

Wednesday, 19 May 2021

(10.00 am)

SIR BRIAN LANGSTAFF: Good morning, Mr Swann.

THE WITNESS: Good morning, sir.

SIR BRIAN LANGSTAFF: Can you hear me.

THE WITNESS: Yes, I can hear you, sir.

SIR BRIAN LANGSTAFF: Whereabouts are you? You're in Northern Ireland somewhere.

THE WITNESS: In a room within the Department of Health here, so one of our conference rooms.

SIR BRIAN LANGSTAFF: You're there on your own or --

THE WITNESS: Also here -- the IT guy is here with me too to make sure all this works.

SIR BRIAN LANGSTAFF: Let me tell you who you are talking to here. Where I sit, I'm in Fleetbank House in London and there are around 20 or so people. We have some who are members of the public who have come to watch. There are some lawyers and members of the staff and the press and, beyond this room, there will be about 100 or so people who will be very keen to watch remotely. I suspect quite a number of those will be in Northern Ireland and many of whom you will probably know.

But that's the audience that you are speaking to. Ms Richards will be asking you the questions but,

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have been a topic that I was greatly aware of but when I took up the post I did receive a comprehensive brief and have since met directly with those who have been infected and affected and heard firsthand of the suffering that they endured, and have also received a number of correspondence cases from those infected and affected as well. I think, actually, one of my first meetings was actually to meet those who have been infected and affected, in my role as minister. I think that was about 13 February.

Q. We'll look at some of your interactions and the decisions you have taken in due course this morning. In broad terms, has it been important for you to hear directly from those infected and affected about their experiences and has that helped inform and shape your decision-making?

A. It has very much. One of the things I've done since taking up this role is actually to meet with the people who are infected or affected by any health decision or any procedure that has been of concern and that's why I thought it was important to meet with those who have been infected and affected in the contaminated blood Inquiry at the beginning. So that's why I did that within -- I think within a month of taking up position and really engaging with them as

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first, I will ask Mary to invite you to take the oath.

THE WITNESS: Thank you, Sir Brian.

ROBIN SAMUEL SWANN, sworn

Questions by MS RICHARDS

MS RICHARDS: Good morning, Mr Swann. Can you see and hear me?

A. I can, Ms Richards, yes.

Q. You've been Minister of Health in Northern Ireland since January 2020; is that right?

A. That's correct, yes.

Q. And a member of the Legislative Assembly since 2011?

A. That's correct, yes.

Q. In broad terms, what are your roles and responsibilities as Minister of Health?

A. I have the oversight of the Department here within itself and the welfare and wellbeing of the people of Northern Ireland that comes from that position and that role and responsibility.

Q. When you took up your position in January 2020, what did you know and understand about the suffering that had been experienced and was still being experienced by those who were infected with HIV and hepatitis C in Northern Ireland and the suffering experienced by their families?

A. When I took up the position on 11 January it wouldn't

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individuals, both as those who have been infected but also the individuals who have been affected due to their loved ones being infected as well. It was important as to how I was able to shape and formulate my decisions with the advice and support from my officials.

Q. We'll look in due course again this morning at a fairly detailed written submission made by your officials to you in March 2020. I think it's right your attention was drawn in that submission to the written and oral evidence that had been given by infected and affected people to the Inquiry and also to the evidence both written and oral that had been given by the psychosocial expert group to this Inquiry?

A. That's correct, yes.

Q. Now, you obviously were not involved in the decision to establish the Infected Blood Payment Scheme in Northern Ireland and we'll be asking Ms Redmond some more detailed questions about that in due course later today. But just so that we can get the key dates and the chronology established, I think this is right: following the decision in July 2016 by the UK Government, as published in its response to the consultation that had taken place, the then minister

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1 for health -- so your predecessor Michelle O'Neill --
 2 took a decision in December 2016 to replicate the
 3 proposed new English scheme; is that right?
 4 A. That's my understanding of it, yes.
 5 Q. We've got in the written materials a copy of the
 6 statement that she made to the Northern Ireland
 7 assembly in that regard. I don't think I need to ask
 8 you to look at that.
 9 Is this also right, as far as you're aware, that
 10 there was no specific consultation with the infected
 11 and affected community in Northern Ireland in advance
 12 of that decision?
 13 A. I would be unaware of that. I think maybe if
 14 Dr Redmond could maybe answer that in the next
 15 session.
 16 Q. Certainly. Have you however gained any particular
 17 understanding since you became Minister as to why the
 18 decision was taken to replicate the English scheme?
 19 A. I haven't, no. I think one of the things I did --
 20 I think it was said in an earlier answer -- when
 21 I came into post on 11 January it was about taking the
 22 decisions that was within my remit and my gift to make
 23 at that time and shaped by the input I had from
 24 officials but also having met those who have been
 25 infected and affected as well.

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1 was a scheme, in some sense, frozen in time as at
 2 April 2017?
 3 A. That would be correct, yes.
 4 Q. Would you agree that the effect of that, leave aside
 5 whatever the reasons for that state of affairs might
 6 have been, the effect of that had been to leave the
 7 infected and affected community in Northern Ireland
 8 substantially disadvantaged?
 9 A. And I think that from taking up post on 11 January,
 10 when it was within my gift to make those changes and
 11 meet with the families of those infected and affected
 12 to see what progress could be taken, and I think you
 13 referred to the substantive brief that I received in
 14 March as well. So there were a number of issues
 15 across this Department and across many departments
 16 that had laid waiting for a Minister to be in place to
 17 make a number of decisions.
 18 Q. Again, just so that we can understand then the factual
 19 context for the decisions you then took, if we look at
 20 that ministerial submission, it's WITN5570021, please,
 21 Soumik. We can see it is a submission addressed to
 22 Mr Pengelly and then as Minister, dated 4 March 2020,
 23 I'll come back to it again later in the course of my
 24 questions to you, but if we just, first of all, turn
 25 to page 19, we can see in the table that's set out in

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1 Q. We can pick those matters up then with Ms Redmond
 2 later. Now, that decision having been taking by your
 3 predecessor in December 2016, January 2017 the
 4 Northern Ireland executive collapsed and there was
 5 then no Minister for Health until you took over in
 6 January 2020; is that right?
 7 A. That's correct, yes.
 8 Q. So is this right -- again just in very broad terms,
 9 I'm not going to ask you about detail -- the decision
 10 having been taken in principle by your predecessor to
 11 replicate the English scheme, the officials within the
 12 Department of Health made arrangements for that to be
 13 administered by, I think, the Regional Business
 14 Services Organisation within Northern Ireland but, for
 15 the period of time that followed until you took over,
 16 the view that was taken was that no substantive
 17 amendments could be made because of the lack of
 18 a minister.
 19 A. That would be my understanding and it would be across
 20 a number of the departments, not just within Health
 21 during that period, where there were no ministers in
 22 place.
 23 Q. So there was effectively -- when you took over there
 24 had been, as it were, a vacuum in terms of
 25 decision-making and what you inherited, as it were,

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1 paragraph 46 one of the disadvantages that had been
 2 experienced by the community in Northern Ireland was
 3 that there had been a divergence between the rates
 4 that had been increased in England in April 2019 and
 5 the rates that were being paid in Northern Ireland and
 6 we can see those rates set out there. We'll come on
 7 to see what changes you then made, but that was one of
 8 the significant disadvantages, was it not, that the
 9 community in Northern Ireland had experienced?
 10 A. That would be correct, yes.
 11 Q. Then if we go to page 22, paragraph 54, please,
 12 Soumik -- which is the bottom half of the page -- we
 13 can see under the heading "Other financial support",
 14 we can see it says that:
 15 "Prior to April 2019, Northern Ireland had
 16 parity with England on regular payments. However,
 17 there was no parity on other financial aspects of the
 18 scheme, including:
 19 "Special Category Mechanism ..."
 20 So there was none in Northern Ireland:
 21 "Income top-ups -- in England, both the rates
 22 and income thresholds are higher than in Northern
 23 Ireland (where the legacy Caxton and Macfarlane lower
 24 rates are still used), and; [then]
 25 "Discretionary support (one-off grants) --

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(2) Pages 5 - 8

1 England has a formal policy on discretionary support,
2 while policy is yet to be adopted in Northern
3 Ireland."
4 Now, again, we'll ask Ms Redmond some more
5 detailed questions about some of these matters but
6 that's what you inherited, effectively?
7 A. That's correct, yes.
8 Q. Now, your appointment had followed the deal to restore
9 devolved Government in Northern Ireland, "new decade,
10 new approach", and if we can just turn to that,
11 please. Soumik, it's WITN557002 -- sorry, 0002, my
12 apologies.
13 So we can see there "New Decade, New Approach",
14 and we can see the date over the next page,
15 January 2020, and then if we go to the next page we
16 can see that it comprises in part an articulation of
17 priorities of the restored Executive and then
18 an agreement in relation to the formation of
19 a Northern Ireland Executive.
20 Then if we go to -- Soumik, I think it's page 9.
21 Yes, so if we look at the bottom half of the page
22 these are some of the priorities that were being
23 identified and if we look toward the bottom of the
24 page, just above the blue heading "Developing a new
25 Programme for Government", we can see it says:

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1 point. We have had a wide-ranging consultation that
2 we actually put out to the infected and affected a few
3 months ago where we got feedback from that group but
4 no detailed assessment has been delivered by my
5 Department.
6 Q. Is that something which your Department and you are
7 open to considering?
8 A. Most certainly, yes. I think one of the things that
9 we have learned as a Department and I as Minister when
10 we've met with the individuals who have been infected
11 and affected is to listen to what their asks are. So
12 if there is a request for that work to be taken
13 forward, it is something certainly we will consider
14 taking forward in a future work programme.
15 Q. In terms of the period of time since you have been
16 minister, has any specific consideration been given to
17 whether aspects or elements of the scheme operated in
18 the Republic of Ireland should be incorporated in
19 Northern Ireland?
20 A. We haven't done that direct read-across in regards
21 because of, I suppose, our part of seeking parity
22 initially into New Decade, New Approach with England
23 but also since the engagement with NIREAD at
24 a four-nation level, especially since the ongoing
25 conversations with the Paymaster General.

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1 "The Executive will bring about parity in
2 financial support to victims of contaminated blood in
3 Northern Ireland with those in England."
4 Do you know why new deal, new approach sought to
5 bring about parity with England, as opposed to any
6 other part of the United Kingdom at that stage?
7 A. I'm not aware of why that final text was actually
8 included in that format because New Decade, New
9 Approach was a deal drafted between UK and the Irish
10 Governments in an attempt to restore devolution here
11 in Northern Ireland. So it was a comprehensive
12 document that had taken input from all of the
13 political parties who had an ability to be in the
14 Executive but also both governments as well. So it
15 was, I suppose, a culmination of things that all
16 parties wanted to see. So I'm unaware as to why
17 England was specifically included as the reference
18 point in that document.
19 Q. To your knowledge, has there been, either at any time
20 since 2017 or at any time since 2020 when you took up
21 your post, any kind of full or comprehensive
22 assessment of the actual needs of or losses sustained
23 by victims in Northern Ireland?
24 A. Not that I'm aware of and the decision hasn't been
25 taken -- I actually did take this forward at this

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1 Q. I want to look now at some of the specific decisions
2 that you have taken since you took up your post.
3 If we start with WITN5570003, please, Soumik,
4 this is the announcement of 27 January 2020.
5 We can see, Mr Swann, this is a publication of
6 27 January 2020, and it says:
7 "Health Minister Robin Swann has announced
8 payments for people who were diagnosed with
9 Hepatitis C or HIV after receiving NHS-supplied
10 infected blood.
11 "The interim payments for Northern Ireland
12 beneficiaries of the Infected Blood Payment
13 Scheme ..."
14 If we just go down the page a bit, please,
15 Soumik.
16 "... will range between £4,000 and £8,000 per
17 person, depending on individual circumstances.
18 "It is expected that the further support may be
19 provided before the end of this financial year,
20 informed by a wider ongoing review of overall
21 provision for victims.
22 "The interim payments have been made possible by
23 a £1 million allocation to the Department of Health
24 through the Department of Finance's January monitoring
25 round."

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(3) Pages 9 - 12

1 Then there's various statements that you make.
 2 Can you just tell us a little about the
 3 background and your own decision-making which led to
 4 this announcement?
 5 A. In regards to this announcement, as this statement
 6 says, under New Decade, New Approach there was
 7 a commitment there from the Executive in the January
 8 monitoring round of that year. It is for our
 9 Department of Finances what excess spends have been
 10 returned to the centre. I was allocated a £1 million
 11 payment to meet that need. It was a one-off payment
 12 for that year so I wanted to take the first step in
 13 meeting that commitment that we had made under New
 14 Decade, New Approach.
 15 It was also coupled with the announcement of
 16 a three-phased review of the Northern Ireland scheme
 17 so really the first interim initial payments was to
 18 start us on that process and to work our way towards
 19 parity, but also after having engaged with the
 20 families of those who had been infected and affected
 21 as well.
 22 Q. This was, as it were, a step on the road to parity
 23 with England rather than immediately achieving it, is
 24 that right? These were not necessarily, at this
 25 stage, going to be long-term payments, and they didn't

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1 and affected and so if we look at the record of that,
 2 it's WITN5570004, please, Soumik.
 3 We can see it is dated 13 February 2020.
 4 A number of those in attendance we've redacted names
 5 for obvious reasons but it included, I think, both
 6 campaigning representatives of organisations and
 7 individuals who had been infected and affected.
 8 Then if we look at the bottom of the page, we
 9 can see it says:
 10 "Key points discussed:
 11 "The Minister set out the current position in
 12 relation to financial support:
 13 "interim payments announced on 27 January was
 14 a decision Minister had taken on his own and he
 15 apologised if it was taken the wrong way."
 16 What did you mean by that?
 17 A. I think it was a recognition to a misunderstanding or
 18 any hurt that had been caused by the fact that
 19 I hadn't used the whole £1 million and it had been
 20 referred to as an interim payment; I think some of the
 21 families had misinterpreted that as an intention that
 22 I wasn't fully committed. But I think after the
 23 meeting that we had, I hope (*unclear: audio*
 24 *interference*) that it was my intention as minister to
 25 use the full amount but also to do it after having met

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1 fully make up the difference between the Northern
 2 Ireland rates and the English rates; is that right?
 3 A. That's correct, yes. It was that first step also and,
 4 as I say, we announced at the same stage was the
 5 three-phase review. So we had that engagement with
 6 those who have been infected and affected.
 7 Q. Yes, and I may ask you a little more about those three
 8 phases shortly.
 9 Now, this refers to the allocation of £1 million
 10 through the Department of Finance's general monitoring
 11 round. I think it is right to say that the
 12 announcement that was made at this first stage,
 13 January 2020, didn't use the full £1 million
 14 allocation; is that correct?
 15 A. That's correct because something they wanted to do as
 16 well was to assess what support could be given to
 17 those who had also been bereaved as well. So that
 18 wasn't included in this initial announcement, so they
 19 wanted to make, I suppose, that first step as has been
 20 described as but also to make sure that there still
 21 was some monies to do other things that we may -- seem
 22 necessary or may want to do after having had that
 23 engagement.
 24 Q. Then we can see that -- I think the next step you took
 25 was a meeting with some of those who had been infected

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1 with them and consulted with them and that's why
 2 I think the second bullet point there actually commits
 3 to the spending the remaining allocation before the
 4 end of that financial year.
 5 Q. If we go on to the third page, we can see -- if we
 6 pick it up after the first three bullet points we can
 7 see that part of the meeting was attendees describing
 8 to you the impact of being infected or affected then
 9 we can see a little further down about halfway down
 10 the page that each member of the group attending
 11 recounted their personal experience and a number of
 12 particular matters are there set out embracing a range
 13 of different detrimental impacts.
 14 The meeting's described later in this notice as
 15 having been a very emotional one. What impact did it
 16 have on you, Mr Swann?
 17 A. Jenni, it was an emotional meeting. It was
 18 a challenging meeting for me as well because I hadn't
 19 only been in this post for the first four weeks. It
 20 was a meeting that I thought it was necessary for me
 21 to have, to get the full understanding, but some of
 22 the things that I heard coming from those who had been
 23 infected and affected was challenging to hear. It's
 24 not something that I expected, as Minister of Health,
 25 to have had occurred to people of Northern Ireland as

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(4) Pages 13 - 16

1 part of a service that should have been delivered
 2 safely by the Health Service here. So, and as I said
 3 in some of my opening comments, since taking up this
 4 post (*unclear: audio interference*) important to engage
 5 with people rather than simply policy or procedure.
 6 So, as far as I'm concerned, as Minister of Health,
 7 it's our people at -- are at the centre of the
 8 service. So that's why I thought it was important to
 9 have this meeting and the meeting note does say how
 10 challenging this meeting was and acknowledges that.
 11 **Q.** Now, the following month, March 2020, we can see that
 12 a further decision was taken in terms of payments.
 13 So if we go to, Soumik, WITN5570006, please. So
 14 we can see here the date is 23 March 2020:
 15 "Health minister Robin Swann has announced
 16 additional payments for people affected by
 17 contaminated blood.
 18 "The payments range from around £3,000 to £6,700
 19 and will be made to those people on the Northern
 20 Ireland Infected Blood Payment Scheme who were
 21 diagnosed with Hepatitis C or HIV after receiving
 22 NHS-supplied infected blood.
 23 "Announcing the additional one-off payments,
 24 which bring the Northern Ireland scheme into line with
 25 the scheme in England for 2019/20 ..."

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1 contribution in regards to the £1 million, I wanted to
 2 make sure that we could explore the avenue for that
 3 within that £1 million one-off allocation and also,
 4 from additional resources within my department, we
 5 were able to make that initial payment for those
 6 non-infected widows and widowers who were actually
 7 part of the Northern Ireland scheme.
 8 **Q.** If we go to WITN5570005, we can see that you met with
 9 those representing some of the campaigning
 10 organisations to discuss this announcement prior to
 11 the announcement being made.
 12 So if we look at the bottom of the page under
 13 the heading "Key Points Discussed":
 14 "Infected Blood Payment Scheme.
 15 "The Minister provided details of what he
 16 intended to announce later today."
 17 Then we can see the second bullet point:
 18 "confirmed that he would make payments that
 19 would achieve 100% parity with England on infected
 20 beneficiaries payments for 2019/20;
 21 "confirmed that he was also making a one-off
 22 payment of £5,000 to all 17 non-infected
 23 widows/widowers;
 24 "referred to there being £1m in the draft budget
 25 for 2020/21;

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1 Then it records you saying -- referring to the
 2 meeting that we've just been talking about and talking
 3 about your reaction to the suffering that they have
 4 had to endure.
 5 Then if we go over the next page, we can see at
 6 the top of the page you talking about the hurt that
 7 the divergence with England had caused in Northern
 8 Ireland. Then if we go halfway down the page, just
 9 after the bold print it says:
 10 "In addition to the payments to those infected
 11 individuals on the scheme, the Minister has also
 12 announced that he will make a one-off payment of
 13 £5,000 to all 17 non-infected widows and widowers who
 14 are part of the Northern Ireland Infected Blood
 15 Payment Scheme."
 16 So, again, could you just perhaps give us
 17 a little background and context to your thinking and
 18 the decision-making process which led to this
 19 announcement?
 20 **A.** Again, I was conscious, after having received the
 21 brief from officials and having spoken to the families
 22 of those infected and affected, that it was something
 23 that we didn't have here in Northern Ireland in
 24 regards to a payment for non-infected widows or
 25 widowers and, as I said in there earlier, the

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1 "emphasised that the £5k payments were one-off."
 2 Then if we go over the page and we pick it up in
 3 the fourth paragraph, we can see it says:
 4 "Minister stated that budget is for one year
 5 only and that this year and next year 'are covered'.
 6 While he did not know what his tenure as Minister
 7 would be he hoped that any future Health Minister
 8 would 'not break the cycle!'.
 9 Then again you refer to the three-stage or
 10 three-phase approach being taken.
 11 Then if we just go to the top of the next page,
 12 we just look at the first three lines, do we
 13 understand this announcement incorporated the £400,000
 14 that was remaining from the January £1 million
 15 allocation plus some additional funding taken from
 16 the existing Department of Health budget?
 17 **A.** That's correct, yes.
 18 **Q.** If we just then go back -- sorry -- to the previous
 19 page, page 2, again, if we just look at that fourth
 20 paragraph which I read out, is it right to understand
 21 that at this point you were not able to give
 22 a longer term commitment in relation to payments or
 23 future steps towards achieving parity?
 24 **A.** That's correct. As I say, I only have -- well, sorry,
 25 our elections are due in May so I don't have a full

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(5) Pages 17 - 20

1 mandate to serve in this post so I'm able to do what
2 I can do in that period of time, but we're also
3 working under the financial constraints of a single
4 annual one-year budget, step by step. So we only get
5 our allocations on a 12-monthly basis across any
6 department, so it does make those long-term
7 commitments, financial commitments, challenging, which
8 I hope that part of this Inquiry can address, that
9 these are actually embedded long-term -- long-term
10 recommendations and commitments from me and my
11 successors.

