Monday, 24 September 2018
(2.00 pm)
Address by the Chair
SIR BRIAN LANGSTAFF: This morning's commemoration has made me reflect, as I suspect it made all of us. I doubt if any of us could call ourselves truly human if we had not been affected, each in our own different ways, by what we have just witnessed.

It is common form for the Chair of an inquiry to welcome people to its first oral open hearing. In one sense, therefore, I do welcome so many of you, well over 500 people, whose lives have all been touched, one way or another, by the subject of this Inquiry.

But, reflecting on this morning, I have to think about what I'm saying. How can I both have humanity and welcome the fact that any of you is here at all to take part in an inquiry.

I had rather that none of you had any need to be. That there had been not been what has been described since as "a catastrophe", that was from a campaigner, Sue; "a tragedy", that was Lord Archer of Sandwell, and has recently been repeated by our own Prime Minister.

"The worst treatment disaster in the history of the NHS", Lord Winston, and even as early as 1975 was labelled a "bloody scandal" by at least one doctor in

the New Scientist.

The numbers here today pay silent testimony to the shear scale of the tragedy. It's a truly sobering thought that if some claims are well-founded -- and it is for this Inquiry to find out if they are -- there may yet be many thousands more who do not feel well, but have not yet been told that the reason for this is that they suffer from hepatitis C. Far better there were none, or if there had to be some, then few, than that there should be so many.

I should mention in passing that estimates proposed by some sources go well beyond the 25,000 or so that was referred in the Victoria Derbyshire programme last week, and there is a real chance that those estimates may prove right. It is a sobering thought that the consequences of what happened then may be continuing to cause death even now.

Many inquiries are about events which have happened where it is known exactly how many people may have died. Few, if any -- this may be the first -- are where deaths are continuing to happen.

So, you'll understand why I say in that sense I cannot be glad that you are here at all. Though what I do welcome is that by shear numbers you are drawing attention to the importance of this Inquiry. I know,

because you have told me, that some of you who have been infected, or affected by the illness of someone dear to you, have felt that not enough attention has been given in the media to the serious issues to be investigated; the sound of silence, if you like.

So, I can also welcome the fact that both the written and the televisual press are here in numbers to give some of that attention. I hope that as the Inquiry progresses they will do what they do best and report it both fearlessly and fairly.

Also, before I turn to the purposes of these days of preliminary hearings, I'd like to say a thank you, a thank you that is to all of you who spoke to me during the consultation period, who helped to shape the terms of reference. In your different ways, from your different backgrounds, from your different perspectives and with stories to tell which were all individual. You have already taught me a lot, a lot I had not previously appreciated, and I hope that you will continue to do just that.

Whether the Inquiry succeeds in answering its terms of reference depends very much on you. I know because a woman who lost her son specifically asked a member of the Inquiry staff last week to remind me of it, that for some the very fact of the Inquiry will reopen old

wounds, which makes it all the more difficult to bring themselves to play a part and yet they nonetheless wish to do so. I recognise that bravery, which makes their contributions all the more valuable.

What is the purpose of the preliminary hearings over these next three days?

As the word "preliminary" suggests, the inquiry is not taking evidence. It is not hearing the stories of those who want to tell them during the two and a half days to follow. So, what is the purpose?

Just as I have already learned a lot by listening and thinking about some of the accounts given to me during the consultation period, I am here to listen. I want to know in particular two things from the core participants.

First, to know what aspect of the terms of reference each wishes to emphasise and concentrate on and, secondly, how they can best help to shape the Inquiry's procedures, to address the mammoth task which it has set itself.

So, that's its purpose. I want to listen to what you have to say rather than to express any view which I may have. Indeed, how could I have an answer to any of the terms of reference without first considering all the evidence? And we're still very much in the early

1 stages of gathering it, even though there has been quite
2 a lot received so far.
3 Counsel to the Inquiry, Jenni Richards,
4 Queen's Counsel, will have more to say about that in
5 a few minutes time. She'll tell you a lot of the detail
6 of what has happened, what is being done at the moment,
7 what is yet to be done and what you can expect to
8 happen.
9 I am happy for now to leave that detail to her.
10 I do want to say something about the way I intend
11 this Inquiry to be conducted. I am determined that the
12 process of this Inquiry should be governed by principle.
13 With an inquiry of this magnitude, the principles that
14 will need to guide it have to be very clear, so let me
15 tell you what they are.
16 The first is that I want to put people at the heart
17 of this Inquiry. Now, that's not just a slogan. I mean
18 it. It has at least -- at least -- three practical
19 consequences. One, the first three months of oral
20 hearings will be taken up by hearing from some of those
21 who have been infected and some of those close to them,
22 parents, family, friends, colleagues, carers who have
23 been affected. The infected and affected first, but
24 also last.
25 At the end of the oral hearings, there will be

1 a further opportunity for some we could not hear in the
2 first few months. So, the infected and affected first
3 and last.
4 Two, the hearings will not be in a courtroom. They
5 won't be here, but they'll not be in a courtroom. This
6 is an Inquiry. It is not a court case. Much as
7 I welcome legal representatives, and I do, it is not
8 a trial, whatever it may lead to later.
9 It is not run for the benefit of lawyers, but for
10 people who are involved. So, the hearing room will be
11 designed so that there won't be ranks of lawyers in the
12 front row, obscuring the view of the public, who need to
13 hear, the people who have been infected, affected, those
14 concerned, those touched by the Inquiry. My aim is to
15 have lawyers to one side, press to the other and members
16 of the public in front of the witness, who will take
17 centre stage, as the witness should. The judge won't.
18 There isn't a judge. It is an Inquiry.
19 Three, the Inquiry recognises how difficult it is
20 for some to relive matters they would want to put behind
21 them. It may be traumatic, so we intend to have
22 a counselling service, a support service available for
23 those who want it and to do our best in how we proceed,
24 to be sensitive to the way in which individuals are
25 feeling.

1 Putting people at the heart of this Inquiry also
2 leads to the next three principles. The longer the
3 Inquiry takes, the more will not live to see its
4 consequences, the longer some may suffer the significant
5 anxieties of waiting for its conclusions.
6 Let me tell you, when we were consulting about the
7 terms of reference, I confess that the Inquiry made
8 something of a mistake. It asked what the time period
9 was that the Inquiry should cover. What it meant was
10 should it be the time period between 1974 to 1990, 1981
11 to 1984, 1981 thereafter, whatever the years might have
12 been, but the question as put was a bit clumsy and
13 unclear. A large number of respondents understood it to
14 be meaning: how long should the Inquiry itself last?
15 There was a strong view, for reasons which are sadly
16 obvious, that it should be quick. Now, putting people
17 at the heart of the Inquiry, whether those people seek
18 to attribute blame or seek to evade it, or simply want
19 answers, means listening to what's being said. The
20 question may have been badly drafted, but the answer
21 coming back was clear about the time the Inquiry should
22 last. It was there to be heard and it was.
23 It has led to the principle that the Inquiry should
24 be as fast as reasonable thoroughness will permit.
25 Putting people at the heart of the Inquiry must

1 recognise that people have different perspectives to
2 bring to the Inquiry. You saw some of them this
3 morning, reflected in what those who were recorded were
4 saying to you. The perspectives go wider than that. It
5 cannot just be a favoured few or even a favoured many
6 who are at its heart. Those who wish to attribute
7 blame, those seeking to escape blame, those who wish
8 neither, but just seek to understand what happened and
9 why it happened, or to explain their actions, why they
10 did what they did. Those who are haemophiliacs, those
11 who were transfused with infected blood or those who
12 were both. Those who were patients or those who were
13 doctors, all are people, all are entitled to be heard.
14 I'd ask all participants to respect that
15 entitlement. However unpalatable they may find some of
16 the ideas or explanations or accusations or assertions
17 being put forward. The principle is to give proper
18 respect to a person's entitlement to be heard.
19 Putting people at the heart of the Inquiry means,
20 too, that it will hear infected and affected individuals
21 across the country. The Inquiry will not confine itself
22 to London. It is UK wide. It will be UK wide, and it
23 will conduct some of its hearings in Edinburgh, in
24 Belfast, in Cardiff and in the north of England,
25 probably in Leeds.

Epiq Europe Ltd www.epiqglobal.com 8th Floor, 165 Fleet Street
(+44)207 4041400 casemanagers@epiqglobal.com London EC4A 2DY

1 That should enable more people to come in and hear
2 its proceedings first hand, if they should wish. Though
3 there will of course be live streaming too.
4 Those then are the principles by which this inquiry
5 will operate.
6 But let me deal also with this: that I am
7 determined, so far as it is open to me, to ensure that
8 the work which has to be done by representatives to
9 enable those infected and affected to play a meaningful
10 part in the Inquiry will be properly funded. For the
11 heart of the Inquiry properly to beat no less is
12 required.
13 I want this Inquiry to be as open and transparent as
14 it is legally possible to be. There is an allegation of
15 cover up to be investigated so how could the Inquiry
16 itself hide something from you and keep any integrity?
17 You will see the evidence. You will read or hear the
18 evidence which our experts are giving to me. And just
19 look at the range of experts, the range in number of
20 experts who are willing to give their time to help so
21 far. They are true leaders in their fields and there
22 are more yet to be appointed.
23 The documents which the Inquiry sees as relevant
24 will all be available to core participants.
25 I mentioned the allegation of cover-up. You should

1 know that it is not only the law but a central principle
2 of mine that this Inquiry is independent of government.
3 I am willing to seek documents which may not have been
4 seen before. We have already requested a number of
5 documents which we would not have got had this not been
6 a statutory Inquiry. It is willing to hold people to
7 account where appropriate and it will express its views
8 at the end without fear or favour, affection or ill
9 will.
10 The principles. The Inquiry will put people at its
11 heart worldwide. It will be as fast as reasonable
12 thoroughness will. It will pay proper respect to
13 people's entitlements to be heard. It will be as open
14 and transparent as it is legally possible to be. It
15 will be independent of government and frightened of
16 no one in the conclusions it draws.
17 But there is one final principle which I haven't yet
18 mentioned except in passing. It is that the Inquiry
19 will listen to what is being said to it orally or in
20 writing, and it will think about what is being said.
21 It brings me back to these preliminary hearings.
22 I want for the next two days to listen to what you core
23 participants have to tell me is your particular focus
24 from within the terms of reference and to hear how you
25 think you can best help shape the Inquiry's procedures

