and the work	
24		that they carry out particularly. And then, more	24
25		recently also, where we've added to the team the	25
		107	

2	A.	That's correct, yes.
3	Q.	Your role is as the nominated budget holder of the
4	-	partnership for WIBSS?
5	A.	That's correct.
6	Q.	And you came into that role in June 2019, taking over
7	<b>~</b> .	from Mr Martin Riley?
8	Α.	That's correct.
9	Q.	Your role involves line managing the WIBSS manager,
10	ч.	Ms Swiffen-Walker, discussing new applications and
10		approving them based on her initial recommendations,
12		approving payments of over £10,000 and up to £80,000,
13		and approving the submission of the expenditure
14		forecast to the Welsh Government. Is that an accurate
15		description of your role?
16	A.	Yes.
17	Q.	Can you tell us what you knew when you took up your
18	ų.	role in June 2019 and what you understood about the
19		2
20		suffering of those infected and affected who had been
20 21		infected with HIV and hepatitis C by blood and blood
21	A.	products? My own knowledge of the situation was really based
22	А.	upon what I'd read and heard myself in the broad media
23 24		in terms of the infected blood scandal, as it's often
24 25		
20		referred to in the media, and on application for the
		106
1		creation of the psychology and the emotional support
2		team, that also has helped us to understand the impact
3	~	that this has had on individuals and their families.
4	Q.	So are you there describing information that's come
5		from beneficiaries or members of the scheme through
6		
		the staff structure that we described earlier to
7		the staff structure that we described earlier to your attention?
7 8	A.	the staff structure that we described earlier to your attention? Yes.
7 8 9	A. Q.	the staff structure that we described earlier to your attention? Yes. And have you had any meetings yourself with any of the
7 8 9 10	Q.	the staff structure that we described earlier to your attention? Yes. And have you had any meetings yourself with any of the beneficiaries or those infected and affected?
7 8 9 10 11	Q. A.	the staff structure that we described earlier to your attention? Yes. And have you had any meetings yourself with any of the beneficiaries or those infected and affected? No, I wouldn't in the usual course of my role, no.
7 8 9 10 11 12	Q.	the staff structure that we described earlier to your attention? Yes. And have you had any meetings yourself with any of the beneficiaries or those infected and affected? No, I wouldn't in the usual course of my role, no. Just to set your evidence in WIBSS in context, do you
7 9 10 11 12 13	Q. A.	the staff structure that we described earlier to your attention? Yes. And have you had any meetings yourself with any of the beneficiaries or those infected and affected? No, I wouldn't in the usual course of my role, no. Just to set your evidence in WIBSS in context, do you know what the current numbers of beneficiaries are on
7 8 9 10 11 12 13 14	Q. A. Q.	the staff structure that we described earlier to your attention? Yes. And have you had any meetings yourself with any of the beneficiaries or those infected and affected? No, I wouldn't in the usual course of my role, no. Just to set your evidence in WIBSS in context, do you know what the current numbers of beneficiaries are on the scheme?
7 8 9 10 11 12 13 14 15	Q. A. Q. A.	the staff structure that we described earlier to your attention? Yes. And have you had any meetings yourself with any of the beneficiaries or those infected and affected? No, I wouldn't in the usual course of my role, no. Just to set your evidence in WIBSS in context, do you know what the current numbers of beneficiaries are on the scheme? Yes. So we have 176 beneficiaries and 37 widows.
7 8 9 10 11 12 13 14 15 16	Q. A. Q.	the staff structure that we described earlier to your attention? Yes. And have you had any meetings yourself with any of the beneficiaries or those infected and affected? No, I wouldn't in the usual course of my role, no. Just to set your evidence in WIBSS in context, do you know what the current numbers of beneficiaries are on the scheme? Yes. So we have 176 beneficiaries and 37 widows. Is it right that widows are not called beneficiaries,
7 8 9 10 11 12 13 14 15 16 17	Q. A. Q. A. Q.	the staff structure that we described earlier to your attention? Yes. And have you had any meetings yourself with any of the beneficiaries or those infected and affected? No, I wouldn't in the usual course of my role, no. Just to set your evidence in WIBSS in context, do you know what the current numbers of beneficiaries are on the scheme? Yes. So we have 176 beneficiaries and 37 widows. Is it right that widows are not called beneficiaries, albeit they will have received payments from WIBSS?
7 8 9 10 11 12 13 14 15 16 17 18	Q. A. Q. A. Q.	the staff structure that we described earlier to your attention? Yes. And have you had any meetings yourself with any of the beneficiaries or those infected and affected? No, I wouldn't in the usual course of my role, no. Just to set your evidence in WIBSS in context, do you know what the current numbers of beneficiaries are on the scheme? Yes. So we have 176 beneficiaries and 37 widows. Is it right that widows are not called beneficiaries, albeit they will have received payments from WIBSS? That's true, yes.
7 8 9 10 11 12 13 14 15 16 17 18 19	Q. A. Q. A. Q.	the staff structure that we described earlier to your attention? Yes. And have you had any meetings yourself with any of the beneficiaries or those infected and affected? No, I wouldn't in the usual course of my role, no. Just to set your evidence in WIBSS in context, do you know what the current numbers of beneficiaries are on the scheme? Yes. So we have 176 beneficiaries and 37 widows. Is it right that widows are not called beneficiaries, albeit they will have received payments from WIBSS? That's true, yes. So on the books, if I can put it that way, are more
7 8 9 10 11 12 13 14 15 16 17 18 19 20	Q. A. Q. A. Q. A.	the staff structure that we described earlier to your attention? Yes. And have you had any meetings yourself with any of the beneficiaries or those infected and affected? No, I wouldn't in the usual course of my role, no. Just to set your evidence in WIBSS in context, do you know what the current numbers of beneficiaries are on the scheme? Yes. So we have 176 beneficiaries and 37 widows. Is it right that widows are not called beneficiaries, albeit they will have received payments from WIBSS? That's true, yes. So on the books, if I can put it that way, are more than 200 people?
7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Q. A. Q. A. Q. A. Q. A.	the staff structure that we described earlier to your attention? Yes. And have you had any meetings yourself with any of the beneficiaries or those infected and affected? No, I wouldn't in the usual course of my role, no. Just to set your evidence in WIBSS in context, do you know what the current numbers of beneficiaries are on the scheme? Yes. So we have 176 beneficiaries and 37 widows. Is it right that widows are not called beneficiaries, albeit they will have received payments from WIBSS? That's true, yes. So on the books, if I can put it that way, are more than 200 people? Yes.
7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Q. A. Q. A. Q. A.	the staff structure that we described earlier to your attention? Yes. And have you had any meetings yourself with any of the beneficiaries or those infected and affected? No, I wouldn't in the usual course of my role, no. Just to set your evidence in WIBSS in context, do you know what the current numbers of beneficiaries are on the scheme? Yes. So we have 176 beneficiaries and 37 widows. Is it right that widows are not called beneficiaries, albeit they will have received payments from WIBSS? That's true, yes. So on the books, if I can put it that way, are more than 200 people? Yes. I'm going to ask you some questions about the
7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	Q. A. Q. A. Q. A. Q. A.	the staff structure that we described earlier to your attention? Yes. And have you had any meetings yourself with any of the beneficiaries or those infected and affected? No, I wouldn't in the usual course of my role, no. Just to set your evidence in WIBSS in context, do you know what the current numbers of beneficiaries are on the scheme? Yes. So we have 176 beneficiaries and 37 widows. Is it right that widows are not called beneficiaries, albeit they will have received payments from WIBSS? That's true, yes. So on the books, if I can put it that way, are more than 200 people? Yes. I'm going to ask you some questions about the relationship that WIBSS has with beneficiaries. First
7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	Q. A. Q. A. Q. A. Q. A.	the staff structure that we described earlier to your attention? Yes. And have you had any meetings yourself with any of the beneficiaries or those infected and affected? No, I wouldn't in the usual course of my role, no. Just to set your evidence in WIBSS in context, do you know what the current numbers of beneficiaries are on the scheme? Yes. So we have 176 beneficiaries and 37 widows. Is it right that widows are not called beneficiaries, albeit they will have received payments from WIBSS? That's true, yes. So on the books, if I can put it that way, are more than 200 people? Yes. I'm going to ask you some questions about the relationship that WIBSS has with beneficiaries. First of all, I'm going to just take you to the operational
7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	Q. A. Q. A. Q. A. Q. A.	the staff structure that we described earlier to your attention? Yes. And have you had any meetings yourself with any of the beneficiaries or those infected and affected? No, I wouldn't in the usual course of my role, no. Just to set your evidence in WIBSS in context, do you know what the current numbers of beneficiaries are on the scheme? Yes. So we have 176 beneficiaries and 37 widows. Is it right that widows are not called beneficiaries, albeit they will have received payments from WIBSS? That's true, yes. So on the books, if I can put it that way, are more than 200 people? Yes. I'm going to ask you some questions about the relationship that WIBSS has with beneficiaries. First

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1		So we can see this is the operational agreement	1		So within the first six weeks of WIBSS being
2		between Welsh ministers and the Velindre NHS service	2		established, the welfare team did make contact with
3		trust. And if we go, please, to page 7 and we'll	3		all the beneficiaries that had transferred, to make
4		come back and look at I think we'll come back and	4		themselves known to them, and then on the back of
5		look at other provisions of this document we may	5		that, a few months down the line, they canvassed them,
6		not this is one of the we can see well, in	6		as you say, to ask them about whether or not there was
7		fact we had better start at yes, at the bottom of	7		interest in some sort of advisory support group. We
8		this page, please, "Stakeholder Feedback",	8		had 15 beneficiaries indicated that this would be
9		paragraph 9:	9		something that they would be interested in doing, and
10		"Velindre shall establish advisory arrangements,	10		so we were looking to the next steps.
11		involving representatives of Scheme Beneficiaries, to	11		In around the same time, as I understand things,
12		provide regular feedback to Velindre on the	12		there was also quite a lot of activity going on with
13		effectiveness of service delivery through the WIBSS	13		the establishment of the Inquiry, and also the
14		and to help promote good practice."	14		cross-party Senedd group were having a number of
15		The questions I'm going to ask you now are how	15		meetings with some beneficiaries. And we did receive
16		that obligation is discharged.	16		some feedback, again direct to the welfare team, that
17		Soumik, you can take that down.	17		there was a general sense it was starting to feel
18		You say in your witness statement that in	18		a little bit too much all at the same time. And so we
19		May 2018, the welfare team canvassed beneficiaries to	19		paused our plans at that stage and we did contact the
20		see if they were interested in setting up a specific	20		15 who had indicated an interest to let them know of
21		support group. Can you just tell us a little bit	21		that decision. Then we let things lie for a little
22		about that and what happened.	22		while.
23	Δ	So it does pre-date my time with WIBSS, so I am basing	23		When we have now created the psychology and the
24	70.	my comments on my discussions with members of the team	20		emotional support team, we are in the process of,
25		who were in post at the time.	25		again, now looking at how we are best able to
20		-	20		
		109			110
1		establish that advisory beneficiary support group	1		"- Ongoing negotiation and partnership with
2		network through that route, and unfortunately that has	2		Welsh Government to ensure the smooth running of the
3		been a little destabilised by the pandemic in the last	3		service."
4		12 months, because we'd hoped we would have been able	4		Then if we go down to the next section,
5		to have picked up the pace again with that	5		"Membership", it includes Velindre NHS Trust members,
6		arrangement.	6		partnership members, WIBSS members, Welsh Government
7	0	That, if I can put it this way, is something on the	7		members, the Senior Welfare Rights manager. Is that
8	чж.	to-do list, is it?	, 8		from the welfare team of WIBSS?
9	۵	Yes, yes.	9	Δ	Yes, that's correct, yes.
10	Q.	There is a governance group, and I'm just going to	10		The consultant psychologist. Again, presumably, the
11	ω.	take you to the terms of reference of that and try and	10	Q.	psychologist that's involved with the psychology
12		understand how that fits into the picture.	12		service run by WIBSS?
13 14		It's HSSG0000175. Wales Infected Blood Support Scheme Governance	13	A.	That's correct, yes. Then it says there "Service User". Is there a service
14 15			14	Q.	-
15		Group terms of reference. And if we look over to the	15		user on that group?
16		next page we can see under 2, the heading "Authority",	16	Α.	
17		and the second paragraph there:	17		user, but it's currently unfilled. And that is
18		"It is empowered with the responsibility for:	18		something which we're hoping that we will be able to
19		"- Review and advising on the management of	19		use the establishment of the stakeholder group to
20		WIBSS budgets, including running costs [et cetera]	20		resolve in terms of how we fill that post and
21		"- Advising [the Welsh Government] on rate	21	_	position.
22		changes and the potential financial and service	22	Q.	When you say "the establishment of the stakeholder
23		implications of policy changes within Wales and	23		group", what there are you referring to?
24		other areas within the UK.	24	Α.	So in answer to my previous question there,
25		"- Implementation of Welsh Government policy.	25		I mentioned that we would be looking to work with the
		111			112 (28) Pages 109 - 112

1		psychology and emotional well-being team to establish	
2		the support network group sorry, I used the phrase	
3		the "stakeholder group" but the support network to	
4		identify maybe from that an appropriate service user	
5		to represent the others. I think in our discussions	
6		as a governance group we have talked about the fact	
7		that we haven't had a service user on the group since	
8		it's been established as the governance group. There	
9		were some service users involved in the establishment	
10		of WIBSS, so I understand from my colleagues, but they	
11		decided to step back once the scheme was fully	
12		established and that's when the governance group came	
13		into play. But it is something that we have discussed	
14		and would want to have on board most definitely.	
15	Q.	So the plan is, first of all, to fill this seat on the	
16	ч.	governance group with a service user and, secondly, to	
10		have a parallel or another group made up, what,	
18			
10		predominantly of beneficiaries, service users? Yes, that would be the aspiration.	
	A.		
20 21	Q.	Do you have an idea of what the role of that group would be?	
22	Α.	I mean, it's intended to be a support group for the	
23		beneficiaries themselves and we would envisage that	
24		that would maybe nominate a service user to then sit	
25		on the governance group and that will provide	
		113	
1		newsletters for the membership?	
2	٨	-	
2	Α.	Yes, it does. They're on our website under the resources tab.	
4	Q.		
4 5	ч.	Do you have any other other than the methods we've discussed, any other ways of keeping in touch with the	
6 7	٨	beneficiary community?	
	Α.	Well, I'd probably cite three avenues. We have our	
8		public website, which is what we use for most of the	
9		updating and posting of information relating to WIBSS.	
10		We have our biannual newsletter, which we use as	
11		a means of promoting the different elements of the	
12		scheme, so making sure that people are aware of the	
13		welfare support team and, more recently, the	
14		psychology and emotional support team.	
15		In the last 12 months, we've also used the	
16		newsletter to signpost to additional information	
17		relating to Covid, which may have been relevant to our	
18		beneficiaries, and also our welfare team do have	
19		fairly regular contact with a number of our	
20		beneficiaries, so we do also use that as an avenue, as	
21		well as the sessions that the counsellor and	
22		psychologist would be having. But I must stress that	
23		they would not be sharing any personal or individual	
24		information. They would be working more on sharing	
25		more common themes that might be emerging from their	
		445	

