



Fleetbank House
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2 July 2018

Infected Blood Inquiry

The terms of reference for the Infected Blood Inquiry are now in place. You may be wondering what the Inquiry's next steps will be. I am writing this letter to let you know.

I am grateful to everyone who contributed to the public consultation about the terms of reference. I received several hundred responses: this was very valuable. The Cabinet Office Minister has now set out the terms of reference in a statement to Parliament, as required by the Inquiries Act 2005.

I believe that these terms of reference will enable a thorough and wide-ranging inquiry into the key concerns identified during the consultation process. I have attached a copy of the terms of reference and you can find a summary of the consultation responses on the Inquiry website www.infectedbloodinquiry.org.uk. If you would find it easier to receive a paper copy, please call the freephone number 0808 169 1377.

The next stage of the Inquiry's work will be the **gathering of evidence**. The Inquiry will be asking Government, the NHS and many other organisations who hold relevant documents to disclose them to the Inquiry. We have the power, under the Inquiries Act, to compel the disclosure of such documents.

The experiences of those of you who have been infected and affected are a very important part of the evidence for the Inquiry. You should feel under no

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obligation to share your experience but I anticipate that many of you will want to do this. I have attached a form that you can use to register your interest. If you or someone you know requires assistance completing the application form, please contact the Inquiry at contact@infectedbloodinquiry.org.uk or the freephone number 0808 169 1377 and a member of the Inquiry team will be pleased to help.

There will be a very large amount of evidence. It will take time to collect it, and more time to review it. But you should know that it is important to take time, now, to gather in and review the evidence before the public oral hearings begin. Time spent now will save time later, and the care taken over this stage of the process will help to ensure the quickest inquiry consistent with proper thoroughness.

The Inquiry will consider at an early stage who will be **core participants**. Core participants will be able to see evidence which is relevant to more than their own case. They can also suggest lines of investigation or questioning which they consider should be pursued by the Inquiry and make opening or closing statements to it. It is important to emphasise that individuals with relevant evidence to provide do not have to become core participants since an individual can give evidence to the Inquiry without taking on the responsibility of being a core participant. Further details will be published on the Inquiry's website.

When we start the **public hearings**, I will want to hear first from people who have been infected and affected because their experiences must shape the whole Inquiry. The way the public hearings will be structured, and which witnesses should give oral evidence, will be considered with the assistance of core participants once the evidence gathering is underway. Some of the hearings will be in the North of England, Wales, Scotland and Northern Ireland to make it easier for people to get to a hearing.

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I am sure that you recognise that it will not be practical to consider in detail the case of every individual who was infected or affected. To do so would mean the Inquiry would last for many years and would need to receive and disclose very large amounts of sensitive medical information. It will not be necessary to undertake such a comprehensive analysis of individual cases in order to fulfil the terms of reference and provide much needed answers.

Some of the responses to the consultation wanted to know how the Inquiry would draw on the **expertise** it needs and whether other panel members would be appointed. Views were expressed both for and against the appointment of additional members. It may therefore be helpful to set out the Inquiry's thinking. Two themes emerged clearly from the consultation: first, that many were concerned that the Inquiry should report quickly. Second is a strong suspicion that Government, officials, public organisations and the medical profession have tried to cover up what has gone on, have knowingly failed to share information about life-threatening infections, and have failed to support the people affected and their families.

Timing, transparency and openness are therefore key. Selecting a small number of experts with their own particular views to sit on the panel would not do justice to the complexity of this Inquiry. Their input would be given privately and not be subject to challenge by participants, or for that matter by other experts who think differently. And an Inquiry panel must all hear the evidence together to satisfy natural justice – no jury can consist of two parts, each of which hears only half the evidence – and so having panel members would not allow the work of the Inquiry to be pursued in parallel tracks, and indeed experience indicates that having panel members lengthens an inquiry.

A better solution than appointing panel members for this particularly complex inquiry is open to us. To help get to the truth of what has happened in the most transparent way possible, I will be appointing groups of experts covering all the relevant fields, including ethical, clinical, psychosocial, statistical and

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public administration. The questions that the groups of experts consider will be informed by your experiences. Their reports will, as evidence, be fully open, accessible and transparent. Where there are disagreements among the experts, these will be tested, explored and challenged openly in the public hearings. This means that everyone will be able to see what expert input is given to me. If you wish, you can nominate experts for my consideration and propose questions to the groups of experts through the Inquiry team.

I know that many of you will be anxious to know how long the Inquiry will take to complete its work. Some who responded to the consultation have, understandably, urged that the Inquiry complete its work as quickly as possible. Others, equally understandably, want this Inquiry to be as thorough as possible. I recognise the need to achieve a proper balance between the desirability of speed and the need for thoroughness. I cannot at this stage give any definite indication of likely timescales, but the work of the Inquiry will be done both quickly **and** thoroughly.

You will be able to follow the progress of the Inquiry, including the gathering of evidence, the work of the groups of experts and the public hearings through the regular updates that my team will be providing throughout the Inquiry in a variety of formats. These will include regular meetings across the UK where you will be able to hear about what the Inquiry is working on and talk directly with the Inquiry team. You can contact the Inquiry team at contact@infectedbloodinquiry.org.uk, freephone 0808 169 1377 and at the address below.

Yours sincerely,

A handwritten signature in black ink that reads "Brian Langstaff". The signature is written in a cursive style and is underlined with a single horizontal stroke.

Sir Brian Langstaff

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