1 to address the task it has been set. The Inquiry
2 involves after all a collective effort by all
3 participants: by you, by me, by the Inquiry team, by the
4 experts working together.
5 Listening. Well thank you for your part for
6 listening to me now. You have set out the principles
7 and I shall now pass the baton over to counsel to the
8 Inquiry Jenni Richards QC to tell you more of the detail
9 what has been, what is and what is yet to be. And
10 I hope you will listen to her as you have listened to me
11 and thank you again for that.
12 Opening statement by Counsel to the Inquiry
13 MS RICHARDS: Good afternoon. The purpose of my statement
14 today is to provide information about the workings of
15 the Inquiry, in particular to give an update on its work
16 so far and to map out where the Inquiry proposes to go
17 from here. I do not propose at this stage to talk about
18 the events which bring us here, nor could I hope to
19 match the eloquence and power of those whose voices were
20 heard this morning.
21 I want to start by saying a little about the
22 Inquiry's terms of reference. The terms of reference
23 for a public inquiry describe the matters which the
24 Inquiry is permitted to investigate. An inquiry cannot
25 begin considering evidence until its terms of reference

1 are established. That is not a choice for the Inquiry.
2 That is the effect of the Inquiry's Act.
3 This Inquiry's terms of reference were approved by
4 the Minister as the Act requires them to be but they
5 were approved in the form recommended by the Chair with
6 no alterations and they were published on 2 July of this
7 year. They were, as many of you know, and as the Chair
8 has referred to, the product of a public consultation to
9 which many individuals and others contributed. I think
10 I speak for the whole Inquiry team when I say that all
11 those involved in the consultation process found it
12 moving, humbling and enlightening to listen to what was
13 said, and those contributions informed and shaped those
14 terms of reference.
15 Now, the terms of reference have been widely
16 publicised and they appear on the Inquiry's website and
17 I know that many here have read and re-read them.
18 I don't propose to read them out but for the benefit of
19 those listening, those watching elsewhere who are not
20 familiar with the terms of reference, I am just going to
21 set out briefly the six key themes or areas that they
22 cover.
23 Firstly, the terms of reference require us to look
24 at what happened and why. It will involve an
25 examination of the circumstances in which men, women and

1 children treated by the National Health Services in the
2 four parts of the United Kingdom were given infected
3 blood and infected blood products. It will look at what
4 was known about the risks by the medical and scientific
5 community. It will look at issues such as
6 self-sufficiency in blood and blood products.
7 The second area or theme for the terms of reference
8 will seek to establish the scale of what happened, to
9 ascertain as far as practicable the true numbers of
10 people infected in consequence of the use of infected
11 blood products or infected blood and to examine whether
12 people may have been exposed to the risk of other
13 viruses.
14 The third theme of the terms of reference are the
15 questions of impact and support. The Inquiry will look
16 at the impact in all respects on those infected and
17 affected, the mental and emotional impact, the physical
18 and medical impact, social, work related, financial, the
19 strain familiar, as we heard this morning, of living
20 lives in secret for many years, and the Inquiry in this
21 part of its work will scrutinise the support that has or
22 has not been made available both in terms of treatment
23 and care and in terms of financial support.
24 The fourth theme of the Inquiry's terms of reference
25 is to explore key ethical issues around consent,

1 communication and information sharing. In that part of
2 the Inquiry's work we will look at matters such as what
3 information was provided to people about the risks,
4 diagnosis and treatment options, how such information
5 was communicated, whether people were treated or tested
6 without their knowledge or consent or for the purposes
7 of research or otherwise.
8 The fifth area of the Inquiry's work will be to look
9 at the response of government, of the National Health
10 Services and others, the medical profession and the
11 like.
12 And the sixth will be to examine whether there has
13 been, as many allege, a cover-up or a lack of candour
14 and openness.
15 Those are by way of broad outline the areas which
16 the Inquiry is investigating. The Inquiry is empowered
17 by its term of reference to look at individual
18 responsibilities as well as organisational and systemic
19 responsibilities to look at whether there are lessons
20 which can be learnt for the future and to make
21 recommendations.
22 The terms of reference have been crafted in broad
23 but comprehensive terms to allow the Inquiry to pursue
24 the lines of investigation identified by so many of you
25 in responding to the consultation.

1 In due course we will set out and publish, as is the
2 practice for public statutory inquiries, a more in-depth
3 and detailed risk of list of the specific issues on
4 which the Inquiry is focusing within each of the terms
5 of reference. That list will be informed by what we
6 hear over the next two days about the priorities of core
7 participants and when published it will remain a living
8 and evolving document. We expect the core participants
9 and others will have plenty of suggestions to make by
10 way of additions to that list of issues and that the
11 Inquiry itself will continue to identify new lines of
12 investigation as it analyses the evidence which it
13 receives.
14 Before I describe some of the steps which the
15 Inquiry has taken since its formal establishment on
16 2 July of this year, I want to say a few words about
17 scale. The Inquiry does not underestimate the scale of
18 the task which it faces. It recognises that this is an
19 immense undertaking which will require an enormous
20 amount of work.
21 It is immense because of the breadth of the issues
22 which are encompassed within the terms of reference. It
23 is immense because of the periods of time which are
24 under investigation. This Inquiry is looking not at
25 events which unfolded over minutes, days, weeks or even

1 months but at actions and inaction, conduct,
2 decision-making, policy-making over decades.
3 Indeed, whilst the terms of reference take 1970
4 onwards as their particular focus, the Inquiry is
5 already asking for and looking at material dating back
6 to the inception of the National Health Service in 1948.
7 The scale of the task is immense too because of the
8 volume of material, documentary material which the
9 Inquiry is likely to receive and which will run, no
10 doubt, to hundreds of thousands of documents. And most
11 importantly, the scale of the task is immense because of
12 the sheer numbers of people already known to have been
13 infected and affected, the thousands of lives lost or
14 irrevocably damaged or overshadowed by what has
15 happened.
16 Since the Inquiry was formally established on
17 2 July, one of its earliest tasks has been the
18 determination of applications for core participants
19 status. This Inquiry has to the best of our knowledge
20 the largest number of core participants of any public
21 Inquiry. There are currently 1,288 core participants of
22 which the vast majority are infected and affected
23 individuals, 1,272.
24 Those core participants will have a significant role
25 to play in shaping the work of the Inquiry. But we

Epiq Europe Ltd www.epiqglobal.com 8th Floor, 165 Fleet Street
(+44)207 4041400 casemanagers@epiqglobal.com London EC4A 2DY

1 recognise of course that there are many infected and
2 affected individuals who are not core participants and
3 it is very important for us to emphasise that this does
4 not mean that their evidence is of any lesser value to
5 the Inquiry.
6 In addition to the individuals there are currently
7 eight charities or campaigning organisations who are
8 core participants. The Scottish Infected Blood Forum,
9 Haemophilia Scotland, Haemophilia Northern Ireland,
10 Haemophilia Wales, The Haemophilia Society, the UK
11 Thalassemia Society, the Hepatitis C Trust and
12 Factor VIII. We anticipate that there are likely to be
13 further applications by other campaigning organisations
14 and charities.
15 Three government departments are core participants:
16 The Department of Health and Social Care for England,
17 The Department of Health for Northern Ireland and The
18 Health and Social Services Group of the Welsh
19 Government. You will hear briefly statements on behalf
20 of each of those on Wednesday.
21 You will notice that I have not mentioned the
22 Scottish Government's Department of Health. The
23 Scottish Government's Department of Health and Social
24 Care Directorate is not currently a core participant,
25 and I should, for the benefit of the many affected and

1 infected individuals from Scotland who are participating
2 in this Inquiry, explain why we understand that to be
3 the case.
4 We understand that the Scottish Government's current
5 position is that it will not apply to be a core
6 participant because it considers that the Inquiry should
7 not, insofar as Scotland is concerned, revisit issues
8 already considered by the Penrose Inquiry. That is not
9 the view of this Inquiry. Nor does it accurately
10 reflect the terms of reference which were the subject of
11 extensive consultation including in Scotland.
12 Whilst this Inquiry will of course avoid unnecessary
13 duplication of work done by the Penrose Inquiry, the
14 terms of reference which it must deliver clearly applies
15 as much to Scotland as it does to Northern Ireland,
16 Wales and England.
17 It is a matter of regret to the Inquiry that the
18 Scottish Government has taken this position but we can
19 assure all concerned that this does not affect the
20 Inquiry's powers vis à vis the Scottish Government at
21 all.
22 The Inquiry can and will, and indeed already has,
23 exercised its powers under the Inquiry rules to request
24 the Scottish Government to provide the documents and
25 other information which the Inquiry requires, whether or

1 not it becomes a core participant. Likewise, the Chair
2 can, and if necessary will, exercise his power under
3 section 21 of the Inquiries Act to order the production
4 of documents and material irrespective of core
5 participant status.
6 I should in fairness add that in any event we have
7 no reason to believe that the Scottish Government will
8 not voluntarily provide that which we ask of it.
9 The four national Blood Transfusion Services are
10 also core participants. NHS Blood and Transplant in
11 England, The Scottish National Blood Transfusion
12 Service, the Welsh Blood Service and the Northern
13 Ireland Blood Transfusion Service and the Regional
14 Health and Social Care Board for Northern Ireland, which
15 was the successor body to the board responsible for
16 Northern Ireland's Blood Transfusion Service until 1994.
17 It is, we think, very likely that the numbers of
18 core participants will continue to grow. In particular
19 we are giving careful consideration as to how best to
20 ensure the participation in the Inquiry of other NHS
21 bodies such as the trusts and boards responsible for the
22 many haemophilia centres across the United Kingdom, the
23 conduct and decisions of whose former employees will be
24 a central part of the Inquiry's work.
25 The Inquiry's investigative work has begun in

1 earnest but there is very much more to do. There have
2 been two principal focuses for the Inquiry's
3 investigative work so far. Firstly, obtaining witness
4 statements from infected and affected people and
5 secondly, seeking the disclosure of relevant documents
6 from governmental and public bodies and other relevant
7 sources.
8 I shall deal with each in turn.
9 Gathering witness statements from the individuals
10 who are infected or affected is a priority for the
11 Inquiry's work for two reasons. Firstly, the poor and
12 deteriorating health of a number of them means we want
13 to receive as many witness statements early in the
14 Inquiry as we can. Secondly, as the Chair has
15 explained, the experiences of infected and affected
16 people, the accounts they have to give lie at the heart
17 of this Inquiry.
18 On 2 July immediately upon being set up the Inquiry
19 invited people who were infected or affected in
20 consequence of infected blood products or blood to
21 complete a short form telling the Inquiry whether, and
22 if so, how they would like to give evidence.
23 We received over 1,300 such forms and since then
24 many further individuals have come forward and we expect
25 currently in the region of about 2,200-odd statements