51000	mqu	20 May 2021
1		a channel then for things to be communicated in a more
2		formal way, whereas now, at the moment, the way in
2		which we get the views of the beneficiaries is from
4		their direct contact with any element of the three
		-
5	~	parts of the team.
6	Q.	So the governance group would give a formal mechanism
7		for the views of the membership to be fed into the
8		governance of the organisation; in other words, how
9		you do things?
10	Α.	It would.
11	Q.	Are there any formal mechanisms or any plans for
12		obtaining the views of the membership in the policy
13		aspects of the scheme?
14	Α.	The main purpose for this role would be more around
15		the day-to-day running of it. I would see it more as
16		a matter for Government to determine how they involve
17		beneficiaries in the policy setting elements.
18	Q.	Are you aware of any formal mechanisms by which the
19		Government engaged the beneficiaries in questions of
20		policy?
21	Α.	I think in the past I'm aware that they have done some
22		consultation and surveys.
23	Q.	I've seen reference in the documentation that's been
24		provided by yourself and your colleagues to, well,
25		certainly one newsletter. Does WIBSS produce
		114
1		sessions.
2	Q.	I will come on to ask you some questions about the
3	ч.	welfare team and the non-financial support that WIBSS
4		provides later on this afternoon.
5	SIR	<b>BRIAN LANGSTAFF:</b> Can I just be clear on this. You
6	011	said there were three ways of communicating. One is
7		the website; the second is the newsletter; what is the
8		third?
9	A.	With our welfare team.
10		BRIAN LANGSTAFF: Thank you.
10		SCOTT: What would your what's your understanding or
12	110	your assessment, if I can put it that way, of the
13		relationship between the scheme and its members?
13	A.	I mean, I can base that on the I suppose,
15	Λ.	physically when walk into the team's office there are
16		a number of notes and cards of thanks. So I would
17		describe it as a generally positive relationship, in
18 10		terms of the ability of the team to provide assistance
19	~	and support.
20	Q.	Just to understand, and I'm going to ask you some
21		questions now about understanding the division of
22		responsibility between the Welsh Government and the
23		scheme itself, is it right to understand that all of
24		the policy decisions about who's eligible for the
25		scheme, levels of payment, and so on, are made by the
		116 (29) Pages 113 - 116

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		The Infected	ы
1		Welsh Government and are not made by the scheme	
2		itself?	
3	Α.	That's correct.	
4	Q.	And that the scheme's role, WIBSS's role, is to	
5		implement those policy decisions made by the Welsh	
6		Government?	
7	Α.	That's correct.	
8	Q.	Does WIBSS have a role in advising the Welsh	
9		Government on policy?	
10	Α.	We would sometimes undertake some desktop research	
11		where there have been changes to the scheme, that we	
12		may have looked at what other schemes were doing and	
13		pull that together in an advisory paper for Welsh	
14		Government, but the decision always sits with	
15	~	Government.	
16 17	Q.	It might be helpful to look at one of those papers.	
17 10		I appreciate this is before your time so if you can't answer, then do say. But the document is HSSG0020018.	
18 19		So we can see here that this is a 22 March 2018 report	
20		from the WIBSS manager, Ms Swiffen-Walker. It says:	
20		"The purpose of the report is	
22		"To update the Welsh Government on how WIBSS has	
23		been operating	
24		"To provide data to inform a decision on what	
25		the rates should be up lifted to in April 2018.	
20		117	
1		volition because they think it's something the Welsh	
2		Government ought to know about?	
3	Α.	I can't comment on this actual paper because I wasn't	
4		around at the time but, in terms of how it would work	
5		and operate now, it's the kind of example of something	
6		that would be probably discussed at the governance	
7		group and we would as a result of an outcome of	
8		that meeting, we would agree to take it away and work	
9		up a paper with some proposals and a preferred option	
10		or a recommendation. That's how it would work now so	
11		I've no reason to believe that probably wasn't the	
12		spirit of how it was working at that time.	
13	Q.	Does the Welsh Government consult WIBSS on policy	
14		changes? So, for example, were WIBSS consulted on the	
15		recent changes that were announced in March to	
16		increase parity amongst the four schemes?	
17	Α.	Yes, we were notified that there were some discussions	
18		taking place and that there was likely to be an	
19		announcement forthcoming but we weren't privy to the	
20		details of that announcement until the sort of	
21		embargoed press release the evening before, really,	
22		and that was intended so that we could have, you know,	
23		a full complement of staff in place and manning	
24 25		phones, et cetera, should we have had any phone calls	
25		or contact from beneficiaries.	
		11M	

1		"To consider options for introducing the Special
2		Category Mechanism in Wales."
3		I'm not going to go to what is in the report,
4		other than just to look at very briefly at the bottom
5		of page 6, if we go to the bottom of that page in the
6		"Conclusion" box:
7		"To ensure an equitable service, where all WIBSS
8		beneficiaries receive an uplift on their current rate,
9		and none are disadvantaged"
10		Then a recommendation is made as to what the
11		Welsh Government should do. Equally, if we look at
12		the last page, page 8, there's a recommendation on the
13		Special Category Mechanism in the "Conclusion" box at
14		the bottom there:
15		"We recommend the Welsh Government adopt the
16		[SCM] or a similar system."
17		A reason is given:
18		" our beneficiaries would not be
19		disadvantaged under our scheme, compared to those in
20		the English scheme."
21		Then a costs analysis is carried out. Soumik,
22		you can take that document down now.
23		Would this report have been commissioned by the
24		Welsh Government or is that are reports of this
25		nature something that WIBSS would to of their own
20		Ū
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4	•	
1	Q.	So kept up is this an accurate way to describe it:
2	Q.	So kept up is this an accurate way to describe it: kept up-to-date that there were discussions and likely
2 3	Q.	So kept up is this an accurate way to describe it: kept up-to-date that there were discussions and likely to be announcements but not consulted in terms of the
2 3 4	Q.	So kept up is this an accurate way to describe it: kept up-to-date that there were discussions and likely to be announcements but not consulted in terms of the substance as to what the position the Welsh Government
2 3 4 5		So kept up is this an accurate way to describe it: kept up-to-date that there were discussions and likely to be announcements but not consulted in terms of the substance as to what the position the Welsh Government should take should be?
2 3 4 5 6	A.	So kept up is this an accurate way to describe it: kept up-to-date that there were discussions and likely to be announcements but not consulted in terms of the substance as to what the position the Welsh Government should take should be? Yes, I think that would be a fair point.
2 3 4 5 6 7		So kept up is this an accurate way to describe it: kept up-to-date that there were discussions and likely to be announcements but not consulted in terms of the substance as to what the position the Welsh Government should take should be? Yes, I think that would be a fair point. I'm going to move on to a different topic now, which
2 3 4 5 6 7 8	A.	So kept up is this an accurate way to describe it: kept up-to-date that there were discussions and likely to be announcements but not consulted in terms of the substance as to what the position the Welsh Government should take should be? Yes, I think that would be a fair point. I'm going to move on to a different topic now, which is work done to identify new beneficiaries for the
2 3 4 5 6 7 8 9	A.	So kept up is this an accurate way to describe it: kept up-to-date that there were discussions and likely to be announcements but not consulted in terms of the substance as to what the position the Welsh Government should take should be? Yes, I think that would be a fair point. I'm going to move on to a different topic now, which is work done to identify new beneficiaries for the scheme.
2 3 4 5 6 7 8 9	A.	So kept up is this an accurate way to describe it: kept up-to-date that there were discussions and likely to be announcements but not consulted in terms of the substance as to what the position the Welsh Government should take should be? Yes, I think that would be a fair point. I'm going to move on to a different topic now, which is work done to identify new beneficiaries for the scheme. We've been hearing evidence this week from other
2 3 4 5 6 7 8 9 10	A.	So kept up is this an accurate way to describe it: kept up-to-date that there were discussions and likely to be announcements but not consulted in terms of the substance as to what the position the Welsh Government should take should be? Yes, I think that would be a fair point. I'm going to move on to a different topic now, which is work done to identify new beneficiaries for the scheme. We've been hearing evidence this week from other schemes in devolved nations that when the schemes were
2 3 4 5 6 7 8 9 10 11 12	A.	So kept up is this an accurate way to describe it: kept up-to-date that there were discussions and likely to be announcements but not consulted in terms of the substance as to what the position the Welsh Government should take should be? Yes, I think that would be a fair point. I'm going to move on to a different topic now, which is work done to identify new beneficiaries for the scheme. We've been hearing evidence this week from other schemes in devolved nations that when the schemes were set up they were not provided with contact information
2 3 4 5 6 7 8 9 10 11 12 13	A.	So kept up is this an accurate way to describe it: kept up-to-date that there were discussions and likely to be announcements but not consulted in terms of the substance as to what the position the Welsh Government should take should be? Yes, I think that would be a fair point. I'm going to move on to a different topic now, which is work done to identify new beneficiaries for the scheme. We've been hearing evidence this week from other schemes in devolved nations that when the schemes were set up they were not provided with contact information of those individuals who had made applications to the
2 3 4 5 6 7 8 9 10 11 12 13 14	A.	So kept up is this an accurate way to describe it: kept up-to-date that there were discussions and likely to be announcements but not consulted in terms of the substance as to what the position the Welsh Government should take should be? Yes, I think that would be a fair point. I'm going to move on to a different topic now, which is work done to identify new beneficiaries for the scheme. We've been hearing evidence this week from other schemes in devolved nations that when the schemes were set up they were not provided with contact information of those individuals who had made applications to the Alliance House organisations and had been refused.
2 3 4 5 6 7 8 9 10 11 12 13 14 15	A.	So kept up is this an accurate way to describe it: kept up-to-date that there were discussions and likely to be announcements but not consulted in terms of the substance as to what the position the Welsh Government should take should be? Yes, I think that would be a fair point. I'm going to move on to a different topic now, which is work done to identify new beneficiaries for the scheme. We've been hearing evidence this week from other schemes in devolved nations that when the schemes were set up they were not provided with contact information of those individuals who had made applications to the Alliance House organisations and had been refused. Again, I appreciate this is before your time, but is
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	A. Q.	So kept up is this an accurate way to describe it: kept up-to-date that there were discussions and likely to be announcements but not consulted in terms of the substance as to what the position the Welsh Government should take should be? Yes, I think that would be a fair point. I'm going to move on to a different topic now, which is work done to identify new beneficiaries for the scheme. We've been hearing evidence this week from other schemes in devolved nations that when the schemes were set up they were not provided with contact information of those individuals who had made applications to the Alliance House organisations and had been refused. Again, I appreciate this is before your time, but is that your understanding, that the position is the same for WIBSS: they were not given a list of Welsh applicants that had been declined by the Alliance House organisations?
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	A. Q.	So kept up is this an accurate way to describe it: kept up-to-date that there were discussions and likely to be announcements but not consulted in terms of the substance as to what the position the Welsh Government should take should be? Yes, I think that would be a fair point. I'm going to move on to a different topic now, which is work done to identify new beneficiaries for the scheme. We've been hearing evidence this week from other schemes in devolved nations that when the schemes were set up they were not provided with contact information of those individuals who had made applications to the Alliance House organisations and had been refused. Again, I appreciate this is before your time, but is that your understanding, that the position is the same for WIBSS: they were not given a list of Welsh applicants that had been declined by the Alliance House organisations? That's correct. It was the same scenario for WIBSS. How would WIBSS treat an application from such
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	A. Q. A.	So kept up is this an accurate way to describe it: kept up-to-date that there were discussions and likely to be announcements but not consulted in terms of the substance as to what the position the Welsh Government should take should be? Yes, I think that would be a fair point. I'm going to move on to a different topic now, which is work done to identify new beneficiaries for the scheme. We've been hearing evidence this week from other schemes in devolved nations that when the schemes were set up they were not provided with contact information of those individuals who had made applications to the Alliance House organisations and had been refused. Again, I appreciate this is before your time, but is that your understanding, that the position is the same for WIBSS: they were not given a list of Welsh applicants that had been declined by the Alliance House organisations? That's correct. It was the same scenario for WIBSS. How would WIBSS treat an application from such an applicant?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	A. Q. A.	So kept up is this an accurate way to describe it: kept up-to-date that there were discussions and likely to be announcements but not consulted in terms of the substance as to what the position the Welsh Government should take should be? Yes, I think that would be a fair point. I'm going to move on to a different topic now, which is work done to identify new beneficiaries for the scheme. We've been hearing evidence this week from other schemes in devolved nations that when the schemes were set up they were not provided with contact information of those individuals who had made applications to the Alliance House organisations and had been refused. Again, I appreciate this is before your time, but is that your understanding, that the position is the same for WIBSS: they were not given a list of Welsh applicants that had been declined by the Alliance House organisations? That's correct. It was the same scenario for WIBSS. How would WIBSS treat an application from such an applicant? We would accept an application from somebody who had
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	A. Q. A. Q.	So kept up is this an accurate way to describe it: kept up-to-date that there were discussions and likely to be announcements but not consulted in terms of the substance as to what the position the Welsh Government should take should be? Yes, I think that would be a fair point. I'm going to move on to a different topic now, which is work done to identify new beneficiaries for the scheme. We've been hearing evidence this week from other schemes in devolved nations that when the schemes were set up they were not provided with contact information of those individuals who had made applications to the Alliance House organisations and had been refused. Again, I appreciate this is before your time, but is that your understanding, that the position is the same for WIBSS: they were not given a list of Welsh applicants that had been declined by the Alliance House organisations? That's correct. It was the same scenario for WIBSS. How would WIBSS treat an application from such an applicant?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	A. Q. A. Q.	So kept up is this an accurate way to describe it: kept up-to-date that there were discussions and likely to be announcements but not consulted in terms of the substance as to what the position the Welsh Government should take should be? Yes, I think that would be a fair point. I'm going to move on to a different topic now, which is work done to identify new beneficiaries for the scheme. We've been hearing evidence this week from other schemes in devolved nations that when the schemes were set up they were not provided with contact information of those individuals who had made applications to the Alliance House organisations and had been refused. Again, I appreciate this is before your time, but is that your understanding, that the position is the same for WIBSS: they were not given a list of Welsh applicants that had been declined by the Alliance House organisations? That's correct. It was the same scenario for WIBSS. How would WIBSS treat an application from such an applicant? We would accept an application from somebody who had