12 Q. I just want to go back to the submission. We looked
13 at it briefly earlier but the submission that you had
14 received from officials within your department, prior
15 to making your announcement in late March 2020. So,
16 Soumik, if we can go back to WITN5570021, I just want
17 to start by going to a background section, so if we go
18 to page 4, please, under the heading "Background",
19 there are some paragraphs which set out matters which
20 pre-date your appointment, Mr Swann, but this was
21 a submission being addressed to you, so I just want to
22 see whether you have any further understanding or can
23 cast any further light on these matters.

24 So we can see paragraph 8 summarises the period
25 when there were five UK-wide schemes and then each

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1 paragraph 11 -- again, this is before your appointment
2 but it's not long before your appointment and I'm
3 hoping that you will have had some understanding of
4 what the financial position was when you then took up
5 your post. This says that on 4 September, in the
6 Chancellor's Spending Round speech announcing Northern
7 Ireland's Barnett consequentials allocation it quotes
8 the Chancellor as saying there was an extra
9 400 million for Northern Ireland and then saying --
10 welcoming:

11 "... the case made by the DUP for improved
12 hospice care, and support for those that have been
13 tragically wronged in the contaminated blood scandal.
14 Those are rightly devolved matters, but I sincerely
15 hope that the Northern Ireland Administration will use
16 some of the new funding we're providing today to
17 address those issues."

18 Then the comment from your officials is:
19 "However, there was no new money allocated to
20 Northern Ireland specifically for infected blood in
21 the spending round and these comments only served to
22 raise expectations."

23 Again, we can obviously pick this up with
24 Ms Redmond as necessary but what was your
25 understanding when you took up your post in

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1 country having its own Infected Blood Payment Scheme
2 since 2017. There's then reference in paragraph 9 to
3 the English increase in April 2019, which led to this
4 divergence with Northern Ireland.

5 If we go to the top of the next page, we can see
6 it says:

7 "This increase in payments by the English scheme
8 resulted in an unforeseen and sudden disparity with
9 Northern Ireland."

10 Just pausing there, again -- obviously, again,
11 conscious as I am that this pre-dates your appointment
12 but based upon what you have learnt from officials for
13 the purposes of your own decision-making, is it your
14 understanding that Northern Ireland did not know in
15 advance that these increases were going to be made in
16 spring 2019?

17 A. I would be unable to comment on that in detail,
18 Ms Richards, in regards to what engagement had been
19 had at official level but my understanding from that
20 brief would have been as it says there, that they
21 resulted in unforeseen and sudden disparity, that that
22 announcement wouldn't have been fully understood or
23 discussed with officials. I think Ms Redmond can
24 update that in her deliberations afterwards.

25 Q. We can take that up as necessary with her. Then

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1 January 2020 of this extra £400 million, which was
2 said to have been allocated to Northern Ireland and
3 what it was intended to cover?

4 A. Well, from reading that paragraph and that commitment
5 as well, the 400 million was allocated to Northern
6 Ireland but there was no specific allocation for
7 infected blood and I think that's what we covered in
8 an earlier document where you actually see the
9 £1 million that I received came in a monitoring round
10 but a submission in January from our own Department of
11 Finance, but at that point in September 2019 there was
12 none of that £400 million was specifically allocated
13 to the Department of Health to cover those issues.

14 Q. Then if we can turn on in this document to -- I think
15 it's page 38, Soumik. No, it's not, sorry. Forgive
16 me. It's paragraph 38. It's page 17, Soumik. You
17 will see there the heading "Meaning of 'parity'", and
18 I just wanted to look at some of the paragraphs with
19 you and then explore, again from your perspective as
20 Minister and your Department's perspective, the
21 approach to parity. So paragraph 38 refers to the
22 commitment in New Decade, New Approach, which we've
23 already looked at, and then paragraph 39 says this:

24 "There is no consensus as to what parity between
25 the [Northern Ireland] and English schemes would mean

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(6) Pages 21 - 24

1 in practice. In particular, it could relate to going
2 beyond simply the regular payments to include parity
3 on areas where differences between the two schemes
4 existed prior to April 2019, including discretionary
5 support (one-off grants), income top-ups and the
6 Special Category Mechanism. Work on these elements of
7 the scheme was paused in 2017, in the absence of
8 a Minister and following the announcement of the
9 Inquiry.

10 "The term 'greater parity' is taken from Jackie
11 Doyle Price's statement about the uplift in England.
12 This expression implies that there are degrees of
13 parity, ie that 'parity' does not necessarily mean
14 uniformity. The term 'convergence' would have been
15 more useful but English ministers have raised
16 an expectation that parity effectively means
17 uniformity [go over the page] in financial support
18 across the UK. This is despite specific agreement at
19 the four-nation Ministerial discussion in July 2019
20 (in which Richard Pengelly took part) that we should
21 aim for 'parity of support' -- ie ensuring that those
22 infected and affected received a level of support
23 (both financial and non-financial) which addressed
24 their needs. In practice, such an approach would mean
25 that individuals receive a higher or lower level of

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1 factors to take into account.

2 Then if we go -- if I can find the reference
3 to -- paragraph 62, page 26, the submission to you
4 said this at paragraph 62:

5 "It is clear that the impacts on people bereaved
6 through infected blood and their needs in terms of
7 financial and other assistance, demand serious and
8 urgent consideration and appropriate responses. For
9 immediate purposes the main parameter for this
10 decision is the amount secured in January Monitoring.
11 This was based on the sum needed to provide 'parity'
12 with the English scheme, albeit in 2019/20 only. NDNA
13 commits to 'bringing about parity' [so that's New
14 Deal, New Approach]. The focus of groups of
15 infected/affected people campaigning for parity has
16 been the restoration of parity in those payments where
17 there was parity between [Northern Ireland] and
18 England until April 2019. While there are
19 interpretation issues with the word 'parity', in plain
20 English it is synonymous with 'equality'."

21 Then there's a discussion of different options
22 and we know what your ultimate decision was. We've
23 looked at that.

24 Mr Swann, the reason for taking you to that is
25 to try and understand what, as at March 2020, your

27

1 financial support in different regions, recognising
2 local circumstances (eg relevant costs and other
3 factors)."

4 Then paragraph 41 refers to Northern Ireland
5 campaigners having taken up parity with England as
6 their goal. If we then go to paragraph 42, it says:

7 "A further consideration is the preservation of
8 devolved authority in this matter. A permanent or
9 indefinite commitment to replicate the provisions in
10 the English scheme may not be possible if this would
11 bind the hands of any future [Northern Ireland]
12 Minister of Health as regards tailoring the [Northern
13 Ireland] scheme more closely to the needs of its
14 beneficiaries. While some form of parity is agreed at
15 ministerial level, GB Health Ministers are in
16 agreement that this should be done while respecting
17 the devolved status of health to allow some
18 flexibility in each country's scheme.

19 "While this Department is working to establish
20 a defensible rationale for changes to the Scheme, we
21 are aware that English Ministers' decision to raise
22 payments in 2019 was a political decision not,
23 underpinned by any such rationale, so that there is no
24 DHSC analysis from which we could extrapolate."

25 Then paragraph 44 refers to there being many

26

1 approach was to parity. What were you trying to
2 achieve in terms of achieving parity, given that there
3 appears to have been a description here of there being
4 possibly different ways of understanding what parity
5 means?

6 A. No, and it was the reference in paragraph 62 about
7 bringing about parity, my intention was to move to the
8 same payments as there had been within the English
9 scheme and make sure that we were matching those as
10 an initial step, and that's why I took that stepped
11 approach when we had those monies and the decisions
12 and the announcement that I actually made earlier in
13 2020 to do that.

14 Q. So is this right, in terms of the regular payments,
15 your approach to parity was, essentially as set out
16 here, equality with the English scheme?

17 A. That's correct, yes.

18 Q. I may come on to ask you a little more in due course
19 when we look at more recent developments about some of
20 the other aspects, in particular what's proposed in
21 terms of the Special Category Mechanism. Again, just
22 taking it chronologically, if we can then move to the
23 following month, April 2020, and look at WITN5570007,
24 please, Soumik. Now, this is a letter written by you,
25 9 April 2020, again to representatives of campaigning

28

(7) Pages 25 - 28

1 organisations, those who you had met with on 23 March,
 2 and you explain what your 23 March announcement is
 3 intended to mean. You recognise in the next paragraph
 4 the great emotional and financial suffering of family
 5 members, those affected, and you refer to the payment
 6 to widows and widowers. Again, I am going to come
 7 back to the issue of the bereaved in due course.
 8 Then you say at the bottom of the page:
 9 "I appreciate you are keen to maintain this
 10 momentum and secure a permanent uplift in funding for
 11 the future. In our meeting, I advised that there was
 12 £1 million included in the draft 2020/21 budget but
 13 made clear that this had not yet been finalised at
 14 that point. I am pleased that the Finance Minister
 15 has since confirmed this in the budget announcement on
 16 31 March. As the £1 million has now been confirmed
 17 within the 2020/21 budget it will be in our baseline
 18 going forward and, therefore, I consider it to be
 19 recurrent."
 20 Then, top of the next page, you say:
 21 "I can assure you that this £1 million will be
 22 used in full, as intended, to provide support to those
 23 impacted by infected blood and I will make a further
 24 announcement of payments for 2020/21 once I have given
 25 full and proper consideration as to the most

29

1 2020/21 and will address other aspects of the scheme
 2 with a view to working towards greater parity of
 3 support across the UK schemes, while taking account of
 4 local circumstances and beneficiaries' needs in
 5 Northern Ireland. Phase 3 will address
 6 recommendations from the Infected Blood Inquiry once
 7 it has concluded."
 8 So can I just ensure that I understand phase 2.
 9 It would appear from the description in your letter
 10 here of phase 2 that you were now looking not simply
 11 at the position in England but interested in exploring
 12 what the other schemes in the devolved nations
 13 included, to see whether there were elements that
 14 should be introduced in Northern Ireland?
 15 A. That would be correct, yes.
 16 Q. If we then move forward to August 2020, WITN5570008 we
 17 can see what I think was in chronological order your
 18 next announcement. So this is 30 August 2020:
 19 "Health Minister Robin Swann has announced
 20 increased payments for beneficiaries of the Northern
 21 Ireland Infected Blood Payment Scheme.
 22 "The increased annual payments, made to people
 23 on the [Northern Ireland] Infected Blood Payment
 24 Scheme who were diagnosed with Hepatitis C or HIV
 25 after receiving NHS-supplied infected blood or blood

31

1 appropriate way to use this funding."
 2 Again, just to try and unpick and understand
 3 that, this was not, at this stage, a further
 4 announcement in relation to payments but it was
 5 confirmation that the £1 million that you had received
 6 was, as far as you understood the position, going to
 7 be, as it were, a regular feature of the Department of
 8 Health's budget, so you should be able to continue the
 9 already announced payments for the following years.
 10 Is that a correct summary?
 11 A. That's correct -- that would be correct, as the
 12 first -- as I say, the first 1 million we received was
 13 a result of a monitoring round allocation but this was
 14 actually the confirmation from the Minister of Finance
 15 that it would be now a baseline amount.
 16 Q. Then if we just pick up in the third paragraph, the
 17 three stages, just so again we can understand what you
 18 meant by the three-phase approach to reviewing
 19 financial support, you say:
 20 "Phase 1 commenced with the announcement of
 21 interim payments ..."
 22 You refer to the January and March announcements
 23 that we've looked at, and then you say in the next
 24 paragraph:
 25 "Phase 2 of the review ... will continue in

30

1 products, range from £18,745 to just under £45,000
 2 (depending on diagnosis) and bring Northern Ireland's
 3 rates into line with England, where payments were
 4 increased significantly in April 2019. These
 5 increased payments will continue into future years."
 6 So was this, as it were, the final step in
 7 achieving the direct parity of payment in terms of the
 8 regular payments to infected beneficiaries between
 9 Northern Ireland and England?
 10 A. It is, yes, and that, I suppose, was the intention of
 11 travel that we indicated from February, in regards to
 12 the first payments that were made.
 13 Q. Then if we go to -- I'm sorry, I should just say we
 14 can see it says there "these increased payments will
 15 continue into future years". So that's what you
 16 hadn't been able to give in March, as it were,
 17 a commitment that this would now be the baseline for
 18 the payments going forward?
 19 A. That's correct, because of the budget allocation at
 20 that stage but also, at that point in time, we also
 21 announced there would be a survey, and that was part
 22 of stage 2 as well, of those who had been infected and
 23 affected as well.
 24 Q. Indeed, you have anticipated my next question. So if
 25 we go to the third page --

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1 A. Apologies.
 2 Q. No, not at all. If we go to the third page, Soumik,
 3 we can see, halfway down the page, it says:
 4 "In addition to the uplift in rates to those
 5 infected beneficiaries on the [Northern Ireland]
 6 Infected Blood Payment Scheme, Minister Swann also
 7 announced his intention to conduct a survey of all
 8 scheme beneficiaries in Northern Ireland, to seek
 9 feedback on other support provided both financial and
 10 in terms of psychological support."
 11 Now, although it takes us perhaps slightly out
 12 of chronological order, I just wanted to ask you
 13 a couple of questions about the survey results. So if
 14 we go to WITN5570020, we can see there this is the
 15 beneficiary survey, the report summarising it,
 16 October 2020, and I'm not going to ask you about the
 17 detailed representations about financial support.
 18 It's right, in broad terms, to say that there were
 19 a number of responses received with suggestions as to
 20 how the financial support arrangements could be
 21 improved.
 22 A. That's correct, yes.
 23 Q. Then if we go on to page 9, I just want to pick up
 24 an issue about psychological support. If we look at
 25 the heading "Section Eight: Psychological/mental

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1 the conversations and meetings we had, even back in
 2 February 2020.
 3 Q. Again, I think this is right, perhaps you can confirm
 4 your understanding: the psychological support service,
 5 unlike the financial support, is not limited to
 6 widows, widowers, spouses, partners, it's open to
 7 a broader range of family members; is that correct?
 8 A. That's correct, yes.
 9 Q. What, if anything, is the long-term commitment to the
 10 funding of the psychological support service?
 11 A. That, again, Ms Redmond can follow up on that in her
 12 evidence but it would be my understanding that the
 13 Department is working with the Belfast Trust to make
 14 sure that that support is there and (*unclear: audio*
 15 *interference*) the Inquiry actually finishes as well,
 16 because it was initially instigated for the duration
 17 of the Inquiry but we have seen the benefit that it is
 18 bringing, so it would be a direction of travel that it
 19 would be long-term rather than the fixed term.
 20 Q. Then if we then move forward in time to the next
 21 announcement, which I think you made in terms of
 22 changes to the scheme, we're now early March 2021,
 23 WITN5570017. We can see again the date is
 24 1 March 2021:
 25 "Health Minister Robin Swann has announced

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1 health support", we can see it says there:
 2 "34 respondents were not aware that
 3 psychological support is available from the Belfast
 4 Health & Social Care Trust for patients and families
 5 affected by contaminated blood or the Infected Blood
 6 Inquiry ..."
 7 Then it refers to the numbers who were using it.
 8 Given the numbers who I think responded to the
 9 survey, that's a fairly significant number who were
 10 not aware of the psychological support service.
 11 I know the service itself is provided by the Belfast
 12 Health and Social Care Trust and obviously not
 13 directly by the Department of Health but do you know
 14 what, if any, steps have been taken since receipt of
 15 this survey report to try and increase awareness about
 16 the psychological support service?
 17 A. It is engagement through the work of the Belfast Trust
 18 and through their multidisciplinary teams to make sure
 19 that any of those patients who are coming forward are
 20 aware of the multidisciplinary team approach. It's --
 21 something that we want to provide is that
 22 psychological support, to all those who have been
 23 infected as well, to make sure that it's there to meet
 24 their needs and support them as well, because it was
 25 also something that was highlighted as well through

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1 annual financial support for those bereaved as
 2 a result of NHS contaminated blood.
 3 "The annual payments will be made to people
 4 registered on the Northern Ireland Infected Blood
 5 Payment Scheme who have not been infected by
 6 contaminated blood but have been left bereaved
 7 following the death of a spouse or partner who
 8 contracted Hepatitis C or HIV after receiving
 9 NHS-supplied infected blood or blood products in
 10 Northern Ireland."
 11 Then if we go to the bottom of the page, it
 12 says:
 13 "The payments represent a Departmental funding
 14 commitment of around £400,000 annually and range from
 15 £14,079 pounds to £33,561 per year. These payments
 16 will be backdated to April 2020 and will continue into
 17 future years, rising annually with inflation."
 18 Then if we go to the next page, please, Soumik,
 19 if we look at paragraph 4, towards the top of the
 20 page, it says:
 21 "The new payments for non-infected bereaved
 22 beneficiaries are calculated at 75 per cent of the
 23 payment their deceased spouse or partner was receiving
 24 or would have been entitled to receive, were they
 25 still living ..."

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(9) Pages 33 - 36

1 Then we see the details of the different
 2 payments for the different categories of infection
 3 there set out. Is it right to understand that this is
 4 the first time that regular annual payments for the
 5 bereaved had been introduced in Northern Ireland?
 6 A. That's correct and, again, I think it was the next
 7 step after having made the initial £5,000 payment,
 8 earlier the previous year, that it was my intention
 9 and direction of travel that those who had been
 10 bereaved would also receive that payment as well.
 11 Q. We see it's 75 per cent of the payment that the spouse
 12 or partner was receiving or would have received. So
 13 is it right to understand that this is essentially
 14 drawn on the Scottish model but without the
 15 100 per cent payment that the Scottish model provides
 16 for the first year following bereavement?
 17 A. That's correct, yes.
 18 Q. It's also right, I think, to understand, fairly
 19 clearly from this, these are payments that are limited
 20 to spouses or partners who have been bereaved. No
 21 wider family member can receive these payments?
 22 A. No, that's -- it is for spouse or partner.
 23 Q. Again, that's an issue I want to come back to a bit
 24 more generally.
 25 Chronologically we then get to the announcement

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1 are for.
 2 Q. Do you consider, as Minister for Health in Northern
 3 Ireland, and leave aside any questions of legal
 4 responsibility, but do you consider that there is
 5 a moral responsibility on the part of Government
 6 generally and in Northern Ireland to try and address
 7 the impacts and the suffering that people have
 8 experienced?
 9 A. There is, yes, and I think there's a moral
 10 responsibility not just on the Department of Health
 11 here in Northern Ireland or NI Executive but
 12 Government as a whole to make that acknowledgement and
 13 also to do what we can -- to do what -- to do what we
 14 can to make sure that's corrected, but also to
 15 consider what is in line with a sort of moral
 16 responsibility for those who have been both infected
 17 and affected.
 18 Q. We looked at the submission that your officials
 19 provided to you in March 2020. I'm not going to go
 20 back to it but there were references there to the role
 21 of devolution, if I can put it that way. What role
 22 does devolution or the particular needs or demands of
 23 communities in Northern Ireland play in the attitude
 24 and decision-making of the Northern Ireland Executive
 25 in this regard?