1 from infected or affected people over the coming months.
2 The Inquiry has begun the process of obtaining
3 witness statements. So far in terms of the Inquiry's
4 own work is concerned, it has identified around 650
5 individuals from whom the Inquiry team itself will be
6 taking statements. You do not need legal representation
7 in order to provide evidence to the Inquiry and
8 individuals who feel able to can draft their own
9 statements or we, the Inquiry will assist with the
10 preparation of the statement for everyone who wants to
11 help. But for the many individuals who are legally
12 represented we will be asking their legal
13 representatives to obtain those statements and we will
14 be funding the costs of so doing.
15 This is a process that will continue over the coming
16 months.
17 The focus of these statements will be the individual
18 personal experiences of those who were infected and the
19 individual personal experiences of their families and
20 loved ones. We understand that it will not be an easy
21 task, that a number of those who will be giving
22 statements are in poor health and that they are being
23 asked to tell us about highly personal and distressing
24 matters.
25 I should also make clear that before any witness

1 statement is disclosed i.e. made available to core
2 participants or is published on the Inquiry's website
3 individuals who are infected or affected will be able to
4 ask the Inquiry not to disclose or publish their name or
5 not to disclose or publish particular information within
6 their statement. And where a witness who is infected or
7 affected requests anonymity, it is likely that the Chair
8 will grant that request in light of the fact that so
9 many of these statements will contain highly sensitive
10 and personal medical information.
11 There is a lot more information about this process
12 published on the Inquiry's website in its statements of
13 approach.
14 The Inquiry has asked and obtained the agreement of
15 the heads of the health service in England, Northern
16 Ireland, Scotland and Wales to waive the fees that might
17 otherwise be charged for accessing and copying patients'
18 medical records. The practical effect of that is that
19 you should be able to obtain your medical records
20 without any payment. There is available on the
21 Inquiry's website guidance as to how to go about
22 obtaining your medical records or those of a deceased
23 family member and copies of the request forms that
24 families can use.
25 We also know that there are significant numbers of

1 individuals who in addition to being able to provide
2 their own personal account have through years of
3 campaigning and diligent research built up a substantial
4 amount of wider knowledge and information. The Inquiry
5 team is keen to work with those individuals so as to
6 make the best use of the information and knowledge which
7 they have acquired.
8 For those who very understandably do not feel able
9 to provide a detailed statement, there is an additional
10 alternative option of providing an account to
11 a rapporteur, a trained professional who will gather
12 together such accounts anomalously in a report to be
13 presented to the Chair.
14 That is the first strand of the Inquiry's
15 investigative work so far.
16 The second strand has been to require the provision
17 to the Inquiry of documents of potential relevance to
18 the terms of reference. I propose to say a few words
19 about the mechanics of that process, first.
20 There are certain processes which the Inquiry has to
21 follow. If the Inquiry wishes a person to produce
22 a document it will send a request, it is a called
23 a Rule 9 request. If that person doesn't comply, the
24 Chair can require the person to produce any documents in
25 their custody or control by making an order under

1 Section 21 of The Inquiries Act.
2 Once documents are provided to the Inquiry, they'll
3 first be assessed by the Inquiry for relevance.
4 Consideration will be given by the Inquiry at that stage
5 as to whether any material that is irrelevant, such as
6 irrelevant personal information, should be redacted.
7 A process of categorising and indexing documents also
8 has to be undertaken, and I am sure you will appreciate
9 that this is a time consuming process that has to be
10 carried out with care and attention to detail.
11 Documents that are assessed as relevant will then be
12 disclosed to core participants. We are ready to
13 disclose to core participants the first batch of 4,864
14 documents, which is over 39,000 pages of material. They
15 will be disclosed to core participants via the Inquiry's
16 document management known as Relativity.
17 The Inquiry has so far made a large number of
18 requests for documentation from a range of sources.
19 I don't propose to go through all those requests in
20 detail, but to give you a flavour of some of the main
21 requests.
22 Requests for documentation have been issued to the
23 Department of Health and Social Care in England. We
24 have asked, amongst other things, for provision of
25 documentation from the HIV Haemophiliac litigation, the

Group Contaminated Blood Products litigation and unredacted copies of documents hosted on the National Archives, including those provided to the Archer Inquiry and Lord Owen's papers. Documents provided by the Department of Health to the Penrose Inquiry and other material.

We have asked the Scottish government to provide all documents and information provided to the Penrose Inquiry, and all documents and information sent to National Records Scotland potentially relevant to the terms of reference. Similar requests have been made to the Welsh and Northern Irish departments.

We have made requests to each of the four blood services and have received a very significant volume of material from NHSBT in England and the Scottish National Blood Transfusion Service.

Requests have gone to all the health trusts and boards across the United Kingdom which are responsible for each of the haemophilia centres, and we are starting to receive documentation from them.

We have received a schedule of information held by the Haemophilia Society and we await provision of those documents.

In terms of the trusts and schemes, we have requested the provision of information and documents

from the chief executive of the MacFarlane Trust and the directors of the other Alliance House organisations and we will be arranging for the inspection of material, which we know they hold.

We have sent requests for disclosure and information for five of the large pharmaceutical companies, and to the medicines and healthcare regulatory agency.

From the police, we have received documents relating to two criminal investigations in Scotland arising out of the treatment of haemophiliacs with blood products. We have sought information from the prisons and probation service about material relating to blood donations by prisoners in the United Kingdom.

The UKHCDO has given the Inquiry unrestricted access to all of its material, physical and electronic. There is a huge repository of material there that we have begun to search through. Indeed, there are repositories of vast amount of documentation in various physical and electronic locations. By way of example of scale, NHSBT holds some 90,000 boxes of materials. Many of those will not be relevant to the work of the Inquiry, but you will understand that it will take us a considerable amount of time and work to identify, analyse and share the material that is relevant.

So far we have received about 100,000 documents. We

expect to receive and to have to analyse many more times that number.

In a letter to the public earlier this year, the Chair said that inquiries go through a number of phases, some of which are highly visible to the public, such as hearing evidence from witnesses or indeed these preliminary hearings, some of which are less so, for example, when working through documentary evidence.

The Chair observed in that letter that it may seem as if nothing is happening, but be assured a huge amount of work will be performed if the Inquiry is to report within a reasonable time, time spent in preparation is critical. Those observation apply with particular force at the present time.

Over the coming months, it may seem to you that little is happening, but we can give our assurance that a huge amount of work will be being undertaken.

Finally, on the issue of disclosure of documents, earlier this month the Chair made a statement on disclosure, which is, I think, important and worth repeating now. In that statement, the Chair reminded all relevant organisations of the commitment made by the government to produce all relevant papers. The minister for the cabinet office having informed Parliament that the Prime Minister had made it clear that the Department

of Health and Social Care, the National Health Service and all branches of government should provide full cooperation.

The Chair emphasised in his statement the expectation the Inquiry has that it will receive the highest level of cooperation from all organisations in responding to requests for documentation and information. The Chair also explained his expectation that all those providing documents and information give careful consideration to waiving legal professional privilege, rather than relying on legal professional privilege to justify withholding material from the Inquiry.

The next part of the Inquiry's work to date has been to gather together the beginnings of the expert groups. The Inquiry recognises the importance of independent expert evidence. It is keen to ensure that all expertise provided to the Inquiry is transparent and subject to scrutiny and is in the process of establishing a series of expert groups comprising individuals with recognised experience in the relevant fields of expertise. We are not aware of this being a course that has been taken in other public inquiries. This will, we believe, be a first for this Inquiry.

The purpose of that expert evidence will be to

Epiq Europe Ltd www.epiqglobal.com 8th Floor, 165 Fleet Street
(+44)207 4041400 casemanagers@epiqglobal.com London EC4A 2DY

1 inform and support the Inquiry's work, to ensure that
2 the Chair's factual conclusions are soundly based and
3 that any recommendations which he makes are supported by
4 the weight of the best expert opinion.
5 Five broad areas of expertise have been identified
6 thus far: firstly, public health and administration;
7 secondly, medical ethics; thirdly, psycho social;
8 fourthly, statistical and, fifthly, clinical. That will
9 cover clinical specialisms of haematology, transfusion
10 medicine, hepatology and virology.
11 In terms of process, we will be inviting core
12 participants to identify broad issues for consideration
13 by the expert groups. We will publish the letters of
14 instruction that we send to the experts. We will share
15 the reports that are produced by the experts with core
16 participants and we will publish them on the Inquiry's
17 website so that all can read their contents.
18 We will also afford the opportunity for core
19 participants to pose additional questions to the expert
20 groups.
21 If there are differences of view or emphasis amongst
22 members of the group on issues relevant to the Inquiry's
23 terms of reference, or where we judge that it will be
24 beneficial or important for expert views to be explored
25 at the hearings, the experts will be invited to give

1 oral evidence.
2 The Inquiry published on its new website, on Friday,
3 information about some of the experts who have been
4 approached so far. Before I list those experts, for the
5 benefit of those who have not already seen what's on the
6 website, I should make it clear that the membership of
7 the expert groups has not been finally determined
8 because we would like to hear from core participants any
9 suggestions they might have.
10 We welcome further suggestions from core
11 participants or, indeed, from others of experts for
12 these groups or if there are additional areas of
13 expertise which you consider would assist the Inquiry.
14 The current members of the groups identified so far,
15 some of whom I know are in attendance today, are as
16 follows: in the field of medical ethics,
17 Richard Ashcroft, professor of biomedical ethics at
18 Queen Mary University, Emma Cave, professor of
19 healthcare law, at Durham University. Melinee Kazarian,
20 lecturer in law at the University of Southampton.
21 Sir Ian Kennedy, QC, founder of the Centre for Medical
22 Law and Ethics, and Julian Savulescu, director of Oxford
23 Centre for Practical Ethics.
24 In the field of public health and administration,
25 David Armstrong, professor of medicine and sociology, at

1 King's College, London. Mary Dixon-Woods, professor of
2 healthcare improvement studies at the University of
3 Cambridge, Anne-Maree Farrell, professor and Chair of
4 health law and society at the Trobe Law School, in
5 Australia. Charles Vincent, professor of psychology at
6 Oxford University, and Kieran Walshe professor of health
7 policy and management at Manchester Business School.
8 In the field of psychosocial impact, the experts
9 identified so far are Dame Lesley Fallowfield, professor
10 of psycho-oncology at Brighton and Sussex Medical School
11 and Dame Theresa Marteau, director of the Behaviour and
12 Health Research Unit at the University of Cambridge.
13 Statistics is the next expert area. There, the
14 members of the group identified so far are Sheila Bird,
15 honorary professor University of Edinburgh. Penny Chan,
16 who was scientific coordinator of the Canadian
17 Krever Inquiry. Daniela De Angelis, deputy director of
18 the Medical Research Council Biostatistics Unit, at the
19 University of Cambridge. Christl Donnelly, professor of
20 applied statistics at Oxford University and statistical
21 epidemiology at Imperial College. Stephen Evans,
22 professor of pharmaco-epidemiology at the London School
23 of Hygiene and Tropical Medicine. Nicholas Jewell,
24 professor of biostatistics and epidemiology at the
25 London School of Hygiene and Tropical Medicine.

