

# INFECTED BLOOD INQUIRY

## TERMS OF REFERENCE

### What happened and why?

1. To examine the circumstances in which men, women and children<sup>1</sup> treated by national Health Services in the United Kingdom (collectively, the “NHS”)<sup>2</sup> were given infected blood and infected blood products, in particular since 1970, including:
  - a. the treatment of men, women and children who were given infected blood or infected blood products through transfusion or other means;
  - b. the treatment of men, women and children with haemophilia or other bleeding disorders who were given infected blood products (recognising that the position of those with mild, moderate and severe bleeding disorders may require separate consideration during the Inquiry);
  - c. what was, or ought to have been, known at any relevant time about the risks of infection associated with blood donations and blood products, by Government (in particular the Department of Health<sup>3</sup>), pharmaceutical companies, any relevant licensing authorities, NHS bodies, the medical profession, and other organisations or individuals involved in decision-making in relation to the use of blood and blood products;
  - d. to what extent people given infected blood or infected blood products were warned beforehand of the risk that they might thereby be exposed to infection, and if so whether such warnings as were given were sufficient and appropriate;

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<sup>1</sup> Including all gender identities.

<sup>2</sup> References to NHS used throughout is intended to encompass the National Health Service in England, Health and Social Care in Northern Ireland, NHS Scotland, NHS Wales and their predecessors.

<sup>3</sup> References to Department of Health used throughout is intended to encompass the Department of Health and Social Care, the Department of Health in Northern Ireland, Health and Social Care Directorates of the Scottish Government, the Department for Health and Social Services in Wales and their predecessors.

- e. the adequacy of the systems adopted for the screening of donors, and the collection, testing, licensing and supply of blood and blood products for use by the NHS;
  - f. the United Kingdom's failure to become self-sufficient in the production of blood products (and consideration of any relevant differences in terms of self-sufficiency between England, Wales, Scotland and Northern Ireland);
  - g. the actions of Government (in particular the Department of Health), pharmaceutical companies, licensing authorities, NHS bodies, the medical profession, and other organisations or individuals involved in decision-making in relation to the use of blood and blood products;
  - h. why people were given infected blood or infected blood products, including the nature and extent of any commercial or other interests which may have affected decision-making;
  - i. the extent to which the supply of infected blood or infected blood products could, and if so, should, have been avoided or been stopped earlier, and if so how best this might have been achieved.
2. To ascertain, as far as practicable, the likely numbers of people who have been infected (directly or indirectly) in consequence of:
- a. the use of infected blood; and
  - b. the use of infected blood products.
3. To examine whether, in addition to the HIV, Hepatitis C and Hepatitis B ("HCV" and "HBV") viruses with which it is known that people were infected, people may have been exposed to the risk of other diseases (such as vCJD) in consequence of the use of infected blood or infected blood products.

## **Impact**

4. To consider the impact of infection from blood or blood products on people who were infected (“those infected”) and on partners, children, parents, families, carers and others close to them (“those affected”), including:
  - a. the mental, physical, social, work-related and financial effects of:
    - i. being infected with HIV and/or HCV and/or HBV in consequence of infected blood or infected blood products;
    - ii. the treatments received for these infections;
  - b. the extent to which treatment, medical and dental care for other conditions was compromised by perceived infective status;
  - c. the impact of these infections on partners, children, parents, families, carers and others close to those infected, including the impact on those who suffered bereavement; children who were taken into care; those who were advised to, or did, terminate pregnancies; and those who had to take difficult decisions about whether or not to have children;
  - d. the wider social impact on those infected and affected, including the stigma associated with a diagnosis of HIV and/or HCV and/or HBV.

## **The response of Government and others**

5. To examine:
  - a. the nature, adequacy and timeliness of the response of Government (in particular the Department of Health), NHS bodies, other public bodies and officials, the medical profession, the UK Haemophilia Centre Doctors Organisation, the pharmaceutical industry and other organisations (including the Haemophilia Society), to the use of infected blood or infected blood products to treat NHS patients;

- b. the nature and extent of any attempt to identify those who may have been infected and might benefit from treatment, to include the adequacy of any “look back” exercise;
- c. whether Government or the NHS could or should have done more to counter any stigma associated with these infections.

## **Consent**

- 6. To examine:
  - a. whether and to what extent people were treated or tested or their infection status was recorded without knowledge or consent;
  - b. the testing or treatment of a category of patients referred to as Previously Untreated Patients (“PUPS”).

## **Communication and information-sharing**

- 7. To examine the adequacy of the information provided to people who were infected or affected, including:
  - a. the nature, adequacy and timeliness of the information provided to those infected about their condition(s);
  - b. how the results of tests or information about their condition(s) were communicated to those infected;
  - c. whether, and if so what, information should have been provided to those most closely affected by the infection of a patient about that infection and any consequent risk to them.

## **Treatment, care and support**

8. To consider the nature and the adequacy of the treatment, care and support (including financial assistance) provided to people who were infected and affected (including the bereaved), including:
  - a. whether and to what extent they faced difficulties or obstacles in obtaining adequate treatment, care and support;
  - b. the availability and adequacy of any counselling or psychological support for those infected or affected;
  - c. the actions of the various Trusts and Funds set up to distribute payments;
  - d. the differing criteria for eligibility for financial assistance applied by the various Trusts and Funds, the justification (if any) for such differences and whether such differences were or are equitable;
  - e. the appropriateness of preconditions (including the waiver in the HIV Haemophilia Litigation) imposed on the grant of support from the Trusts and Funds;
  - f. the extent of any differences in the arrangements made for financial assistance between England, Wales, Scotland and Northern Ireland;
  - g. a broad consideration of the extent to which support is and has been comparable with support for those similarly infected and affected in other countries, for example, Canada and EU nations, such as France and Ireland.

## **Candour, openness and cover-up?**

9. To examine whether:
  - a. there have been attempts to conceal details of what happened (whether by destroying documents or withholding information or failing to include

accurate information in medical records or otherwise), and if so the extent to which those attempts were deliberate;

- b. there has been a lack of openness or candour in the response of Government, NHS bodies and/or other bodies and officials to those infected or affected.

### **Responsibilities**

- 10. To identify, in relation to the matters set out above, any individual responsibilities as well as organisational and systemic failures.

### **Recommendations**

- 11. If the Inquiry considers it appropriate, to make interim recommendations.
- 12. To report its findings to the Minister for the Cabinet Office, and to make recommendations, as soon as practicable.