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1 made by the Paymaster General later in March 2021, but
 2 I want to come back to that towards the end of my
 3 submissions and explore with you a little more widely
 4 what discussions have taken place between the four
 5 nations. So we will, as it were, park that for now.
 6 Can I ask then, in broad terms what's your
 7 understanding -- sorry, we can take that down,
 8 Soumik -- what's your understanding or the
 9 understanding within the Northern Ireland Department
 10 of Health as to the rationale for these payments?
 11 What are they designed to cover or reflect?
 12 A. To support those who have been infected or affected
 13 due to the contaminated blood, the challenges and the
 14 stresses and strains that they have faced as
 15 individuals and as families since those incidents have
 16 occurred.
 17 Q. Is it right to understand and do you accept that the
 18 payments within the current scheme, whether as
 19 originally set up or as amended following your
 20 decisions, they are not intended to account for or
 21 compensate for past losses, they pay, with some
 22 backdating in some cases, a sum of money on an annual
 23 basis to assist people in meeting living expenses. Is
 24 that their essential purpose?
 25 A. That would be my understanding of what these payments

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1 A. I suppose it is the aspect of devolution where we want
 2 to ensure that we're best placed to respond to the
 3 needs of Northern Ireland beneficiaries. There are
 4 common issues across the UK where we can work together
 5 but I think it's when we do work as a United Kingdom
 6 and those four parts coming together, something that
 7 we've seen during the recent pandemic -- and I think
 8 it's when we do work together and give that commitment
 9 as four nations working for the good of, the benefit
 10 of all four parts of our constituencies, and that's
 11 where the Paymaster General's announcement on 25 March
 12 in regards to working with all the devolved
 13 authorities as well, to make sure that we consult on
 14 any further changes to the scheme so that we can, in
 15 future, avoid the disparities that have happened in
 16 the past.
 17 Q. Now, in terms of the general funding arrangements for
 18 the Department of Health -- and again, I'm sure
 19 Ms Redmond will be able to perhaps address this in
 20 some more detail, but in broad terms is it right to
 21 understand that funding in respect of HIV payments
 22 comes from the Department of Health and Social Care?
 23 A. That is correct to my understanding but Ms Redmond can
 24 verify that for you.
 25 Q. Do you have any particular understanding of why the

40

(10) Pages 37 - 40

1 Department of Health provides direct -- sorry, the
 2 Department of Health and Social Care provides direct
 3 funding in relation to Northern Ireland in relation to
 4 HIV but not hepatitis C?
 5 A. I don't.
 6 Q. Do you know whether there have been any particular
 7 difficulties in accessing or receiving this funding
 8 from the Department of Health and Social Care?
 9 A. Not that has been brought to my attention in my term
 10 of office.
 11 Q. In that case, we will pick up perhaps some of the more
 12 specific points with Ms Redmond on that.
 13 In terms of long-term commitment, the current
 14 scheme, and we can look at the service level agreement
 15 or directions if necessary, but the current scheme in
 16 Northern Ireland, in common I think with the schemes
 17 in other parts of the United Kingdom, uses the concept
 18 of making *ex gratia* payments -- that's the
 19 terminology -- and an *ex gratia* payment is a payment
 20 with no obligation, as it were.
 21 So a scheme based upon *ex gratia* payments won't
 22 necessarily give the kind of assurance or reassurance
 23 of long-term commitments that the infected and
 24 affected community may desire and need. To what
 25 extent are you, as Minister for Health or as

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1 Ireland, and I would hope that any of my successors
 2 can also look at it in that approach as well.
 3 Q. And are you able to assist with this: is it, do you
 4 think, understood by both the Department of Health and
 5 colleagues in the Northern Ireland Executive that the
 6 absence of assurance, reassurance, long-term
 7 commitment, may significantly increase the suffering,
 8 the anxiety and distress that individuals have
 9 experienced and may mean they are unable to make life
 10 decisions in reliance upon receiving future payments?
 11 A. I do, Ms Richards, and I think that's one of the
 12 points that was raised and you referred to that back
 13 from my first announcement in regards to what we did
 14 as an interim payment. I am acutely aware of the
 15 uncertainty and the challenges that every one of these
 16 announcements actually brings to individuals who have
 17 been infected and affected, so that long-term
 18 reassurance and commitment both from HMG, from the
 19 Paymaster General, but also from the Northern Ireland
 20 Executive is crucial and I think it was important that
 21 we do refer back to the New Decade, New Approach where
 22 that commitment was made in regards to what was
 23 basically the foundation document for the restoration
 24 of devolution here in Northern Ireland back in January
 25 of last year.

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1 a representative of the Department of Health in the
 2 Northern Ireland Executive, able to give any kind of
 3 assurance that payments for the infected and affected
 4 will continue for their lifetime?
 5 A. I can give the assurances and the commitments that
 6 I can while I'm in this office, and the payments have
 7 been set down and are there. This Inquiry will also
 8 make its recommendations as well and that's what our
 9 phase 3 will introduce as well. So I hope and I will
 10 be seeking that any successor to my appointment also
 11 honours the commitments that I have made in this
 12 office to those who have been infected and affected,
 13 so that those payments that have been established are
 14 continued as well. But that will involve the support
 15 of all my Executive colleagues, which also in Northern
 16 Ireland brings about the peculiarity of it involves
 17 a number of political parties actually having that
 18 understanding as well which I think we have the
 19 support of here in Northern Ireland, because even if
 20 you go back to the meeting that we had in February,
 21 you will see that there was -- two political
 22 representatives attended with those families,
 23 Martina Anderson from Sinn Féin and Roy Beggs from the
 24 Ulster Unionist Party. So this is an issue that
 25 doesn't touch on political divides here in Northern

42

1 Q. I want to ask you next about two aspects that are not
 2 covered by the existing scheme, either in Northern
 3 Ireland or elsewhere in the United Kingdom. The first
 4 is financial support for those infected with
 5 hepatitis B in consequence of infected blood or blood
 6 products. Has the Northern Ireland Executive or the
 7 Department of Health to your knowledge ever expressly
 8 considered the inclusion of financial support for
 9 those infected with hepatitis B?
 10 A. It's not something I am aware of, Ms Richards, or
 11 I have in front of me, but if Ms Redmond can't follow
 12 up on it we will respond to you in writing on that
 13 point, if that would be okay.
 14 Q. Am I right to understand you don't know if
 15 consideration has been given to it and you don't know
 16 what the reasons are for its exclusion; is that
 17 correct?
 18 A. That's correct at this minute. It's not something
 19 I have -- it's not something I have with me or in my
 20 head at this point in time.
 21 Q. The second relates to the limited scope of financial
 22 support for those who have been bereaved. So as we've
 23 already established through your answers, and indeed
 24 the announcements you've made, the payments (both the
 25 one-off payments and the annual payments that you

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(11) Pages 41 - 44

1 announced at the beginning of March of this year) are
2 for those whose spouse or partner has died but there's
3 no wider financial support, for example, for adult
4 children whose parents have died or for parents whose
5 children died. What is the justification for limiting
6 bereavement payments, whether one-off or regular, to
7 spouses and partners?

8 **A.** My understanding would be the identification of who
9 would be eligible and whether that would be
10 a wide-ranging number of individuals should there be
11 no children where that would go to next.

12 One of the things we have actually done is put
13 that the bereavement payable, or the bereavement
14 payment, that £10,000, would be part of the estate of
15 the deceased in cases where there is no spouse or
16 partner and that's part of our recent scheme reforms
17 as well. So that rather than identifying children or
18 next of kin that it actually goes into the estate
19 where that can be dealt with legally.

20 **Q.** We'll come on to that --

21 **A.** That's a £10,000 bereavement payment.

22 **Q.** We'll come on to that when we look at the late
23 March 2021 announcement, both the Paymaster General's
24 and your own. But in terms of any form of regular
25 support, so leaving aside what the estate might be

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1 think of any logical justification for limiting
2 financial support to spouses and partners?

3 **A.** I suppose it would be -- the challenge would be the
4 identification of who would be eligible and when they
5 would be eligible, but it's not something that we have
6 ruled out and I say, you know, we'll engage with the
7 other four nations, the Paymaster General and await
8 the out-workings of this Inquiry in regards to how
9 that can be done if that is the direction of travel.

10 As I say, I'm fully aware that that is an issue
11 that has been raised by families and individuals, but
12 also as part of our survey response as well.

13 **Q.** Now, I want to come on to the discussions that have
14 taken place on a four nation basis. I'll come to the
15 March 2021 announcement in a few moments or in a few
16 minutes but, first of all, can you assist us with
17 what, if any, involvement you as a minister have had,
18 or to your knowledge your officials have had, in
19 discussions with the other three nations regarding
20 parity since January 2020?

21 **A.** Prior to the announcement by the Paymaster General my
22 officials did provide an input to a detailed costing
23 exercise. They participated in a number of
24 discussions across the four nations in order to
25 develop proposals to bring the schemes into broader

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1 able to claim and who that might benefit, the Northern
2 Ireland scheme -- in common, I should say, with other
3 schemes -- makes no provision for other categories of
4 relatives who may themselves have been financially
5 affected and will certainly have been profoundly
6 affected in mental and psychological terms by loss of
7 child, loss of parent, two of the greatest losses
8 imaginable. That's not been a feature of any of the
9 schemes historically, and one task for the Inquiry is
10 to try and understand why, and whether it is something
11 that should be a feature of those schemes.

12 First of all, is it something you've ever been
13 asked to expressly consider as Minister?

14 **A.** It is something that was actually raised in the
15 surveys that we did as well, as part of the feedback
16 that we got there as well. So it is something that
17 we're aware of, it is something we're aware that this
18 Inquiry may also look at as well, and that will come
19 into our phase 3 when we make that -- you know, the
20 three-phased approach we took in regards of this
21 issue.

22 **Q.** Now, one can understand there might be financial
23 constraints in terms of the amounts of money available
24 to the department or the scheme at any particular
25 time, but leaving aside financial constraints, can you

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1 parity, and that was prior to the announcement of
2 25 March. There was a ministerial meeting prior to
3 that announcement which involved representations of
4 all -- at a ministerial level, representation from all
5 four nations.

6 **Q.** So that was a March of this year meeting. Prior to
7 that, between January 2020 and that meeting in March,
8 had you been involved at ministerial level in any
9 discussions with your fellow ministers in the other
10 nations about steps that could be taken to achieve
11 parity?

12 **A.** No.

13 **Q.** In terms of the work that officials had been
14 undertaking, so officials within your department,
15 costings were put together as to what funding Northern
16 Ireland might require in order to achieve greater
17 parity, and those were submitted to the Westminster
18 Government. Do you know of any other particular
19 engagement or meetings that your officials
20 participated in?

21 **A.** I wouldn't have the detail but, again, Ms Redmond
22 could update on the specifics of those.

23 **Q.** From your perspective, and again I'm conscious you, as
24 it were, came in in January 2020 and there had already
25 been some in principle discussions in 2019 to explore

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(12) Pages 45 - 48

1 parity, but do you have any understanding as to why
 2 it's taken until March 2021 for an announcement to be
 3 made about funding to achieve a greater degree of
 4 parity?
 5 **A.** I don't, and I suppose that would be one for Cabinet
 6 Office or the Paymaster General to answer as a whole.
 7 I think since coming into office we have taken the
 8 steps that we have in Northern Ireland to try to
 9 address what had been missing over the three-year
 10 period that we didn't have a minister in post.
 11 **MS RICHARDS:** Sir, I note the time. I want to look at
 12 some documents on this issue with Mr Swann but it
 13 might be convenient to take the break now, five
 14 minutes or so earlier, and then I can pick up those
 15 documents in one go with Mr Swann after the break.
 16 **SIR BRIAN LANGSTAFF:** That sounds sensible.
 17 So we'll take a break now, Mr Swann. It allows
 18 you to have refreshment and others who are watching to
 19 do the same. We'll come back at 11.30.
 20 In the meantime, I say to you, as I say to all
 21 who give evidence: you are giving evidence, what you
 22 must not do is discuss the evidence you have given or
 23 any evidence you think you may yet be asked to give
 24 with anyone, whoever they are, but you can talk about
 25 anything else you like.

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1 Then we can see the figure for Northern Ireland
 2 is given as 6 million. If we go to that figure, so if
 3 we go on, Soumik, please, to page 4 of this, we can
 4 see the bottom half of the page, the figures for
 5 Northern Ireland. Figures for bereaved partners,
 6 hepatitis C stage 1, stage 2, co-infected, HIV lump
 7 sum payments, the £10,000 lump sum payment and then
 8 the estimated cost of introducing Special Category
 9 Mechanism or enhanced support for Hep C stage 1, and
 10 I'll ask you a bit more about that in a few minutes.
 11 Those are the costings submitted by your
 12 officials; is that right?
 13 **A.** That's correct, yes.
 14 **Q.** That's based on, as it were, continuing what had been
 15 achieved by way of moving towards parity and the
 16 announcements that you had made but then bringing the
 17 Northern Ireland payments up to match, for example,
 18 the Scottish payments and introducing a Special
 19 Category Mechanism or equivalent. So this involves
 20 adding to the announcements you had already made by
 21 this point in time?
 22 **A.** That is correct and as you indicate also the inclusion
 23 of the SCM.
 24 **Q.** But it doesn't reflect the costings for any more
 25 radical rewrite of the financial support scheme?

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1 11.30.
 2 (11.10 am)
 3 (A short break)
 4 (11.30 am)
 5 **SIR BRIAN LANGSTAFF:** Yes.
 6 **MS RICHARDS:** Mr Swann, I'm going to ask you just to look
 7 at three documents with me on the issue of national
 8 and Northern Ireland developments in relation to
 9 parity. The first is at EIBS000705, please, Soumik.
 10 **SIR BRIAN LANGSTAFF:** There's a digit missing there,
 11 I think.
 12 **MS RICHARDS:** EIBS0000705. This is a letter we looked at
 13 yesterday with the witnesses from the Scottish
 14 Government, 21 September 2020, from the Paymaster
 15 General to the Chancellor of the Exchequer, and if we
 16 pick it up under the heading "Financial support", we
 17 can see reference there to ministers committed to
 18 address disparities across the UK in the levels of
 19 financial support provided by the four devolved
 20 schemes. Then it says:
 21 "My officials have worked with Departments of
 22 Health across the four UK nations to cost providing
 23 parity of financial support. The total additional
 24 costs over the next 5 years are estimated to be
 25 approximately £161 million ..."

50

1 **A.** No, not at this point.
 2 **Q.** So if we go back to the letter -- so if we go back to
 3 page 1 of the document, please, Soumik -- we can see
 4 under the heading "Compensation for victims", the
 5 Paymaster General sets out her view that it's
 6 inevitable the Government will need to provide
 7 substantial compensation. Then if we go over the
 8 page, in her last paragraph she says:
 9 "I cannot stress enough the urgency of taking
 10 long overdue action on financial support and
 11 compensation."
 12 I'll come on to the issue of compensation
 13 separately, if I may, so if we can leave that aside
 14 for the time being. Did the Northern Ireland
 15 Executive or your Department have any involvement in
 16 the process of providing information to the Chancellor
 17 or any involvement in the formulation of this letter
 18 or was your involvement simply limited to providing
 19 the Northern Ireland costings?
 20 **A.** As far as I'm aware it was only to provide the
 21 costings.
 22 **Q.** Do you know whether this letter was shared with you or
 23 your Department at the time?
 24 **A.** I'm not aware that it was shared with us prior to
 25 being sent or after. It's not something that's in my

52

(13) Pages 49 - 52

1 recollection at this moment.

2 Q. Have you ever seen any response from the Chancellor to

3 this letter?

4 A. No.

5 Q. Would you agree with the general statement we see in

6 the last paragraph: the urgency of taking long overdue

7 action on financial support and compensation?

8 A. I would, yes.

9 Q. Then if we go to the announcement then some six months

10 or so later by the Paymaster General. Soumik, we have

11 it at WITN4066017 -- WITN4066017. RLIT0001498 -- 000.

12 You should have that. Can you try again, the first

13 one I think we did run through, WITN4066017.

14 So we can see this is the Paymaster General's

15 statement on 25 March 2021, and we can see she says,

16 if we go further down the page:

17 "Today I am providing an update on parity of

18 financial support, the commitment to considering

19 a compensation framework, and enhancements to the

20 psychological support ..."

21 Then under the heading "Parity", she refers to

22 UK-wide agreement in principle to resolve disparities

23 in July 2019. Reference then to a meeting between the

24 UK Government and campaigners, January 2020, and then

25 she confirms changes planned to the four separate

53

1 going to ask you some questions about the process. So

2 you made an announcement on the same day, WITN5570018.

3 We can see the date is the same, 25 March 2021:

4 "This statement provides an update on UK four

5 nations' cooperation to achieve greater parity of

6 financial support for those infected and/or affected

7 by contaminated blood across the UK."

8 Then you refer to the review of the scheme which

9 was underway in Northern Ireland. Next paragraph

10 refers to work between your Department and other

11 Departments. Then if we go to the bottom half of the

12 page, we can see it says this:

13 "Subject to funding from HM Treasury, I have

14 agreed to implement a number of changes to the

15 [Northern Ireland] Infected Blood Payment Scheme,

16 which are intended to achieve greater alignment in

17 financial support across the UK schemes. The reforms

18 are as follows:

19 "payments for non-infected bereaved spouses or

20 partners will increase from 75 per cent of the

21 deceased beneficiary's annual payment to an automatic

22 100 per cent of the deceased beneficiary's payment in

23 the first year, with 75 per cent payable in subsequent

24 years. This is in line with the policy in Scotland

25 and will be backdated to 1 April 2019 ..."

55

1 schemes to bring them into broader parity.

2 If we just go as little further down the page,

3 we can see reference then to the elements of change

4 for England and then, bottom of the page, she says:

5 "... the schemes managed by the devolved

6 administrations in Scotland, Wales and Northern

7 Ireland will be similarly adapted so that across the

8 UK there is broad parity of payments to infected and

9 affected people."

10 If we go over the page, third paragraph, we can

11 see what she says about Northern Ireland:

12 "In Northern Ireland, the changes are to annual

13 payments for non-infected bereaved spouses/partners,

14 lump sum bereavement payments, and a commitment to

15 introduce enhanced financial support for Hepatitis C

16 (Stage 1), at the same payment levels as in England,

17 as soon as a system can be put into operation.

18 "We have agreed with health Ministers that any

19 future changes to national schemes would be subject to

20 consultation between the UK Government and devolved

21 administrations."

22 Then there is the announcement in relation to

23 the compensation framework, which I'll come back to.

24 So that's the Paymaster General's announcement.

25 Can we then look at your announcement and then I'm

54

1 Then second bullet point:

2 "the introduction of enhanced support payments

3 for eligible Hepatitis C Stage 1 beneficiaries, in

4 line with rates paid in England and backdated to

5 1 April 2019 -- subject to a model being developed in

6 consultation with stakeholders ..."

7 Third is:

8 "the £10,000 bereavement lump sum [you referred

9 to this earlier Mr Swann], will now also be payable to

10 the Estate of the deceased in cases where there is no

11 living spouse or partner, in line with the position in

12 England and Wales. This will be backdated to

13 1 April 2017 ..."