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1		applicants to contact the team directly so that we
2		could have an initial conversation to understand some
3		of the circumstances and a bit of the background
4		information, so that we might be able to give
5		an initial assessment around probability and
6		an initial picture so that we would be able to then
7		guide them as to what additional information they may
8		need to support their application.
9	Q.	I am going to come on and ask you some questions about
10		the application process a little bit later on.
11		Is it right then that, simply because somebody
12		has been turned down by the Alliance House
13		organisations doesn't mean that they wouldn't succeed
14		if they applied to WIBSS; they may do. You would
15		consider the application on its merits?
16	Α.	Exactly that.
17	Q.	In your witness statement, you have suggested that you
18		would seek information from the Skipton Fund, who now
19		is holding the Alliance House organisations' data, to
20		obtain some information from them. Is that what you
21		would do or have done?
22	Α.	So far any new application, we do ask Russell-Cooke,
23		who now acts on behalf of and are holding the records
24		for AHO, we would ask them to confirm whether or not
25		they hold any information on the applicant, whether
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1		with the supporting information from their consultant
2		physician or GP, and we would only really look to the
3		Russell-Cooke information if we were in a position
4		where we might be looking at whether or not they have
5		previously been on the scheme or been in receipt of
6	•	previous payments.
7	Q.	If they had been in receipt of previous payments,
8		presumably they are automatically registered onto the
9 10		WIBSS scheme?
10 11	А. Q.	Yes. So it's only if they have been turned down that you
12	હ.	would then have to determine the application on its
12		merits?
13	A.	Yes, exactly that.
14	Q.	In terms of this cohort, this cohort of potential
16	ч.	beneficiaries who applied to the Alliance House
17		organisation and been turned down, is there anything
18		that WIBSS has done to try and get the message across
19		to them that it may still well be worth their while
20		making an application to WIBSS?
20 21	A.	I think it's fair to say that that's only happened
21	А.	when somebody has made the contact direct with us and,
22		on reflection, maybe there is more that we could to do
23 24		put that message out.
24 25	Q.	Do you have a plan or an idea of what more that could
20	ч.	123
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	•	, ,
1		that be confirmation that they were previously on the
2		scheme and any details they might have held, or
3		whether or not they have made any previous application
4		and been unsuccessful and if they have any records
5		that they might be able to share with us relating to
6		that application.
7	Q.	Have Russell-Cooke been prepared to share with you any
8		records that they do hold on such an individual?
9	Α.	Yes, they have. It can be quite I think it's quite
10		a long time for them to be able to pull those records
11		out but I do appreciate that many of these records may
12		be paper based, so not as accessible, maybe, as
13	~	electronic documents, but yes, they have been able to.
14 15	Q.	Presumably, that process is contingent on the person
15 16		applying to you giving consent for those documents to be shared?
10	A.	Yes.
18	Q.	What do WIBSS do with the information and
19	ч.	documentation that you receive from Russell-Cooke?
20		Does that feed into the determination of
21		an application?
22	A.	I think the numbers where that's been occurred have
23		been very small but, yes, we would take the in
24		terms of the application process, I suppose, we would
25		take the original application form from the applicant
		122
1		be?
2	Α.	I think that's something we'd need to consider.
3	Q.	Would you, for example, be prepared to put something
4		on your website at least to that effect?
5	Α.	Yes, I think at least that would be a minimum.
6	Q.	You have set out in your witness statement the steps
7		that WIBSS has taken so far, more generally to
8		identify new beneficiaries, and you have identified
9		that in 2019 a leaflet was provided to haemophilia
10		centres and, more recently, in February 2021, an
11		e-leaflet was delivered, I think you said, to all GP
12		
		practices in Wales, is that right?
13	Α.	That's correct, yes.
13 14	A. Q.	That's correct, yes. Is that the totality of the steps that WIBSS has taken
13 14 15	Q.	That's correct, yes. Is that the totality of the steps that WIBSS has taken to identify new beneficiaries?
13 14 15 16		That's correct, yes. Is that the totality of the steps that WIBSS has taken to identify new beneficiaries? Yes, I think, other than the information that's
13 14 15 16 17	Q. A.	That's correct, yes. Is that the totality of the steps that WIBSS has taken to identify new beneficiaries? Yes, I think, other than the information that's available on the public website, that would be fair.
13 14 15 16 17 18	Q.	That's correct, yes. Is that the totality of the steps that WIBSS has taken to identify new beneficiaries? Yes, I think, other than the information that's available on the public website, that would be fair. Does WIBSS do any kind of analysis to understand
13 14 15 16 17 18 19	Q. A.	That's correct, yes. Is that the totality of the steps that WIBSS has taken to identify new beneficiaries? Yes, I think, other than the information that's available on the public website, that would be fair. Does WIBSS do any kind of analysis to understand whether there are any gaps in the beneficiary cohort?
13 14 15 16 17 18 19 20	Q. A.	That's correct, yes. Is that the totality of the steps that WIBSS has taken to identify new beneficiaries? Yes, I think, other than the information that's available on the public website, that would be fair. Does WIBSS do any kind of analysis to understand whether there are any gaps in the beneficiary cohort? So, for example, whether there's areas of Wales where
13 14 15 16 17 18 19	Q. A.	That's correct, yes. Is that the totality of the steps that WIBSS has taken to identify new beneficiaries? Yes, I think, other than the information that's available on the public website, that would be fair. Does WIBSS do any kind of analysis to understand whether there are any gaps in the beneficiary cohort? So, for example, whether there's areas of Wales where there are no beneficiaries or where there are patient
13 14 15 16 17 18 19 20 21	Q. A.	That's correct, yes. Is that the totality of the steps that WIBSS has taken to identify new beneficiaries? Yes, I think, other than the information that's available on the public website, that would be fair. Does WIBSS do any kind of analysis to understand whether there are any gaps in the beneficiary cohort? So, for example, whether there's areas of Wales where there are no beneficiaries or where there are patient groups, again, where nobody has applied, which might
13 14 15 16 17 18 19 20 21 22	Q. A.	That's correct, yes. Is that the totality of the steps that WIBSS has taken to identify new beneficiaries? Yes, I think, other than the information that's available on the public website, that would be fair. Does WIBSS do any kind of analysis to understand whether there are any gaps in the beneficiary cohort? So, for example, whether there's areas of Wales where there are no beneficiaries or where there are patient

of patients?

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1	Α.	No, we don't do any regular analysis like that.		1
2	Q.	Is that something that WIBSS would be able to do given		2
3		the data that you do hold?		3
4	Α.	I think my understanding is that if we were to do		4
5		that, it would be quite a manual exercise. We'd have		5
6		to trawl back all the records on the application, so		6
7		it is something that is now at the forefront of my		7
8		mind, in terms of our databases and systems how we		8
9		could better maybe record that data to pull off such		9
10		information in the future. But as we sit at the		10
11		moment, we would have to do that as a look-back		11
12		exercise quite manually.		12
13	Q.	So, for example, if WIBSS were to want to know whether		13
14		or not there were applicants, any applicants at all,		14
15		who had been infected as a result of treatment for		15
16		either sickle cell anaemia or thalassaemia, it would		16
17		be a question, would it, of going back through		17
18		documents manually to identify whether there are any		18
19		such beneficiaries?		19
20	A.	Yes, it would, I'm afraid.		20
21	Q.	Given that we understand from other information that		21
22		the Inquiry's received that the Alliance House	2	22
23		organisations gave very limited information to the	2	23
24		schemes on setup about the beneficiaries that were	2	24
25		transferring over, what kind of information would you	2	25
		125		
1		scheme, that's correct.		1
2	Q.	And one of the criteria that WIBSS is applying is in		2
3		relation to cut-off dates for treatment; is that		3
4		correct? So somebody that is infected with		4
5		hepatitis C must have had the treatment causing the		5
6		infection before September 1991?		6
7	Α.	That's my understanding.		7
8	Q.	In my preparation for asking you questions today,		8
9		I noticed that the directions don't include that		9
10		provision. Do you know where that comes from, that	í	10
11		cut-off date? If it's not in the directions, where	í	11
12		would WIBSS be getting that from?		12
13	Α.	So the cut-off date is set out in the internal staff	Í	13
14		guidance document which I believe you do have a copy		14
15		of, and the staff guidance document would have been	í	15
16		approved by the governance group.		16
17	Q.	So although it's not in the directions, the governance		17
18		group, that has members of the Welsh Government		18
19		sitting on it, can amend the criteria, if you like,	ŕ	19
20		for eligibility through the governance group?		20
21	Α.	Well, eligibility criteria is set out in the at	2	21
22		a high level and, yes, the guidance document then goes		22
23		into much more detail, I suppose, and is more of an		23
24		operational manual handbook type of document. So that	2	24
25		does go into more detail than we would naturally	2	25
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ooa	inqu	iry 20 May 2021
1		have about the Alliance House organisation
2		beneficiaries that have transferred over? Would you
3		have that kind of information?
4	Α.	It would be highly unlikely, is my understanding. It
5		was only a very minimum dataset that transferred over
6		with most of the Alliance House organisations.
7	Q.	So unless somebody has made a subsequent application
8		to WIBSS because they want a discretionary payment or
9		they want to go on to the enhanced hepatitis C payment
10		or they want to go from stage 1 to stage 2, you really
11		have very limited data about them?
12	Α.	That's correct. It would be more likely that a new
13		applicant is where we would have the scenario where we
14		would have some more clinical information available.
15	Q.	I'm just going to ask you now some questions about the
16		criteria for entry onto the scheme.
17		You have already told us that that's criteria
18		that's set by the Welsh Government, not by WIBSS, and
19		it's WIBSS's job to apply that criteria. But just so
20		that it's clear where that criteria comes from, is it
21		right to understand that it's the directions, the 2017
22		directions issued, that set out the criteria that you
23		are applying when somebody makes an application to the
24		scheme?
25	Α.	Yes, the directions set the legal framework of the
		126
1		expect to see maybe in regulation.
2	Q.	Can we just look then at the directions.
3		It's HSSG0020052.
4		That's the directions No. 2, 2017. So if we can
5		just see who the qualifying if we go over to
6		page 3, we can see under "Eligibility":
7		"Payments can be made to:
8		"(a) Qualifying Persons; and
9		"(b) surviving spouses, partners, or dependent
10		children of Qualifying Persons, who have died."
11		If we go over to the next page, page 4, we can
12		see that there are there provisions for payments,
13		under paragraph 5, to bereaved spouses and partners.
14		And here it is lump sum bereavement payments and
15		annual payments, either, I think at that point, in
16		a lump sum or annual payments for three years. And
17		then as paragraph 6 payments, where there's no
18		surviving spouse or partner, to a dependent child.
19		Then the schedules set out what those payments are.
20		But if we could go to page 10, it sets out what
21		discretionary payments are available in the form of
22		grants, and they can be made to "Qualifying Persons as
23		a result of illness". So that's your primary
24		beneficiaries and your secondary beneficiaries; is
25		that right?
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1       A. That's correct:       1         2       C. Then to:       2         * the surviving spouses, partners and       3         4       dependent children of Qualifying Person*       5         5       So is it right to understand that the categories       6         7       of beneficiary are: primary beneficiaries, i.e. those       7         8       who have been infected with heatilits Co HIV from       8         9       their treatment with blood and blood products:       9         10       secondary beneficiaries, i.e. those people that have       10         11       been infected by the primary beneficiaries; ithe       11         12       beeraved community, i.e. the partners and dependent       12         13       children of those that have died; and then, more       13         14       recently, the estate as well is also able to claim       14         15       some payments?       15         16       A. That's correct.       16         17       Q. Ting ging to ask you some questions now about the       17         19       us alittle bit about how it works when somebody has       19         20       already made an application to the Aliance House       20         21       Can we look	4			4	
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4       dependent children of Qualifying Persons, as a result       4         5       of the death of the Qualifying Person"       5         6       So is it right to understand that the categories       6         7       of beneficiary are: primary beneficiaries, it is those       7         8       who have been infected with hepatitis C or HIV from       8         9       their treatment with blood and blood products;       9       A         10       secondary beneficiaries, it.       11       12         11       been infected by the primary beneficiaries; the       11       12         12       beraved community, i.e. the partners and dependent       12         13       children of those that have died; and then, more       13         14       recently, the estate as well is also able to claim       14         15       some payments?       15         16       A. That's correct.       16         17       Q. I'm going to ask you some questions now about the       17       Q         18       application process itself, and you have already told       18       18         20       already made an application to the Alliance House       20       20         21       organisations.       21       21 <t< td=""><td></td><td>ы.</td><td></td><td></td><td></td></t<>		ы.			
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131	25		an injecting drug user being infected via a single	25	
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1		applications".
2		Now, I'm going to go through this guidance, but
3		it looks very similar to the guidance that we looked
4		at on Tuesday in the Scottish scheme.
5		Again, I appreciate it was before your time but
6		do you know where this guidance came from or who drew
7		it up and why it's so similar to the Scottish
8		guidance?
9	Α.	Yes, so because the Scottish scheme was a little ahead
10		of us in our establishment, we did approach them for
11		examples of their guidance documents, their templates,
12		their application forms, and they were generous enough
13		to share those with us. So we didn't reinvent the
14		wheel, we used what another scheme was using already
15		and then we have adjusted it to any differences that
16	_	exist between the schemes.
17	Q.	So first, under the heading "Chronic Hepatitis C", the
18		test is set out. That's the eligibility criteria and
19		what somebody has to shown in order to
20		qualify: chronically infected with hepatitis C as
21		a result of treatment prior to September 1991. And
22		that's judged on the balance of probabilities.
23	010	Then the guidance
24	SIR	BRIAN LANGSTAFF: May I just ask it may to the
25		casual reader seem that there are two possible ways of
		130
1		blood transfusion, even if they had received one,
2		unless that specific batch was confirmed as infective.
2 3		unless that specific batch was confirmed as infective. "The assessor must be persuaded of the existence
2 3 4		unless that specific batch was confirmed as infective. "The assessor must be persuaded of the existence of the chronic Hepatitis C infection and that it is
2 3 4 5		unless that specific batch was confirmed as infective. "The assessor must be persuaded of the existence of the chronic Hepatitis C infection and that it is likely the applicant received relevant NHS treatment
2 3 4 5 6		unless that specific batch was confirmed as infective. "The assessor must be persuaded of the existence of the chronic Hepatitis C infection and that it is likely the applicant received relevant NHS treatment before the claim can be successful. Each claim must
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1		a statement and then they are also asked to ask their	
2		consultant physician or GP"	
3		And then we lost you.	
4	Α.	Yes, so the second part of the form, the application	
5		form requests the consultant physician or GP to also	
6		support the application.	
7	Q.	If we just turn over the page, please, we can see	
8		again something we saw on the Scottish guidance, this	
9		principle of the benefit of the doubt:	
10		"In borderline cases, where there is viewed to	
11		be around a 50 per cent chance of the infection having	
12		occurred as a result of infected NHS blood, tissue or	
13		blood products, the benefit of the doubt should be	
14		given in favour of the applicant. That is, if the	
15		applicant's story is on the whole coherent and	
16		plausible, any remaining element of doubt should not	
17 10		prejudice the assessor's decision. The claim should	
18 19		be coherent and plausible, not contradicting generally known facts, and, on balance, capable of being	
20		believed."	
20		Then it goes on to say:	
22		"No facts should be discounted in the evidence	
23		gathering exercise, unless they are claimed to lack	
24		credibility."	
25		Then missing out the next paragraph, the	
		133	
1		try to secure their records. We obviously know that	
2		the absence of medical records is a key theme to many	
3		of the cases, and then we would also ask whether or	
4		not they have had the opportunity to discuss with	
5		their current clinician or former clinicians whether	
6		or not they would be able to provide supporting	
7		evidence in support of their application. That might	
8		be another example of something that we would ask.	
9	Q.	Is it right that when applicants approach WIBSS and	
10		discuss their applications with the welfare team that	
11		assistance is given by WIBSS to help them to get their	
12		medical records?	
13	Α.	Yes. We will, if it could be helpful, approach	
14		a health board and ask for to see if they can do	
15 16		look to see health records but, more often than not,	
17		I think we would recognise that the applicant and the circumstances of many of these applications, it's less	
18		likely that the records are going to be still in	
19		existence.	
20		But what we will also do is turn to clinical	
20		coding and we will look to see whether or not perhaps	
22		we can substantiate that a particular procedure did	
23		take place and that will give us another sort of	
24		element of credibility and plausibility to the	
25		application. We could maybe pinpoint at least that	

25 application. We could maybe pinpoint at least that

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1		guidance then goes on to give some assistance as to
2		what is to be done where there are, as I read this,
3		a lack of medical records evidencing a treatment that
4		is said to have caused the infection:
5		"Although it is ultimately for the applicant to
6		substantiate the application, in borderline cases
7		where aspects of the applicant's statements are not
8		supported by documentary or other independent
9		evidence, the assessor may judge that those aspects
10		shall not need confirmation when the following
11		5 conditions are met"
12		Then the conditions are set out.
13		So is it right to read this guidance that if
14		an applicant does not have medical records that show
15		the treatment that they say caused their infection,
16		that is not fatal to the claim if these five aspects,
17		five elements, conditions can be met?
18	Α.	That's correct.
19	Q.	Those conditions are that the applicant's made
20		a genuine effort to substantiate his or her
21		application. Just pausing there, what's meant by
22		that? Is that obtaining trying to obtain the
23		medical records themselves?
24	Α.	That could be one of the component questions that we
25		might consider and ask, yes, what have they done to
		134
1		the procedure had taken place and then we may also
2		then supplement that by seeking medical adviser
3		opinion, whether or not that procedure being
4		undertaken at that point in time, you know, what might
5		be the likelihood that that individual might have
6		received a transfusion, as an example.
7	Q.	So we have heard other witnesses describe that as
8		whether or not it's clinically plausible that the
9		particular procedure would have required blood or
10		blood products. Is that what you're describing?
11	Α.	Yes, exactly that.
12	Q.	Who would you go to to obtain such an opinion?
13	Α.	So I think in my evidence I cite three or four medical
14		advisers that we've used on a fairly consistent basis.
15		More often than not, it's the two haematologists that
16		we've referred the cases to.
17	Q.	When you do that, do you inform the applicant that
18		that's what you are doing and give them the
19		information that you've the advice you have been
20		given by the expert?
21	Α.	We would when we let me think that through.
22		I suppose we would we wouldn't necessarily tell
23		them before we were doing it because we would be
24 25		looking to try to process the application and we're
25		not sharing personal information, we're providing
		136 (34) Pages 133 - 136