1 Graham Medley, professor of infectious disease modelling
2 and director of the Centre for Mathematical Modelling of
3 Infectious Disease at the London School of Hygiene and
4 Tropical Medicine and Sir David Spiegelhalter, president
5 of the Royal Statistical Society.
6 The clinical groups are, at the moment, less fully
7 populated. The Inquiry has sought recommendations from
8 a number of the Royal Colleges and will share those
9 recommendations in due course with core participants.
10 The experts who have so far agreed to join the clinical
11 group are Jane Anderson, Chair of the National AIDS
12 Trust and a past Chair of the British HIV Association,
13 Claire Gerarda, former Chair of the Royal College of
14 General Practitioners and David Goldberg, consultant
15 clinical epidemiology at Health Protection Scotland.
16 It will, I hope, be apparent from that list of those
17 who have been invited to join the expert groups that
18 they are leaders in their field; they are all willing to
19 facilitate the work of the Inquiry and know that what is
20 expected of them is the expression of their own
21 independent views.
22 We look forward to receiving suggestions from core
23 participants of others of additional expertise and
24 I should emphasise that no one should feel under any
25 pressure to identify experts during the course of this

preliminary hearing, they are welcome to provide their suggestions to the Inquiry over the coming weeks.

I turn next to consider the questions of involvement and engagement more generally. In line with the Chair's commitment to transparency and accessibility people will be able to follow the Inquiry's work in a number of ways. The Inquiry website will be a source of information throughout the Inquiry. People can watch hearings live at their convenience, read transcripts of all the hearings, read witness statements and expert reports, check the Inquiry's statements of approach, which explains its ways of working, and check important practicalities such as how to claim expenses. The Inquiry team knows that not everyone likes websites, so they are also communicating with people by email, phone, letter and in person.

Over the summer, the Inquiry team held a number of engagement meetings in Belfast, Birmingham, Bristol, Cardiff, Glasgow, Leeds, Liverpool, Manchester, Newcastle and London, so that people could hear about the terms of reference and the plans for these hearings and talk about the work of the Inquiry. The Inquiry team will be returning to these cities throughout the Inquiry so that people can meet and ask questions of the Inquiry team.

I turn next to the likely organisation of the hearings that will commence in due course. We know that many people have been anxious to know the timescale for the Inquiry's work. There are two particularly important factors that are at the forefront of the Inquiry's planning in this regard.

Firstly, we know that even in the time since a public inquiry was announced a number of those infected have died. We know -- and I can assure you that this is something which the Inquiry team is acutely conscious of -- that more will die before the Inquiry ends. We understand, therefore, that it is important for the Inquiry to undertake its work as quickly as possible.

Secondly, however, we know -- because this is what you have told us -- that many of you consider this to be the last chance to get the answers which you have sought for so long and that the Inquiry must, therefore, be thorough and vigorous. As the Chair has said, therefore, the Inquiry's work will be completed as quickly as reasonable thoroughness permits.

We are able to give our intended start date for the Inquiry's main public hearings. The Inquiry intends to start hearing the evidence from the 30th April 2019. Once it begins, the Inquiry proposes to sit for three

weeks out of four and for up to four days per week.

The structure of the hearings -- and this is our provisional thinking only -- will be as follows: we propose, as the Chair has said, to start by hearing evidence from a range of infected and affected people. The Inquiry wants to hear at first-hand the accounts and experiences of those infected and affected covering different groups across the UK. That evidence will be heard in London, in Edinburgh, in Belfast, in Cardiff and probably in Leeds. We anticipate that this part of the Inquiry's evidence will be heard over the three month period in May, June and July next year.

The next part of the Inquiry's hearings will in all likelihood start again from the beginning of October of next year. The Inquiry's current thinking is that it will at this point start hearing evidence about the key issues set out in the first part of its terms of reference, namely what's happened and why. It's this part of the Inquiry hearings that will look at what was known or ought to have been known about the risks of infection, by government, pharmaceutical companies, licensing authorities, NHS bodies, the medical profession and others.

It is this part of the Inquiry's hearings that will examine how it was that people with haemophilia were

given infected blood products and people requiring transfusion were given infected blood. This part of the Inquiry's hearings will look at the adequacy of the systems in place, the questions of self-sufficiency in England, Wales, Scotland and Northern Ireland, and will also hope, in that part of the Inquiry, to look at the likely numbers infected and the risks of exposure to other diseases.

We cannot say at this stage precisely how long that part of the Inquiry hearings will last, but we anticipate that it is likely to be in the region of something like 5 months' worth of hearings.

The third part of the hearings -- again, this is all provisional -- is to look at treatment, care and support, including financial support and the many concerns that have been expressed about the trusts and schemes, the differences in financial assistance and the justification or absence of justification for those differences.

We would then propose to sit to hear issues relating to consent, communication and information sharing, those key ethical issues that are still highly relevant to modern day medical practice.

We would then propose to look at the response of government and other bodies and to examine forensically

1 the issues of cover up and lack of candour.
2 The penultimate part of the Inquiry's evidence
3 hearings would be to consider recommendations for the
4 future and to hear evidence related to that. Then, the
5 last part of the Inquiry's evidence to be heard would
6 be, as the Chair has said, further accounts from those
7 infected and affected.
8 However, I emphasise that this plan, in particular
9 the sequencing and organisation of issues after the
10 first three months, is very provisional. It is
11 dependent upon two factors in particular.
12 Firstly, the views of core participants and others
13 with an interest in the Inquiry as to how the Inquiry
14 should structure the hearings. You may tell us that you
15 think there are better ways of organising, and
16 structuring and listening to the evidence.
17 Secondly, it is dependent upon the volume of
18 material that we receive, both in terms of documents and
19 witness statements, all of which will require to be
20 processed, analysed and, where relevant, disclosed to
21 core participants sufficiently in advance of any
22 hearings to enable adequate time for consideration.
23 It may be that in light of those matters we will
24 have to make adjustments to this provisional timetable
25 and in particular to the order in which we consider

1 particular aspects of the terms of reference. We are
2 not at present able to give a reliable estimate as to
3 how long this process will take because of the huge
4 amount of material that we are expecting to receive, but
5 our best estimate is that once hearings begin at the end
6 of April next year they will not take less than a year
7 and a quarter.
8 One question that has been raised by many
9 respondents to the consultation process, and indeed was
10 trailed in the media yesterday, is whether the Inquiry
11 is likely to hear from government ministers at relevant
12 times. The answer to that question, we think, is yes.
13 We will in the course of the investigative work expect
14 to obtain witness statements from senior politicians
15 including successive Secretaries of State for Health,
16 from senior civil servants and senior doctors involved
17 in policy setting and decision making. We anticipate
18 that a number of such witnesses will be expected to give
19 oral evidence and thus be questioned publicly for the
20 first time about their decisions and actions. We expect
21 such witnesses will attend to give evidence without
22 compulsion but the Inquiry has no hesitation in using
23 the powers conferred by the Act if so required.
24 I would like to conclude by making two points.
25 Firstly, the inquisitorial not adversarial nature of the

1 Inquiry process. It is the Inquiry's job to investigate
2 impartially and fairly and to report on the matters
3 detailed in the terms of reference. The Inquiry carries
4 out that task of investigation in all the ways that
5 I have been describing, from obtaining and analysing the
6 vast amounts of documentation, from gathering statements
7 from witnesses and we anticipate we will end up with
8 thousands of such statements, and from holding public
9 hearings at which key witnesses will be questioned.
10 It is a very different process from litigation and
11 the roles of those who participate, whether legally
12 represented or not, differs from the roles of litigants.
13 From the Inquiry's perspective there are no parties,
14 sides or cases to prove but a process of independent and
15 forensic investigation and examination.
16 My final point is this: we as an Inquiry team are
17 acutely aware that lives have been devastated and
18 destroyed in consequence of the use of infected blood
19 products and infected blood. This Inquiry cannot
20 reverse or undo what has happened but the Inquiry team
21 will do everything it reasonably can to provide the
22 answers to the questions that have been sought for so
23 long and to fulfil the Inquiry's terms of reference.
24 Thank you.
25 SIR BRIAN LANGSTAFF: Thank you, ladies and gentlemen. That

1 brings the formal proceedings to a close today but you
2 are very welcome to stay for a while and chat to each
3 other. You may want to talk about what you have heard.
4 You may even want to talk to some of the Inquiry team if
5 you wish. You are welcome to do that. Thank you for
6 your attendance. Thank you for listening, and I look
7 forward to seeing you and to begin to hear what the core
8 participants have to say tomorrow.
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

INDEX

Address by the Chair 1
Opening statement by Counsel to the Inquiry 11

Epiq Europe Ltd www.epiqglobal.com 8th Floor, 165 Fleet Street
(+44)207 4041400 casemanagers@epiqglobal.com London EC4A 2DY