14 Then finally:

15 "the lump sum payment to a Hepatitis C Stage 1

16 beneficiary will increase from £20,000 to £50,000 ..."

17 You say that's a policy in line with the

18 position in Scotland and will be backdated to

19 1 April 2017.

20 Sorry, I said "finally", but if we go over the

21 page there's one further element, top of the page:

22 "The lump sum payment to an HIV beneficiary will

23 increase from the current range of payments up to

24 a maximum of £80.5k (depending on circumstances) to

25 an automatic £80.5k, backdated to 1 April 2017 ..."

56

(14) Pages 53 - 56

1 I just have a number of questions arising out of
 2 both the process and the nature of the changes being
 3 made. Can we go back to the previous page, bottom
 4 half of the page. So we can see, Mr Swann, that your
 5 announcement there is said to be subject to funding
 6 from HM Treasury and we heard yesterday from your
 7 Scottish counterparts that they are still waiting for
 8 formal confirmation of the funding. What's the
 9 position in relation to Northern Ireland? Are you
 10 still waiting for some kind of confirmation from the
 11 Westminster Government and, if so, what's your
 12 expectation?

13 A. My understanding is -- the expectation is that as this
 14 commitment has been made by the Paymaster General that
 15 that is a matter of process rather than any
 16 uncertainty of it.

17 Q. So you are expecting the funding to be made?

18 A. Yes, but we haven't followed -- I suppose the fund
 19 will either transfer in funds or written confirmation
 20 at this point.

21 Q. Leaving aside the issue of the enhanced support
 22 payments or Special Category Mechanism model, where
 23 further work is required, in terms of the other
 24 changes, the various increases in payment, what's your
 25 current expectation as to when you will be able to

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1 that further or previous announcements that had been
 2 made, when they are made in one part of the UK that
 3 hadn't been made in line with the other parts and the
 4 other constituency parts as well, so that there was
 5 a co-ordination in the statements being released.

6 Q. Did you know in advance of the four ministers' meeting
 7 that took place in March that you've referred to that
 8 the further funding that had been sought by the
 9 Paymaster General was going to be made available or
 10 was that communicated during the meeting or after?

11 A. That was communicated through the meeting.

12 Q. Then if we just then look at -- there's some other
 13 points of detail here. The payments for non-infected
 14 bereaved spouses or partners backdated to
 15 1 April 2019, has any consideration been given to
 16 backdating that further, at least to the inception of
 17 the scheme, and if so what are the reasons for
 18 backdating only to 2019?

19 A. My understanding, and again, Ms Redmond can maybe
 20 update that, but that was in line with the funding and
 21 making sure we were aligned across the DAs, and that's
 22 why that date was suggested. I'm not sure of any
 23 further rationale for that being appointed at this
 24 time but if there is I can provide that in writing to
 25 you.

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1 implement those?

2 A. Well, we are currently waiting on that update from the
 3 Cabinet Office and I would hope to be receiving it
 4 soon but the Cabinet Office and the Paymaster General
 5 will be best placed to say exactly when that transfer
 6 will be made but we've made it very clear in this that
 7 it is our intention to make these payments.

8 Q. You obviously had some advance notice of the Paymaster
 9 General's announcement on 25 March because you were
 10 able to formulate your own statement, as we've seen,
 11 but what can you tell us further about the information
 12 that was provided to you, whether by the Department of
 13 Health and Social Care or the Cabinet Office, in the
 14 course of March? How and when did you learn that
 15 additional funding was in principle going to be made
 16 available?

17 A. As I say, that was mostly done through official
 18 engagement in the first ministerial level was actually
 19 the meeting that was held and chaired by the Paymaster
 20 General with the four Ministers from the devolved
 21 authorities. So in regards to the announcement, that
 22 was done through collaboration between the
 23 Departments. So there was a consistency of approach
 24 and message in that across all the devolved
 25 administrations, so that we did not cause the anxiety

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1 Q. Then in relation to the second bullet point, the
 2 question of enhanced support, again do you know why
 3 that's going to be backdated only to April 2019,
 4 bearing in mind that I think in England the Special
 5 Category Mechanism had been introduced in the
 6 autumn of 2017?

7 A. I'm not aware why that date is specifically mentioned
 8 at that point.

9 Q. What's the plan in terms of the model because,
 10 obviously, your statement suggests there is still work
 11 to be done on a model and a proposal of a consultation
 12 with stakeholders. What's your best estimate of how
 13 long the process of developing that model is going to
 14 take?

15 A. With the team that we have working, I have committed
 16 to the introduction of that enhanced support payment
 17 for those who are eligible, and officials will shortly
 18 commence that work in developing that assessment
 19 model, actually in consultation with stakeholders.
 20 And this work unfortunately has unavoidably been
 21 delayed due to the urgent work that we are taken
 22 required to do because of requests for information and
 23 the Inquiry specifically in the recent weeks. We only
 24 have a small team within the department who have both
 25 responsibility for the work in regards to the Northern

60

(15) Pages 57 - 60

1 Ireland scheme but also supporting the Inquiry work as
 2 well, so it is my intention that we get on with that
 3 work, and that process will commence in
 4 consultation and partnership with the stakeholders
 5 themselves as well.

6 **Q.** We know there are different approaches in the other
 7 nations. England has the Special Category Mechanism,
 8 which is dependent upon clinical assessment.
 9 Scotland, as we heard yesterday, uses a form of
 10 self-declaration self-assessment and we'll hear about
 11 Wales tomorrow. Is there currently any particular
 12 model favoured by the Department of Health?

13 **A.** If there is, that option or those options have not
 14 been presented to me as of yet until that work is
 15 completed with -- and again, in consultation and
 16 working with the stakeholders.

17 **Q.** Then in relation to the other items set out here, we
 18 can see they are going to be backdated to April 2017,
 19 so a longer period of time, but obviously still
 20 a cut-off so that those whose -- for example, in
 21 relation to the bereavement lump sum -- who died
 22 before that, will not benefit from it. Again, are you
 23 able to cast any light on the thinking as to why those
 24 dates have been chosen?

25 **A.** I don't have that detail in front of me, either in

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1 and, indeed, continuing to die?

2 **A.** Most definitely.

3 **Q.** Do you share the view expressed by the Paymaster
 4 General in that September 2020 letter to the
 5 Chancellor that it's inevitable that the Government
 6 will need to provide substantial compensation to the
 7 infected and affected communities?

8 **A.** Yes, I do.

9 **MS RICHARDS:** Mr Swann, those are the questions I have for
 10 you but I'm conscious of the need to allow Core
 11 Participants, through their recognised legal
 12 representatives, to suggest further questions.
 13 So perhaps, sir, we could take another break
 14 which would enable any further questions to be
 15 suggested to me, and then we can conclude Mr Swann's
 16 evidence after that.

17 **SIR BRIAN LANGSTAFF:** Yes. How long do you think you
 18 might need.

19 **MS RICHARDS:** If we came back quarter past 12, I think
 20 that should afford sufficient opportunity. I have
 21 already asked a number of the questions that had
 22 already been suggested in advance.

23 **SIR BRIAN LANGSTAFF:** Let's do that then.

24 Mr Swann, you will certainly be free, I predict,
 25 by 1 pm today to attend -- go back to your day job, if

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1 regards of '17 or '19, but, as I say, if Ms Redmond
 2 can't answer that question, we'll get that
 3 correspondence to the Inquiry.

4 **Q.** We can take that down, thank you, Soumik.
 5 I just wanted to ask you finally about the
 6 Paymaster General's announcement of a -- work on
 7 a compensation framework. Was that something which
 8 had been raised with or communicated to you or to the
 9 Department of Health in Northern Ireland in advance of
 10 the Paymaster General's announcement?

11 **A.** It hadn't been raised with me as Minister but I can't
 12 comment if it had already been discussed at official
 13 level, but I wasn't sighted or the past Minister.

14 **Q.** Do you or the department have any particular
 15 expectations as to what your involvement might be in
 16 the process of developing a compensation framework?

17 **A.** I would hope we'd be fully involved, because if we are
 18 approaching is this a four nation position of work it
 19 should involve my department officials as well. But
 20 it also should also involve the stakeholders as well,
 21 of those who have been infected and affected by the
 22 contaminated blood.

23 **Q.** In general, would you agree that it is imperative that
 24 changes are made as soon as possible if they are going
 25 to be made because people are continuing to suffer

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1 I can call it that, though this, I suspect, is part of
 2 it. We'll take a break until 12.15 and see what
 3 further questions there may be for you then.

4 **A.** Thank you, Sir Brian.

5 **MS RICHARDS:** Thank you, sir.
 6 (11.50 am)
 7 (A short break)
 8 (12.23 pm)

9 **MS RICHARDS:** Mr Swann, just a handful of questions and
 10 some of the questions which I've been asked to
 11 consider I think probably we'll pick up with
 12 Ms Redmond this afternoon, but in terms of questions
 13 for Mr Swann, first of all, what in practice, in your
 14 view or understanding, would need to be done in
 15 Northern Ireland to make the commitment to the
 16 financial support of the infected and affected
 17 community embedded, which I think was the word you
 18 used this morning, in order to give security for
 19 payments being made in the future? For example, would
 20 it require legislative change or UK Government
 21 commitment or both?

22 **A.** Well, I think it would require both but I think that
 23 will also come, I think, from the out-workings of this
 24 Inquiry, as well, where we see that commitment from
 25 HMG which will have that implication on what we do

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(16) Pages 61 - 64

1 here in Northern Ireland.

2 **Q.** I think we know from the evidence we heard yesterday

3 that in Scotland there is some primary legislative, as

4 it were, embedding of the scheme, albeit that a number

5 of the details are then set out in other materials.

6 Is the Northern Ireland Executive or you open to

7 considering legislative change as an option, if

8 appropriate, as a means of providing a degree of

9 ongoing security to the infected and affected

10 community?

11 **A.** Certainly, if that's what is needed but I would --

12 rather than raise expectations, we only have a number

13 of months left in this mandate, so it wouldn't be

14 something that I could bring forward but definitely

15 something that the Executive as a whole and my

16 successor could look to.

17 **Q.** Then, from your perspective and building on the

18 experience, information and interactions you've gained

19 as Minister for Health in the current administration

20 since January 2020, what confidence do you have about

21 receiving future funding from Westminster to fund the

22 Northern Ireland scheme beyond the current financial

23 year?

24 **A.** I do have that surety and, again, I think it comes and

25 you have demonstrated in the correspondence between

65

1 deaths after that date, do you have any understanding

2 as to why those who died before 2017 would receive

3 nothing or their estates would receive nothing?

4 **A.** As I said, I think, in an earlier answer, Ms Richards,

5 I'll come back to you in regards to the specificity of

6 that date and the implication in writing, if

7 Ms Redmond's unable to answer.

8 **Q.** Then, in terms of the position of children, parents or

9 other relatives -- we can take that down, Soumik --

10 I think when I asked you earlier about why the

11 bereaved payment scheme covers only spouses and

12 partners, you alluded to possible difficulties in

13 identifying who the broader range of family members

14 who might be eligible could be. Would you agree that

15 it ought not to be hard to identify the children or

16 parents of an infected person to enable them to access

17 regular financial support?

18 **A.** Well, I would agree that that will be possible.

19 **Q.** We talked earlier about the concept of moral

20 responsibility. Do you consider that morally, if

21 there's no living spouse or partner, annual payments

22 or some proportion of them should be made to bereaved

23 parents, children or other family members who provided

24 care?

25 **A.** Morally, I would agree that to be a true reflection of

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1 the Paymaster General and her Majesty's Treasury, as

2 well, so that when the out-workings of this scheme

3 does come, that it does come from a central funded

4 resource rather than us having to look for it from the

5 Department of Health budget, which is constrained and

6 strained at many times.

7 **Q.** If we can go back to your 25 March statement,

8 WITN5570018, I've been asked to clarify a handful of

9 matters with you. So if we look at the bottom half of

10 the page and we can see in the first and third bullet

11 points the provision there in relation to bereaved

12 spouses or partners. In terms of the third bullet

13 point, the £10,000 bereavement sum payable to the

14 estate of the deceased in cases where there's no

15 living spouse or partner, is this only applicable to

16 deaths from 1 April 2017 onwards?

17 **A.** That would be my understanding but if we need clarity

18 on that I can provide it or perhaps Ms Redmond can

19 update but, rather than giving the firm commitment,

20 I'd rather come back to the Inquiry in writing to

21 confirm that.

22 **Q.** You may have covered this already but I've again been

23 asked to clarify. In terms of the position of those

24 who died before 1 April 2017, so assuming that this

25 is, as would appear to be the case, applicable only to

66

1 what we should achieve to do and hopefully that this

2 Inquiry can help the four nations come to a joint

3 approach in regards to that.

4 **MS RICHARDS:** Thank you, Mr Swann.

5 Sir, those are the additional questions that I'm

6 proposing to ask from those suggested by Core

7 Participants?

Questions from SIR BRIAN LANGSTAFF

9 **SIR BRIAN LANGSTAFF:** Just by way of comment, if I may,

10 before I ask the one question which I have, Mr Swann,

11 it may help with the moral argument to which you've

12 just referred to reflect on the fact that the vCJD

13 Trust Deed talks about a class of beneficiaries which

14 includes ancestors and predecessors. So parents and

15 children are covered in the sums which are paid out by

16 that Trust. That, of course, was created by

17 Government, initially. I'll leave that with you for

18 consideration.

19 The question I have is this: you've made

20 a particular feature, I think, of talking to the

21 people who were infected and affected; would you agree

22 with that?

23 **A.** I would, sir, yes.

24 **SIR BRIAN LANGSTAFF:** In doing so, you would have been

25 talking to people from Northern Ireland inevitably.

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(17) Pages 65 - 68

1 Are there any particular features of life in Northern
 2 Ireland or their experiences, which, from your
 3 perspective, may have a relevance to any payment
 4 scheme or compensation scheme?
 5 **A.** I think the political and societal challenges that
 6 we've had in Northern Ireland, particularly the
 7 Troubles, does have an additional challenge to many
 8 who also have been impacted by other Government
 9 actions in regards to the support that we should be
 10 putting in place. There's also the challenges that
 11 were in place and have been affected by us not having
 12 a Government for three years and the inability or lack
 13 of a minister being in post to make the decisions that
 14 could and should have been made.
 15 **SIR BRIAN LANGSTAFF:** Thank you very much. That's all
 16 I ask.
 17 **MS RICHARDS:** Mr Swann, is there anything further that you
 18 will like to add?
 19 **A.** If I could, just maybe a few closing comments.
 20 I would like to say that the use of
 21 contaminated blood and blood products in the 1970s and
 22 80s was a tragic episode in the history of the NHS.
 23 Many people have suffered terribly as a result and
 24 I welcome the public inquiry to examine the
 25 circumstances into how this tragedy took place, and

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1 **MS RICHARDS:** 2.00 for the evidence of Elizabeth Redmond.
 2 **SIR BRIAN LANGSTAFF:** I look forward to that. Thank you
 3 very much.
 4 (12.33 pm)
 5 (Luncheon Adjournment)
 6 (2.00 pm)
 7 **SIR BRIAN LANGSTAFF:** Ms Redmond, you can hear me --
 8 **THE WITNESS:** I can.
 9 **SIR BRIAN LANGSTAFF:** -- and you can see me?
 10 **THE WITNESS:** Yes.
 11 **SIR BRIAN LANGSTAFF:** Good. You are joining us from your
 12 office in Belfast, are you?
 13 **THE WITNESS:** That's correct. I'm in Castle Buildings.
 14 **SIR BRIAN LANGSTAFF:** Is there anyone there with you in
 15 your room?
 16 **THE WITNESS:** Only your technician, just your technician.
 17 **SIR BRIAN LANGSTAFF:** Thank you. Now, you talking to
 18 an audience in Fleetbank House. There are about 20/30
 19 people in the room, well socially distanced, I hasten
 20 to add, who are waiting and interested to hear what
 21 you have to say, but the really large audience is that
 22 beyond, joining us remotely. There will probably be
 23 quite a number of Northern Ireland. So that's who
 24 you're talking to. The questions are going to be
 25 asked by Ms Scott. That will be in a moment or two

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1 that why support for those impacted by infected blood
 2 was an immediate priority for me when I took up post
 3 in January of last year and (*unclear: audio*
 4 *interference*) Covid and the challenges, the review of
 5 financial support for those infected and/or affected
 6 in Northern Ireland has continued and significant
 7 progress has been made. I just want to reassure that
 8 I remain committed to doing everything that I can to
 9 ensure those infected and/or affected by contaminated
 10 blood continue to get the support that they need and
 11 deserve in recognition of the devastating impact that
 12 this has had on their lives.
 13 **SIR BRIAN LANGSTAFF:** Well, can I, for my part, thank you
 14 very much for the considered evidence which you have
 15 given, helping us to know what happened fairly quickly
 16 after you came into post in January 2020 to start to
 17 alleviate the suffering, the financial suffering at
 18 any rate and to some extent the psychological
 19 suffering, of those who needed some assistance.
 20 Thank you for your clear evidence and the
 21 commitments which you have made and your promises to
 22 give us some further information in due course if we
 23 need it. So thank you for that.
 24 And that's all that I have to say, except,
 25 Ms Richards, we're due back at 2 o'clock.

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1 after Mary has asked you to be sworn.
 2 **ELIZABETH FRANCES REDMOND, affirmed**
 3 **Examination by MS SCOTT**
 4 **MS SCOTT:** You are the Director of Population Health in
 5 the Department of Health in Northern Ireland, is that
 6 right?
 7 **A.** That's correct, yes.
 8 **Q.** You've been in that post since January 2017?
 9 **A.** That's correct.
 10 **Q.** In that post, you're responsible for the development
 11 and oversight of policy specific to protecting and
 12 improving population health and for blood safety and
 13 the response to the Infected Blood Inquiry?
 14 **A.** That's correct.
 15 **Q.** So you presumably are the officer with responsibility
 16 for the Infected Blood Payment Scheme for Northern
 17 Ireland?
 18 **A.** It's part of my role, yes.
 19 **Q.** I'm going to refer to that as the scheme, unless
 20 there's some other shorthand way you have of referring
 21 to it.
 22 **A.** That's correct. I'm happy with that.
 23 **Q.** The scheme itself is run, I understand, on behalf of
 24 the Department of Health in Northern Ireland by the
 25 Regional Business Service Organisation. Why were they

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(18) Pages 69 - 72

1 chosen to run the scheme?

2 A. Well, when I came in to the role in January 2017, the

3 decision had already been taken over the Northern

4 Ireland scheme by the Minister for Health, who left

5 the post in January, just a couple of weeks after

6 I started my job, actually. At that time, my

7 understanding from talking to my staff and looking

8 back over the records is the intention had been for

9 Northern Ireland to join up with England in a tender

10 to appoint an administrator. My understanding is that

11 that remained the intention until early March 2017

12 when we were notified that England was going to go

13 alone with this and appoint their own administrator in

14 England. So we were left in a position of deciding

15 where we would go for an administrator.

16 The Businesses Services Organisation -- we tend

17 to shorthand that to BSO -- has got a legal basis for

18 delivering administrative services (*unclear: audio*

19 *interference*), so it was actually quite quickly we

20 moved to exploring their appointment to administer

21 this scheme, and we presented a business case of our

22 Department, which we had approved and I think by the

23 end of that very month we had agreed that this was the

24 way forward.

25 Q. Is it right that there's only one member of staff at

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1 you what, if anything, you know about how that

2 decision was made and the reasons why that decision

3 was made.

4 Do you know whether or not there was any

5 consideration given by the Department of Health and/or

6 by the Minister as to following the scheme in the

7 Republic of Ireland?

8 A. As you have rightly said, I wasn't there or part of

9 the development of those policy proposals that went to

10 the Minister but I think there was awareness of it but

11 that was not the main focus or part of the

12 recommendations made to her.