24

25

1		a scenario to the adviser more so. So we wouldn't
2		necessarily be doing that beforehand but we would
3		certainly, when we were updating them on progress with
4		their claim, let them know what we had then done and,
5		in the event that we're going back to them with
6		an outcome we would certainly explain to them if we
7		had sought a medical adviser's opinion to try to
8		support their application.
9	Q.	How frequently have do you take this step of looking
10		at clinical plausibility? Is that something you do
11		invariably when there is not medical records to
12		support the application?
13	Α.	Yes, I would say where there's not medical records,
14		this is our usual approach.
15	Q.	If the view comes back that it's clinically
16		implausible, is that in practice, in effect, really
17		the death knell for the application or has
18		an application ever survived the clinician's view that
19		it's clinically implausible?
20	Α.	I think it would be highly unlikely that we would
21		approve an application if we had a view that it was
22		clinically implausible but I would stress that if we
23		were to go back to somebody with a decline on
24		an application or a rejection, I suppose one way of
25		explaining it then we would always make it clear that
		137

# A Yes

A.	Yes.
Q.	Going back then to the five criteria on the guidance:
	"all relevant elements at the applicant's
	disposal have been submitted, and a satisfactory
	explanation regarding any lack or of other relevant
	elements has been given;
	"the applicant's statements are found to be
	coherent and"
	Pausing there actually, in terms of (b), that
	suggests that there's a very much a sort of to and fro
	process between WIBSS and the applicant to try and
	plug any gaps. Is that how the application process
	works?
Α.	Yes, that's fair, yes.
Q.	"(c) the applicant's statements are found to be
	coherent and plausible and do not run counter to
	available specific and general information relevant to
	the applicant's case"
	What is being referred to there about general
	information relevant to the case?
Α.	I think that would be probably the most likely
	example would be the one that you have already cited
	really, that the absence of a medical record as
	an example. You know, we do now know that is likely
	to be the case with applications that we do receive.
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	Q. A. Q.

lood	Inqu	iiry 20 May 2021
1		the door remains open, that if they did receive or
2		come across any additional information that we would
3		always reconsider that application.
4		So I wouldn't quite describe it as the death
5		knell, because we do always leave the door open with
6		any application in that regard, and they do obviously
7		have the right to appeal the decision as well.
8	Q.	Does WIBSS have the ability to or does WIBSS obtain,
9		have the ability to obtain, more general information
10		and advice about the medical practices, either during
11		a certain time period or in a certain hospital or in
12		a certain discipline, which might inform the clinical
13		plausibility assessment?
14	Α.	I don't know whether or not we've ever done so within
15		a specific hospital setting but certainly in terms of
16		time-frame and procedure, yes, we have done that.
17	Q.	Would that come from the clinician that you're
18		referring the matter to or does that some from
19		elsewhere?
20	Α.	Yes, it would usually be one of those clinicians, yes.
21	Q.	So that would be part of the information you would be
22		seeking from them, to be assessing this on the basis
23		that it happened in 1973 and it was a whatever kind of
24		procedure? You would expect them to take that into
25		account?
		138
1		So that would not, in and of itself, stand out as
2		an unusual or an unsatisfactory explanation for why
3		the application isn't complete, as it were.
4	Q.	So that wouldn't, in effect, given what you know
5		generally about records and record-keeping that
6		wouldn't be a mark against the applicant?
7	Α.	No. And I think it's also important to recognise that
8		on the initial application, where the applicant makes
9		their own statement and then their current clinician
10		or GP also makes a supporting statement, if that
11		clinician, the one who currently knows them well, is
12		prepared to support the statement, then on the balance
13		of probabilities we will approve it.
14	Q.	Then:
15		"the applicant has applied to the scheme [as
16		early as possible] following diagnosis, unless
17		[there's a] good reason for not having done so"
18		What's the relevance of that?
19	Α.	I suppose it goes back I can't actually think of an
20		example where that's been a concern but most where
21		I think we've it would be around whether or not
22		you know, because there has been some publicity around
23		the schemes for a long time and Haemophilia Wales, in

(35) Pages 137 - 140

particular, paid a very valuable role in helping us to

promote awareness of WIBSS within Wales. So I think 140

1		it would just raise a query as to why it has taken so	1
2		long to come to us to make an application.	2
3	Q.		3
4	А.	·	4
5		actually we've relied on this one as not supporting an	5
6		application.	6
7	Q.	And then "information provided suggests that the	7
8		applicant is generally credible". How easy or	8
9		difficult is it for WIBSS to form a view about general	9
10		credibility on a paper application?	10
11	Α.	I think, in fairness, in terms of the volume of	11
12		applications we have, we probably have grown in	12
13		experience, knowledge and understanding. I think that	13
14		would be fair. But I don't think we've ever struggled	14
15		to form a view. And certainly the spirit of the team	15
16		is always: have we gone as far as we can? Is there	16
17		anybody else we could ask? Is there more we could do	17
18		at this stage? As I say, we always leave the door	18
19		open if more information is forthcoming from the	19
20	~	applicant at a later point in time.	20
21 22	Q.	Have you approved new applicants coming onto the scheme who have not got medical records which show the	21 22
22		treatment that they say caused their infection?	22
23 24	A.		23
25	7	the medical records, but we have only ever approved	25
20		141	20
		141	
1		me by the Skipton Fund or the Caxton Foundation for	1
2		the purposes of providing me with financial support."	2
3		So that's where the consent comes for you to	3
4		approach Russell-Cooke?	4
5	Α.		5
6	Q.	Then if we go over to page 3, please, we can see that	6
7		the form requires the applicant to fill out their	7
8		details in section 1(B), and then section 1(C) is	8
9		where they set out their basis of their application:	9
10 11		"Are you suffering from any mental health or well-being issues/post-traumatic stress?	10 11
12		"Yes [or] No.	12
13		"If yes please give detail."	12
14		Then if we go over to the next page:	13
15		"If yes - do you think these issues are related	15
16		to your infection from contaminated blood or blood	16
17		products.	17
18		"Yes [or] No.	18
19		"If yes - Are you your symptoms affecting your	19
20		ability to carry out day-to-day activities?	20
21		"Yes [or] No."	21
22		Then:	22
23		"Thank you for completing this form."	23
24		Is it right to understand that if somebody fills	24
25		one of these application forms in, then they will	25
		143	

1		applications which would have supporting medical
2		advice.
3	Q.	That's what you're talking there about, about the
4		treating clinician or the clinical plausibility from
5		the clinicians that you approach?
6	Α.	Exactly that, yes.
7	Q.	I'm going to ask you some questions now about the
8		enhanced hepatitis C payment, and I'm going to ask you
9		to look, please, at the application form while we do
10		that.
11		So we heard a bit of information about that this
12		morning and I just wanted to just look at the
13		application form with you just to understand in
14		practice how you go about dealing with these
15		applications.
16		So it's WIBS000081. So here we've got:
17		"Form L.
18		"Application to receive enhanced stage 1 plus
19		payments."
20		And there's the declaration on the front of the
21		application. And this is the same declaration on the
22		front of all the application forms, isn't it? And it
23		has, just to pick up what we were talking about
24		earlier, at the penultimate paragraph:
25		"I agree to NHS Wales obtaining any data on
		142
1		receive the payment? Are there any circumstances in
2		which you would look at what's been put on the form
3		and say, "No, they don't qualify for the payment"?
4	A.	No, we would approve it.
5	Q.	So, in a sense, once somebody has filled out this
6		form, there isn't an assessment process that WIBSS
7		goes through, it's an administrative process?
8	A.	It was always intended to be a self-assessment
9		application, assessed by the beneficiaries themselves.
10		So yes, there's no secondary check or assessment
11		process.
12	Q.	Soumik, you can take that down.
13		What would you say are the benefits, both from
14		a WIBSS perspective and, if you have any insight, from
15		a beneficiary perspective, of a self-certification
16		process for this payment?
17	A.	I think from my own view it's around the relationship
18		of trust between ourselves and beneficiaries which has
19		been very important, but also I am aware that at the
20		time when the form was being developed and the WIBSS
21		enhanced special payment stage 1 plus was being pulled
22		together, that we did have some discussions with
23		clinicians around the additional benefit per se of
24		having a separate assessment process which would
25		involve a clinician, and they raised some concerns
		111
		144 (36) Pages 141 - 144

(36) Pages 141 - 144

1		around the potential trauma of asking existing
2		beneficiaries on the scheme to relive, re-open back up
3		and re-explain, re-justify maybe, how they're feeling,
4		why they're feeling that.
5		I think the other advantage that we put in place
6		you know at the same time is that there's a commitment
7		that we would also be establishing the psychology and
8		the emotional support team, and there was an
9		implication that the team would make contact with the
10		beneficiaries who were then accepted onto this
11		category of the scheme, and so that would be an offer
12		of support in a practical sense not just in
13		a financial one.
14	Q.	I am going to move on now to ask you some questions
15		about the discretionary payments, so the one-off
16		grants. You have given us the numbers of applications
17		in your witness statement, so we'll just have a look
18		at that just to set this information in context.
19		It is WITN4506001.
20		We can see the front page of your statement.
21		And if we can turn, please, to page 20, right at the
22		bottom there you say:
23		"The number of discretionary grant applications
24		which have been approved.
25		"104. See table"
		145
1		would you, the welfare team to be significant apople
1		would you, the welfare team to be signposting people,
2		encouraging people to make applications for grants
2 3	Δ	encouraging people to make applications for grants should that be appropriate?
2 3 4	A.	encouraging people to make applications for grants should that be appropriate? Yes, it is an avenue open to them, yes, most
2 3 4 5		encouraging people to make applications for grants should that be appropriate? Yes, it is an avenue open to them, yes, most definitely.
2 3 4 5 6	A. Q.	encouraging people to make applications for grants should that be appropriate? Yes, it is an avenue open to them, yes, most definitely. Can we look at the information that is on the website
2 3 4 5 6 7		encouraging people to make applications for grants should that be appropriate? Yes, it is an avenue open to them, yes, most definitely. Can we look at the information that is on the website at the moment, as I understand it.
2 3 4 5 6 7 8		encouraging people to make applications for grants should that be appropriate? Yes, it is an avenue open to them, yes, most definitely. Can we look at the information that is on the website at the moment, as I understand it. It's WIBS0000063. Here it's called "WIBSS small
2 3 4 5 6 7 8 9		encouraging people to make applications for grants should that be appropriate? Yes, it is an avenue open to them, yes, most definitely. Can we look at the information that is on the website at the moment, as I understand it. It's WIBS0000063. Here it's called "WIBSS small grants criteria", and we've got descriptions down the
2 3 4 5 6 7 8 9 10		encouraging people to make applications for grants should that be appropriate? Yes, it is an avenue open to them, yes, most definitely. Can we look at the information that is on the website at the moment, as I understand it. It's WIBS0000063. Here it's called "WIBSS small grants criteria", and we've got descriptions down the left-hand side and then an indicative maximum amount
2 3 4 5 6 7 8 9 10		encouraging people to make applications for grants should that be appropriate? Yes, it is an avenue open to them, yes, most definitely. Can we look at the information that is on the website at the moment, as I understand it. It's WIBS0000063. Here it's called "WIBSS small grants criteria", and we've got descriptions down the left-hand side and then an indicative maximum amount in the middle column, and then an example of
2 3 4 5 6 7 8 9 10 11 12		encouraging people to make applications for grants should that be appropriate? Yes, it is an avenue open to them, yes, most definitely. Can we look at the information that is on the website at the moment, as I understand it. It's WIBS0000063. Here it's called "WIBSS small grants criteria", and we've got descriptions down the left-hand side and then an indicative maximum amount in the middle column, and then an example of expenditure.
2 3 4 5 7 8 9 10 11 12 13		encouraging people to make applications for grants should that be appropriate? Yes, it is an avenue open to them, yes, most definitely. Can we look at the information that is on the website at the moment, as I understand it. It's WIBS0000063. Here it's called "WIBSS small grants criteria", and we've got descriptions down the left-hand side and then an indicative maximum amount in the middle column, and then an example of expenditure. So, first of all, is the item are the item
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2 3 4 5 6 7 8 9 10 11 12 13 14		encouraging people to make applications for grants should that be appropriate? Yes, it is an avenue open to them, yes, most definitely. Can we look at the information that is on the website at the moment, as I understand it. It's WIBS0000063. Here it's called "WIBSS small grants criteria", and we've got descriptions down the left-hand side and then an indicative maximum amount in the middle column, and then an example of expenditure. So, first of all, is the item are the item descriptions is that an exhaustive list or can people make applications for grants that aren't on that list and you would consider them?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	Q.	encouraging people to make applications for grants should that be appropriate? Yes, it is an avenue open to them, yes, most definitely. Can we look at the information that is on the website at the moment, as I understand it. It's WIBS0000063. Here it's called "WIBSS small grants criteria", and we've got descriptions down the left-hand side and then an indicative maximum amount in the middle column, and then an example of expenditure. So, first of all, is the item are the item descriptions is that an exhaustive list or can people make applications for grants that aren't on that list and you would consider them? I mean, it seemed to me that that would capture most
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	Q.	encouraging people to make applications for grants should that be appropriate? Yes, it is an avenue open to them, yes, most definitely. Can we look at the information that is on the website at the moment, as I understand it. It's WIBS0000063. Here it's called "WIBSS small grants criteria", and we've got descriptions down the left-hand side and then an indicative maximum amount in the middle column, and then an example of expenditure. So, first of all, is the item are the item descriptions is that an exhaustive list or can people make applications for grants that aren't on that list and you would consider them? I mean, it seemed to me that that would capture most reasonable requests and regular asks, but it's not certainly not an exhaustive list, no. Then you say, right at the bottom of the document:
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	Q.	encouraging people to make applications for grants should that be appropriate? Yes, it is an avenue open to them, yes, most definitely. Can we look at the information that is on the website at the moment, as I understand it. It's WIBS0000063. Here it's called "WIBSS small grants criteria", and we've got descriptions down the left-hand side and then an indicative maximum amount in the middle column, and then an example of expenditure. So, first of all, is the item are the item descriptions is that an exhaustive list or can people make applications for grants that aren't on that list and you would consider them? I mean, it seemed to me that that would capture most reasonable requests and regular asks, but it's not certainly not an exhaustive list, no.
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Q.	encouraging people to make applications for grants should that be appropriate? Yes, it is an avenue open to them, yes, most definitely. Can we look at the information that is on the website at the moment, as I understand it. It's WIBS0000063. Here it's called "WIBSS small grants criteria", and we've got descriptions down the left-hand side and then an indicative maximum amount in the middle column, and then an example of expenditure. So, first of all, is the item are the item descriptions is that an exhaustive list or can people make applications for grants that aren't on that list and you would consider them? I mean, it seemed to me that that would capture most reasonable requests and regular asks, but it's not certainly not an exhaustive list, no. Then you say, right at the bottom of the document: "Each application will be considered on its merits and the above figures are indicative of maximum
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	Q.	encouraging people to make applications for grants should that be appropriate? Yes, it is an avenue open to them, yes, most definitely. Can we look at the information that is on the website at the moment, as I understand it. It's WIBS0000063. Here it's called "WIBSS small grants criteria", and we've got descriptions down the left-hand side and then an indicative maximum amount in the middle column, and then an example of expenditure. So, first of all, is the item are the item descriptions is that an exhaustive list or can people make applications for grants that aren't on that list and you would consider them? I mean, it seemed to me that that would capture most reasonable requests and regular asks, but it's not certainly not an exhaustive list, no. Then you say, right at the bottom of the document: "Each application will be considered on its merits and the above figures are indicative of maximum awards only.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	Q.	encouraging people to make applications for grants should that be appropriate? Yes, it is an avenue open to them, yes, most definitely. Can we look at the information that is on the website at the moment, as I understand it. It's WIBS0000063. Here it's called "WIBSS small grants criteria", and we've got descriptions down the left-hand side and then an indicative maximum amount in the middle column, and then an example of expenditure. So, first of all, is the item are the item descriptions is that an exhaustive list or can people make applications for grants that aren't on that list and you would consider them? I mean, it seemed to me that that would capture most reasonable requests and regular asks, but it's not certainly not an exhaustive list, no. Then you say, right at the bottom of the document: "Each application will be considered on its merits and the above figures are indicative of maximum awards only. "Alternative streams of funding will be