A

à 18:20
able 21:8 22:3,19 23:1,8 33:6 34:22 38:2
absence 36:18
access 26:14
accessibility 33:5
accessing 22:17
account 10:7 23:2 23:10
accounts 4:12 20:16 23:12 35:6 37:6
accurately 18:9
accusations 8:16
acquired 23:7
Act 12:2,4 19:3 24:1 38:23
actions 8:9 16:1 38:20
acutely 34:10 39:17
add 19:6
addition 17:6 23:1
additional 23:9 29:19 30:12 32:23
additions 15:10
address 1:3 4:19 11:1 41:2
adequacy 36:3
adequate 37:22
adjustments 37:24
administration 29:6 30:24
advance 37:21
adversarial 38:25
affect 18:19
affection 10:8
afford 29:18
afternoon 11:13
agency 26:7
agreed 32:10
agreement 22:14
AIDS 32:11
aim 6:14
allegation 9:14,25
allege 14:13
Alliance 26:2
allow 14:23
alterations 12:6
alternative 23:10
amount 15:20 23:4 26:18,23 27:10,17 38:4
amounts 39:6
analyse 26:23 27:1
analysed 37:20
analyses 15:12
analysing 39:5
Anderson 32:11
Angelis 31:17
Anne-Maree 31:3
announced 34:8
anomalously 23:12
anonymity 22:7
answer 4:23 7:20 38:12
answering 3:21
answers 7:19 34:17 39:22
anticipate 17:12 35:10 36:11 38:17 39:7
anxieties 7:5
anxious 34:3
apparent 32:16
appear 12:16
applications 16:18 17:13
applied 31:20
applies 18:14
apply 18:5 27:13
appointed 9:22
appreciate 24:8
appreciated 3:19
approach 22:13 33:11
approached 30:4
appropriate 10:7
approved 12:3,5
April 34:24 38:6
Archer 1:21 25:4
Archives 25:3
area 13:7 14:8 31:13
areas 12:21 14:15 29:5 30:12
arising 26:9
Armstrong 30:25
arranging 26:3
ascertain 13:9
Ashcroft 30:17
asked 3:23 7:8 21:23 22:14 24:24 25:7
asking 16:5 21:12
aspect 4:16
aspects 38:1
assertions 8:16
assessed 24:3,11
assist 21:9 30:13
assistance 36:17
Association 32:12
assurance 27:16
assure 18:19 34:9
assured 27:10
attend 38:21
attendance 30:15 40:6
attention 2:25 3:3,8 24:10
attribute 7:18 8:6
Australia 31:5
authorities 35:22
available 6:22 9:24 13:22 22:1,20
avoid 18:12
await 25:22
aware 28:22 39:17

B

back 7:21 10:21 16:5
backgrounds 3:16
badly 7:20
based 29:2
batch 24:13
baton 11:7
beat 9:11
beginning 35:14
beginnings 28:15
begins 34:25
begun 19:25 21:2 26:17
behalf 17:19
Behaviour 31:11
Belfast 8:24 33:18 35:9
believe 19:7 28:24
beneficial 29:24
benefit 6:9 12:18 17:25 30:5
best 3:9 4:18 6:23 10:25 16:19 19:19 23:6 29:4 38:5
better 2:8 37:15
beyond 2:12
biomedical 30:17
biostatistics 31:18 31:24
Bird 31:14
Birmingham 33:18
bit 7:12
blame 7:18 8:7,7
blood 8:11 13:3,3,6 13:6,11,11 17:8 19:9,10,11,12,13 19:16 20:20,20 25:1,13,16 26:10 26:12 36:1,2 39:18,19
bloody 1:25
board 19:14,15
boards 19:21 25:18
bodies 19:21 20:6 35:22 36:25
body 19:15
boxes 26:20
branches 28:2
bravery 4:3
breadth 15:21
BRIAN 1:4 39:25
briefly 12:21 17:19
Brighton 31:10
bring 4:1 8:2 11:18
brings 10:21 40:1
Bristol 33:18
British 32:12
broad 14:15,22 29:5,12
built 23:3
Business 31:7

C

C 2:8 17:11
cabinet 27:24
call 1:6
called 23:22
Cambridge 31:3,12 31:19
campaigner 1:20
campaigning 17:7 17:13 23:3
Canadian 31:16
candour 14:13 37:1
Cardiff 8:24 33:19 35:9
care 13:23 17:16,24 19:14 24:10,23 28:1 36:14
careful 19:19 28:10
carers 5:22
carried 24:10
carries 39:3
case 6:6 18:3
cases 39:14
catastrophe 1:20
categorising 24:7
cause 2:17
Cave 30:18
central 10:1 19:24
centre 6:17 30:21 30:23 32:2
centres 19:22 25:19
certain 23:20
Chair 1:3,9 12:5,7 19:1 20:14 22:7

23:13,24 27:4,9 27:19,21 28:4,8 31:3 32:11,12,13 34:19 35:4 37:6 41:2
Chair's 29:2 33:4
Chan 31:15
chance 2:14 34:17
charged 22:17
charities 17:7,14
Charles 31:5
chat 40:2
check 33:11,12
chief 26:1
children 13:1
choice 12:1
Christl 31:19
circumstances 12:25
cities 33:23
civil 38:16
claim 33:13
claims 2:4
Claire 32:13
clear 5:14 7:21 21:25 27:25 30:6
clearly 18:14
clinical 29:8,9 32:6 32:10,15
close 5:21 40:1
clumsy 7:12
colleagues 5:22
collective 11:2
College 31:1,21 32:13
Colleges 32:8
come 9:1 20:24
coming 7:21 21:1 21:15 27:15 33:2
commemoration 1:4
commence 34:2
commitment 27:22 33:5
common 1:9
communicated 14:5
communicating 33:15
communication 14:1 36:21
community 13:5
companies 26:6 35:21
complete 20:21
completed 34:20
comply 23:23
comprehensive 14:23
comprising 28:20
compulsion 38:22
concentrate 4:17
concerned 6:14 18:7,19 21:4
concerns 36:16
conclude 38:24
conclusions 7:5 10:16 29:2
conduct 8:23 16:1 19:23
conducted 5:11
conferred 38:23
confess 7:7
confine 8:21
conscious 34:11
consent 13:25 14:6 36:21
consequence 13:10 20:20 39:18
consequences 2:16 5:19 7:4
consider 30:13 33:3 34:16 37:3 37:25
considerable 26:22
consideration 19:19 24:4 28:10 29:12 37:22
considered 18:8
considering 4:24
11:25
considers 18:6
consultant 32:14
consultation 3:14 4:13 12:8,11 14:25 18:11 38:9
consulting 7:6
consuming 24:9
contain 22:9
Contaminated 25:1
contents 29:17
continue 3:19 15:11 19:18 21:15
continuing 2:16,21
contributed 12:9
contributions 4:4 12:13
control 23:25
convenience 33:9
cooperation 28:3,6
coordinator 31:16
copies 22:23 25:2
copying 22:17
core 4:14 9:24 10:22 15:6,8 16:18,20,21,24 17:2,8,15,24 18:5 19:1,4,10,18 22:1 24:12,13,15 29:11 29:15,18 30:8,10 32:9,22 37:12,21 40:7
costs 21:14
Council 31:18
counsel 5:3,4 11:7 11:12 41:3
counselling 6:22
country 8:21
course 9:3 15:1 17:1 18:12 28:23 32:9,25 34:2 38:13
court 6:6
courtroom 6:4,5
cover 7:9 9:15
12:22 29:9 37:1
cover-up 9:25 14:13
covering 35:7
crafted 14:22
criminal 26:9
critical 27:13
current 18:4 30:14 35:15
currently 16:21 17:6,24 20:25
custody 23:25

D

damaged 16:14
Dame 31:9,11
Daniela 31:17
date 28:14 34:22
dating 16:5
David 30:25 32:4 32:14
day 36:23
days 3:11 4:6,10 10:22 15:6,25 35:1
De 31:17
deal 9:6 20:8
dear 3:2
death 2:17
deaths 2:20
decades 16:2
deceased 22:22
decision 38:17
decision-making 16:2
decisions 19:23 38:20
deliver 18:14
Department 17:16 17:17,22,23 24:23 25:5 27:25
departments 17:15 25:12
dependent 37:11 37:17
depends 3:22
deputy 31:17
Derbyshire 2:13
describe 11:23 15:14
described 1:19
describing 39:5
designed 6:11
destroyed 39:18
detail 5:5,9 11:8 24:10,20
detailed 15:3 23:9 39:3
deteriorating 20:12
determination 16:18
determined 5:11 9:7 30:7
devastated 39:17
diagnosis 14:4
die 34:11
died 2:19 34:9
differences 29:21 36:17,19
different 1:7 3:15 3:16,16 8:1 35:8 39:10
differs 39:12
difficult 4:1 6:19
diligent 23:3
director 30:22 31:11,17 32:2
Directorate 17:24
directors 26:2
disaster 1:23
disclose 22:4,5 24:13
disclosed 22:1 24:12,15 37:20
disclosure 20:5 26:5 27:18,20
disease 32:1,3
diseases 36:8
distressing 21:23
Dixon-Woods 31:1
doctor 1:25

doctors 8:13 38:16
document 15:8 23:22 24:16
documentary 16:8 27:8
documentation 24:18,22,25 25:20 26:18 28:7 39:6
documents 9:23 10:3,5 16:10 18:24 19:4 20:5 23:17,24 24:2,7 24:11,14 25:2,4,8 25:9,23,25 26:8 26:25 27:18 28:9 37:18
doing 21:14
donations 26:13
Donnelly 31:19
doubt 1:5 16:10
draft 21:8
drafted 7:20
drawing 2:24
draws 10:16
due 15:1 32:9 34:2
duplication 18:13
Durham 30:19

E

earlier 27:3,19
earliest 16:17
early 1:24 4:25 20:13
earnest 20:1
easy 21:20
Edinburgh 8:23 31:15 35:9
effect 12:2 22:18
effort 11:2
eight 17:7
electronic 26:15,19
eloquence 11:19
email 33:15
Emma 30:18
emotional 13:17
emphasis 29:21
emphasise 4:17 17:3 32:24 37:8
emphasised 28:4
employees 19:23
empowered 14:16
enable 9:1,9 37:22
encompassed 15:22
ends 34:12
engagement 33:4 33:18
England 8:24 17:16 18:16 19:11 22:15 24:23 25:15 36:5
enlightening 12:12
enormous 15:19
ensure 9:7 19:20 28:17 29:1
entitled 8:13
entitlement 8:15,18
entitlements 10:13
epidemiology 31:21,24 32:15
escape 8:7
establish 13:8
established 12:1 16:16
establishing 28:20
establishment 15:15
estimate 38:2,5
estimates 2:11,14
ethical 13:25 36:22
ethics 29:7 30:16 30:17,22,23
evade 7:18
Evans 31:21
event 19:6
events 2:18 11:18 15:25
evidence 4:8,25 9:17,18 11:25 15:12 17:4 20:22 21:7 27:6,8 28:17 28:25 30:1 34:24 35:5,8,11,16 37:2 37:4,5,16 38:19 38:21
evolving 15:8
exactly 2:19
examination 12:25 39:15
examine 13:11 14:12 35:25 36:25
example 26:19 27:8
executive 26:1
exercise 19:2
exercised 18:23
expect 5:7 15:8 20:24 27:1 38:13 38:20
expectation 28:5,8
expected 32:20 38:18
expecting 38:4
expenses 33:13
experience 28:21
experiences 20:15 21:18,19 35:7
expert 28:15,17,20 28:25 29:4,13,19 29:24 30:7 31:13 32:17 33:10
expertise 28:18,22 29:5 30:13 32:23
experts 9:18,19,20 11:4 29:14,15,25 30:3,4,11 31:8 32:10,25
explain 8:9 18:2
explained 20:15 28:8
explains 33:12
explanations 8:16
explore 13:25
explored 29:24
exposed 13:12
exposure 36:7
express 4:22 10:7
expressed 36:16
expression 32:20
extensive 18:11