13 Q. Do you know why that was the case, why the

14 recommendations made to her were not to follow the

15 scheme as set up in the Republic of Ireland?

16 A. I think the recommendations didn't provide that as

17 an option, as far as I can see, and I don't know the

18 reason why that is.

19 Q. Do you --

20 A. I wasn't in post at that time.

21 Q. Do you know why the decision was made not to follow

22 the Scottish scheme?

23 A. There was an issue of a cost differential which was

24 quite significant. From looking at the papers, I'm

25 just taking this on the back of looking at the papers

75

1 the BSO, who's the scheme manager Colin Murray -- only

2 one member of staff concerned with the scheme, Colin

3 Murray, the scheme manager?

4 A. At this time that's correct, yes.

5 Q. Are you able to tell us how many -- just to set your

6 evidence in context, how many beneficiaries there are

7 in the scheme as of now?

8 A. Yes. There's 104. As I understand it, it's the

9 latest number. But, obviously, that number fluctuates

10 over time. So that's just a snapshot.

11 Q. You have already told us that at the point that you

12 took up your post, or a couple of weeks after you took

13 up your post, the Northern Ireland Assembly collapsed.

14 At the point you took up your post, the Health

15 Minister was Minister Michelle O'Neill; is that right?

16 A. That's correct.

17 Q. She had made a statement to the Assembly about the

18 scheme on 22 December 2016, in which she said that the

19 decision was to follow the English model for the

20 Northern Irish scheme; is that correct?

21 A. That's correct and that included an uplift to payments

22 that had been agreed in England that year as well. So

23 that was all rolled together.

24 Q. I appreciate you weren't in post at the point that

25 that decision was made but I just want to explore with

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1 that were presented to the Minister in the latter part

2 of 2016. It looks as though the cost of adopting

3 a Scottish approach would have been considerable in

4 the short-term. There were significant one-off costs

5 and then it would have had a greater running cost as

6 well. That's what I can see, just looking at the

7 papers. I wasn't, as I say, involved in any of that.

8 Q. Equally, do you know -- are you aware of the reasons

9 why the English scheme was chosen to follow?

10 A. Well, ultimately, the Minister made that decision in

11 December so I imagine she looked at the material that

12 had been presented to her in the previous submissions.

13 I think the officials started to present her with the

14 options mid-year and there were several submissions --

15 I think they're attached as evidence -- that then

16 ultimately led to her decision in December.

17 Q. Was there any consultation, in as far as you're aware,

18 with those that were infected and affected prior to

19 the Minister taking this decision in December 2016 to

20 follow the English scheme?

21 A. My understanding is that there was a UK-wide

22 consultation during 2016 and the figures I've seen,

23 that 2 per cent of respondents were from Northern

24 Ireland, but we weren't ever provided, as I understand

25 it, a breakdown of what people from Northern Ireland's

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(19) Pages 73 - 76

1 views were. I mean, they're small numbers so there
 2 would be an issue with that, I appreciate.
 3 The consultation report was published and we had
 4 access just to the published information, nothing
 5 else, as I understand it.
 6 Q. So other than that UK-wide consultation there wasn't
 7 a specific consultation with Northern Ireland infected
 8 and affected community about the proposal and then the
 9 decision to follow the English scheme?
 10 A. That's correct, as I understand it, yes.
 11 Q. Moving on then to the position once there was no
 12 Northern Ireland Assembly and the Department of Health
 13 was left without a minister, was consideration given,
 14 insofar as you are aware, to Westminster exercising
 15 direct rule?
 16 A. Well, at the highest level I think that's something
 17 that is really beyond this discussion. There were
 18 political talks throughout the three years of
 19 suspension. They ebbed and flowed in terms of the
 20 possibility of success. As civil servants in the
 21 administration, we were not sighted on the detail of
 22 that, and at any time within that three years I guess
 23 we could have had the restoration of the devolved
 24 Government here.
 25 It was totally unprecedented in the history of

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1 head of Government Legal Service. That was
 2 subsequently updated, and in 2018, in fact, there was
 3 a very significant judicial review in which decisions
 4 of civil servants in Northern Ireland were overturned
 5 because of this issue that those decisions were deemed
 6 to be not decisions that civil servants should have
 7 taken without ministers.
 8 So towards the end of 2018 an Act of Parliament
 9 was made that basically then resulted in some
 10 guidance, which is termed the "Guidance on
 11 decision-making for Northern Ireland Departments
 12 during the period of Northern Ireland Executive
 13 formation". So that was towards the end of 2018 and
 14 is recognising that this situation was now protracted,
 15 it had gone on for nearly two years at that point.
 16 So from early in 2017 we were issued with
 17 guidance on how to conduct ourselves, and essentially
 18 this is all around major policy decisions or policy
 19 decisions that would change the policy intent or
 20 result in significant expenditure, and particularly
 21 expenditure commitments that would go on into the
 22 future and to -- that those types of decisions should
 23 be taken by ministers.
 24 Q. So in terms of what that means practically for the
 25 running of the scheme, is it right to understand it in

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1 Northern Ireland to have this situation where we had
 2 no Northern Ireland Executive, no Northern Ireland
 3 Assembly, no direct rule and, therefore, no ministers
 4 in any department (we had no Minister of Health) and
 5 that that went on for three years was totally
 6 unexpected and unprecedented, I think, from a point of
 7 view of a civil servant in Government.
 8 Q. So just to explore with you a little bit about what
 9 that meant on the ground in practice for the
 10 Department of Health, I understand from your witness
 11 statement that what that meant was that the
 12 permanent secretary, Richard Pengelly, was the person
 13 that was the decision-maker for the Department of
 14 Health; is that right?
 15 A. Ultimately, yes. In the absence of a minister it
 16 falls to the permanent secretary that's correct.
 17 Q. What powers and what restrictions on those powers does
 18 the permanent secretary have in those circumstances?
 19 What are the principles that are applied?
 20 A. Yes, we were issued, actually, with some guidance in
 21 2017, after a few months -- I think it was in the
 22 first part of the year -- on how to conduct ourselves
 23 in the absence of ministers because already that had
 24 gone on for quite some time. And, subsequently, that
 25 guidance -- this was issued from the director or the

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1 this way, that the ministerial decision had been made
 2 in December 2016 to follow the English scheme and so
 3 that was the principle that really applied to the
 4 decision-making by the Department of Health in
 5 Northern Ireland until January 2020, when you had
 6 a minister back at the head of department. That was
 7 the key principle that you were following?
 8 A. Yes, the principle was that we were following the
 9 scheme as it was in 2016, at the time the decision was
 10 made, as well as an additional subset of that decision
 11 was to uplift the payments in line with the way
 12 England had uplifted them that year, backdated to
 13 April 2016. So that was the point in time at which we
 14 lost our minister.
 15 Q. Because you were able to set up the scheme during that
 16 period and enter into an agreement for the running of
 17 the scheme with the BSO and you were able --
 18 A. That's correct, yes.
 19 Q. Yes. And able to issue directions to get the scheme
 20 up and running?
 21 A. That's correct, yes.
 22 Q. Is it right to understand that the key -- well, the
 23 provisions of the scheme were tied to what the English
 24 scheme was because of the decision of Minister O'Neill
 25 in December 2016?

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(20) Pages 77 - 80

1 A. Yes, and when it comes to regular payments, we were
2 actually aligned completely until the unexpected
3 announcement in April 2019 of a very significant
4 uplift to the English regular payments to infected
5 beneficiaries. So that was the point of greatest
6 divergence for us. It actually came two years later.
7 Q. But at the point that the scheme was set up, was there
8 discussion in the Department of Health about, for
9 example, who the beneficiaries should be, whether they
10 should be -- whether the bereaved community should
11 include children and parents of deceased infected
12 members? Was there discussion about whether or not
13 there should be cut-off dates by which time treatment
14 causing the infection should have been provided? Were
15 there discussions about whether those infected with
16 hepatitis B should be included in the scheme?
17 Were those sorts of discussions had by the
18 Department of Health in Northern Ireland or was it
19 simply a question of saying: our hands are tied,
20 effectively, to what the English scheme is, and if the
21 English scheme says X, we have to say X?
22 A. Yes, I think once we got to 2017 that was the
23 situation we were in. I can't speak for going back to
24 2016. Certainly from my perspective -- and I just
25 have to stress here that this is actually quite

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1 question is more a matter of principle. Given the
2 situation that you were in at that time, could you
3 have actually made any changes to -- could you have
4 departed from what was in the English scheme when you
5 set it up?
6 A. Well, it was very difficult for us to do anything that
7 would have incurred significant and recurrent
8 financial commitments because the permanent secretary
9 is the accounting officer in the Department and the
10 person in that role is required to have a business
11 case for -- underpinning public expenditure, and so it
12 is quite difficult to make long-term commitments and,
13 I mean, the other point that's made in the guidance is
14 to be very, very careful if you're going to tie the
15 hands of a future Minister with any decision that you
16 take as a civil servant in this situation that we're
17 in, albeit the extremely unusual situation where we
18 had no minister for a very long period of time.
19 So I think if you're taking the hepatitis B
20 point and the parents and children, those would
21 have -- if they had been discussed and opened up for
22 consultation, would have led to -- potentially led to
23 ongoing recurrent financial commitments that we didn't
24 feel we were in a position to make those decisions
25 without a Minister. That's a hypothetical answer,

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1 a small part of my role, I have a very, very broad
2 scope to my role, you know, covering health
3 improvement and all aspects of health protection
4 policy as well as emergency planning response. So
5 this is quite a small part of my job so I wouldn't be
6 involved in detailed discussions all the time. You
7 know, that's delegated to my team.
8 But I would say that on parents and children
9 I can't recall any representations to us about that
10 *(unclear: audio interference)* specific discussions
11 about that since I came into post and, similarly,
12 hepatitis B, that's never come across my desk in the
13 time I've been here -- and, I'm sorry, I can't
14 remember the middle point you asked me about in the
15 grouping --
16 Q. The scheme provides that treatment causing the
17 infection, if one is infected with hepatitis C, must
18 have taken place before September 1991 and HIV is
19 February 1992.
20 A. Yes. Yes, again, until I got asked that in a Rule 9
21 request, I hadn't been involved in any discussions
22 about that.
23 Q. So that's a factual answer, that, in fact, those
24 matters never came across your desk and there weren't
25 those discussions, insofar as you're aware, but my

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1 though, because we didn't come cross those, yes.
2 Q. What I'm trying to understand is the extent to which
3 you were tied to the English scheme and the extent to
4 which you could have come up with a scheme that was
5 slightly different. I'm putting to one side the issue
6 about not -- the expenditure issue. But if you wanted
7 to make a different decision, which wouldn't
8 necessarily increase expenditure, would you have been
9 able to, given the ministerial decision in
10 December 2016 to follow the English scheme and the
11 fact you were a Department without a Minister? As
12 a matter of principle, would you have been able to
13 depart from the English scheme?
14 A. Well, we felt that we couldn't and, reading the
15 guidance, we didn't think we could and we felt that
16 that was our best guide to what we should be doing in
17 these three years, as it turned out to be -- three
18 years -- was to adhere to the last ministerial
19 decision we had and, again, the guidance does refer to
20 that. You refer back to the last ministerial decision
21 or the position of the last Minister you had, and you
22 are to abide by that decision, unless there's a very
23 strong case to do otherwise.
24 It is worth us saying here -- and I don't know
25 if you're going to come to this later -- but we didn't

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(21) Pages 81 - 84

1 stop working on this. I mean, our work ebbed and
 2 flowed and we're very small in the Department, you
 3 know, in terms of the number of people dedicated to
 4 this. It was part of one person's job in my team.
 5 But we didn't stop through these years, and
 6 particularly in 2019, we did extensive work to see if
 7 we could create a business case for our permanent
 8 secretary to make decisions on the back of. We didn't
 9 ever have to deploy that because, very grateful as we
 10 were, the Executive was restored and Minister Swann
 11 came to lead our Department and, in fact, the work
 12 that we had done during 2019, the financial analysis
 13 and economic analysis that we'd done under Richard
 14 Pengelly's leadership, helped to inform what we
 15 presented to Minister Swann when he came into post and
 16 assisted with rapid decision-making then.
 17 So the time wasn't wasted, albeit that I fully
 18 accept that had we had a minister we could have moved
 19 quickly to decisions, and of course, ultimately, as
 20 Minister Swann has talked about this morning, he made
 21 decisions that, in fact, in regular payments mean that
 22 none of our beneficiaries are worse off than their
 23 English counterparts, if you like.
 24 Q. Just trying to understand the way that you were having
 25 to manage the Department of Health business during the

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1 A. That would be good.
 2 Q. I will try to remember that. Let me just make a note
 3 for myself.
 4 So the scheme that was set up in December 2017
 5 was a scheme that echoed the English scheme; is that
 6 your understanding? Was that what you were -- was
 7 that your aim?
 8 A. Yes, that was our aim. And unfortunately for us
 9 England had proceeded with a consultation during 2017
 10 in which they actually introduced, subsequently, the
 11 Special Category Mechanism that enhanced support for
 12 hepatitis stage 1 -- hepatitis C stage 1, and also
 13 income top-ups. So I think by the end of that year we
 14 had already lost parity on those things. And they're
 15 things that we did consider looking at more closely
 16 during the subsequent year but, again, we came head on
 17 into this problem that we didn't know when we would
 18 get a minister back. We believed that we (*unclear*:
 19 *audio interference*) minister to make significant
 20 decisions, which, in the most extreme case, would have
 21 doubled our annual recurrent cost of the scheme. So
 22 we did have to delay that. And as Minister Swann
 23 said, these are things that we are now going to look
 24 at.
 25 Q. So why, if the last ministerial decision was parity

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1 time when there was no minister, you've talked about
 2 the principle of trying to stay true, if I can put it
 3 that way, to Minister O'Neill's decision, that really
 4 being the key principle that you were applying.
 5 You've spoken in your witness statement about
 6 something you call the "inescapable pressure". Can
 7 you tell us a bit about what that means and how that
 8 factored into decision-making.
 9 A. I'd need to see the context. If you could tell me
 10 where exactly that is, maybe that would help.
 11 Q. I think you say -- I think it's in the context of
 12 saying that you would follow Government policy, making
 13 decisions -- that you can make decisions that might
 14 involve additional spending or a change in policy
 15 where there is an inescapable pressure, and you talk
 16 about it in the context of it perhaps leading to legal
 17 consequences.
 18 A. What I might do, if you don't mind, if you can just
 19 give me the reference so I can look at that, and maybe
 20 we could come back to that after the break, because
 21 I would just like to really see what it is you are
 22 referring to there.
 23 Q. Before we break shall I give you the reference and
 24 I can come back and ask you about that and you can
 25 have a look at that over the break?

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1 with the English scheme, did the Department feel it
 2 was unable to introduce Special Category Mechanism
 3 when the scheme began so that there would be parity
 4 with the English scheme?
 5 A. Well, I think my interpretation of the papers I've
 6 seen it's parity with the English scheme as it was.
 7 It wasn't necessarily saying that the commitment was
 8 to track everything that changed in the English
 9 scheme, particularly, as I've just pointed out, if all
 10 the stage 1 hepatitis C beneficiaries received extra
 11 support that could, in fact, double the cost of our
 12 entire scheme.
 13 So the decision that Minister O'Neill made
 14 included the uplift in 2016 because that was
 15 a financial commitment. So our interpretation was
 16 that any further financial commitment would need
 17 a ministerial support and, if not, it needed
 18 a business case which, as I said, we did start working
 19 on. We deferred rather than didn't decide, and we
 20 continue to work on it and we knew what it was that
 21 a permanent secretary would need to have at their
 22 disposal if they were going to make decisions in the
 23 absence of Minister and we strove to acquire
 24 information and analysis to assist in supporting that
 25 decision, if the situation had gone on any longer.

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(22) Pages 85 - 88

1 Q. So would you accept that by taking the approach that
2 one had to consider the English scheme, as it were,
3 frozen in time, in December 2016 that, in fact,
4 Northern Ireland ended up departing from the English
5 scheme right from the very beginning of the scheme's
6 existence?
7 A. It did, in respect to the Special Category Mechanism
8 that was introduced and the income top-ups, but in
9 regular payments we were aligned until April 2019
10 when, unexpectedly, the announcement was made in
11 England and we weren't prepared for that. So --
12 Q. You have said that on a couple of occasions, that
13 announcement was unexpected. Was there no warning at
14 all from England that they were going to uplift their
15 payments?
16 A. Not in my recollection, no.
17 Q. The Department took the same approach in April 2019
18 that really they had to stick to parity with the
19 English scheme as it was in December 2016 and couldn't
20 make a decision for there to be parity in April 2019;
21 is that right?
22 A. That's right but I think the very obvious widening of
23 disparity that occurred because of that announcement
24 meant that we diverted resources back into doing more
25 analytical work to try to build a business case to

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1 would obviously be ideal. But it's very challenging
2 to do that, as I'm sure you'd be aware, and in
3 discussing it we did realise the challenge in doing
4 something like that.
5 Q. So consideration of doing it but decision not to do it
6 because of the challenge?
7 A. Well, as I said, we did do some work on, you know,
8 looking at costs of living differentials and that sort
9 of thing. So taking it more not from the individual
10 but from the point of view of beneficiaries in
11 Northern Ireland versus beneficiaries in other parts
12 of the United Kingdom. But that's as far as we went
13 with that because we'd -- you know, engagement
14 directly with beneficiaries is difficult for the
15 department for reasons of the confidentiality that
16 beneficiaries wish to retain. So, you know, if you're
17 talking about a needs assessment that's based on
18 individual needs, that's a very sensitive area. So,
19 no, we didn't progress anything on that further.
20 Q. Just sticking then with parity and taking the story
21 through, we heard evidence from Minister Swann this
22 morning and he deferred a number of questions to you,
23 so I'm just going to pick those questions up with you.
24 What engagement was there between the Department
25 of Health Northern Ireland and Westminster about the

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1 present to our permanent secretary, which he would
2 have needed to make a decision. So it was a factor in
3 our picking up that work again in the second half of
4 2019.

5 As well as that, there had been a meeting --
6 I think it was in July 2019, I'd have to look at my
7 timeline on that -- where there was -- the four
8 nations' Ministers met about the whole issue of
9 parity, presumably because this disparity had opened
10 up because of that announcement in England on regular
11 payments for affected beneficiaries, and our permanent
12 secretary attended that in the absence of a Minister.
13 So they very actively picked up conversations then on
14 a four nations' basis about the schemes and about
15 parity which we have remained engaged in ever since.

16 Q. Has there been any assessment of the needs or losses
17 of the infected and affected community at any stage
18 that you're aware of by the Department of Health in
19 Northern Ireland?

20 A. I'm not aware of any assessments like that but it was
21 definitely a topic of conversation between ourselves
22 and our permanent secretary on a number of occasions
23 in 2019 because, again, taking a purely sort of
24 Government expenditure point of view, assessing the
25 need and then matching the public spending to the need

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1 changes to the scheme between January and March 2021?

2 A. January and March 2021. So we're right forward into
3 this year?

4 Q. Yes.

5 A. My team engaged frequently on a four nations' basis,
6 and I'm talking every two weeks or four weeks there's
7 meetings, and they had been discussing parity right
8 through the previous years in fact and how to each
9 that, and there'd been various bits of financial
10 analysis done. And I understand there was financial
11 analysis done leading up to March as well to gather
12 the current costs of the scheme, categories of payment
13 and compare between the four nations.

14 I haven't been very involved in this myself
15 since the start of last year due to the Covid
16 responsibilities I have, and continue to have, but my
17 team have been doing that work, quite detailed work.