1		And then the left-hand column is "Year",
2		right-hand there's "Amount". And so we go over the
3		page, we can see then that the first year 2, 12 second
4		year, then at 10, and then the third year is 3, but
5		that's only for half of the year, so at total of
6		27 applications.
7		You explain in your witness statement that it
8		wasn't until shortly before you wrote that statement
9		that there was any information on the website to make
10		beneficiaries aware that they could make these
11		applications. Is that correct?
12	Α.	I couldn't comment as to whether or not we had not
13		previously made them aware, but we certainly didn't
14		have the information on the website at the time.
15	Q.	Do you think that might be an explanation as to why
16		there were such low numbers of applications?
17	Α.	Well, the information would have been available via
18		our welfare support team as well and also through the
19		WIBSS manager as well, so we would have been able to
20		have signposted to grant applications.
21		I'd need to check whether or not we've ever made
22		any reference in these letters previously around the
23		small grant scheme (unclear: audio interference).
24	Q.	So one of the and again, we will talk about this
25		a little bit more detail, but you would be expecting,
		146
		140
1		or local health heards "
1		or local health boards."
2		And then you:
2 3		And then you: " offer free welfare assistance to complete
2 3 4		And then you: " offer free welfare assistance to complete the grant application, please get in touch to arrange
2 3 4 5		And then you: " offer free welfare assistance to complete the grant application, please get in touch to arrange this."
2 3 4 5 6		And then you: " offer free welfare assistance to complete the grant application, please get in touch to arrange this." And that's what you have been discussing
2 3 4 5 6 7		And then you: " offer free welfare assistance to complete the grant application, please get in touch to arrange this." And that's what you have been discussing earlier, that the welfare team would be talking people
2 3 4 5 6 7 8		And then you: " offer free welfare assistance to complete the grant application, please get in touch to arrange this." And that's what you have been discussing earlier, that the welfare team would be talking people through and helping them to fill out such application
2 3 4 5 6 7 8 9	•	And then you: " offer free welfare assistance to complete the grant application, please get in touch to arrange this." And that's what you have been discussing earlier, that the welfare team would be talking people through and helping them to fill out such application forms. Is that right?
2 3 4 5 6 7 8 9 10	Α.	And then you: " offer free welfare assistance to complete the grant application, please get in touch to arrange this." And that's what you have been discussing earlier, that the welfare team would be talking people through and helping them to fill out such application forms. Is that right? That's correct, yes.
2 3 4 5 6 7 8 9 10	A. Q.	And then you: " offer free welfare assistance to complete the grant application, please get in touch to arrange this." And that's what you have been discussing earlier, that the welfare team would be talking people through and helping them to fill out such application forms. Is that right? That's correct, yes. And then you tell us in your witness statement that
2 3 4 5 6 7 8 9 10 11 12	Q.	And then you: " offer free welfare assistance to complete the grant application, please get in touch to arrange this." And that's what you have been discussing earlier, that the welfare team would be talking people through and helping them to fill out such application forms. Is that right? That's correct, yes. And then you tell us in your witness statement that these grants are not means tested; is that right?
2 3 4 5 6 7 8 9 10 11 12 13	Q. A.	And then you: " offer free welfare assistance to complete the grant application, please get in touch to arrange this." And that's what you have been discussing earlier, that the welfare team would be talking people through and helping them to fill out such application forms. Is that right? That's correct, yes. And then you tell us in your witness statement that these grants are not means tested; is that right? That's correct.
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2 3 4 5 6 7 8 9 10 11 12 13 14 15	Q. A.	And then you: " offer free welfare assistance to complete the grant application, please get in touch to arrange this." And that's what you have been discussing earlier, that the welfare team would be talking people through and helping them to fill out such application forms. Is that right? That's correct, yes. And then you tell us in your witness statement that these grants are not means tested; is that right? That's correct. We can go to the form if it assists, it is form J, but that form requires the applicant to fill in to give
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	Q. A.	And then you: " offer free welfare assistance to complete the grant application, please get in touch to arrange this." And that's what you have been discussing earlier, that the welfare team would be talking people through and helping them to fill out such application forms. Is that right? That's correct, yes. And then you tell us in your witness statement that these grants are not means tested; is that right? That's correct. We can go to the form if it assists, it is form J, but that form requires the applicant to fill in to give information about income and expenditure, so, for example, three months of bank statements an evidence
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	Q. A.	And then you: " offer free welfare assistance to complete the grant application, please get in touch to arrange this." And that's what you have been discussing earlier, that the welfare team would be talking people through and helping them to fill out such application forms. Is that right? That's correct, yes. And then you tell us in your witness statement that these grants are not means tested; is that right? That's correct. We can go to the form if it assists, it is form J, but that form requires the applicant to fill in to give information about income and expenditure, so, for example, three months of bank statements an evidence of household income and expenditure. Why is that information required in an application for a grant
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	Q. A. Q.	And then you: " offer free welfare assistance to complete the grant application, please get in touch to arrange this." And that's what you have been discussing earlier, that the welfare team would be talking people through and helping them to fill out such application forms. Is that right? That's correct, yes. And then you tell us in your witness statement that these grants are not means tested; is that right? That's correct. We can go to the form if it assists, it is form J, but that form requires the applicant to fill in to give information about income and expenditure, so, for example, three months of bank statements an evidence of household income and expenditure. Why is that information required in an application for a grant that is not means tested?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Q. A.	And then you: " offer free welfare assistance to complete the grant application, please get in touch to arrange this." And that's what you have been discussing earlier, that the welfare team would be talking people through and helping them to fill out such application forms. Is that right? That's correct, yes. And then you tell us in your witness statement that these grants are not means tested; is that right? That's correct. We can go to the form if it assists, it is form J, but that form requires the applicant to fill in to give information about income and expenditure, so, for example, three months of bank statements an evidence of household income and expenditure. Why is that information required in an application for a grant that is not means tested? The welfare team would use that information to assess
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Q. A. Q.	And then you: " offer free welfare assistance to complete the grant application, please get in touch to arrange this." And that's what you have been discussing earlier, that the welfare team would be talking people through and helping them to fill out such application forms. Is that right? That's correct, yes. And then you tell us in your witness statement that these grants are not means tested; is that right? That's correct. We can go to the form if it assists, it is form J, but that form requires the applicant to fill in to give information about income and expenditure, so, for example, three months of bank statements an evidence of household income and expenditure. Why is that information required in an application for a grant that is not means tested? The welfare team would use that information to assess whether or not there may be other grants, perhaps
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 9 20 21 22 23 24	Q. A. Q. A.	And then you: " offer free welfare assistance to complete the grant application, please get in touch to arrange this." And that's what you have been discussing earlier, that the welfare team would be talking people through and helping them to fill out such application forms. Is that right? That's correct, yes. And then you tell us in your witness statement that these grants are not means tested; is that right? That's correct. We can go to the form if it assists, it is form J, but that form requires the applicant to fill in to give information about income and expenditure, so, for example, three months of bank statements an evidence of household income and expenditure. Why is that information required in an application for a grant that is not means tested? The welfare team would use that information to assess whether or not there may be other grants, perhaps offered by DWP or other organisations, which the beneficiary would be entitled to also apply for.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 9 20 21 22 23	Q. A. Q.	And then you: " offer free welfare assistance to complete the grant application, please get in touch to arrange this." And that's what you have been discussing earlier, that the welfare team would be talking people through and helping them to fill out such application forms. Is that right? That's correct, yes. And then you tell us in your witness statement that these grants are not means tested; is that right? That's correct. We can go to the form if it assists, it is form J, but that form requires the applicant to fill in to give information about income and expenditure, so, for example, three months of bank statements an evidence of household income and expenditure. Why is that information required in an application for a grant that is not means tested? The welfare team would use that information to assess whether or not there may be other grants, perhaps offered by DWP or other organisations, which the

		The file
1		for a one-off grant and then WIBSS is taking the
2		opportunity to try and capture more information to
3		give a sort of more holistic assessment of what the
4		person's needs might be; is that right?
5	Α.	Yes. We don't take the information into account in
6		considering whether or not we would grant the small
7		grant application in and of itself.
8	Q.	Have you ever had any push-back or any concerns raised
9		by applicants about having to provide that level of
10		information to get a grant?
11	Α.	Not that I'm aware of myself, no.
12	Q.	Is it right you never refused an application for
13		a discretionary grant?
14	Α.	That's correct.
15	Q.	We heard evidence this morning from Mr Gething about
16		the future of discretionary grants and his evidence
17		was it's to be discussed. Is that your understanding
18		as well?
19	Α.	It is, yes.
20	Q.	I'm going to ask you now some questions about
21		discretionary income top-up payments. Both your
22		evidence and the evidence of Mr Gething suggests that
23		these top-up payments were paid in respect of
24		transferring beneficiaries from the beneficiaries
25		transferring from the Alliance House organisations,
		149
1		available:
2		" a discretionary monthly payment to increase
3		the household income to help with general living
4		costs. An assessment is made of beneficiary's
5		household income and if the income is below set
6		thresholds then an application can be made to receive
7		regular payments."
8		What do you make of this? This is contrary to
9		what you understand, is it?
10	Α.	Yes, I hadn't had sight of this document prior to it
11		being brought to my attention by the Inquiry, so
12		I have had to make some enquiries myself as to what
13		it's basis is and where it's coming from. So my
14		understanding from speaking to members of the team who
15		were in position in around 2018-19 is that there was
16		at the time some discussions with colleagues in Welsh
17		Government as to whether or not we would consider
18		an income top-up scheme within Wales and, as part of
19		those discussions, the WIBSS team were asked to
20		effectively draft what guidance and documentation
21		would look like, and this is an example of one of
22		those draft documents and, I'm sorry, but somebody,
00		

25 Q. So this should not be treated -- this is not a policy

23

24

as draft.

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with the benefit of hindsight, should have marked this

who already had those payments and -- that's correct? 1 2 A. (The witness nodded) 3 Q. And the number of those beneficiaries is about 15? 4 A. Yes. Q. So is it right to understand that your understanding 5 6 is that they are not available for new -- new 7 applications for such payments wouldn't be granted? 8 A. So as WIBSS is established, there is no top-up element 9 to the scheme at all. So there's no ability for us to consider new top-up applications but where the 10 11 transferring beneficiaries were in receipt of income 12 top-up, we have continued to honour those payments. 13 Q. I'm just going to show you a document, just to see if 14 you can identify it and understand where it comes 15 from. It's HSSG0020023. 16 It's called "Income Top-Up and Discretionary 17 Support 2018/19", and it looks like it's, sort of, one 18 of the documents from WIBSS that might be on the 19 website and it says it: 20 "... outlines the support available through 21 WIBSS in 2018/19." 22 Then it refers to the discretionary support 23 guidance booklet, which we've also got, which says in 24 much more detail what's said in this document, and it 25 suggests that their income top-up payments are 150 1 that ever came into being? 2 A. Not a policy, as far as I'm aware, that ever came to 3 fruition. It was drafted as part of discussions and 4 considerations that Welsh Government were having 5 around income top-up payments and I think, as 6 a consequence of some of the announcements made to 7 increases in annual payments by other schemes, the 8 discussions around parity then sort of overtook 9 events, effectively, 10 Q. Can we just look then, just below "Income top-up", at 11 the payments for children of beneficiaries with HIV 12 and hepatitis C. Again, these are a similar payments to those that we saw being given by some of the 13 14 Alliance House organisations. Payments for children 15 of beneficiaries with HIV and hepatitis C suggest that 16 payments might be available, first child £250 a month, 17 and subsequent child 100. 18 Again, is this something that never came into 19 beina? 20 A. Yes, that's true. It's the same paper, yes. 21 Q. The same paper but there has never been a policy of 22 making such payments to beneficiaries for children 23 from WIBSS? 24 A. The only payments that dependent children are able to 25 receive is similar to that of widows. So they are

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1		entitled to the £10,000 bereavement payment and also	
2		the 75 per cent tapered payment relief over three	
3		years.	
4	Q.	, , ,	
5		payment here is one that would be paid to the	
6		beneficiary for the upkeep of the child?	
7	Α.	Yes, I understand that. We haven't got this	
8		arrangement in the document.	
9	Q.	I've just got one question in relation to the annual	
10		bereavement payments. We've seen in other schemes at	
11		various times a provision that such payments are not	
12		to be made if the widow/widower, spouse, partner	
13		cohabitee remarries. Is that something that's ever	
14		been a feature of the Welsh scheme to your knowledge?	
15	Α.	,	
16	Q.	I'm going to ask you some questions now I've been	
17		saying I'm going to ask you these questions about	
18		the other services, the non-financial services that	
19		WIBSS provides. I'm going to look, I think first of	
20		all, at the memorandum of understanding. That's	
21		WITN4065007 so here we can see:	
22		"Memorandum of understanding for the management	
23		and administration of the Welsh Infected Blood Support	
24		Scheme between the Welsh Ministers and Velindre	
25		Trust"	
		153	
1		responsibilities of:	
2		" the effective day-to-day management and	
3		administration of the WIBSS. This includes:	
4		"A single point of contact for beneficiaries.	
5		"A reliable, responsible, and accurate payments	
6		process providing regular payments to beneficiaries.	
7		"Processing of all applications to WIBSS within	
8		required deadlines."	
9		Then over the page, the next five bullet points	
10		are what I really wanted to ask you questions about:	
11		"Provision of free welfare rights advice from	
12		a dedicated team of trained advisors.	
13		"Provision of welfare advice and support to	
14		beneficiaries and assistance with completing	
15		application forms and signposting to other NHS	
16		services.	

1	If we can turn to page 6, please, section 6 sets
2	out the responsibilities and it, first of all, sets
3	out, 6.2, the Welsh Minister yes?
4	A. I've got a message come up saying my Wi-fi has just
5	dropped out, so I don't know if I may just need to
6	pause and get your technician to
7	MS SCOTT: Sir, I note the time. It is nearly quarter
8	past 3. I have probably only got about another
9	15 minutes but I don't know whether now is a good time
10	to take a break, given the potential Wi-fi issues.
11	SIR BRIAN LANGSTAFF: At the moment we're hearing you and
12	seeing you.
13	A. Okay.
14	SIR BRIAN LANGSTAFF: So shall we go on for 15 minutes?
15	There will then have to be a break for questions from
16	other participants to ask questions through counsel
17	and that might be the time to check the Wi-fi.
18	A. Yes, I'm happy to proceed on that basis.
19	SIR BRIAN LANGSTAFF: If we collapse before then, well, we
20	will take a break at that stage but, otherwise, let's
21	go on.
22	MS SCOTT: Thank you.
23	6.2 sets out the Welsh Minister's
24	responsibilities. It's 6.3 that I'm interested in,
25	which sets out Partnership and Velindre Trust's
	154
1	tell us a little about the provision of the free
2	welfare rights advice. We've heard from other schemes
3	that make referrals to welfare advisers who sit
4	outside the schemes. Is that a different arrangement
5	in WIBSS?
6	A. Yes, it is. We have in-house welfare teams, so as we
7	set out at the start of this afternoon, Velindre NHS
8	Trust also has the Velindre Cancer Centre and they had
9	a very well established and quality standard
10	accredited welfare function. So when we established
11	WIBSS it made sense for us, rather than to reinvent
12	the wheel ourselves, to form a partnership arrangement
13	and use the benefit of their expertise and knowledge.
14	So we have modelled our welfare team on their
15	accredited model and the welfare rights officers that
16	work as part of WIBSS are all CMAC accredited
17	themselves, as well. So they've a quality
18	accreditation in terms of the advice that they give.
19	<b>Q.</b> I have seen a document or a report authored by
20	Ms Swiffen-Walker which suggests that they not only
20	respond to queries coming in from beneficiaries but,
22	certainly at some points, they have been proactively
23	phoning up beneficiaries and finding out whether or
23	not they might actually have a need for benefits
25	
25	advice. Is that your understanding of how they work? 156 (39) Pages 153 - 156

155

"Establish a single point of contact with [DWP]

and [HMRC] to assist with queries regarding tax and

"Provision of dedicated well-being and

psychology service available to all beneficiaries and

So just pausing there, in relation -- can you

"Key worker support to help beneficiaries

benefits status of beneficiaries.

navigate the healthcare system.

their families."

