11. Wales, Scotland and Northern Ireland

1095 BSE was a UK-wide threat needing a UK-wide response. That was speedily and sensibly agreed by all concerned once it was apparent that BSE extended throughout the United Kingdom. By common consent, MAFF and DH took the lead role. In order to simplify our exposition of a highly complex and extended series of events we have in our Report mainly concentrated on the actions of MAFF and DH in England and the legislative measures that they introduced. These applied to or were copied by the other three parts of the United Kingdom. We in turn have copied the terminology that they often used in describing themselves collectively as the Territories.

1096 In vol. 9: Wales, Scotland and Northern Ireland, we have been concerned to see how the links between central government in London and government in the Territories functioned in relation to BSE. We have been particularly interested in identifying the extent to which the Territories sought to play an independent role or to make an independent contribution in relation to the handling of the disease. In this chapter we shall set out a summary of our main findings about the role of the Territories.

1097 We found no fundamental differences in the nature of the response to BSE throughout the UK. Like their colleagues in Whitehall, Ministers and officials in the Territorial Departments worked closely together. Decisions were taken on the basis of submissions and discussions. Where there were minor or temporary variations from the general UK line in their actions, these did not in our view bear on the course of the disease or expose animals and humans to a significantly greater or lesser degree of risk.

1098 It was plain from all the evidence that the Territorial Departments were strongly influenced at first by the MAFF perception of BSE as purely an animal disease. They then found this perception confirmed by the Southwood Report. The risk to humans was remote. The Report gave ‘quite a comforting message’. It is difficult not to infer that this perception, coupled with the Government’s drive towards ‘lifting the burden’ of regulation from industry must, as elsewhere, have tempered enforcement zeal.

1099 Nonetheless, officials pressed ahead diligently with the agreed precautions.

1100 Inevitably with a canvas covering ten years, and a vast complex of administrative actions, there were things that could with advantage have been done a little differently and perhaps a little better. However, we were not looking for perfection. We were interested in the light thrown by some of the failings we noted on the way collective government works among Departments with different geographical responsibilities, rather than different functional ones.

1101 We note first some features of what happened in Wales, Scotland and Northern Ireland, and then set out some more general findings.
Wales

1102 Welsh legislation and administrative arrangements closely resembled those of England. This simplified the task of coordinating action. We were struck by the quality of independent thinking that the Welsh Office medical team led by the CMO for Wales, Dr Deirdre Hine, applied to the issues raised by BSE. The team’s attitude reflected its effective combination of medical and epidemiological skills with first-hand knowledge of the realities of slaughterhouse operation. A similar working combination of skills at national level in Whitehall Departments could well have been fruitful.

1103 There were no special features of the Welsh situation that dictated a different approach. However, the Welsh Office team had valuable insights to offer for national policy development and did their best to register them. Dr Hine wished to get closer to the thinking of SEAC. We applaud the alternative strategy she adopted towards its chairman, Dr Tyrrell, of successfully inviting him to Cardiff. Her interest in exploring the issues was natural in the context of her responsibilities to the people of Wales. It seemed to us that the various information blockages that she and her colleagues encountered could have been overcome had there been a wish in Whitehall to involve the Territorial Departments more closely in the policy-making process.

Scotland

1104 Here there was not the same happy combination of skills and knowledge in place to bring together the animal and human health implications of BSE. Matters were very much left in the hands of the Agriculture Department. However, in 1990 Dr Gerald Forbes, a former member of the Scottish Home and Health Department, expressed concerns about the risk that BSE posed to humans, which appear initially to have sounded a cautionary note with the CMO, Dr Kenneth Calman, and with Mr Graham Hart, who headed the Health Department. Dr Robert Kendell on the other hand, who took over as CMO in 1991, did not seek Dr Forbes’s views, regarding the Environmental Health (Scotland) Unit which Dr Forbes now headed as a ‘one man band’. Dr Kendell looked mainly to Mr James Scudamore, the Assistant Chief Veterinary Officer, Scotland, for advice about BSE. Mr Scudamore seems to have fulfilled his role admirably, both towards the CMO and in working closely with the Animal Health branch in the Department of Agriculture and Fisheries for Scotland (DAFS). However, as he told us, he had expected that his contributions from the veterinary and general MAFF perspective would have formed no more than one element in any Scottish Office assessment of an issue. We agree. But no such wider assessment appears to have been made by DAFS officials in relation to BSE.