18 Q. So as a sort of general question, you have spoken
19 about the lack of advance notice in April 2019 from
20 Westminster Government about uplift and there's
21 reference in the papers from 2016 to, again, problems
22 with Westminster not giving advance notice to the
23 department in Northern Ireland. Has there been
24 a different approach in relation to the parity
25 discussions this year?

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(23) Pages 89 - 92

- 1 A. My impression is that there has been right up until
2 the very last, and I understand that right at the very
3 end there was a slight change in direction -- well,
4 it's quite a significant change in direction, in fact,
5 which was only communicated to us with about one and
6 a half hours' notice. We needed to get clearance from
7 our Department of Finance, so it was relating to the
8 length of time that we would be in receipt of funds to
9 fund the uplifts. We had been on the understanding
10 that it would be for six years and very, very late in
11 the day the news came through that no, it would only
12 be for three years, with us picking up the recurrent
13 costs thereafter. So it's obviously very significant
14 ongoing financial commitment. So that did wrong-foot
15 us a bit and cause a huge amount of pressure on my
16 team getting clearance from our finance and --
17 Department of Finance to agree to take on that
18 additional recurrent cost. I think the generality of
19 it I think was more engagement than we had had in the
20 past, my understanding.
- 21 Q. In relation to the announcement about the compensation
22 framework, was that something that you had been in
23 discussion with Westminster about prior to the
24 announcement on 25 March this year?
- 25 A. Personally none but I understand from my team that

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- 1 had to deflect all your energy into the preparations
2 for these sessions today. The team has not been able
3 to do a lot else in the recent past. But this is --
4 we're in phase 2 of the three phases of our review,
5 which Minister Swann outlined this morning, and this
6 was going to be part of that anyway, so we'll just be
7 moving on with that very quickly. As Minister Swann
8 said we intend to do this in consultation with the
9 infected and affected beneficiary communicate.
- 10 So we haven't yet worked out exactly how we're
11 going to do that but it's really top priority, as soon
12 as we get through today, if you like.
- 13 Q. So if I can just press you a bit more on that, what
14 does that mean in terms of weeks, months?
15 I appreciate that it's a ballpark figure but are you
16 able to give us a ballpark figure as to how long it
17 would take to consult and design and implement such
18 a scheme?
- 19 A. I couldn't do that at this point because we haven't
20 worked out precisely how we're going to do it. It's
21 obviously a delicate area and doing that kind of
22 consultation needs to be done with care. We know
23 there's divergent views, quite vastly divergent views,
24 on it within the community itself. So we need to do
25 it with care.

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- 1 they weren't involved in that either.
- 2 Q. So that was, if you like, a surprise in the 25 March
3 announcement?
- 4 A. That's my understanding, yes.
- 5 Q. Do you know or have any understanding of when funding
6 will be made available by Westminster so the new
7 payments can be made?
- 8 A. No, I don't have a time-frame. I think the intention
9 is this will be all done within this financial year
10 but I don't have a time-frame for when money will be
11 made available. This is the third of the three years,
12 so that's something that means that, even from very
13 soon, we're going to have to find the additional
14 money. But, yes, I understand that this would be done
15 within this financial year.
- 16 Q. So the money that you hope to get very soon will be
17 effectively back payments that arise from
18 the announcements and then you need to fund those
19 ongoing costs yourself?
- 20 A. That's correct, yes.
- 21 Q. Do you have a time-frame for how long it will take the
22 Department to consult on, develop and implement the
23 equivalent of the Special Category Mechanism?
- 24 A. I think this is really next on our work list. As
25 I think Minister Swann stated this morning, we have

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- 1 I mean, the backdating gives some cover in that
2 there's going to be a backdating of these payments.
3 But, obviously, we want to move as quickly as we can,
4 as Minister Swann has said himself, we don't want to
5 hang round and he's shown his track record this year
6 is he's moved as quickly as he can since he got into
7 post to get decisions made.
- 8 Q. Does the Department have a preferred model at the
9 moment in mind, between the existing Welsh, Scottish,
10 English model?
- 11 A. No, we have an open mind on this. We need
12 consultation to be real and open. We don't want to go
13 in with pre-conceived ideas. The point of the
14 consultative approach is that we take on board all the
15 different types of approaches that we might adopt and
16 it might be none of the above. You know, I don't know
17 until we've got into work.
- 18 Q. I'm going to ask you some questions now on the
19 approach the scheme has taken to various different
20 beneficiaries and payments, and so on, so a slight
21 change of topic.
- 22 We understand from evidence that you've given
23 and other witnesses that not -- when the Alliance
24 House organisations were providing data on
25 beneficiaries to the new schemes, they provided very

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(24) Pages 93 - 96

1 limited data and didn't provide information about
 2 those beneficiaries who had applied to the Alliance
 3 House organisations and been rejected. Is that the
 4 same for Northern Ireland, that you didn't receive
 5 a list of names and contact details for those that
 6 were rejected by the Alliance House organisations?
 7 **A.** That's correct, as I understand it, and just to make
 8 it clear that the Department of Health wouldn't be in
 9 receipt of that information anyway. It would be the
 10 BSO as the administrators but my understanding is that
 11 that information wasn't made available.
 12 **Q.** Do you know or what would be the attitude of the BSO
 13 to an application from such a person? Would they say
 14 "You got rejected by the Alliance House organisations,
 15 therefore we're not even going to consider your
 16 application" or would they consider the application on
 17 its merits?
 18 **A.** I can't speak for them but I know that they have
 19 a without prejudice sort of basis of considering
 20 applications but I think you'd have to take that up
 21 with them.
 22 **Q.** Do you know what steps they have taken to identify new
 23 beneficiaries?
 24 **A.** We have -- I just go back to some of the documents
 25 that were in the papers. There has at various times

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1 there more, which is non-financial but is obviously
 2 very valuable to the people who are availing of that
 3 service.
 4 **Q.** Does the Department ask or does the BSO undertake any
 5 kind of analysis of the scheme members or
 6 beneficiaries to establish whether there might be some
 7 gaps, ie areas of the country where there are no
 8 beneficiaries, so it may be the clinical network's not
 9 working terribly well in passing down the messages in
 10 that area, or cohorts of patients, for example, those
 11 who might have sickle cell anaemia or thalassaemia, or
 12 cohorts that aren't well represented as beneficiaries
 13 in the scheme, is that kind of work undertaken?
 14 **A.** I'm not aware but I think that would need to be
 15 addressed to them. We're not doing any work like that
 16 but --
 17 **Q.** And you're not instructing them to do any work like
 18 that?
 19 **A.** No, no.
 20 **Q.** Does the Department know whether there are any members
 21 or beneficiaries who have become infected via their
 22 treatment for sickle cell anaemia or for thalassaemia
 23 on the scheme?
 24 **A.** I'm not aware one way or the other on that.
 25 I wouldn't be presented with that kind of detail.

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1 been approaches to different parties in Northern
 2 Ireland to try to get the message out there to make
 3 sure people are aware of the scheme who might be
 4 eligible and I do know that there's been material put
 5 on the websites, BSO website, our own website last
 6 year -- 2019, we put a page up about this and
 7 nidirect, which is the Government portal in Northern
 8 Ireland.

9 There's also -- the clinicians who deal with
 10 people I know are very active in making sure that, as
 11 much as possible, they're aware of what benefits might
 12 be available to them or, sorry, what financial support
 13 might be available to them. I know that from the
 14 meetings I've been in with them.

15 So there's been a certain amount of publicity
 16 around the Inquiry and I think that's, you know, been
 17 a good thing in getting the message out there about
 18 the support schemes, and we do know, though, that
 19 there's more that we could do and it's, therefore, one
 20 of the work streams in our phase 2 of the review.

21 I know from my team they're considering, in
 22 fact, actively going to do a sort of leaflet and
 23 poster-type of approach for GPs' surgeries, and so
 24 forth, to just publicise the scheme, particularly the
 25 psychological support, which we think we could get out

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1 **Q.** Do you know whether that's information that the scheme
 2 collects?
 3 **A.** I don't know, I'm afraid.
 4 **Q.** Just understanding broadly the division of
 5 responsibility, if I can put it that way, between
 6 the BSO running the scheme and the Department of
 7 Health, is it right to understand that the Department
 8 of Health makes the policy decisions and the scheme
 9 implement them?
 10 **A.** Broadly speaking, yes.
 11 **Q.** And so in terms of looking at, for example, the
 12 eligibility criteria for somebody to apply to come on
 13 to the scheme, the Department of Health would set out
 14 what that eligibility criteria is, who the categories
 15 of beneficiaries are, how they would have had to have
 16 become infected and so on, and then those applications
 17 would be determined by the BSO?
 18 **A.** That's correct. And the service level agreement sets
 19 out those criteria.
 20 **Q.** In relation to discretionary payments, it is a little
 21 bit different, isn't it, because is it right that the
 22 Department of Health not only sets the criteria but
 23 also carries out the assessment of the applications?
 24 **A.** Yes, that's correct. This was something that was
 25 caught by our suspension of the Executive at the start

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1 of 2017, before we got to develop a policy about this.
 2 So what we've done in order to make it as objective as
 3 possible is we've made those determinations based on
 4 the English guidance and we also -- within my team
 5 there's one person that looks at those and then their
 6 manager signs them off. So it's not just one person.
 7 I accept that it's not ideal. It's something
 8 that we would like to sort out. We do foresee,
 9 though, that the more substantial changes that needed
 10 to be made, which are the ones that Minister Swann has
 11 made around uplifting the regular payments, should
 12 make these discretionary grants less necessary for
 13 people but, yes, the absence of a Northern Ireland
 14 policy was difficult because we didn't have a policy
 15 that we could hand to BSO and ask them to do that for
 16 us. However, we have -- as I say, we've used the
 17 English guidance, which is reasonably clear, and in
 18 that way have had some consistency, I think, over our
 19 decision-making.
 20 Q. So just asking you a couple of questions in relation
 21 to that. So there are two what I understand to be
 22 discretionary payments available on the scheme. One
 23 is one-off grants and the other is income top-up. Is
 24 it right to understand that the department assesses
 25 the applications for both those types of discretionary

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1 transferred over from the Alliance House organisations
 2 with income top-up applications, and those income
 3 top-up applications were honoured, if I can put it
 4 that way, by the scheme, so that they wouldn't lose
 5 any money. Is that right?
 6 A. That's right, yes.
 7 Q. There is reference in the information that's been
 8 provided to the Inquiry by, I think, Karen Bailey,
 9 that there have been three applications for income
 10 top-up but only one of those has succeeded. Does
 11 that -- is that your understanding?
 12 A. I'm afraid I don't have first-hand knowledge of that.
 13 That would either have to be directed to them or I'd
 14 need to come back to you on it.
 15 Q. Are you aware of the response to the 2020 survey in
 16 which many beneficiaries responding to that survey
 17 were unaware that there were income top-up payments?
 18 Is that something that's come across your desk?
 19 A. Yes, I am aware of that and it links back to your
 20 question about the publicity. I suppose, just linking
 21 to that, I probably should say that BSO have written
 22 out to beneficiaries -- so, this is current
 23 beneficiaries. Perhaps what your earlier question
 24 I think was about, people who aren't beneficiaries,
 25 are they aware of the scheme, whereas this is a little

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1 payments?
 2 A. The answer I've just given you is for the grants.
 3 I beg your pardon if I didn't fully understand that
 4 that was a more embracing question. So that was
 5 just -- the answer I've given you is about the grants.
 6 So the income top-ups, we inherited income
 7 top-ups and arrangements around income top-ups from
 8 the Alliance House organisations and, to my knowledge,
 9 we haven't adjusted those. They've remained as they
 10 were at that time when we inherited them.
 11 Q. So is the answer to the question whether or not the
 12 department assesses those applications for income
 13 top-up -- is the answer to that yes or no?
 14 A. No.
 15 Q. So those are assessed by BSO?
 16 A. And we have actually -- recent announcements by the
 17 Minister have -- well, when the substantial increases
 18 in regular payments were made, the current -- the
 19 income top-ups were removed. So we no longer have
 20 that there.
 21 Q. So just --
 22 A. As part of -- (*overspeaking*) --
 23 Q. -- sticking then with the income top-up payments, as
 24 I understand the evidence that's been submitted, is
 25 this right, that some beneficiaries, 15 beneficiaries,

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1 bit about people that are beneficiaries, are they
 2 aware of additional things, and I think in 2019 BSO
 3 wrote out to everybody to make sure they were aware of
 4 all the components of the scheme that they might wish
 5 to apply for or avail of in the case of the
 6 psychological support.
 7 I also do know that our scheme administrator,
 8 you know, is in contact with beneficiaries and with
 9 people that are newly coming on to the scheme.
 10 I understand he does run through with them the
 11 different types of support that are available.
 12 Q. So, given that in 2019 that a letter was written out
 13 to all the beneficiaries explaining to them what
 14 support they could apply for, was it a surprise to you
 15 to see the 2020 survey to see that, actually, a lot of
 16 people responding to that survey were still unaware
 17 that they could apply for income top-up payments?
 18 A. Yes, the same applies to the psychological support.
 19 There was low awareness of that if I recall as well.
 20 It was a surprise but then not a surprise because it's
 21 just human nature, isn't it? Letters coming through
 22 the mailbox might not -- one letter two years ago is
 23 probably not enough, and we think we could do more
 24 and, as I said, that's in our phase 2 to look at some
 25 of these things.

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1 We've had to pick off different parts of the
 2 scheme that we want to look at in an order because we
 3 can't do it all at once. We've tried to address the
 4 big issues first but this is important that we make
 5 sure that there's more awareness, even though there's
 6 no income top-ups now we've addressed, in a way, by
 7 just increasing the overall level of regular payments.
 8 There's still other aspects that we'd like people to
 9 be more aware of and that links to the leaflet and
 10 poster idea that my team have got to follow up on.
 11 **Q.** So I think you've told us that the Department hasn't
 12 drawn up its own policy on income top-up but has been
 13 applying, and we looked at a document this morning,
 14 which we can go to if it assists, but has been
 15 applying the policies that were implemented by the
 16 Alliance House organisations, so the Macfarlane Trust
 17 and the Caxton Foundation; is that your understanding?
 18 **A.** I actually don't know that. I think earlier on --
 19 again, there was a little mix up there because I was
 20 talking about applying the English guidance on the
 21 discretionary grants, which we do and I know that
 22 guidance was included in the papers there. That's the
 23 way we get consistency over the discretionary grants
 24 and apologies -- I apologise for the mix up there.
 25 But with the income top-up, I just can't recall

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1 Macfarlane rates that are used rather than the English
 2 scheme rates?
 3 **A.** Yes, I can confirm that. I thought -- I apologise if
 4 I misunderstood you. I thought you were asking about
 5 the actual way of assessing applicants on the income
 6 top-ups but, absolutely, the rates remain the legacy
 7 rates. This is another one of the aspects of the
 8 English scheme that was consulted on in 2017 that we
 9 haven't been able to catch up on.
 10 **Q.** Why use the legacy rates and not the EIBSS rates?
 11 **A.** Again, this was caught up in the decision-making over
 12 expenditure changes and ongoing commitments which I've
 13 covered earlier in this session. It would have been
 14 all tied up together in the things that England
 15 changed in 2017 but we felt unable to move on and, of
 16 course, as I've explained there were talks, political
 17 talks, ongoing throughout the three years and, at any
 18 time, we could have had an Executive returned and we
 19 didn't want to tie the hands of future Minister. So
 20 it was tied up in that bundle of things.
 21 **Q.** I'd understood that, in terms of the other payments
 22 that the EIBSS rates were being used, so, for
 23 example -- we'll come to look at this in a moment --
 24 on the discretionary support one-off grants, for
 25 example, you told us the EIBSS policy is used, so the

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1 if I have come across the origin of the policy in
 2 that. I can't recall it now.
 3 **Q.** It might be helpful if I take you to the document
 4 rather than asking you a question about something you
 5 can't remember. It's WITN5570021. So we can see that
 6 this is a memo from Seamus Camplisson to Richard
 7 Pengelly of 4 March 2020, and it's about interim
 8 payments to beneficiaries of the Northern Ireland
 9 scheme before the end 2019/2020 financial year and
 10 it's said to be urgent because a decision is required.
 11 Can we go to page 22. It's under "Other
 12 financial support" at para 54. It just set out the
 13 position there:
 14 "Prior to April 2019, Northern Ireland had
 15 parity with England on regular payments. However,
 16 there was no parity on other financial aspects of the
 17 scheme, including:
 18 "Special Category Mechanism ..."
 19 We've spoken about that:
 20 "Income top-ups -- in England both the rates and
 21 income thresholds are higher than in Northern Ireland
 22 (where the legacy Caxton and Macfarlane lower rates
 23 are still used) ..."
 24 That was the question I was asked you. Is that
 25 your understanding that it's the legacy Caxton and

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1 EIBSS rates are use. Was there something different
 2 about the income top-up?
 3 **A.** I guess the difference is that income top-ups are
 4 recurrent and (*unclear: audio interference*) overall
 5 larger. The discretionary support, the sums are
 6 relatively small and it was more that we're using the
 7 guidance so that we have some consistency in how we
 8 assess the applicants.
 9 **Q.** So was there a concern that the costs of the scheme
 10 should be kept as low as possible, so -- even if that
 11 means not parity with the EIBSS scheme, because you
 12 are using the old AHO rates, that that principle is
 13 more important than the parity principle, when the
 14 Department was operating without a minister?
 15 **A.** Yes, I think it goes back to what we've talked about
 16 earlier. Michelle O'Neill's decision in December 2016
 17 was to adopt the same scheme as England, as it was
 18 then, and also, additionally, to uplift the rates as
 19 England had planned to do, backdated to 2016, April.
 20 So we took that as the starting position, the
 21 outgoing minister's policy position, and we didn't
 22 feel able to move on these things that would have
 23 wired in recurrent expenditure. And that is regarding
 24 the fact that our permanent secretary making decisions
 25 in the absence of a minister needs to have a business

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1 case. We had a situation where political talks were
 2 ongoing and we could have had ministers return, and we
 3 then did proceed, as time went on, to undertake the
 4 financial and economic assessment that was needed to
 5 prepare the way for decisions to be taken, either
 6 through a business case being presented to
 7 Richard Pengelly or through the return of a minister.
 8 **Q.** Turning then on to discretionary payments, and you've
 9 already given -- you can take that down, Soumik.
 10 You have already given some evidence in relation
 11 to that, but just to give a bit of detail and perhaps
 12 take you to a document. You've explained that the
 13 department didn't form its own policy in relation to
 14 discretionary one-off payments and that you applied
 15 the English policy.
 16 Do you know whether or not the English policy
 17 was -- whether or not applicants were told that the
 18 English policy was being applied? Is that something
 19 that was made clear to applicants on the website or in
 20 communication with them from the department?
 21 **A.** Well, it's interesting because in preparing for this
 22 I did ask whether it -- we linked through to it on our
 23 website; and we don't. I can't say how it was
 24 discussed between the BSO administrator and applicants
 25 but I can certainly follow that up if you'd like to

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1 is: would you accept that, given that the department
 2 were applying this policy, i.e. somebody would only be
 3 able to receive a grant for the items that are in the
 4 left-hand column and somebody would only receive
 5 a maximum of what's set out in the right-hand column,
 6 that it would be helpful and fair for the applicant to
 7 know that in advance of making the application?
 8 **A.** Yes, I agree.
 9 **Q.** Are you aware -- perhaps we will just go through this
 10 policy in fact. So that's the table on the first
 11 page. And if we go to page 3 -- so, for example,
 12 looking at counselling, it explains a little bit about
 13 what's available:
 14 "A discretionary payment is available ..."
 15 And it sets out what somebody must provide in
 16 order to make the application. So there's a number of
 17 bits of evidence that need to be provided. And then
 18 there's some additional information about other
 19 counselling services there.
 20 And the policy goes through all the various
 21 different types of application that can be sought and
 22 sets out this kind of information. And at the end of
 23 the policy, if we go to the penultimate page -- sorry,
 24 I don't have a page number. Yes, sorry, the page
 25 before that. It has a list of discretionary payments

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1 know.
 2 **Q.** If we just look at the policy, it's WITN000066015. So
 3 that's the English discretionary one-off payment
 4 guidance, and it's the table that I want to just draw
 5 your attention to.
 6 "Discretionary one-off payment type" is down the
 7 left-hand side, and then "Maximum payment" -- per
 8 annum we're told at the top of the table -- is on the
 9 right-hand side.
 10 So it explains the types of payments that are
 11 available and it explains what somebody can expect to
 12 get as a maximum in an individual year.
 13 Would you agree that it would be helpful, useful
 14 and fair for this information to be provided to
 15 applicants who were making applications for one-off
 16 grants?
 17 **A.** Our intention was to develop our own policy and make
 18 that information available. Again, I think we got
 19 caught in this hiatus in Government. I accept it's
 20 not ideal and that applicants would wish to see this.
 21 Now, again, I cannot tell you for sure, I can't tell
 22 you from my own firsthand knowledge, whether or not
 23 this is shared. This is a question we would have to
 24 put to BSO.
 25 **Q.** But whatever the answer to that is, my question

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1 that will not be considered at the bottom. And it
 2 sets out a number of payments, and you'll see the star
 3 by the word "considered".
 4 And if we go over the page we see at the end of
 5 that that:
 6 "This is not an exhaustive list."
 7 So the reason I wanted to take you through it --
 8 Soumik, you can take that down now -- the reason
 9 I wanted to take you through that policy or guidance
 10 document was just because my next question is: are you
 11 aware of whether or not there's any guidance for the
 12 department about how to carry out these applications?
 13 And I just wanted to illustrate -- well, just make the
 14 point that guidance about how the applications are
 15 assessed is not set out in this document.
 16 So my question to you is: is there any guidance
 17 that you're aware of that sets out how the department
 18 should assess an application for a discretionary
 19 grant?
 20 **A.** I'm not aware of any additional guidance. I think we
 21 look to our civil servants, who qualified for their
 22 roles and apply judgment and fairness and discipline
 23 to what they. So, you know, I understand why you are
 24 asking that question but I just want to take you back
 25 to what I was saying about our aim would be that

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1 financial support is sufficient for the beneficiaries,
2 that they do not have to apply for these one-off
3 discretionary grants, that we move away from that and
4 make sure, as we have done with the uplifts and the
5 recent announcements, that financial support is
6 adequate to cover daily household needs and other
7 events and requirements in life that happen not all
8 the time but occasionally and require financial input,
9 if you like.