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services?

A. Yes, I would concur with that.

people taking up this service?

		The Infe
1	A.	Yes. So they didn't initially, when we first
2		established, they did contact all the beneficiaries to
3		signpost and make them aware of the services that they
4		would be able to provide, and then they also formed
5		the basis of most of the information that we put in
6		our newsletter that goes out to all our beneficiaries
7		as well, making them aware of the service that they
8		offer and some of the successes, on a sort of
9		anonymised case study basis, that we have had in terms
10		of gaining access to additional support for
11		beneficiaries, as well as being what I would describe
12		as a listening voice on the phone as well.
13	Q.	Is this right that the assistance they provide
14		includes benefits advice, budgeting advice, energy
15		efficiency advice, support for housing costs, advice
16		on inheritance, help accessing support groups and
17		referrals to social workers?
18	Α.	That's correct.
19	Q.	In terms of the benefits advice and assistance, they
20		can, if necessary, assist somebody up to a tribunal,
21		if necessary?
22	Α.	Yes, we've never had to call upon that but they would
23	~	be able to do so, yes.
24	Q.	So this is what is being the welfare rights advice
25		is a wide service that goes beyond simply looking at
		157
4	•	Vac we have
1 2	A. Q.	Yes, we have And I'm sorry, I cut you off, I spoke over you.
2	Q. A.	We have a named contact within the DWP and HMRC.
4	Q.	So, presumably, the Inquiry's heard evidence of
5	હ.	difficulties that beneficiaries have sometimes when
6		they either fail to declare their WIBSS income or they
7		do declare their WIBSS income and then through data
8		matching exercises the DWP becomes concerned that they
9		are fraudulently claiming benefits and calls them in
10		often under caution for interviews.
11		Are you aware that some of the beneficiaries
12		have run into such difficulties?
13	Α.	Yes, unfortunately that has happened and then the
14		welfare team would intervene on their behalf and we've
15		always resolved the issues quite promptly once they've
16		been escalated within the DWP, in the main, I would
17		say and, you know, I hasten to add I don't think
18		there's any systemic issue here, it does always seem
19		to have been as a result of an individual's
20		misunderstanding or misinterpretation within DWP,
21		rather than any evidence of anything systemic.
22	Q.	And presumably that's the benefit of having a named
23		contact, in that you can get that sorted out pretty
24		quickly because your named contact knows exactly what
25		the position is?

of thing it can be as well. Q. So the healthcare system and the social care system can sometimes be complex, and presumably your

beneficiaries navigate the healthcare system.

A. So it's -- the key worker is a separate hat that the

welfare team would wear, if you like. So it would be

So the key worker is where they may act more in an

advocate-type of capacity, where they would maybe

there may be issues that they wish to try to resolve,

a nominated social worker. So it's really to support,

to try to help translate sometimes what's happening or

what processes may need to happen, it may be helping

making appointments or booking appointments, that kind

and potentially where the individual may not have

contact the health board or local authority where

the same individuals with a sort of shared skill set.

Can you explain to us how that works.

(40) Pages 157 - 160

A.	understanding suggests, there's provision of direct welfare advice and support and then there is the signposting to other services? Yes. So where the beneficiary the welfare team would undertake completion of application forms on behalf of beneficiaries, so the team would conduct prior to Covid we would have done face-to-face visits, home visits, depending on what the beneficiary themselves felt more comfortable with, and then, yes, on the back of that, we may take forward an application with a third party for them.
Q.	Then the third bullet point down on the memorandum
	that we looked at was establishing a single point of contact with DWP and HMRC. Have you established such
	contacts?
	158
Α.	Should be.
Q.	And is that the sort of problem that you can provide
	your beneficiaries with a letter that sets outs what
	all the obligations are of the various their
	obligations and what the DWP ought to be doing; is that something that you can do for beneficiaries?
A.	Yes.
Q.	Then we come on to key worker support to help
· · ·	

benefits, it's to look at a whole range of welfare

Q. Is it also right that you have captured the numbers of

beneficiaries and a number of those beneficiaries

made applications for support numerous of times.

Q. So, as the second bullet point in the memorandum of

would have regular contact with the team and may have

A. Yes, I think my record was around just short of 50

#### The Infected Bloo

1		beneficiaries may have complex needs themselves.
2		Would the key worker have an understanding and
3		a knowledge about how to navigate one's way around the
4		health and social care system?
5	Α.	Yes.
6	Q.	I just read out a paragraph in your witness statement
7		where you've been asked to provide a narrative
8		description of the kind of assistance provided, and
9		you say this:
10		"Assistance provided includes signposting
11		psychological support (prior to WIBSS own
12		Psychological Service being offered), liaising with
13		social workers to ensure complex beneficiaries needs
14		are met, signposting NHS free dental care and
15		prescription services for those eligible due to new
16		benefit entitlement, chasing medical professionals for
17		evidence to join the WIBSS scheme etc."
18 10		Is the brief to the key worker really to do what
19 20		the person needs or is there a point at which the key
20 21		worker might say, "Actually, that's not really my
21	A.	role, I'm not going to help you do X, Y or Z"? I think the overarching spirit is that we would always
22	А.	try to go the extra mile to try to do what we can, but
24		yes, there may, in individual circumstances, be
25		certain limitations on what we would be we're able
20		161
		101
1		beneficiaries, that their WIBSS payments are to be
2		disregarded for the purposes of financial assessments
3		for care home fees.
4		Is that an issue that you has come across
5		your desk, that you're aware that sometimes local
6		authorities are, for example, taking those payments
7		into account when they shouldn't be?
8	Α.	I'm aware of one very recent example that was brought
9		to my attention, but was identified by one of the
10		welfare team and it did get escalated up to myself and
11		we did seek some clarification from the Welsh
12		Government on that. Mainly because it hadn't arisen
13		before. Certainly it hadn't been brought to our
14		attention before. And I understand that we were we
15		had advice then from Welsh Government as to what the
16		form of words and which part of the legislation and
17		code of practice we could direct the relevant health
18	-	board to.
19	Q.	So that was an example, was it, where, again, WIBSS
20		can write a letter setting all of that out for the
21		beneficiary to give to the relevant local authority?
22	A.	Yes.
23 24	Q.	Is that information that is on your website or you
24 25	A.	might consider putting on your website? It's probably captured by the overarching welfare
20	А.	
		163

lood Inquiry 20 May		iry 20 May 2021
1		to do and might be appropriate to do.
2	Q.	How does a beneficiary get a key worker? Do they ask
3		for one or do you identify that they need one? How
4		does that work?
5	A.	It would probably be more the contact with the welfare
6		team initially, that they may identify that this is an
7		individual who would benefit from a key worker role,
8		and we would explain to them what we would be able to
9		help them do. We probably wouldn't use the label of
10		a "key worker", we would probably talk about it more
11		in generic terms of, you know, assistance and help.
12		That, you know: we can help you do that, we can bring
13		those people for you, we can help you fill in that
14		form.
15		So probably the label of a "key worker" is
16		probably something we would use more so than maybe
17		beneficiaries themselves would recognise.
18	Q.	And do you capture data as to how many people take up
19		that service?
20	Α.	No, we don't. We haven't been capturing the
21		information around the key worker role. We've only
22		captured the contacts with the welfare team.
23	Q.	One of the issues that's been raised with the Inquiry
24		is the fact that it may not be very well known, either
25		by local authorities or by members of the scheme,
		162
1		team, but certainly, on reflection, there's always
2		more than we can do potentially to promote the work.
3		So yes, that's something I can take on board.
4	Q.	And then lastly, in relation to the bullet points on
5		the memorandum of understanding, we've got:
6		"Provision of a dedicated well-being and
7		psychology service available to all beneficiaries
8		and their families."
9		And we heard a little bit of evidence about that
10		this morning, but just from your perspective, can you
11		just give us an outline as to how that works, who
12		provides the services, how people avail themselves of
13		it and so on?
14	Α.	The clinical team are employed directly by Velindre
15		NHS Trust. We currently have two members of the team,
16		which is a full-time counsellor and then sessions
17		provided by the clinical psychologist. And the
18		business case behind establishing the team was a sort
19		of four-tier model: tier 1 being some basic education
20		and information; tier 2 then will be up to more
21		support network groups, which we discussed earlier
22		today; and then tier 3 would be more around

- counselling, not just for the individuals but
- potentially also family-based counselling; and then tier 4 would be those with more clinical input and

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1		more acute support, and that would be provided by the
2		clinical psychologist.
3	Q.	And do you capture data about how many people are
4		using that service?
5	Α.	I think it's important to state that the clinical team
6		use the sort of patient and clinical databases and the
7		rest of the team wouldn't have access to those
8		clinical records and clinical files. But when I asked
9		Dr Coffey what the latest numbers were, we are
10		providing counselling currently to around
11		25 beneficiaries and she's providing clinical input to
12 13	Q.	five currently. And were they able to continue delivering that service
13	Q.	during the pandemic and during the lock-downs?
15	Α.	We have been able to via both the counsellor and
16	Λ.	the psychologist deemed that it was appropriate to
17		continue on a sort of virtual setting, as we are now.
18		So yes, I think it wouldn't be the ideal scenario that
19		the team would want to be conducting the service but
20		we have managed to find a way through.
21	Q.	Do you know whether or not there are waiting lists for
22		the service?
23	Α.	No, I'm not aware of a waiting list.
24	Q.	Are there any limits on the number of sessions or the
25		type of help and assistance that somebody can receive?
		165
1		moving the color to give but on thing also you want
2		may yet be asked to give, but anything else you want you can chat.
3		I'll see you at ten to 4.
4	A.	Thank you.
5		(3.29 pm)
6		(A short break)
7		(3.52 pm)
8	MS	SCOTT: Mrs Ramsey, I've got questions on a handful of
9		topics from Core Participants. I'm going to ask you
10		questions, first of all, about discretionary grants.
11		Is there a requirement to establish that you
12		have a need for an item for which a discretionary
13		grant is sought?
14	Α.	In general terms, yes, we'd normally seek an
15 16	0	understanding of why the request is being made. And you have indicated that you've accepted every
17	Q.	application so far that's been made to you?
18	Α.	That's correct.
19	Q.	So applicants have always been able to make that out
20		so far to date?
21	A.	Yes.
22	Q.	Does the need for a payment for an item have to be due
23		to the person's infection?
24	Α.	No, no. No, as a consequence of them of the
25		infection, they have become members of the scheme, as
		167

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1	A.	No, but I would probably refer more to Dr Coffey
2	74.	rather than me making an assessment on that, because
3		she would advise on how she is managing the service on
		that side of things.
4	~	5
5	Q.	I just have one last question to ask.
6		Soumik, you can take that down.
7		And it's just on funding. Is it right to
8		understand that the scheme is 100 per cent funded,
9		i.e. that there wouldn't be a circumstance in which
10		the scheme would be unable to make a payment because
11		there wasn't funding for it?
12	Α.	That's correct, yes.
13	MS	SCOTT: Sir, could we now take a break so that Core
14		Participants have an opportunity to put any questions
15		that they want me to ask Mrs Ramsey?
16	SIR	<b>BRIAN LANGSTAFF:</b> Let us take a break until ten to 4.
17		That's a little bit well, I hope that gives you
18		enough time to sort out any problems with the Wi-fi.
19		If you need more time, please just be in touch and we
20		will delay starting again.
21		The one thing which I have to say to you, as
22		I have to say to all witnesses if there is any break
23		in their evidence, is: you are giving evidence, you
24		are not permitted to talk to anyone, whoever they may
25		be, about the evidence you have given or you think you
		166
1		it were, so that has already been dealt with and
2		accepted. No, no.
3	Q.	Do you know who made the decision not to means test
4		those applications?
5	A.	I understand it was something that was discussed when
6		we were finalising the staff guidance. So it is
7		something before my time. But when we were still
8		finalising the staff guidance, means testing was
9		included in the SIBSS staff guidance but we decided
10		that we weren't really equipped to set up a means
11		testing mechanism and that it felt it was probably
12		not proportionate to the actual small grant scheme
13		itself.
14	Q.	And so was that a decision taken by WIBSS or by the
15		governance group in conjunction with the Welsh
16		Government and the other members?
17	A.	In the context of the governance group, yes.
18	Q.	Are discretionary payments made to beneficiaries who
19		do not receive regular payments? So, for example,
20		children who are not children of beneficiaries who
21		are not dependent children, parents, carers and so on.
22	A.	No, it is only open to members of the scheme. So it
23		would include widows and it would still include widows
24		who may not still be in receipt of regular payments,
24		but it wouldn't be extended to those as it's currently
20		100
		(42) Pages 165 - 168

1	-	configured.
2	Q.	We looked at the I can't remember now which
3		document I think it's the directions schedule 5
4		which looked at discretionary payments, saying they
5		could be made to widows to partners and dependent
6		children and infected beneficiaries, it's to that
7		cohort of beneficiaries?
8	A.	Yes.
9	Q.	I asked you questions about information that was on
10		the website about the information about the
11		existence of the discretionary grant scheme being on
12		the website, and you said you weren't sure whether it
13		had been on the website previously. But it wasn't
14		when you it had been put onto the website shortly
15		before you did your witness statement.
16		Do you know how or if information that there
17		is that discretionary grants that there is
18		a discretionary grant scheme was disseminated prior to
19		that information going on the website.
20		Sorry, that was a very inelegant question.
21		I don't know if you understood that?
22	Α.	I think I do. And I think because that would be
23		before my time, it would be something I'd need to
24		confirm with others and follow up with a written
25		response.
		169
1	Q.	And is that because it was before your time?
2	Α.	Yes, yes. I wasn't in post at the time of the
3		transfer when the arrangements with the AHOs was being
4		resolved (unclear) sorted out.
5	Q.	Do you know now whether income top-up payments are
6		made to beneficiaries who do not receive regular
7		payments? So those beneficiaries I identified
8		earlier, like non-dependent children or parents or
9		carers and so on?
10	Α.	I don't believe so.
11	Q.	I'm going to ask you some questions now about the
12		advisory support group or network that is under
13		consideration. Are you able to give any more
14		information about the fundamental objectives of such

15 a group or what would be different about it to the 16 governance group?