F

faces 15:18
facilitate 32:19
fact 1:16 3:6,25 22:8
Factor 17:12
factors 34:5 37:11
factual 29:2
fairly 3:10 39:2
fairness 19:6
Fallowfield 31:9
familiar 12:20 13:19
families 21:19 22:24
family 5:22 22:23
far 2:8 5:2 9:7,21 11:16 13:9 20:3 21:3 23:15 24:17 26:25 29:6 30:4 30:14 31:9,14 32:10
Farrell 31:3
fast 7:24 10:11
favour 10:8
favoured 8:5,5
fear 10:8
fearlessly 3:10
feel 2:6 21:8 23:8 32:24
feeling 6:25
fees 22:16
felt 3:3
field 30:16,24 31:8 32:18
fields 9:21 28:22
fifth 14:8
fifthly 29:8
final 10:17 39:16
finally 27:18 30:7
financial 13:18,23 36:15,17
find 2:5 8:15
first 1:10 2:20 4:16 4:24 5:16,19,23 6:2,2 9:2 23:14,19 24:3,13 28:24 35:17 37:10 38:20
first-hand 35:6
firstly 12:23 20:3 20:11 29:6 34:7 37:12 38:25
five 26:6 29:5
flavour 24:20
focus 10:23 16:4 21:17
focuses 20:2
focusing 15:4
follow 4:10 23:21 33:6
follows 30:16 35:3
force 27:13
forefront 34:5
forensic 39:15
forensically 36:25
form 1:9 12:5 20:21
formal 15:15 40:1
formally 16:16
former 19:23 32:13
forms 20:23 22:23
Forum 17:8
forward 8:17 20:24 32:22 40:7
found 12:11
founder 30:21
four 13:2 19:9 25:13 35:1,1
fourth 13:24
fourthly 29:8
Friday 30:2
friends 5:22
frightened 10:15
front 6:12,16
fulfil 39:23
full 28:2
fully 32:6
funded 9:10

funding 21:14
further 6:1 17:13 20:24 30:10 37:6
future 14:20 37:4

G

gather 23:11 28:15
gathering 5:1 20:9 39:6
General 32:14
generally 33:4
gentlemen 39:25
Gerarda 32:13
give 3:8 8:17 9:20 11:15 20:16,22 24:20 27:16 28:9 29:25 34:22 38:2 38:18,21
given 3:3 4:12 13:2 24:4 26:14 36:1,2
giving 9:18 19:19 21:21
glad 2:23
Glasgow 33:19
go 2:12 8:4 11:16 22:21 24:19 27:4
going 12:20
Goldberg 32:14
Good 11:13
governed 5:12
government 10:2 10:15 14:9 17:15 17:19 18:18,20,24 19:7 25:7 27:23 28:2 35:21 36:25 38:11
Government's 17:22,23 18:4
governmental 20:6
Graham 32:1
grant 22:8
group 17:18 25:1 29:22 31:14 32:11
groups 28:15,20 29:13,20 30:7,12 30:14 32:6,17 35:8
grow 19:18
guidance 22:21
guide 5:14

H

haematology 29:9
haemophilia 17:9,9 17:10,10 19:22 25:19,22 35:25
Haemophiliac 24:25
haemophiliacs 8:10 26:10
half 4:9
hand 9:2
happen 2:21 5:8
happened 2:16,18 5:6 8:8,9 12:24 13:8 16:15 35:18 39:20
happening 27:10 27:16
happy 5:9
heads 22:15
health 13:1 14:9 16:6 17:16,17,18 17:22,23 19:14 20:12 21:22 22:15 24:23 25:5,17 28:1,1 29:6 30:24 31:4,6,12 32:15 38:15
healthcare 26:7 30:19 31:2
hear 6:1,13 8:20 9:1,17 10:24 15:6 17:19 30:8 33:20 35:6 36:20 37:4 38:11 40:7
heard 7:22 8:13,18 10:13 11:20 13:19 35:9,11 37:5 40:3
hearing 1:10 4:8 5:20 6:10 27:6 33:1 34:24 35:4 35:16
hearings 3:12 4:5 5:20,25 6:4 8:23 10:21 27:7 29:25 33:9,10,21 34:2 34:23 35:2,13,19 35:24 36:3,10,12 36:13 37:3,14,22 38:5 39:9
heart 5:16 7:1,17 7:25 8:6,19 9:11 10:11 20:16
held 25:21 33:17
help 4:18 9:20 10:25 21:11
helped 3:14
hepatitis 2:8 17:11
hepatology 29:10
hesitation 38:22
hide 9:16
highest 28:6
highly 21:23 22:9 27:5 36:22
history 1:23
HIV 24:25 32:12
hold 10:6 26:4
holding 39:8
holds 26:20
honorary 31:15
hope 3:8,19 11:10 11:18 32:16 36:6
hosted 25:2
House 26:2
huge 26:16 27:10 27:17 38:3
human 1:6
humanity 1:15
humbling 12:12
hundreds 16:10
Hygiene 31:23,25 32:3

I

i.e 22:1
Ian 30:21
ideas 8:16
identified 14:24 21:4 29:5 30:14 31:9,14
identify 15:11 26:23 29:12 32:25
ill 10:8
illness 3:2
immediately 20:18
immense 15:19,21 15:23 16:7,11
impact 13:15,16,17 13:18 31:8
impartially 39:2
Imperial 31:21
importance 2:25 28:16
important 17:3 27:20 29:24 33:12 34:5,12
importantly 16:11
improvement 31:2
in-depth 15:2
inaction 16:1
inception 16:6
including 18:11 25:3 36:15 38:15
independent 10:2 10:15 28:16 32:21 39:14
INDEX 41:1
indexing 24:7
individual 3:17 14:17 21:17,19
individuals 6:24 8:20 12:9 16:23 17:2,6 18:1 20:9 20:24 21:5,8,11 22:3 23:1,5 28:21
infected 3:2 5:21 5:23 6:2,13 8:11 8:20 9:9 13:2,3,10 13:10,11,16 16:13 16:22 17:1,8 18:1 20:4,10,15,19,20 21:1,18 22:3,6 34:9 35:5,7 36:1,2 36:7 37:7 39:18 39:19
infection 35:21
infectious 32:1,3
inform 29:1
information 11:14 14:1,3,4 18:25 22:5,10,11 23:4,6 24:6 25:8,9,21,25 26:5,11 28:8,9 30:3 33:8 36:21
informed 12:13 15:5 27:24
inquiries 2:18 15:2 19:3 24:1 27:4 28:23
inquiry 1:9,13,17 2:5,25 3:8,21,24 3:25 4:7 5:3,11,12 5:13,17 6:6,14,18 6:19 7:1,3,7,9,14 7:17,21,23,25 8:2 8:19,21 9:4,10,11 9:13,15,23 10:2,6 10:10,18 11:1,3,8 11:12,15,16,23,24 11:24 12:1,10 13:15,20 14:16,16 14:23 15:4,11,15 15:17,24 16:4,9 16:16,19,21,25 17:5 18:2,6,8,9,12 18:13,17,22,23,25 19:20 20:14,17,18 20:21 21:2,5,7,9 22:4,14 23:4,17 23:20,21 24:2,3,4 24:17 25:4,6,9 26:14,21 27:11 28:5,13,16,18,24 30:2,13 31:17 32:7,19 33:2,7,8 33:14,17,22,22,24 33:25 34:8,10,11

34:13,18,23,25 35:6,19 36:6,10 37:13,13 38:10,22 39:1,3,16,19,20 40:4 41:3
Inquiry's 4:18 10:25 11:22 12:2 12:3,16 13:24 14:2,8 18:20 19:24,25 20:2,11 21:3 22:2,12,21 23:14 24:15 28:14 29:1,16,22 33:6 33:11 34:4,6,20 34:23 35:11,13,15 35:24 36:3 37:2,5 39:1,13,23
inquisitorial 38:25
insofar 18:7
inspection 26:3
instruction 29:14
integrity 9:16
intend 5:10 6:21
intended 34:22
intends 34:23
interest 37:13
investigate 11:24 39:1
investigated 3:4 9:15
investigating 14:16
investigation 14:24 15:12,24 39:4,15
investigations 26:9
investigative 19:25 20:3 23:15 38:13
invited 20:19 29:25 32:17
inviting 29:11
involve 12:24
involved 6:10 12:11 38:16
involvement 33:3
involves 11:2
Ireland 17:9,17
18:15 19:13,14 22:16 36:5
Ireland's 19:16
Irish 25:12
irrelevant 24:5,6
irrespective 19:4
irrevocably 16:14
issue 27:18
issued 24:22
issues 3:4 13:5,25 15:3,10,21 18:7 29:12,22 35:17 36:20,22 37:1,9

J

Jane 32:11
Jenni 5:3 11:8
Jewell 31:23
job 39:1
join 32:10,17
judge 6:17,18 29:23
Julian 30:22
July 12:6 15:16 16:17 20:18 35:12
June 35:12
justification 36:18 36:18
justify 28:12

K

Kazarian 30:19
keen 23:5 28:17
keep 9:16
Kennedy 30:21
key 12:21 13:25 35:16 36:22 39:9
Kieran 31:6
King's 31:1
Kingdom 13:2 19:22 25:18 26:13
know 2:25 3:22 4:14,16 10:1 12:7 12:17 22:25 26:4 30:15 32:19 34:2 34:3,7,9,15
knowledge 14:6 16:19 23:4,6
known 2:19 13:4 16:12 24:16 35:20 35:20
knows 33:14
Krever 31:17

L

labelled 1:25
lack 14:13 37:1
ladies 39:25
LANGSTAFF 1:4 39:25
large 7:13 24:17 26:6
largest 16:20
law 10:1 30:19,20 30:22 31:4,4
lawyers 6:9,11,15
lead 6:8
leaders 9:21 32:18
leads 7:2
learned 4:11
learnt 14:20
leave 5:9
lecturer 30:20
led 7:23
Leeds 8:25 33:19 35:10
legal 6:7 21:6,12 28:10,11
legally 9:14 10:14 21:11 39:11
Lesley 31:9
lesser 17:4
lessons 14:19
letter 27:3,9 33:16
letters 29:13
level 28:6
licensing 35:22
lie 20:16
light 22:8 37:23
likelihood 35:14
likes 33:14
Likewise 19:1
line 33:4
lines 14:24 15:11
list 15:3,5,10 30:4 32:16
listen 4:13,21 10:19 10:22 11:10 12:12
listened 11:10
listening 4:11 7:19 11:5,6 12:19 37:16 40:6
litigants 39:12
litigation 24:25 25:1 39:10
little 11:21 27:16
live 7:3 9:3 33:9
Liverpool 33:19
lives 1:12 13:20 16:13 39:17
living 13:19 15:7
locations 26:19
London 8:22 31:1 31:22,25 32:3 33:20 35:9
long 7:14 34:18 36:9 38:3 39:23
longer 7:2,4
look 9:19 12:23 13:3,5,15 14:2,8 14:17,19 32:22 35:19 36:3,6,14 36:24 40:6
looking 15:24 16:5
Lord 1:21,24 25:4
lost 3:23 16:13
lot 3:18,18 4:11 5:2 5:5 22:11
loved 21:20