1105 We thought that this shortcoming could be attributed to weak links and lack of shared perceptions in the Scottish Office between those responsible for animal and human health. Dr Kendell told us that he simply assumed that it was his job to keep careful tabs on the human disease, and it was the job of DAFS to ensure that everything was right and proper on farms and in abattoirs. We saw little sign of joint working on BSE between the administrators in the Health and Agriculture Departments. One manifestation of this was the pigeonholing of the hard-won
SEAC papers by DAFS administrators as scientific, technical and ‘all Greek’. These were never discussed and assessed jointly with Health officials, or indeed at all, nor brought to the attention of the CMO, who later thought they would have been ‘enormously helpful’.

1106 It seems to us that those dealing with animal and human health could profitably have shared knowledge about and discussed slaughterhouse practices, the food chain implications if enforcement of Regulations was inadequate, and any impact that this might have on handling BSE in Scotland. We also think that it was desirable that a working competence in understanding the papers of a key advisory committee such as SEAC should have been available in the Scottish Office.

1107 Happily the poor liaison did not create delays in the action taken by DAFS to introduce Scottish legislation and apply the various precautionary measures agreed on BSE. We have no criticisms of this. The House of Commons Agriculture Committee had, in 1990, censured the delay in introducing the Scottish human SBO ban to mirror the England and Wales Regulations of November 1989. However, given the last-minute addition of sausage casings, which had a bearing on haggis manufacture, and the troubles that immediately arose over the lawfulness and adequacy of the 1989 SBO Regulations, we thought it not unreasonable that those producing the Scottish equivalent should take the time necessary to avoid these pitfalls.

1108 That said, the border between Scotland and England, and indeed between England and Wales, is meaningless so far as the movement of people, animals and goods is concerned. In these circumstances, human and animal health threats need a common approach. As a general principle, it seems to us highly desirable that when animal and human health safeguards are urgently needed, there should be available powers to bring those into effect simultaneously across the whole of Great Britain.

Northern Ireland

1109 Here there was indeed a significant physical border. Besides differing more markedly in terms of its legislation and administrative arrangements, Northern Ireland was separated from Great Britain by a wide sea crossing. It was reasonable that Ministers and officials there should have given careful thought to whether to follow the policy lead from London on making BSE a notifiable disease, and on the ruminant feed ban. They decided not to do so at first.

1110 We did not think the delay in formalising notification made any difference. However, we were concerned about the decision not to take immediate action on a feed ban. Recycled infective material might already have been in local MBM, and cattle eating it might already have become infected, thus prolonging any epidemic in Northern Ireland. We noted that the decision to delay the ban was taken only after outside consultation and analysis of various options. It was put to us that it was justified by the absence of BSE outside Great Britain and by the beliefs held at the time about the cause and distributing mechanism of the disease. Moreover, import controls were put in place for MBM and live cattle. We concluded that the decision was not unreasonable at the time, though with hindsight it would have been
preferable not to delay. However, immediate precautionary introduction of a ruminant feed ban would probably have reduced the cases of BSE in the Province by only a small number. Northern Ireland was in any case far less affected by BSE that the rest of the UK.

1111 After the first case in Northern Ireland was confirmed in November 1988, the NI administration closely followed the UK line on all matters, despite a hankering for independent health status for its cattle, with a view to restoring beef exports. We think they were right to keep in step with the rest of the UK.

1112 We heard differing accounts of the usefulness of the NI cattle-tracking system in alleviating the effects of the BSE crisis in the Province. It does not appear to have been a significant factor during the period with which we were concerned, although it may have helped since in allowing the earlier resumption of exports than in the rest of the UK.

Collective government and working relationships

1113 Tackling BSE entailed a huge exercise in public administration. It required close working between Ministers and officials, consultation and cooperation between Departments and efficient follow-up action. Our Inquiry has been a review of all these matters and of how far collective government rose to the challenge.

1114 Collective government across the different parts of the UK required its own set of working relationships. By and large the machine worked reasonably well, but there were many recognised endemic difficulties. Unsurprisingly these sometimes gave decision-making on BSE a bumpy ride. We were told with some vigour of frustrations about failures and delays in communication between Whitehall and the Territories.

1115 In some respects this mirrored communication failings between Whitehall Departments, and between the cadres of administrative and professional advisers. For the Territories, travelling times to and from London exacerbated the problems. Typical examples of these difficulties, where BSE was concerned, included MAFF delays in telling Scottish administrators about the disease, DH disinterest in views from Scotland and Wales, and the absence of territorial officials from formative meetings.

1116 Communication problems were particularly significant in relation to the Territories’ reliance on Whitehall for scientific expertise and risk analysis. It made sense that such work was not duplicated. But if the material passed on was meagre and late, consultation was purely token. Moreover, without access to the basic information, the Territorial Departments had to rely on the judgements already made in Whitehall and on Q&A briefing that might itself slide over the underlying issues. The handling of BSE cast some of these difficulties into strong relief. The lessons they offer for the future are described in Chapter 14.