- 17 A. So if I start the other way round. So the governance 18 group is around the oversight of the day-to-day operations of WIBSS, in the main, and you have got 19 20 probably the terms of reference, which goes into more 21 detail. What we see the support network group being 22 more around is something that Dr Coffey and our 23 counsellor would develop really through the network 24 itself, to determine, you know, what they want out of
- 25 the group, what role they would want it to fulfil for

1	Q.	Are you aware during your time of any information
2		about the existence of the discretionary of the
3		small grant scheme being disseminated to the
4		membership, either through newsletters or any other
5		means?
6	Α.	No, I think it's mainly been the website, but that
7		now that we've got it on the website, it would be what
8		we've been relying upon. In addition to anybody who
9		would have contacted the or had support provided by
10		the welfare team, because they would they would
11		have an awareness of it and would signpost or direct
12		people to the grant scheme as a form of support.
13	Q.	I'm going to ask you some questions now about income
14		top-ups.
15		For those transferring from the AHOs to WIBSS
16		with income top-up in place, were the payments
17		continued by WIBSS at the same level as they had been
18		paid under the AHO?
19	A.	That's my understanding.
20	Q.	Was any enquiry undertaken by WIBSS as to why the
21	-4-	payments were made by the AHOs or whether or not they
22		were at the right level and so on?
23	Α.	Not so as I'm aware, no.
24	Q.	Do you know why not?
25	A.	No, I'm afraid I don't.
		170
1		them as beneficiaries. So very much a co-production
2		approach in that sense. But what we would hope we
3		would gain from a governance group perspective is how
4		we go about nominating that service user to sit on the
5		governance group as well.
6		So that would be what we would look to as one
7		element to get out of the group itself. But it's
8		important to state that the group is for its own
9		purpose, in terms of the beneficiaries themselves and
10		what they want to use it for and how they want to see
11		it develop, and that is a piece of work that our
12		psychology team would be developing and needing.
13	Q.	So the second part of that question is how whether
14	પ્ય.	there would be a formal way for the support group to
15		influence the governance of WIBSS, and I think your
16		answer to that question is: through the vacant set out
10		on the governance group?
	_	on the governance group:

- 18 A. Yes, that's how I would envisage it. But, you know, 19 if ever suggestions or recommendations were put 20 forward by the beneficiaries themselves, then we would 21 certainly consider those and take that on board. 22 Q. We looked at the guidance on assessing -- I'm changing
- 23 topic now. 24 We looked at the guidance on assessing new
  - applicants coming onto the scheme and hepatitis C 172

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			The Infec
1		infected applicants. And there was a paragraph in	
2		there that we were looking at the explanation for	
3		probability, on the balance of probability, and it	
4		referred to it being improbable that an injecting drug	
5		user was infected via a single blood transfusion.	
6		The question is whether or not WIBSS has	
7		obtained any expert evidence on the probability of an	
8		injecting drug user becoming infected with	
9		hepatitis C?	
10	A.	I understand that we did seek some additional advice	
11		because at a point in time we did reject an	
12		application on the basis of IV drug use and that case	
13		went to appeal, so at the appeal stage additional	
14		information was brought into the application. That's	
15		the only example I can call on.	
16	Q.	Are you able to tell us how often applications are	
17		approved in cases where there is a history of	
18		intravenous drug use?	
19	Α.	Not without needing to refer, no, I'm sorry.	
20	Q.	Do you know whether there have been such cases?	
21	Α.		
22	Q.	And what kind of circumstances might lead to such an	
23		application being approved?	
24	Α.	I think it is the balance of probabilities test, so we	
25		would consider the frequency of IV drug use against	
		173	
4		<b>.</b>	
1		offer an opinion they may suggest that we do such that	
2		and contact an orthopaedic surgeon. We might ask for	:1
3		a recommendation of a name and then we would follow	It
4		up with them directly and we have done that for one	
5	~	recent application, actually.	
6	Q.	So is this right, that your first port of call might	
7 8		be the haematologist and you would leave it up to	
° 9		their discretion as to whether they were competent or whether it was something it was an opinion that	
9 10		they could give you and, if not, you would go	
10		elsewhere?	
12	A.	I think that's fair, yes.	
13	Q.	l asked you questions about whether or not you	
14	હ્ય.	informed the applicant that you had obtained such	
15		a medical opinion or advice and I think your response	
16		to me was that that information would be passed on.	
17		Do you give the applicant a copy of the medical	
18		opinion or advice, as opposed to just informing them	
19		of the fact that it's been sought?	
20	A.	I think we would in a letter to the beneficiary we	
21		would probably provide a summary of what questions	
22		we'd asked and what that provided back. I can't say	
23		with any certainty that we actually attach a copy as	
20			

other factors set out in the application. 1 2 Q. And are you able to tell us whether or not anyone 3 that's been identified as having been potentially 4 infected -- as a result of a look-back exercise then 5 being rejected by WIBSS on the grounds of intravenous 6 drug use, is that something you have come across? 7 A. I couldn't pull that information to hand now, no. I'd 8 have to look into that. 9 Q. I'm now going to ask you some questions about clinical 10 plausibility and WIBSS's practice of obtaining 11 clinical advice on applications where there's no 12 evidence of the treatment that's said to caused the infection. 13 14 You said that WIBSS often go to two particular 15 haematologists for such advice. Can you explain or 16 could you explain to us why you refer questions 17 relating to the likelihood of historic blood 18 transfusions to haematologists, would it not be more 19 appropriate to refer it to say, for example, if the 20 treatment was arising as a result of say 21 an orthopaedic injury to an orthopaedic expert? 22 A. I think we also have sought advice from 23 a microbiologist as well from memory. I think these 24 were advisers that we initially identified at the 25 concept of WIBSS, where they would feel unable to 174 1 a medical adviser. We would give a little bit of 2 a summary as to what question we had asked and what 3 their response had been. 4 Q. As a matter of principle, would you accept that it is 5 important for that information to be given to the 6 applicant so they know what has been said and what 7 case they need to meet, if indeed they wanted to 8 appeal? 9 A. Yes, and if they were to appeal then they would 10 receive that whole bundle of information as part of 11 the appeal documentation pack, but I do accept the 12 principle you've made, yes. 13 Q. The last question that I'm going to ask you is 14 a general one. You were asked in the Rule 9 whether 15 or not you considered that WIBSS achieved its aims. 16 What do you consider the aims of WIBSS to be? 17 A. I think the overarching objective of the WIBSS scheme 18 is to provide a prompt and responsive service to new 19 applications but also then to provide a holistic 20 support service to existing beneficiaries and their 21 families, so that we can offer as much support and 22 that we can, as a team, continue to learn what more we 23 can do to help support them. Q. Is there a document or a source that you can go to

24 Q. Is there a document or a source that you can go to25 where those aims are set out and defined?

176

175

such. No, I don't believe we go as far as that but we

would certainly do more than just say we've contacted

24

25

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#### The Infected Blo

1	A. I think, in the main, the aims set out in the
2	memorandum of understanding were not as neatly
3	described in the round directions.
4	MS SCOTT: Sir, those are the questions that I had.
5	Questions from SIR BRIAN LANGSTAFF
6	SIR BRIAN LANGSTAFF: Thank you. I have three areas of
7	questioning for you. The first is this: it really
8	arises out of what was said in your witness statement.
9 10	We'll perhaps have a look at that, it's [WITN4506001]
10	at page 23 and it's paragraph 113. Can we get that
12	up, Soumik? Page 23, thank you. The question is:
12	"Are these grants/payments [this is about
13	discretionary grants] means tested? If so, why? Are
15	the income brackets publicised? If so, where? If
16	not, why not?"
17	Now, just dealing with discretionary payments,
18	you say in your answer there:
19	"We may ask for income and expenditure
20	information when requesting a grant as part of
21	an overall benefit check."
22	So that's about discretionary grants. You
23	repeated that a moment or two ago in evidence and you
24	described how part of the application form was for
25	people to fill in details of income and expenditure.
	177
1	The accord question really grispe out of you
	The second question really arises out of you
2	can take that down now, Soumik, but could you put back
2 3	
	can take that down now, Soumik, but could you put back
3	can take that down now, Soumik, but could you put back up in its place WIBS0000063.
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3 4 5 6	can take that down now, Soumik, but could you put back up in its place WIBS0000063. Now, this is not a document which is published on the website or is it? A. Yes, it is.
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3 4 5 7 8 9 10 11 12	<ul> <li>can take that down now, Soumik, but could you put back up in its place WIBS0000063. Now, this is not a document which is published on the website or is it?</li> <li>A. Yes, it is.</li> <li>SIR BRIAN LANGSTAFF: It is?</li> <li>A. It is.</li> <li>SIR BRIAN LANGSTAFF: So anyone who's wondering whether they can make a grant, knowing that they are eligible, would look down this list oh, I see, respite care is included, and the respite care would be regarded as</li> </ul>
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lood l	nqu	iry 20 May 2021
1		One of the benefits of not having means testing,
2		or one of the objections to means testing, is or do
3		you agree it is that people should not have to fill
4		in forms which may ask for intrusive, personal,
5		financial details? Would you agree with that?
6	A.	I would agree but the intent, in the circumstances, is
7	л.	to see whether or not the welfare team may be able to
, 8		access additional support, financial support or other,
9		for the beneficiary. So the intent behind it is
10		different, I would argue.
11	SIR	BRIAN LANGSTAFF: Does it say that on the form?
12	A.	It may not do it explicitly, I accept that.
13		BRIAN LANGSTAFF: So what it might say on the form
14	0	might be "Please do not fill this in unless you think
15		that we may be able to help you access other sources
16		of help or unless you want to see the benefits
17		adviser".
18	A.	I accept that point.
19		BRIAN LANGSTAFF: That would avoid the sense of this
20	0.11	is having to hold out the begging bowl and may indeed
21		put some people off applying at all.
22	A.	Yes, I can understand why some may feel that way.
23		BRIAN LANGSTAFF: So, perhaps some consideration might
24		be given to amending that form to remove that
25		particular problem.
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1		just occurred to me when we went to that fairly
2		quickly earlier on, I had missed the fact that respite
3		care was included.
4	A.	Okay.
5	SIR	BRIAN LANGSTAFF: So that was what my question was
6		going to be about. It's my fault, not yours at all,
7		and I was just asking you to agree with the principle
8		that respite care is actually a cost not to the carer
9		in needing to fund a respite period but to the
10		individual who is having to provide for alternative
11		care during that period.
12	A.	Exactly that, yes. And we recognise that sometimes
13		the additional care is required as well, so we do have
14		the additional amount there as well.
15	SIR	BRIAN LANGSTAFF: The third question is really about
16		the publicity in respect of the scheme. There have
17		been a number of new beneficiaries suffering from
18		hepatitis C during the time that WIBSS has been
19		operating. That's obvious because you've dealt with
20		cases where the criteria have or haven't been applied.
21	Α.	Yes.
22	SIR	BRIAN LANGSTAFF: Now, a hepatitis C sufferer would
23		not necessarily be haemophiliac?
24	Α.	I'm sorry, Sir Brian, the Wi-fi cut off there.
25	SIR	BRIAN LANGSTAFF: Somebody suffering from hepatitis C
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		(,,,,,,,,,,

might have had that from a transfusion and not from	1	there's more we can do.
part of treatment for their haemophilia?	2	We also anticipate that we will need to update
A. Yes, yes, that's possible.	3	the leaflet, obviously, in light of the parity
SIR BRIAN LANGSTAFF: They wouldn't necessarily hear of	4	announcement at the end of March, so there will be
WIBSS through the Haemophilia Society or Haemophilia	5	a second bite at it, if you like, I would anticipate,
Wales, and they wouldn't necessarily be alerted to the	6	during the second half of the year.
WIBSS website unless alerted in some other way.	7	SIR BRIAN LANGSTAFF: So that gap, if it is a gap, will be
So you mentioned that there had been a leaflet	8	closed?
sent round to GPs.	9	A. Yes.
A. Yes.	10	SIR BRIAN LANGSTAFF: Thank you very much.
SIR BRIAN LANGSTAFF: How recently was that done?	11	That's all that I have to ask.
A. We did that I think at the start of this calendar	12	MS SCOTT: Mrs Ramsey, is there anything you would like to
year. We'd updated it to take account of the	13	add?
psychology team and the welfare team and we've shared	14	A. I think just some final comments, if I may.
that via the practice managers network, because they	15	I'd like to echo the comments that my colleague
are the ones usually responsible within a practice for	16	Dr Caroline Coffey has put into the Inquiry, and that
disseminating such information.	17	is to acknowledge the resilience of our beneficiaries
SIR BRIAN LANGSTAFF: Did you have any feedback as to the	18	in Wales in their fight to have justice and to have
success of that leafleting campaign in the sense that	19	their voices heard. And as a team we certainly hope
there was suddenly a number of new applications?	20	that the outcome of the Inquiry brings them some
A. Not yet, but I do have at the forefront of my mind the	21	comfort and the answers that they seek.
current pandemic restrictions on GP practices. So	22	I'd also want to put on record my thanks to the
it's something that we've agreed we will revisit with	23	team as a whole. They are a dynamic bunch and they
the practice manager network in sort of, like, the	24	work very well off each other and are always really
course of the year really, to see whether or not	25	rooting for what more they can to do provide support
181		182
to the beneficiaries. And to that end, if there are	1	and Investigations at the Department of Health and
any suggestions or ideas that the beneficiaries have,	2	Social Care.
we would really encourage them to get in touch with us	3	SIR BRIAN LANGSTAFF: So 10.00 tomorrow.
and to make us aware of it. And as we have discussed	4	(4.17 pm)
already this afternoon, if there are any other items	5	(Adjourned until 10.00 am the following day)
that come to light during the course of the Inquiry,	6	
if there is an appropriate means that those could be	7	
shared with us, then the sooner we can take those on	8	
board the better.	9	
SIR BRIAN LANGSTAFF: Well, can I thank you very much for	10	
your evidence, despite the challenges of the Wi-fi	11	
later on. You have been very helpful, indeed, and I'm	12	
sure that those who have been listening will welcome	13	
the invitation at the end to let you know if they	14	
think there's any improvement which can be made in the	15	
scheme which you think is a sensible improvement.	16	
So thank you very much.	17	
A. Thank you.	18	
IS SCOTT: Tomorrow, sir, we start off in the morning with	19	
Mr Brendan Brown, who is the Director of Citizen	20	
Services at the NHS Business Services Authority, and	21	
he's going to talk to us about the English scheme.	22	
Then at 2.30 we have the Secretary of State for	23	
the Department of Health and Social Care, Mr Hancock,	24	
and Mr Vineall, who is the Director of Quality, Safety	25	
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	L		L	L	(73) wanting whilst

