



T: 0300 244 4000
E: scottish.ministers@gov.scot

The Rt. Hon Theresa May MP
Prime Minister
10 Downing Street
London
SW1A 2AA

27th October 2017

Dear Prime Minister,

I am writing regarding the planned UK-wide Inquiry into the tragic events which led to many people becoming infected with hepatitis C and/or HIV as a result of receiving either blood products or a blood transfusion.

I have already had some correspondence and telephone discussions with Department of Health Ministers regarding the Inquiry. However, given that the consultation period with those affected has now ended and you will soon be making announcements regarding your plans for the Inquiry, I would like to set out the Scottish Government's position regarding the handling of the Inquiry. I have consulted Haemophilia Scotland and the Scottish Infected Blood Forum in developing the Scottish Government's position; they in turn have consulted their members.

Firstly, as is supported by the great majority of stakeholders and those affected, I believe the Inquiry should be a statutory inquiry under the Inquiries Act 2005. A statutory inquiry will allow for witnesses to be compelled to appear or provide documents.

Secondly, the Inquiry should be led by a panel, rather than a single chair. As well as hopefully allowing the Inquiry to conduct its work more quickly, a panel would also help ensure resilience in the event of illness or any other unforeseen circumstances meaning one of the panel members requires a period of absence. While I recognise that there are arguments for and against having a chair with a legal background, the most important priority is that the chair can elicit trust and credibility amongst all those involved with the Inquiry.

Thirdly, I would hope you would agree that the panel should have a say on the terms of reference of the Inquiry. The panel should take account of the range of views expressed by stakeholders representing those affected. I appreciate of course that it will be difficult to

agree terms of reference that meet the expectations of all of those affected, particularly given that the broader the inquiry's terms of reference are, the longer it will take. However, it should be possible to be able to agree terms of reference that meet the priorities of the majority of those affected in examining all of the key events that led to this tragedy and how patients were diagnosed and cared for in the initial period following their infection. It would be helpful to get clarity as soon as possible regarding what the process for setting the terms of reference will be and how the Scottish Government can be involved early on in that process.

As I have already raised with the Secretary of State for Health, in terms of meeting most stakeholders' objectives of avoiding the inquiry becoming too lengthy, the Scottish Government believes the UK Inquiry should not duplicate the work of the Penrose Inquiry, particularly in relation to consideration of what happened in Scotland. If it is agreed that the Inquiry will be statutory, the Scottish Government would of course be happy to work with the National Records of Scotland (NRS) to supply all the records NRS holds from the Penrose Inquiry. There is a very detailed set of records, which will cover the key decisions made, including many that were taken on a UK-wide basis and so will be relevant to the UK Inquiry.

Fourthly, the Scottish Government would expect that we and the other UK administrations should each be designated as a core participant in the Inquiry, with legal representation. We also feel that key stakeholder representative organisations, such as Haemophilia Scotland and the Scottish Infected Blood Forum, should also be core participants.

Finally, while I appreciate that it is vital to find the right panel members with appropriate experience and credibility, I would urge you to move forward as quickly as possible in getting the Inquiry up and running. This will be important in ensuring that stakeholders feel that progress is being made. The Scottish Government would of course be happy to assist it in any way we can with the Inquiry to help it to progress.

I am copying this letter to Jackie Doyle-Price MP, Parliamentary Under Secretary of State at the Department of Health, to Bill Wright, Chair of Haemophilia Scotland, and to John Rice, Convenor of the Scottish Infected Blood Forum.

Yours sincerely,
Shona Robison

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