M

MacFarlane 26:1
magnitude 5:13
main 24:20 34:23
majority 16:22
making 23:25 38:17,24
mammoth 4:19
management 24:16 31:7
Manchester 31:7 33:19
map 11:16
Marteau 31:11
Mary 30:18 31:1
match 11:19
material 16:5,8,8 19:4 24:5,14 25:6 25:15 26:3,12,15 26:16,24 28:12 37:18 38:4
materials 26:20
Mathematical 32:2
matter 18:17
matters 6:20 11:23 14:2 21:24 37:23 39:2
mean 5:17 17:4
meaning 7:14
meaningful 9:9
means 7:19 8:19 20:12
meant 7:9
mechanics 23:19
media 3:4 38:10
medical 13:4,18 14:10 22:10,18,19 22:22 29:7 30:16 30:21 31:10,18 35:22 36:23
medicine 29:10 30:25 31:23,25 32:4
medicines 26:7
Medley 32:1
meet 33:24
meetings 33:18
Melinee 30:19
member 3:23 22:23
members 6:15 29:22 30:14 31:14
membership 30:6
men 12:25

mental 13:17
mention 2:11
mentioned 9:25 10:18 17:21
mine 10:2
minister 1:22 12:4 27:23,25
ministers 38:11
minutes 5:5 15:25
mistake 7:8
modelling 32:1,2
modern 36:23
moment 5:6 32:6
Monday 1:1
month 27:19 35:12
months 5:19 6:2 16:1 21:1,16 27:15 37:10
months' 36:12
morning 1:14 8:3 11:20 13:19
morning's 1:4
moving 12:12

N

name 22:4
national 13:1 14:9 16:6 19:9,11 25:3 25:10,15 28:1 32:11
nature 38:25
necessary 19:2
need 1:18 5:14 6:12 21:6
neither 8:8
new 2:1 15:11 30:2
Newcastle 33:20
NHS 1:24 19:10,20 35:22
NHSBT 25:15 26:19
Nicholas 31:23
north 8:24
Northern 17:9,17 18:15 19:12,14,16 22:15 25:12 36:5
notice 17:21
number 7:13 9:19 10:4 16:20 20:12 21:21 24:17 27:2 27:4 32:8 33:6,17 34:8 38:18
numbers 2:2,24 3:7 13:9 16:12 19:17 22:25 36:7

O

obscuring 6:12
observation 27:13
observed 27:9
obtain 21:13 22:19 38:14
obtained 22:14
obtaining 20:3 21:2 22:22 39:5
obvious 7:16
October 35:14
office 27:24
old 3:25
once 24:2 34:25 38:5
ones 21:20
onwards 16:4
open 1:10 9:7,13 10:13
Opening 11:12 41:3
openness 14:14
operate 9:5
opinion 29:4
opportunity 6:1 29:18
option 23:10
options 14:4
oral 1:10 5:19,25 30:1 38:19
orally 10:19
order 19:3 21:7 23:25 37:25
organisation 34:1 37:9
organisational 14:18
organisations 17:7 17:13 26:2 27:22 28:6
organising 37:15
ought 35:20
outline 14:15
overshadowed 16:14
Owen's 25:4
Oxford 30:22 31:6 31:20

P

pages 24:14
papers 25:4 27:23
parents 5:22
Parliament 27:24
part 1:17 4:2 9:10 11:5 13:21 14:1 19:24 28:14 35:10 35:13,17,19,24 36:2,6,10,13 37:2 37:5
participant 17:24 18:6 19:1,5
participants 4:15 8:14 9:24 10:23 11:3 15:7,8 16:18 16:20,21,24 17:2 17:8,15 19:10,18 22:2 24:12,13,15 29:12,16,19 30:8 30:11 32:9,23 37:12,21 40:8
participate 39:11
participating 18:1
participation 19:20
particular 4:14 10:23 11:15 16:4 19:18 22:5 27:13 37:8,11,25 38:1
particularly 34:4
parties 39:13
parts 13:2
pass 11:7
passing 2:11 10:18
patients 8:12
patients' 22:17
pay 2:2 10:12
payment 22:20
Penny 31:15
Penrose 18:8,13 25:6,9
penultimate 37:2
people 1:10,12 2:19 5:16 6:10,13 7:1 7:16,17,25 8:1,13 8:19 9:1 10:6,10 13:10,12 14:3,5 16:12 20:4,16,19 21:1 33:5,8,15,20 33:24 34:3 35:5 35:25 36:1
people's 10:13
performed 27:11
period 3:14 4:13 7:8,10 35:12
periods 15:23
permit 7:24
permits 34:21
permitted 11:24
person 23:21,23,24 33:16
person's 8:18
personal 21:18,19 21:23 22:10 23:2 24:6
perspective 39:13
perspectives 3:16 8:1,4
pharmaceutical 26:6 35:21
pharmaco-epide... 31:22
phases 27:4
phone 33:15
physical 13:17 26:15,18
place 36:4
plan 37:8
planning 34:6
plans 33:21
play 4:2 9:9 16:25
plenty 15:9
pm 1:2
point 35:16 39:16
points 38:24
police 26:8
policy 31:7 38:17
policy-making 16:2
politicians 38:14
poor 20:11 21:22
populated 32:7
pose 29:19
position 18:5,18
possible 9:14 10:14 34:14
potential 23:17
potentially 25:10
power 11:19 19:2
powers 18:20,23 38:23
practicable 13:9
practical 5:18 22:18 30:23
practicalities 33:13
practice 15:2 36:23
Practitioners 32:14
precisely 36:9
preliminary 3:12 4:5,7 10:21 27:7 33:1
preparation 21:10 27:12
present 27:14 38:2
presented 23:13
president 32:4
press 3:7 6:15
pressure 32:25
previously 3:18
Prime 1:22 27:25
principal 20:2
principle 5:12 7:23 8:17 10:1,17
principles 5:13 7:2

9:4 10:10 11:6
priorities 15:6
priority 20:10
prisoners 26:13
prisons 26:11
privilege 28:11,12
probably 8:25 35:10
probation 26:12
procedures 4:19 10:25
proceed 6:23
proceedings 9:2 40:1
process 5:12 12:11 21:2,15 22:11 23:19 24:7,9 28:19 29:11 38:3 38:9 39:1,10,14
processed 37:20
processes 23:20
produce 23:21,24 27:23
produced 29:15
product 12:8
production 19:3
products 13:3,6,11 20:20 25:1 26:10 36:1 39:19
profession 14:10 35:23
professional 23:11 28:10,11
professor 30:17,18 30:25 31:1,3,5,6,9 31:15,19,22,24 32:1
programme 2:13
progresses 3:9
proper 8:17 10:12
properly 9:10,11
propose 11:17 12:18 23:18 24:19 35:4 36:20,24
proposed 2:11
proposes 11:16 34:25
Protection 32:15
prove 2:15 39:14
provide 11:14 18:24 19:8 21:7 23:1,9 25:7 28:2 33:1 39:21
provided 14:3 24:2 25:3,5,8 28:18
providing 23:10 28:9
provision 23:16 24:24 25:22,25
provisional 35:3 36:14 37:10,24
psycho 29:7
psycho-oncology 31:10
psychology 31:5
psychosocial 31:8
public 6:12,16 11:23 12:8 15:2 16:20 20:6 27:3,5 28:23 29:6 30:24 34:8,23 39:8
publicised 12:16
publicly 38:19
publish 15:1 22:4,5 29:13,16
published 12:6 15:7 22:2,12 30:2
purpose 4:5,10,21 11:13 28:25
purposes 3:11 14:6
pursue 14:23
put 5:16 6:20 7:12 8:17 10:10
putting 7:1,16,25 8:19

Q

QC 11:8 30:21
quarter 38:7
Queen 30:18
Queen's 5:4
question 7:12,20 38:8,12
questioned 38:19 39:9
questions 13:15 29:19 33:3,24 36:4 39:22
quick 7:16
quickly 34:13,21
quite 5:1

R

raised 38:8
range 9:19,19 24:18 35:5
ranks 6:11
rapporteur 23:11
re-read 12:17
read 9:17 12:17,18 29:17 33:9,10
ready 24:12
real 2:14
reason 2:7 19:7
reasonable 7:24 10:11 27:12 34:21
reasonably 39:21
reasons 7:15 20:11
receive 16:9 20:13 25:20 27:1 28:5 37:18 38:4
received 5:2 20:23 25:14,21 26:8,25
receives 15:13
receiving 32:22
recognise 4:3 8:1 17:1
recognised 28:21
recognises 6:19 15:18 28:16
recommendations 14:21 29:3 32:7,9 37:3
recommended 12:5
recorded 8:3
records 22:18,19 22:22 25:10
redacted 24:6
reference 3:15,22 4:16,24 7:7 10:24 11:22,22,25 12:3 12:14,15,20,23 13:7,14,24 14:17 14:22 15:5,22 16:3 18:10,14 23:18 25:11 29:23 33:21 35:18 38:1 39:3,23
referred 2:13 12:8
reflect 1:5 18:10
reflected 8:3
reflecting 1:14
regard 34:6
region 20:25 36:11
Regional 19:13
regret 18:17
regulatory 26:7
related 13:18 37:4
relating 26:8,12 36:20
Relativity 24:16
relevance 23:17 24:3
relevant 9:23 20:5 20:6 24:11 25:10 26:21,24 27:22,23 28:21 29:22 36:22 37:20 38:11
reliable 38:2
relive 6:20
relying 28:11
remain 15:7
remind 3:24
reminded 27:21
reopen 3:25
repeated 1:22
repeating 27:21
report 3:9 23:12 27:11 39:2
reports 29:15 33:11
repositories 26:17
repository 26:16
representation 21:6
representatives 6:7 9:8 21:13
represented 21:12 39:12
request 18:23 22:8 22:23 23:22,23
requested 10:4 25:25
requests 22:7 24:18 24:19,21,22 25:11 25:13,17 26:5 28:7
require 12:23 15:19 23:16,24 37:19
required 9:12 38:23
requires 12:4 18:25
requiring 36:1
research 14:7 23:3 31:12,18
respect 8:14,18 10:12
respects 13:16
respondents 7:13 38:9
responding 14:25 28:7
response 14:9 36:24
responsibilities 14:18,19
responsible 19:15 19:21 25:18
returning 33:23
reverse 39:20
revisit 18:7
Richard 30:17
Richards 5:3 11:8 11:13
right 2:15
risk 13:12 15:3

risks 13:4 14:3 35:20 36:7
role 16:24
roles 39:11,12
room 6:10
row 6:12
Royal 32:5,8,13
Rule 23:23
rules 18:23
run 6:9 16:9