(73) wanting... - whilst

vis         vis <th>W</th> <th>WIBS000063 [2]</th> <th>widows [13] 20/20</th> <th>WITN4065004 [1] 43/5</th> <th>85/13 90/16 115/24</th> <th>87/13 89/5 90/25</th>	W	WIBS000063 [2]	widows [13] 20/20	WITN4065004 [1] 43/5	85/13 90/16 115/24	87/13 89/5 90/25
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104/19 106/19 00925         10/11 101/12 3108/12         36/6 3/17.5 37/20         52/14         13/6/1 31/37 3 38/1         36/6/1 31/37 3 38/1           102/21 2012         10/11 101/12 3108/21         38/22 40/15 50/12         52/14         13/6/1 31/37 3 38/1         36/6/1 31/37 3 38/1           12/18 12/23 12/21         10/23 10/11 11/20         50/26 50/22 51/12         17/11 56/60 160/7         13/6/1 13/13 13/1         13/8/1 13/13/1         13/8/1 13/13/1         13/8/1 13/						
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125/61 128/6 128/10         11/20 11/22 11/27         51/21 61/13 /0/9         49/7         168/1 60/23 181/4         14/12 41/20 14/26           1298 1306 130/14         11/30 11/22 11/27         67/25 78/22 97/1 44/5         WTTMS665005 [1]         write [2] 3/22 14/1         44/11 44/12 14/20 14/39           120/11 14/21 11/20 11/27         56/16 56/18 56/23         WTTMS665005 [1]         WTTMS665006 [1]         88/12         44/10 44/14 44/14           120/11 14/21 11/27         56/16 56/18 56/23         WTTMS665006 [1]         77/11         88/12         48/12 41/30 14/31 14/31 14/31         14/30 14/31 14/31 14/31         14/30 14/31 14/31 14/31           120/11 12/21 12/11         120/11 12/11 12/21 12/31         56/16 56/11         WTTMS665006 [1]         Writses [16] 52/13         Writses [16] 52/13         Writses [16] 52/13         Writse [16] 4/14 14/14         56/16 56/11         56/17 56/14         56/17 56						
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133/29       1268       1268       1268       1268       1267       127/12       120/11       100/12       102/13       77/10       97/14       103/13       138/23       40/1       118/7       88/10       156/1       158/14 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>						
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wiho ver [1]       63/1       140/12       130/1       140/12       146/8       166/8       166/8         wihoever [3]       61/2       144/6       144/14       142/2       116/2       135/2       136/2       146/1       146/8       171/2       171/2       136/2       146/1       146/8       171/2 </td <td></td> <td></td> <td></td> <td></td> <td>wrote [3] 69/12 76/5</td> <td></td>					wrote [3] 69/12 76/5	
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3/18 11/21 15/2 15/9       14/9/1 13/02 13/16       14/0/13 14/3/23 14/2/2       3/18 11/21 15/2 15/9       17/10 12/15       17/10 12		146/19 147/8 148/25	135/20 135/21 135/23	witnesses [4] 46/15		169/8 171/2 171/2
17/10 19/19 133/15 150/2 151/79 152/23       14/12 14/12/4 194/15 150/2 151/79 152/23       14/12 14/12/4 194/15 160/2 102/7       12/24 44/2 44/14 42/24 44/2 44/14 48/15 48/16 51/2 51/6       17/9/6 179/14 180/12 180/2 1181/3 181/3         wholy [1] 2/9 whose [4] 20/10 34/10 34/12 55/72       159/7 161/11 159/7 161/11 159/7 161/11       181/23 182/2 182/4 181/23 182/2 182/4       wondering [1] 179/9 words [4] 53/24 114/8       48/15 48/16 51/2 51/6 151/16 51/16 62/15 161/1 71/181/29       181/23 182/2 181/2       181/23 182/2 181/2       181/23 182/2 181/2       181/23 182/2 181/2       181/23 182/2 181/2       181/2 181/2       181/2 12/1 131/2       181/2 12/2 12/2       181/2 12/1 131/2       181/2 146/3 146/1       181/2 146/3 146/1       181/2 146/3 146/1       181/2 146/3 146/1       181/2 14/2						
158/1 176/10 182/23       153/1 915/3 153/7       153/2 1161/2       156/1 66/1 156/16       179/6 179/14 180/12         wholly [1] 24/9       156/1 56/1 156/16       1166/16       116/17       116/17       116/17       116/17       116/17       116/17       116/17       116/17       116/17       116/17       116/17       116/17       116/17       116/17 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>						
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whose [4]         20/10 34/10         159/1 163/1         162/1 163/15         162/1 163/15         163/15						
34/1 2 30/12       168/14 170/15 170/17       window [2] 83/3 97/6       131/4 163/16       73/24 84/24 84/25       73/5 81/23         wind [1] 12/5 14/14       170/20 171/19 172/15       window [2] 83/3 97/6       131/4 163/16       73/24 84/24 84/25       73/5 81/23         32/14 32/21 33/8       173/6 174/5 174/14       170/20 171/19 172/15       window [2] 83/3 97/6       131/4 163/16       73/24 84/24 84/25       73/5 81/23         35/13 39/20 40/6       174/15 176/15 176/16       92/12 160/17       24/11 32/24 37/3       96/20 96/21 146/1       you (8]       you won [1] 140/22         40/19 40/19 40/24       176/17 180/18 181/5       181/7       wishe [1] 51/22       76/3 78/9 79/12 79/19       146/5 181/13 181/25       33/11 53/7 56/20         81/12 57/9 986/5 88/13       with in [1] 41/23       81/15 80/3 249/03 97/12 290/3 97/12 79/19       146/5 181/13 181/25       33/11 53/7 56/20         81/11 11/22 62/20       31/3 31/4 35/5 36/22       107/21 107/23 112/25       year [1] 45/23       you're [1] 1/8 11/25         140/2 141/1 145/4       168/14 154/16       61/20 157/25       43/8 51/10 51/12       120/8 156/16 156/25       19/11 20/11 41/10       17/18 17/23 18/1       43/6 86/13         170/20 170/24 17/16       181/7       81/23 97/6 101/6       162/4 164/2 172/11       70/24 80/10 84/25       138/14 14/25 151/18						
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17/2 23/22 28/23 28/2       173/6 174/5 174/14       173/6 174/5 174/14       173/6 174/5 174/14         32/14 32/21 33/8       33/20 40/6       174/25 176/15 176/16       92/12 160/17       24/11 32/24 37/3       96/20 96/21 146/1       you [481]         35/13 39/20 40/6       176/17 180/18 181/5       181/7       wish [4] 51/22       72/16 73/15 74/15       146/5 181/13 181/5       you [481]       you (16] 28/25 29/2         47/2 47/12 54/19       181/7       wish [2] 51/22       76/3 78/9 79/12 79/19       146/5 181/13 181/5       3/12       3/11 153/7 56/20         65/12 75/9 86/5 88/13       with [2] 2/6 6/21 7/25       8/15 20/3 23/7 24/6       107/21 107/23 112/25       year [1] 4/23       you're [1] 1/8 11/25         4/0/2 141/1 145/4       111/22 62/20       3/13 31/4 35/5 36/22       119/4 119/8 119/10       17/18 17/23 18/1       you're [1] 1/8 11/25         140/2 141/1 145/16       111/2 57/8 99/3       59/19 63/5 66/8 68/9       107/21 107/23 112/25       years [13] 4/6 4/24       you're [11] 1/8 11/25         170/20 170/24 17/4/16       wide nig [1] 57/3       59/19 63/5 66/8 68/9       107/21 107/22 11/2       10/24 80/10 84/25       104/5 136/10 138/17         140/17 16/17 180/18       180/24       138/14 140/25 151/18       160/14 160/14       yes [144] 1/14 2/14       you're [1] 2/15 11/9         17/14 177/16 178/2 <td>why [41] 12/5 14/14</td> <td></td> <td></td> <td></td> <td></td> <td></td>	why [41] 12/5 14/14					
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35/13 39/20 40/6 40/19 40/19 46/24 40/19 40/19 46/24 47/2 47/12 54/19 67/2 47/12 57/8 86/3 88/13 88/17 100/18 130/7 140/2 141/1 145/4 16/15 148/18 167/15 170/20 170/24 17/16 178/22 Wi [6] 154/4 154/10 154/17 166/18 180/24 181/7       176/17 180/18 181/5 181/7 WIBS 0000054 [1] 6/9       indef/1 1 180/12 17/14 17/21 107/23 12/25 8/11 11/2 62/20 8/11 11/2 62/20 62/20 157/25 43/8 51/10 51/12 43/8 51/10 51/12 43/8 51/18 61/15 170/20 170/24 174/16 170/20 170/24 174/16 153/12 Widew [3] 20/18 81/18 153/12 Widew [1] 153/12 Widew [1] 153/12 W						• • •
400 19 40/19 40/19 40/24       181/7       with [22]       76/3 78/9 79/12 79/19       146/5 181/13 181/25       33/11 53/7 56/20         47/2 47/12 54/19       61/24 62/6 62/10 65/9       65/12 75/9 86/5 88/13       with in [1] 41/23       81/15 83/5 84/12       182/6       83/12         88/17 100/18 130/7       126/19 174/10       with in [1] 41/23       81/15 83/5 86/22 90/3 97/2       182/6       year [1] 45/23       you'll [4] 2/23 31/1         88/17 100/18 130/7       wide [8] 2/6 6/21 7/25       81/15 20/3 23/7 24/6       107/21 107/23 112/25       years [13] 4/6 4/24       43/6 86/13         140/2 141/1 145/4       111/2 62/20       31/3 31/4 35/5 36/22       119/4 119/8 119/10       17/18 17/23 18/1       you're [11] 1/8 11/25         16/15 158/17 159/3 159/16       61/2 57/8 99/3       59/19 63/5 66/8 68/9       107/21 107/22       182/24       128/16 153/3       you're [11] 1/8 11/25         17/14 177/16 178/22       widen [1] 57/3       69/2 74/10 77/22       182/24       128/16 153/3       104/5 136/10 138/17         154/17 166/18 180/24       138/14 140/25 151/18       155/7 159/3 159/16       160/8 160/11 160/14       24/24 27/10 28/11       95/23 96/8 96/17         154/17 166/18 180/24       13/3 1/3 18/125       138/11 38/12 50/11       160/19 161/2 161/18       28/17 32/10 33/4       97/15 103/6 136/19 <td< td=""><td>1</td><td></td><td></td><td></td><td></td><td></td></td<>	1					
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65/12 75/9 86/5 88/13       126/19 174/10       within [34] 3/19 7/8       85/15 86/22 90/3 97/2       year [1] 45/23       you'll [4] 2/23 31/1         88/17 100/18 130/7       wide [8] 2/6 6/21 7/25       8/15 20/3 23/7 24/6       107/21 107/23 112/25       years [13] 4/6 4/24       4/6 4/24         140/2 141/1 145/4       62/20 157/25       8/15 51/10 51/12       107/21 107/23 112/25       19/11 20/11 41/10       29/10 41/18 47/6 57/6         170/20 170/24 174/16       62/20 157/25       43/8 51/10 51/12       120/8 156/16 156/25       19/11 20/11 41/10       29/10 41/18 47/6 57/6         170/20 170/24 174/16       widening [1] 57/3       69/2 74/10 77/22       182/24       128/16 153/3       you're [11] 1/8 11/25         171/14 177/16 178/22       widening [1] 57/3       69/2 74/10 77/22       182/24       128/16 153/3       you're [15] 2/15 11/9         154/17 166/18 180/24       93/25       138/14 140/25 151/18       60/11 160/14       24/24 27/10 28/11       32/2 21/2 22/12 22/12       40/14 49/23 94/13         153/12       widow [3] 20/18 81/18       155/7 159/3 159/16       160/19 161/2 161/18       28/17 32/10 33/4       97/15 103/6 136/19         153/12       widow/widower [1]       153/12       widowi [1] 23/18       38/11 38/12 50/11       162/10 162/12 162/7       34/15 39/12 42/10       161/7 167/16 176/12 <t< td=""><td></td><td>WIBSS's [3] 117/4</td><td></td><td>81/15 83/5 84/12</td><td></td><td>83/12</td></t<>		WIBSS's [3] 117/4		81/15 83/5 84/12		83/12
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140/2 141/1 145/4       8/11 11/22 62/20       31/3 31/4 35/5 36/22       119/4 119/8 119/10       17/18 17/25 16/1       you're [1] 1/8 17/25         140/2 141/1 145/4       146/15 148/18 167/15       62/20 157/25       43/8 51/10 51/12       120/8 156/16 156/25       19/11 20/11 41/10       29/10 41/18 47/6 57/6         170/20 170/24 174/16       idening [1] 57/3       69/2 74/10 77/22       182/24       128/16 153/3       29/10 41/18 47/6 57/6         Wi [6] 154/4 154/10       155/7 166/14       69/2 74/10 77/22       is 7/23 97/6 101/6       worked [1] 84/8       yes [144] 1/14 2/14       you're [15] 2/15 11/9         93/25       138/14 140/25 151/18       87/23 97/6 101/6       worked [1] 84/8       yes [144] 1/14 2/14       you're [15] 2/15 11/9         93/25       138/14 140/25 151/18       160/11 160/14       24/24 27/10 28/11       95/23 96/8 96/17         93/25       138/14 140/25 151/18       155/7 159/3 159/16       160/19 161/2 161/18       28/17 32/10 33/4       97/15 103/6 136/19         154/17 166/18 180/24       153/12       widow/widower [1]       153/12       159/20 181/16       160/19 161/2 162/7       34/15 39/12 42/10       161/7 167/16 176/12         129/23       widowers [2] 34/24       Y17 33/17       76/22 89/10 173/19       Yet 10 12/15 162/21       42/16 46/21 50/11       14/25 16/8 24/15		wide [8] 2/6 6/21 7/25		107/21 107/23 112/25		43/6 86/13
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170/20 170/24 174/16       Widen [2] 57/8 99/3       59/19 63/5 66/8 68/9       162/4 164/2 172/11       70/24 80/10 84/25       104/5 136/10 138/17         170/20 170/24 174/16       idening [1] 57/3       69/2 74/10 77/22       182/24       128/16 153/3       142/3 163/5         Wi [6] 154/4 154/10       ising [1] 57/3       87/23 97/6 101/6       worked [1] 84/8       yes [144] 1/14 2/14       142/3 163/5         Wi [6] 154/4 154/10       155/11 66/14       110/1 111/23 111/24       worked [1] 84/8       yes [144] 1/14 2/14       40/14 49/23 94/13         93/25       138/14 140/25 151/18       160/8 160/11 160/14       24/24 27/10 28/11       95/23 96/8 96/17         93/25       138/14 140/25 151/18       155/7 159/3 159/16       160/9 161/2 161/18       28/17 32/10 33/4       97/15 103/6 136/19         154/17 166/18 180/24       153/12       159/20 181/16       161/20 162/21 162/7       34/15 39/12 42/10       161/7 167/16 176/12         183/11       153/12       without [7] 32/18       162/10 162/15 162/21       42/16 46/21 50/11       180/19         129/23       wilbs0000054 [1] 6/9       153/12       76/22 89/10 173/19       161/13       59/6 61/24 62/12       4/22 6/6 6/14 8/4         WIBS0000054 [1] 6/9       55/6       24/17 33/17       58/8 59/22 78/23       76/19 79/25 80/18       11/10 11/12 12/11						
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154/17 166/18 180/24 183/11       44/19 55/11 66/14 93/25       110/1 111/23 111/24 138/14 140/25 151/18 138/14 140/25 151/18 138/14 140/25 151/18 155/7 159/3 159/16 153/12       Worker [13] 155/20 160/8 160/11 160/14 24/24 27/10 28/11 25/20 181/16       5/2 2/12 22/12 22/12 22/12 24/17 33/17       40/14 49/23 94/13 95/23 96/8 96/17         Wi-fi [6] 154/4 154/10 154/17 166/18 180/24 183/11       widow [3] 20/18 81/18 155/7 159/3 159/16       155/7 159/3 159/16 159/20 181/16       160/19 161/2 161/18 161/20 162/2 162/7       28/17 32/10 33/4 34/15 39/12 42/10       97/15 103/6 136/19 161/7 167/16 176/12         WiBS000002 [1] 129/23       153/12 widower [1] 153/12 widowers [2] 34/24       without [7] 32/18 38/11 38/12 50/11 76/22 89/10 173/19       162/10 162/15 162/21 161/13       42/16 46/21 50/11 59/6 61/24 62/12       your [100] 1/12 1/17 4/22 6/6 6/14 8/4         WIBS0000054 [1] 6/9       widowers [2] 34/24 55/6       Yult N4065002 [2] 24/17 33/17       working [8] 13/15 58/8 59/22 78/23       68/22 72/22 73/4 75/7 76/19 79/25 80/18       11/10 11/12 12/11 14/25 16/8 24/15						
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Wi-fr [6]         154/4         154/17         161/2         153/12         159/20         181/16         161/2         162/21         162/21         162/21         42/16         46/21         50/11         180/19         your [100]         1/12         1/17         161/7         167/16         176/12         180/19         your [100]         1/12         1/17         161/2         1/17         161/2         1/17         161/2         1/17         161/17         167/16         176/12         180/19         your [100]         1/12         1/17         1/12         1/17         1/12         1/17         1/12         1/17         1/12         1/17         1/12         1/17         1/12         1/17         1/12         1/17         1/12         1/17         1/12         1/17         1/12         1/17         1/12         1/17         1/12         1/17         1/12         1/17         1/12         1/17         1/12         1/17         1/12         1/12         1/17         1/12         1/17         1/12         1/17         1/12         1/11         1/12         1/17         1/12         1/17         1/12         1/11         1/12         1/17         1/11         1/11         1/12         1/17         1/						
154/17       166/18       180/24         183/11       widow/widower [1]       153/12       without [7]       32/18       162/10       162/15       162/21       42/16       46/21       50/11       180/19         WIBS000002 [1]       153/12       38/11       38/11       38/12       50/11       51/21       56/6       61/24       62/12       42/16       46/21       50/11       4/22       6/6       6/14       8/4         129/23       widowers [2]       34/24       76/22       89/10       173/19       161/13       59/6       61/24       62/12       4/22       6/6       6/14       8/4         WIBS0000054 [1]       6/9       55/6       24/17       33/17       58/8       59/22       78/23       76/19       79/25       80/18       11/10       11/12       12/11         4/25       16/8       24/17       33/17       58/8       59/22       78/23       76/19       79/25       80/18       11/10       14/25       16/8       24/15	Wi-fi [6] 154/4 154/10					
163/11       153/12       38/11 38/12 50/11       workers [2] 157/17       51/21 56/19 58/23       your [100] 1/12 1/17         129/23       widowers [1] 153/12       38/11 38/12 50/11       76/22 89/10 173/19       161/13       59/6 61/24 62/12       4/22 6/6 6/14 8/4         WIBS0000054 [1] 6/9       55/6       24/17 33/17       58/8 59/22 78/23       76/19 79/25 80/18       11/10 11/12 12/11						
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