10 Q. So you've explained that a decision's already been
11 made to stop the discretionary top-up payments. Is
12 there -- has a decision been made about the future of
13 the discretionary one-off grants that we're discussing
14 now?

15 A. No, it hasn't yet and it was on our it is on our
16 phase 2 list of things we need to get to. You know,
17 because we know it's not ideal that we're using the
18 English guidance. We need our own policy. But we
19 also have treated all applications on face value.
20 I think there's some indication that the intention was
21 that means testing should be applied, we've never done
22 that. We just accept people's statement of need and
23 then we assess it against those guidelines.

24 Q. Can I just take you to some information in your
25 witness statement. Your witness statement is at

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1 percentage of successful applications for each
2 financial year: 2017/2018, 67 per cent; 60 per cent;
3 73 per cent; 100 per cent.

4 Can you give us an explanation as to why the
5 applications have become increasingly successful?

6 A. I can't because I don't know the details but I can
7 tell you something about this and this is that it's
8 very small numbers and you'll know that if you've got
9 very small numbers then it doesn't take much to shift
10 a percentage. So I think that's the comment I would
11 make about that.

12 Q. Can I -- you can take that down now, Soumik. I'm
13 going to ask you some questions now about the other --
14 some questions of detail about the new payments that
15 have been announced, again these are questions that
16 were deferred by Minister Swann this morning.

17 So can we turn up the announcement, please.
18 It's 5570018. This is the announcement -- the written
19 ministerial statement by Minister Swann, and if we can
20 go down to the bottom of that page to the bullet
21 points please, the first one:

22 "payments for non-infected bereaved spouses or
23 partners will increase from 75 per cent of the
24 deceased beneficiary's annual payment to an automatic
25 100 per cent [for] the first year, with 75 per cent

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1 WITN5570021, just to understand it in a bit more
2 detail how these applications are assessed. So you --
3 WITN -- sorry, I've given you the wrong reference.
4 WITN557 -- sorry, WITN4066001. It's your witness
5 statement and if we can go to page 21. Sorry, I've
6 given you again the wrong number. 4066002, page 21.

7 So you've explained that when you have
8 an application in you look at the statement of need
9 and, by that, do you mean the reason that the person
10 says they need the discretionary grant?

11 A. That's right, yes.

12 Q. Then known means testing is carried out. So is this
13 right, that if the Department is satisfied that the
14 person needs it, then they will get it?

15 A. Well, if the Department is satisfied that it meets
16 the -- it meets the requirements of the guidance that
17 we're applying, then it will be agreed, regardless of
18 any financial hardship being evidenced or not.

19 Q. So if it's one of the categories of grants that
20 appeared in that left-hand table of the EIBSS
21 guidance, then the grant's likely to be made, to be
22 awarded?

23 A. That's correct, yes.

24 Q. So we look -- can we look at paragraph 16.1 of the
25 document that's on the screen and we can see the

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1 ... in subsequent years ... in line with policy in
2 Scotland ... backdated to 1 April 2019 ..."

3 The question is: why is it only backdated to
4 1 April 2019?

5 A. Well, my understanding -- and I wasn't involved in any
6 direct discussions about this, due to my current role
7 with coronavirus regulations, and so on, but I would
8 say that my understanding is that those dates were
9 given to us by Cabinet Office, I think it was. But
10 I can see the rationale when I look at this because
11 that was the date at which the regular payments were
12 uplifted for infected beneficiaries. So when I look
13 at this, I can see that pattern and that the lump sums
14 go back to April 2017, because then it captures
15 everybody who is in our schemes. So that's how I see
16 that distinction, though my understanding is that we
17 weren't responsible for those decisions about those --
18 selection of those dates.

19 Q. The same question is asked about the second bullet
20 point, which is in relation to the introduction of
21 enhanced support payments for hepatitis C stage 1
22 beneficiaries, so Special Category Mechanism or its
23 counterpart. Again, the same question: what would
24 your response be to that?

25 A. It would be the same answer because enhanced support

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1 payments are another form of regular payment, so the
 2 logic I can see there that's come out of London is
 3 that that's when the big uplift occurred in England to
 4 the regular payments.
 5 **Q.** Then a question in relation to the third bullet point,
 6 which is:
 7 "the £10,000 bereavement lump sum ..."
 8 And it's a question of clarification. So:
 9 "the £10,000 bereavement lump sum, which has
 10 been provided since the ... Scheme was established in
 11 2017, will also now be payable to the Estate of the
 12 deceased in cases where there is no living spouse or
 13 partner, in line with the position in England and
 14 Wales. This will be backdated to 1 April 2017,
 15 meaning all eligible beneficiaries currently
 16 registered on the Scheme will receive the appropriate
 17 payment in arrears."
 18 And the question is really what does that
 19 actually mean? Does that mean that that is a payment
 20 that only applies if the death has occurred after
 21 1 April 2017 or does it mean something different?
 22 **A.** My understanding is as you have just described it.
 23 **Q.** So it applies to a death that has occurred after
 24 1 April 2017?
 25 **A.** That would be my interpretation of that, yes.

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1 say, the minimum payment in 2000 will now get an
 2 uplift to £80.5k or does that mean something
 3 different?
 4 **A.** I'll need to go back and absolutely check this for
 5 sure, but that would be my understanding. And I also
 6 understand that we're a little hampered here because
 7 we don't actually have information from the
 8 Alliance House organisations on what people were paid
 9 before, so -- but I might have to come back to you on
 10 that just so that I'm absolutely sure and absolutely
 11 clear.
 12 **MS SCOTT:** I note the time, sir. I wonder if now is an
 13 appropriate time to break. I've got a couple of
 14 points I just want to clarify before we do break, if
 15 now is an appropriate time.
 16 **SIR BRIAN LANGSTAFF:** Yes, certainly.
 17 Just before we do, may I just ask one question?
 18 You've just said, I think, that the
 19 Alliance House organisations didn't tell you about how
 20 much they had actually paid to beneficiaries.
 21 **A.** Yes, they wouldn't tell us. It would be the scheme
 22 administrator, BSO, but my understanding is that quite
 23 minimal information was handed over about the
 24 beneficiaries and information on lump sums that might
 25 have been paid in the past was not part of the

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1 **Q.** Do you know why that decision was made?
 2 **A.** Well, again, I think these were -- you've got to
 3 appreciate the context that this was a four nations'
 4 approach, led by Cabinet Office, and it was about
 5 aligning across the four nations with respect to these
 6 categories of payment. So what's under this is that
 7 there's been a decision taken that that's the date
 8 from which the funding will be made available to do
 9 that.
 10 **Q.** Then the last question is both in relation to the
 11 fourth and the fifth bullet points, which are the
 12 increase to lump sum payments. The fourth bullet
 13 point for hepatitis stage 1 beneficiaries and the
 14 fifth bullet point, which is over the page, in
 15 relation to HIV beneficiaries. Let's read the fifth
 16 one because it is slightly shorter:
 17 "The lump sum payment to a HIV benefit will
 18 increase from the current range of payments up
 19 to maximum of £80.5k pounds (depending on
 20 circumstances) to an automatic £80.5k, backdated to
 21 1 April 2017, meaning all eligible beneficiaries
 22 currently registered with the Scheme will receive any
 23 appropriate additional payment in arrears subject to
 24 the lump sum ... previously received."
 25 Does that mean that somebody who received, let's

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1 information handed over.
 2 But I can double-check that for you just to be
 3 absolutely sure.
 4 **SIR BRIAN LANGSTAFF:** The year beginning 1 April '17 would
 5 be the financial year, would it, during which the
 6 Alliance House organisations ceased to function as
 7 they had, and the respective governments of the
 8 devolved nations and England took over under their own
 9 schemes. Would that be right?
 10 **A.** That's correct, yes.
 11 **SIR BRIAN LANGSTAFF:** So the choice of the date of
 12 1 April 2017 may have an explanation in those two
 13 facts, might it?
 14 **A.** Yes, I think I mentioned earlier that my logic that
 15 I see in this is the fact that that date means that
 16 everybody in the four now separate schemes is captured
 17 by that. So that's the reason for going back to then
 18 because it captures all beneficiaries across the UK.
 19 **SIR BRIAN LANGSTAFF:** So it might follow -- this is
 20 a question really inviting a comment -- it might
 21 follow, might it, that if it was accepted that there
 22 was a moral case that anyone who had suffered
 23 a bereavement as a consequence of HIV infection from
 24 those -- of those from whom they were bereaved, at any
 25 time previously would be losing out in the sense of

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1 being given compensation for that because the
 2 Government back in the 1980s and since had chosen to
 3 establish the Alliance House organisations as they
 4 did. Would that be fair or would it not?
 5 **A.** Well, it would be a statement of fact that they were
 6 eligible to receive these payments that have been
 7 announced.
 8 **SIR BRIAN LANGSTAFF:** Yes.
 9 **A.** That would be a statement of fact.
 10 **SIR BRIAN LANGSTAFF:** Well, I will leave it there but
 11 thank you very much. We'll come back then at 5 to 4,
 12 shall we?
 13 **MS SCOTT:** Sorry, can I just refer -- can I just make two
 14 points to -- one generally, which is that my point
 15 entirely I think I have been -- my fault entirely,
 16 I think I've been, certainly at one point, certainly,
 17 possibly more, suggested that it was the Northern
 18 Ireland Assembly that collapsed and, in fact, it was
 19 the Northern Ireland Executive. Is that right?
 20 **A.** Well, yes. The institutions, I suppose, all go
 21 together but, yes, we tend to talk about it as the
 22 Executive, the power-sharing Executive, which is the
 23 like the Cabinet of Ministers, if you like, in
 24 Northern Ireland, to just to equate it to English
 25 arrangements.

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1 **A.** We put in place psychological services -- support
 2 services as part of the support we wanted to provide
 3 to the Inquiry, to people who might be affected by the
 4 Inquiry, and this was done -- a commitment was made in
 5 this Department to fund those services through the
 6 Belfast Health and Social Care Trust for the duration
 7 of the Inquiry, initially three years, it's been
 8 rolled over into this year.
 9 However, we do recognise the need for this on
 10 an ongoing basis and it's part of our phase 2 review
 11 to consider how that might be progressed and I know
 12 the Belfast Trust itself is looking at this,
 13 recognising the value and having had very positive
 14 feedback from people who have utilised the service.
 15 So it's certainly something we're looking at how we
 16 could continue that and put it on a more sustainable
 17 footing.
 18 **Q.** So those services aren't, strictly speaking, provided
 19 by the scheme but they are promoted by the scheme, is
 20 that right, to scheme members?
 21 **A.** That's right. At the moment they're funded within the
 22 envelope for admin costs and legal costs that we have
 23 associated with responding to the Inquiry but we do
 24 want to change that as we go forward and we'll be
 25 looking to the Inquiry's recommendations as well on

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1 **Q.** Yes, I'd been asked to clarify that with you, and the
 2 second thing I wanted to raise with you, Ms Redmond,
 3 was I have been handed up all the references in your
 4 witness statement to the phrase "inescapable pressure"
 5 because I think you wanted to have a look at that over
 6 the break, and those are at: page 6, paragraph 2(b).9;
 7 page 9, 2(d).1; and page 14, 7.3 -- in your second
 8 witness statement I should make that clear.
 9 **SIR BRIAN LANGSTAFF:** I think it is the first of those
 10 that actually defines what is meant, isn't it?
 11 **MS SCOTT:** Yes, it is.
 12 **A.** I was going to look at that over the break.
 13 **SIR BRIAN LANGSTAFF:** If you need a cup of tea and don't
 14 want to do it until later, by all means. It is
 15 something you can respond to later should you wish.
 16 But if you do, we would be grateful.
 17 But for the moment we will come back at 3.55.
 18 3.55.
 19 (3.27 pm)
 20
 21 (A short break)
 22 (3.57 pm)
 23 **SIR BRIAN LANGSTAFF:** Yes.
 24 **MS SCOTT:** I'm going to ask you some questions now about
 25 non-financial services offered by the scheme. Are
 there any?

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1 that.
 2 **Q.** Does the scheme provide access to benefits advisers
 3 for members? We've heard that that's available to the
 4 English and Scottish membership. Is that something
 5 that's offered by the scheme in Northern Ireland?
 6 **A.** Benefits advisers, did you say?
 7 **Q.** Yes.
 8 **A.** I'm not aware of that. I might not be the right
 9 person to ask but I'm not aware of that.
 10 **Q.** We're going to hear evidence tomorrow in Wales but,
 11 the information about the Welsh scheme information the
 12 Inquiry has at the moment, suggests that they offer
 13 a range of non-financial services, including a key
 14 worker. Is that something that the Department has
 15 ever considered for the Northern Ireland scheme?
 16 **A.** It's not something we have in place now but all of
 17 these types of non-financial support are things that
 18 we do want to look at. You know, the Minister's
 19 priority is to address the immediate financial needs
 20 but we are aware that Wales are doing a lot more than
 21 us and we're obviously keen to learn from their
 22 experiences and, you know, that is something that
 23 we'll look at.
 24 **Q.** Moving onto a slightly different topic to ask you
 25 about the scheme's relationship with beneficiaries

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1 and, indeed, the Department's relationship with
2 beneficiaries or members of the scheme. Are there any
3 formal mechanisms in place for beneficiaries to
4 provide feedback and advice to either the BSO, as
5 administrator of the scheme, and/or the Department
6 as -- who sets policy, on operational matters or on
7 policy?

8 **A.** Speaking for the Department, we don't have any regular
9 arrangements. We do receive a lot of correspondence
10 or have, particularly in the last couple of years, to
11 which we respond, and I know my teams have direct
12 contact with various people who have been speaking for
13 beneficiaries.

14 Certainly, the scheme administrator has a lot of
15 contact with beneficiaries and provides advice in that
16 way. I know he's very committed. Again, I can't
17 speak for them about whether they have any other more
18 formal ways of engaging with beneficiaries but I know
19 that the individual in charge of the scheme -- as you
20 said earlier there's just one person -- is very
21 familiar and has developed a good rapport and I think
22 the feedback through the survey was very positive on
23 that as well.

24 Something, though, that we are looking at how we
25 take forward the enhanced payments for hepatitis C

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1 **A.** Honestly, my view is that it's the personal contact
2 and the individual that we have in that role. So the
3 feedback I've had, not even via the surveys, has
4 always been positive. We've worked with him and my
5 team's worked with him over the financial analysis
6 that I talked about that we did in 2019, and through
7 those contacts and through the feedback that I've had
8 I can see that that personal contact is so important
9 and perhaps it's one of those real benefits of having
10 a Northern Ireland scheme because Northern Ireland is
11 a very small place and this scheme membership is quite
12 a low number, compared to the other administrations.
13 So we do really benefit, I think, from having that
14 personal contact.

15 We lose out on the economies of scale,
16 certainly, as a policy official working in a very
17 small administration, trying to keep up with what's
18 going on in Whitehall, it's very, very challenging.
19 I think everybody across the Department in Northern
20 Ireland would say the same. But on this, on the
21 administration of this scheme, I think that the small
22 scale of it and that personal contact are just -- have
23 worked very well.

24 And it started well because we really did focus
25 so hard -- I do remember this from my first year in

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1 stage 1, we're going to set up some kind of
2 consultation arrangement specifically about that in
3 the very near future.

4 **Q.** So we heard evidence yesterday about the Scottish
5 scheme and they have, for example, an advisory group
6 in place that meets twice a year and provides input
7 into operational matters, how things are done by the
8 scheme, rather than policy matters. Is that something
9 that the Department might consider in phase 2, looking
10 at how the scheme is operating?

11 **A.** Certainly, the whole subject around how we engage, how
12 we communicate, some of the things we talked about
13 before the break about making sure that people are
14 aware that the schemes exist and if they are on the
15 schemes knowing what's available to them. All of
16 those things are part of our consideration in phase 2.

17 **Q.** You have mentioned the results of the survey. We
18 haven't gone to it, I can go to it if it would be
19 helpful, but one of the outcomes of the survey was
20 that 90 per cent of those that responded rated the
21 service as good. So that I think there were 56
22 beneficiaries that responded.

23 Do you have any -- can you assist us as to what
24 the Department's view is about that and why that
25 number is so high? What is working well?

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1 post, how focused we were on not interrupting
2 payments. It was a really big thing for me and my
3 team. We had to get this move seamlessly across into
4 the Northern Ireland scheme and, again, BSO played
5 their part in making sure that that happened. They
6 were very committed to it like we were and there was
7 no interruption in payments.

8 So I think it started well, as well.

9 **Q.** Finally from me, just some questions on how the scheme
10 is funding and how that operates. First of all, in
11 relation to the sources of funding. You have told us
12 already that there's funding available from London in
13 relation to the changes that have been made to the
14 scheme and you have explained that that's going to be
15 looking, effectively, at the past three years. It's
16 right, isn't it, that they also provide funding for
17 the HIV element of the scheme and that's been
18 a decision that was made -- that funding has been
19 provided from 2017?