S

sadly 7:15
Sandwell 1:21
Savulescu 30:22
saw 8:2
saying 1:15 8:4 11:21
scale 2:3 13:8 15:17 15:17 16:7,11 26:19
scandal 1:25
schedule 25:21
schemes 25:24 36:17
School 31:4,7,10,22 31:25 32:3
scientific 13:4 31:16
Scientist 2:1
Scotland 17:9 18:1 18:7,11,15 22:16 25:10 26:9 32:15 36:5
Scottish 17:8,22,23 18:4,18,20,24 19:7,11 25:7,15
scrutinise 13:21
scrutiny 28:19
search 26:17
second 13:7 23:16
secondly 4:18 20:5 20:14 29:7 34:15 37:17
secret 13:20
Secretaries 38:15
section 19:3 24:1
see 7:3 9:17
seeing 40:7
seek 7:17,18 8:8 10:3 13:8
seeking 8:7 20:5
seen 10:4 30:5
sees 9:23
self-sufficiency 13:6 36:4
send 23:22 29:14
senior 38:14,16,16
sense 1:11 2:22
sensitive 6:24 22:9
sent 25:9 26:5
September 1:1
sequencing 37:9
series 28:20
serious 3:4
servants 38:16
service 6:22,22 16:6 19:12,12,13 19:16 22:15 25:16 26:12 28:1
services 13:1 14:10 17:18 19:9 25:14
set 4:19 11:1,6 12:21 15:1 20:18 35:17
setting 38:17
shape 3:14 4:18 10:25
shaped 12:13
shaping 16:25
share 26:23 29:14 32:8
sharing 14:1 36:21
She'll 5:5
shear 2:3,24
sheer 16:12
Sheila 31:14
short 20:21
side 6:15
sides 39:14
significant 7:4
16:24 22:25 25:14
silence 3:5
silent 2:2
Similar 25:11
simply 7:18
Sir 1:4 30:21 32:4 39:25
sit 34:25 36:20
six 12:21
sixth 14:12
slogan 5:17
sobering 2:3,15
social 13:18 17:16 17:18,23 19:14 24:23 28:1 29:7
society 17:10,11 25:22 31:4 32:5
sociology 30:25
son 3:23
sought 26:11 32:7 34:17 39:22
sound 3:5
soundly 29:2
source 33:7
sources 2:12 20:7 24:18
Southampton 30:20
speak 12:10
specialisms 29:9
specific 15:3
specifically 3:23
spent 27:12
Spiegelhalter 32:4
spoke 3:13
staff 3:24
stage 6:17 11:17 24:4 36:9
stages 5:1
start 11:21 34:22 34:24 35:4,14,16
starting 25:19
State 38:15
statement 11:12,13 21:10 22:1,6 23:9
27:19,21 28:4 41:3
statements 17:19 20:4,9,13,25 21:3 21:6,9,13,17,22 22:9,12 33:10,11 37:19 38:14 39:6 39:8
statistical 29:8 31:20 32:5
statistics 31:13,20
status 16:19 19:5
statutory 10:6 15:2
stay 40:2
Stephen 31:21
steps 15:14
stories 3:17 4:8
strain 13:19
strand 23:14,16
streaming 9:3
strong 7:15
structure 35:2 37:14
structuring 37:16
studies 31:2
subject 1:13 18:10 28:19
substantial 23:3
succeeds 3:21
successive 38:15
successor 19:15
Sue 1:21
suffer 2:8 7:4
sufficiently 37:21
suggestions 15:9 30:9,10 32:22 33:2
suggests 4:7
summer 33:17
support 6:22 13:15 13:21,23 29:1 36:15,15
supported 29:3
sure 24:8
suspect 1:5
Sussex 31:10
systemic 14:18
systems 36:4

T

take 1:16 6:16 16:3 26:22 38:3,6
taken 5:20 15:15 18:18 28:23
takes 7:3
talk 11:17 33:22 40:3,4
task 4:19 11:1 15:18 16:7,11 21:21 39:4
tasks 16:17
taught 3:18
team 11:3 12:10 21:5 23:5 33:14 33:17,23,25 34:10 39:16,20 40:4
televisual 3:7
tell 3:17 4:9 5:5,15 7:6 10:23 11:8 21:23 37:14
telling 20:21
term 14:17
terms 3:14,21 4:16 4:24 7:7 10:24 11:22,22,25 12:3 12:14,15,20,23 13:7,14,22,23,24 14:22,23 15:4,22 16:3 18:10,14 21:3 23:18 25:11 25:24 29:11,23 33:21 35:17 37:18 38:1 39:3,23
tested 14:5
testimony 2:2
Thalassemia 17:11
thank 3:12,13 11:5 11:11 39:24,25 40:5,6
theme 13:7,14,24
themes 12:21

Theresa 31:11
things 4:14 24:24
think 1:14 10:20,25 12:9 19:17 27:20 37:15 38:12
thinking 4:12 35:3 35:15
third 13:14 36:13
thirdly 29:7
thorough 34:19
thoroughness 7:24 10:12 34:21
thought 2:4,15
thousands 2:6 16:10,13 39:8
three 4:6 5:18,19 6:19 7:2 17:15 34:25 35:11 37:10
time 5:5 7:8,10,21 9:20 15:23 24:9 26:23 27:12,12,14 34:7 37:22 38:20
times 27:1 38:12
timescale 34:3
timetable 37:24
today 2:2 11:14 30:15 40:1
told 2:7 3:1 34:16
tomorrow 40:8
touched 1:12 6:14
tragedy 1:21 2:3
trailed 38:10
trained 23:11
transcripts 33:9
transfused 8:11
transfusion 19:9,11 19:13,16 25:16 29:9 36:2
transparency 33:5
transparent 9:13 10:14 28:18
Transplant 19:10
traumatic 6:21
treated 13:1 14:5
treatment 1:23 13:22 14:4 26:10 36:14
trial 6:8
Trobe 31:4
Tropical 31:23,25 32:4
true 9:21 13:9
truly 1:6 2:3
Trust 17:11 26:1 32:12
trusts 19:21 25:17 25:24 36:16
turn 3:11 20:8 33:3 34:1
two 4:9,14 6:4 10:22 15:6 20:2 20:11 26:9 34:4 37:11 38:24

U

UK 8:22,22 17:10 35:8
UKHCDO 26:14
unclear 7:13
underestimate 15:17
understand 2:22 8:8 18:2,4 21:20 26:22 34:12
understandably 23:8
understood 7:13
undertake 34:13
undertaken 24:8 27:17
undertaking 15:19
undo 39:20
unfolded 15:25
Unit 31:12,18
United 13:2 19:22 25:18 26:13
University 30:18 30:19,20 31:2,6 31:12,15,19,20
unnecessary 18:12
unpalatable 8:15
unredacted 25:2
unrestricted 26:14
update 11:15
use 13:10 22:24 23:6 39:18

V

valuable 4:4
value 17:4
various 26:18
vast 16:22 26:18 39:6
Victoria 2:13
view 4:22 6:12 7:15 18:9 29:21
views 10:7 29:24 32:21 37:12
vigorous 34:19
VIII 17:12
Vincent 31:5
virology 29:10
viruses 13:13
vis 18:20,20
visible 27:5
voices 11:19
volume 16:8 25:14 37:17
voluntarily 19:8

W

waiting 7:5
waive 22:16
waiving 28:10
Wales 17:10 18:16 22:16 36:5
Walshe 31:6
want 4:9,14,21 5:10 5:16 6:20,23 7:18 9:13 10:22 11:21 15:16 20:12 40:3 40:4
wants 21:10 35:6
watch 33:8
watching 12:19
way 1:12 5:10 6:24 14:15 15:10 26:19
ways 1:7 3:15 33:7 33:12 37:15 39:4
we're 4:25
website 12:16 22:2 22:12,21 29:17 30:2,6 33:7
websites 33:14
Wednesday 17:20
week 2:13 3:24 35:1
weeks 15:25 33:2 35:1
weight 29:4
welcome 1:10,11 1:16 2:24 3:6 6:7 30:10 33:1 40:2,5
well-founded 2:4
Welsh 17:18 19:12 25:12
whilst 16:3 18:12
wide 8:22,22
widely 12:15
wider 8:4 23:4
willing 9:20 10:3,6 32:18
Winston 1:24
wish 4:2 8:6,7 9:2 40:5
wishes 4:17 23:21
withholding 28:12
witness 6:16,17 20:3,9,13 21:3,25 22:6 33:10 37:19 38:14
witnessed 1:8
witnesses 27:6 38:18,21 39:7,9
woman 3:23
women 12:25
word 4:7
words 15:16 23:18
work 9:8 11:15 13:18,21 14:2,8 15:20 16:25 18:13 19:24,25 20:3,11 21:4 23:5,15 26:21,23 27:11,17 28:14 29:1 32:19 33:6,22 34:4,13 34:20 38:13
working 11:4 27:8 33:12
workings 11:14
worldwide 10:11
worst 1:23
worth 27:20 36:12
wounds 4:1
writing 10:20
written 3:7

X

Y

year 12:7 15:16 27:3 35:12,15 38:6,6
years 7:11 13:20 23:2
yesterday 38:10

Z

0

1

1 41:2
1,272 16:23
1,288 16:21
1,300 20:23
100,000 26:25
11 41:3
1948 16:6
1970 16:3
1974 7:10
1975 1:24
1981 7:10,11
1984 7:11
1990 7:10
1994 19:16

2

2 12:6 15:16 16:17 20:18
2,200-odd 20:25
2.00 1:2
2018 1:1
2019 34:24
21 19:3 24:1
24 1:1
25,000 2:12

3

30th 34:24
39,000 24:14

4

4,864 24:13

5

5 36:12
500 1:12

6

650 21:4

7

8

9

9 23:23
90,000 26:20