20 **A.** Yes, that's right, and I think this dates back to the
21 fact that the HIV schemes were there pre-devolution
22 whereas the hepatitis C schemes were set up after
23 devolution. So what happened, as I understand it,
24 before we had our own scheme, was that Whitehall
25 funded the HIV schemes and we reimbursed the

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1 schemes -- the hepatitis C schemes that we were
 2 billed, if you like, for that money. So when the
 3 scheme came to Northern Ireland, we just directly paid
 4 and managed the budget for the hepatitis C. But we
 5 had a three-year, I think it was at that time, funding
 6 commitment for HIV.
 7 We've subsequently had discussions about that
 8 and I understand we are going to get some money this
 9 year, but it's falling short of our total costs for
 10 various sort of technical reasons.
 11 There's another piece of funding as well, which
 12 is we fund lump sums from provisions, which is a pot
 13 of money that was set aside quite some time ago, which
 14 I understand we can top up if we need it. Again,
 15 that's quite administrative sort of technical point.
 16 I think the biggest point is that the HIV payments
 17 were coming from Whitehall. We don't have any
 18 long-term certainty about that and it's caused us --
 19 we've had to top up last year and we will have to do
 20 it this year as well -- and possibly even the year
 21 before, I would have to refer back -- because we had
 22 a shortfall, so we topped up with in-year bids in our
 23 own administration.
 24 So we haven't got certainty over future years on
 25 that.

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1 **Q.** You have explained that there's a difficulty arising
 2 because there's no long-term commitment to that part
 3 of your funding, which causes obvious difficulties in
 4 terms of looking to the future. Is there a further --
 5 has there been a further difficulty with the
 6 information from Whitehall about how much you are
 7 going to get coming in late?
 8 **A.** Yes, yes. That -- and there's some exchanges, I think
 9 that are in the documents, that are between a former
 10 staff member of mine and people over in London about
 11 that, yes. But I do understand that we have been told
 12 that we will get the money this year.
 13 **Q.** Have you been told how much at all?
 14 **A.** It's come late in the year. This is the thing, it
 15 tends to come towards the end of the calendar year, so
 16 it doesn't give us a lot of time to sort it out,
 17 particularly now these shortfalls seem to be
 18 happening.
 19 **Q.** Have you been told how much it's going to be yet or is
 20 that information that's to come?
 21 **A.** I don't have that information but my understanding is,
 22 no, we haven't got that yet.
 23 **Q.** So you know it's coming for the next year but after
 24 that you don't know; is that the position?
 25 **A.** No, we know it's coming for this year.

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1 **Q.** So just sticking on that point then, you said that the
 2 payments fall short of what it actually costs to run
 3 the HIV part of the scheme, if I can put it like that.
 4 It's right, isn't it, that in fact the provision from
 5 Whitehall has reduced in recent years, hasn't it? Is
 6 it 2019/2020, the provision was £53,000 less than it
 7 had been the year before? Is that your understanding?
 8 **A.** Yes, that's right. And my understanding is that
 9 that's because the way they calculate their funding
 10 transfer to us is based on the types of payments. So
 11 the regular payments they just reimburse us in full,
 12 whereas the discretionary element of that is based on
 13 the Barnett consequential. I think I've got that
 14 right. And because their discretionary component of
 15 their payments is reduced -- because of all the things
 16 we've been talking about, their overall regular
 17 payments have increased, so there's less call upon
 18 those discretionary payments -- it means that the
 19 discretionary payments part of that funding hasn't
 20 been enough to meet our needs.
 21 **Q.** Because their discretionary payment need reduced. But
 22 Northern Ireland's didn't because you hadn't put your
 23 annual payments up so there was still a requirement
 24 for discretionary payments?
 25 **A.** That's, in a nutshell, my understanding of it, yes.

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1 **Q.** This year. And you don't know any further into the
 2 future?
 3 **A.** No.
 4 **Q.** In terms of how the funding works for the scheme
 5 overall, you have mentioned provision and that's a pot
 6 of money that is -- sort of, uses a reserve fund, is
 7 that right, out of which you pay for discretionary
 8 support, so income top-ups and discretionary grants
 9 and hepatitis C lump sum payments and bereavement
 10 payments for hepatitis C beneficiaries; is that
 11 correct?
 12 **A.** Yes, lump sums and discretionary support, yes.
 13 **Q.** And that, as I understand from the information that's
 14 been given to the Inquiry, in 2017 was a pot of
 15 £1 million and it's now a pot of around about
 16 £0.5 million?
 17 **A.** Yes, I think it's even lower than that now. I think
 18 the latest numbers are more around 200,000, yes. But
 19 I questioned that and I understand we can just top it
 20 up. Our finance team has said that.
 21 **Q.** Then the annual ongoing payments are paid for out of
 22 the Department's budget, are they?
 23 **A.** That's right. They come out of our programme budget.
 24 So they will be part -- it's goes back to the question
 25 that you had just before the break about inescapable.

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1 So we put these -- as part of the budgeting exercise,
2 when we basically put our budgetary expectations
3 across the Department of Finance, we'll be segregating
4 things into what is inescapable and what's more
5 optional proactive policy work that we'll want to
6 fund.

7 So these have always been considered to be
8 inescapable payments that we're committed to making.
9 So if we have a short fall during the year, we'll use
10 an in-year monitoring round to make that up. So,
11 particularly if there's increases in payments that we
12 haven't got in our budget baseline, we'll have to go
13 back in the in-year monitoring to obtain that money.

14 **Q.** So the short point is that, even if the scheme for
15 whatever reason goes over budget, it's fully funded by
16 the Department and the money will be found to make the
17 payments the scheme needs to make?

18 **A.** Well, we don't manage it that way. We seek to manage
19 it so that we actually live within our budget as
20 a Department. But, you know, we consider these to be
21 inescapable payments so they're always given priority
22 in the budget. But obviously there's a lot of calls
23 on the health budget so it leads back to the things we
24 discussed in the first session, that we do have to
25 plan for these in budgetary terms.

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1 know about it from BSO and we will then transfer more
2 money to them to meet that, and then we'll have to
3 square it up with either finding it within the
4 Department's budget through underspend or through
5 going back to the Department of Finance in an in-year
6 monitoring bid, yes.

7 **Q.** You took the opportunity over the tea break to look at
8 your witness statement and "inescapable pressure". Is
9 there anything that you wanted to say in relation to
10 that? You have referred to it already but --

11 **A.** Yes. It certainly links to what we were just talking
12 about. I can see that the first and second references
13 that you gave me related to the commitment that
14 Michelle O'Neill made in 2016 to increase the regular
15 payments in line with England's increases backdated to
16 April 2016. So that's what they related to.

17 And then the third reference was relating to how
18 we dealt with the £50,000-odd deficit in the HIV money
19 that came from DHSC that -- last year I think it was.

20 So it's really an illustration, I guess, of
21 that, that we didn't receive enough money so we bid
22 for that difference. We found that money.

23 **Q.** Because --

24 **A.** The scheme -- because it's inescapable. So the scheme
25 wasn't deprived of that money. I think that's the

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1 **Q.** Are you aware of whether there has been a time when
2 the scheme, so BSO, have approached the Department and
3 said "We need more money"?

4 **A.** Well, we -- it wouldn't quite work like that because
5 we have a routine way of monitoring their needs. So
6 there are times when they need more money but it's
7 more like that will come up through the iterative way
8 in which we manage the finance, yes. We tend to know
9 about it anyway because of the management information
10 that they share with us. So, yes, I'm not sure if I'm
11 getting to the point that you --

12 **Q.** Let me put it this way we heard evidence from the
13 Alliance House organisations that the way that budgets
14 were managed for those organisations was that the
15 Department of Health gave them, you know, a sum of
16 money, out of which they had to meet all the needs of
17 the beneficiaries for the year and there was no way of
18 coming back to ask for top-ups, if there was suddenly
19 a run on people applying to whatever scheme it was.

20 So, really, the question is: this is a different
21 arrangement, as I understand it, that the Department
22 funds the needs of the scheme, whatever they are.

23 **A.** Yes, that is right and we try to manage what they are
24 so that we're not overspending in the Department but,
25 yes, if there's an in-year pressure on BSO we will

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1 important point.

2 **MS SCOTT:** Sir, are those the questions that I had for
3 Ms Redmond. Core Participants will need
4 an opportunity to submit questions to --

5 **SIR BRIAN LANGSTAFF:** You will want some time to field
6 those questions.

7 **MS SCOTT:** Yes.

8 **SIR BRIAN LANGSTAFF:** How long do you think you might
9 need?

10 **MS SCOTT:** I would have thought 20 minutes should be
11 sufficient.

12 **SIR BRIAN LANGSTAFF:** Okay, let us come back then at 20
13 to 5, and we shan't detain you, I think, very much
14 longer after that. So 20 to 5.

(4.20 pm)

(A short break)

(4.41 pm)

17 **MS SCOTT:** I have a handful of questions from Core
18 Participants to ask you. The first few are in
19 relation to funding of the scheme.

20 Is the scheme funded by a specific grant from
21 the UK Treasury or simply as part of the overall the
22 health budget?

23 **A.** It's funded through the Northern Ireland block, which
24 is the distribution to Northern Ireland for all of
25

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1 Northern Ireland's public expenditure, which occurs
 2 every year. That money goes to the Department of
 3 Finance and the Department of Health puts down its
 4 bids, as I described earlier. So the funding we need
 5 for this scheme would go in as an inescapable bid if
 6 it's already committed and the budgets are distributed
 7 then around Departments and then the funding is
 8 provided to BSO out of the Department of Health's
 9 budget. Now that's for the hepatitis C, as we were
 10 talking just before the break. HIV is slightly
 11 different, somewhat different.

12 **Q.** How does the Department intend to fund the scheme in
 13 the future, given Westminster's or Whitehall's
 14 decision that it's not going to be providing funding
 15 after this year?

16 **A.** Well, I think that's the position at the moment.
 17 We've obviously not finished that conversation,
 18 I think, with Whitehall.

19 **Q.** What role did Sue Gray, then Permanent Secretary to
 20 the Department of Finance, play in relation to the
 21 operation of the scheme during the period where there
 22 was no Minister?

23 **A.** She had no involvement in operation of the scheme, the
 24 scheme was operated by BSO under our direction.

25 **Q.** What proportion of beneficiaries receive discretionary

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1 myself but we were certainly looking at the totality
 2 of the financial support and so discretionary payments
 3 are part of that.

4 **Q.** But is it right to understand that there's been no
 5 decision that there should be parity about
 6 discretionary payments across the scheme?

7 **A.** Now, if we're referring -- we're referring to the
 8 recent announcement I think; is that right?

9 **Q.** Yes.

10 **A.** Yes. And I honestly can't tell you if that was
 11 discussed in the lead-up to that announcement.
 12 I can't answer that. But if it's important I will
 13 certainly ask the question.

14 **Q.** We can always ask you that question by further Rule 9,
 15 if that's appropriate.

16 Are members of the bereaved community who do not
 17 get regular payments (so, for example, children who
 18 have lost parents or parents who have lost children),
 19 are they able to make applications for discretionary
 20 one-off grants?

21 **A.** I don't know the answer to that. I think it's only
 22 the infected or partners and spouses bereaved, but I'd
 23 have to come back to you on that.

24 **MS SCOTT:** Okay. Again, that's something we can follow up
 25 that with a further Rule 9.

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1 grant payments? I think your evidence was to the
 2 effect that there are now no longer any income top-up
 3 payments, and you told us that there were very low
 4 numbers for income, for discretionary one-off grant
 5 payments. Are you able to give us an indication of
 6 what sort of numbers we're talking for the
 7 discretionary one-off grants?

8 **A.** Yes. Of the years that you showed us before on the
 9 percentage of success -- it was in one of my witness
 10 statements, I think the second witness statement --
 11 I asked for the numbers of individual applications
 12 that made up that percentage and in all but one case
 13 it was less than 10 and in one it was 11. In one year
 14 there was 11. But from memory -- well, I know there
 15 were less than ten, more in the sort of range of six.
 16 So quite low numbers.

17 **Q.** Were discretionary payments part of the discussion --
 18 the parity discussions with the other devolved
 19 administrations?

20 **A.** They were part of the generality, yes, because we all
 21 at various times provided our financial information on
 22 what we were paying against each of the categories of
 23 payment. So I can't recall exactly how those
 24 discretionary payments were discussed and, again, it
 25 was my team who were mostly in those discussions not

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1 Those were the questions that I was going to ask
 2 from the Core Participants.

3 **Questions from SIR BRIAN LANGSTAFF**

4 **SIR BRIAN LANGSTAFF:** I have just two or three questions
 5 for you. The first is this: when -- rather, let me
 6 change it. What's the timetable for completing
 7 phase 2?

8 **A.** Well, that's a good question because it's a growing
 9 list of needs for us to look at. We certainly are
 10 going to be working at it as fast as we can in the
 11 order of greatest impact, I think I could say. And
 12 we've already talked about how we need to get on
 13 quickly with the enhanced payments for hepatitis
 14 stage 1 -- hepatitis C stage 1. And beyond that
 15 I can't give you a specific timetable but it is quite
 16 a long list. I've seen the work list. You know,
 17 we've got a lot of things to look at and we're going
 18 to be needing to sketch out how long that's going to
 19 take, I fully accept, and I can't give the answer
 20 right now.

21 **SIR BRIAN LANGSTAFF:** So it follows, does it, that you
 22 haven't as yet got a target date?

23 **A.** Well, as I say, there's a very long list of tasks for
 24 us of areas to look at. We've touched on many of them
 25 today, this afternoon, so you can probably gather from

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1 what I've said that there's a lot of work in those
2 things and they won't all be done at once. Some will
3 have to be delayed until we can work through the most
4 urgent, relating to their recent announcements, and
5 that would have the biggest impact.

6 And that one I think -- I was asked earlier how
7 long's that going to take, the enhanced payments work,
8 and, again, we haven't set up the structures yet to
9 take that work forward. We want to consult on it and
10 take on board the range of views expressed by
11 beneficiaries and affected people. So I actually
12 can't give you the project plan for that yet. The
13 team's been, as I mentioned earlier, very involved in
14 addressing the needs of the Inquiry but I hope after
15 today we will be able to turn our attention fully to
16 that.

17 **SIR BRIAN LANGSTAFF:** One of the first steps, as you've
18 described it, or as it's been described, is consulting
19 with the beneficiaries. When do you expect that to
20 take place?

21 **A.** Again, I can't give you a very specific answer to
22 that. I think that wouldn't be right for me to do
23 that until we've had time to develop a plan ourselves
24 for how we're going to approach it. But our intention
25 is to move on to that piece of work immediately after

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1 guidelines around making decisions and a process
2 around making decisions around those grants, and we
3 weren't able to do that for the reasons that we've
4 covered.

5 We often, though, I would say, in a small
6 administration such as ours, turn to resources from
7 other administrations, who are more greatly, for
8 obvious reasons, resourced, so I know, for sure, we
9 would have been looking at guidance that was used in
10 other places, including the English guidance, in
11 developing our own policy.

12 In the absence of our own policy we applied the
13 guidance that England had developed in a systematic
14 way and, you know, I say it's not ideal because we'd
15 always rather have had a Northern Ireland policy
16 agreed by Northern Ireland Ministers.

17 **SIR BRIAN LANGSTAFF:** So the question about what is ideal
18 is not necessarily a question of what the result would
19 be but it's more about the question of the process;
20 that is, that it's ideal for Northern Ireland to have
21 a Northern Irish process. Is that the point?

22 **A.** That's right, yes. It's always preferable for us to
23 have had an opportunity to develop our approach and
24 put it to ministers for agreement before we use it
25 and, as I've referred to, we often do draw on

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1 this.

2 **SIR BRIAN LANGSTAFF:** So the intention is to do it
3 immediately but how long do you think it will take you
4 to develop a plan as to how you're going to approach
5 it?

6 **A.** I haven't had a chance to discuss that with the team,
7 I'm sorry. But if you're interested in that, once
8 we're more precise -- we can be more precise then
9 perhaps we can come back to you on that, rather than
10 me trying to magic it out now.

11 **SIR BRIAN LANGSTAFF:** I certainly don't want you to make
12 policy on the hoof but if and when you do know, and
13 I appreciate you have limited resources, but if you do
14 find something more definite that can be said then
15 we'd love to hear it.

16 The second question was that, earlier in your
17 evidence this morning -- sorry, this afternoon, you
18 said that it wasn't ideal to follow the English
19 guidelines about making discretionary payments. What
20 did you mean? What about it wasn't ideal?

21 **A.** Well, this is about the discretionary grants, just to
22 make that distinction.

23 **SIR BRIAN LANGSTAFF:** Yes.

24 **A.** Well, our intention had been, had we retained
25 Executive Ministers in 2017, to develop our own

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1 resources from other administrations because we are so
2 small. Trying to replicate everything that Whitehall
3 departments do is actually impossible. So we often do
4 draw on other resources and the English guidance which
5 we've been using would have been a key resource for us
6 to look at in developing our own approach, in any
7 case. It's still a job on our list for phase 2 to do
8 just that.

9 **SIR BRIAN LANGSTAFF:** The last question, you may not be
10 able to help with this but if you can, please do. The
11 payments which are made annually to beneficiaries, am
12 I right in thinking they are not made in one lump sum,
13 they are made, what, month by month or week by week?

14 **A.** They are made either monthly or quarterly depending on
15 the preference of the recipient. So yes, I've said
16 "annual", I call them annual as shorthand, but
17 actually they're not paid in one sum once a year,
18 they're paid in instalments.

19 **SIR BRIAN LANGSTAFF:** So it may be that on occasion, as
20 we've heard in looking at the Alliance House
21 organisations, a beneficiary might benefit from having
22 an advance on the payments that he or she has yet to
23 receive but, so long as they survive, is guaranteed to
24 have that year. Is there any mechanism by which
25 a loan, an advance in that sense, can be made or not?

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1 A. I am not aware of that type of arrangement, it's not
 2 contained within our SLA. But to be absolutely sure
 3 I'd have to direct that question to the SO who
 4 administered the scheme.
 5 **SIR BRIAN LANGSTAFF:** Very well. That's all that I have
 6 to ask. Thank you very much.
 7 A. Okay.
 8 **MS SCOTT:** Ms Redmond, would you like to add anything to
 9 your evidence?
 10 A. I was just going to make a few closing remarks,
 11 really, rather than add to evidence as such.
 12 I just want to say I am grateful for the
 13 opportunity to participate in the Inquiry despite the
 14 demands of the pandemic, which have been pretty
 15 intense on my directorate this past approaching
 16 18 months. I did ring-fence resource in my team
 17 throughout last year and this year so that -- to
 18 ensure that we really could continue to fully engage
 19 with the Inquiry, because we recognise its value and
 20 importance, and also to support Minister Swann in the
 21 review and reform of the Northern Ireland scheme.
 22 What we've found is that the Inquiry has
 23 definitely provided us with an opportunity to consider
 24 how we further improve our scheme and best meet the
 25 needs of beneficiaries. We've learnt from what we're

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1 very much.
 2 **(4.58 pm)**
 3 **(Adjourned until 10.00 am the following day)**
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1 hearing, taking on board as we go and feeding into
 2 phase 2 of our review, and we'll be ready to look at
 3 the recommendations and take forward what work is
 4 necessary in response to that in due course, when you
 5 have completed your work.
 6 So thank you very much.
 7 **SIR BRIAN LANGSTAFF:** Well, you have thanked us. It's our
 8 turn to thank you for giving up your time. I know
 9 we've asked you to come but you've come and you've
 10 prepared what you have had to say with the benefit of
 11 a small team and it's taken you some time. You've
 12 given us a very considerable amount of detail, for
 13 which I'm grateful and thank you for that, and there
 14 are one or two questions which you can't answer and
 15 may be able to find out from somebody else, we'll hear
 16 about in due course, I have no doubt. So thank you
 17 very much, once again.
 18 A. Okay. Thank you.
 19 **SIR BRIAN LANGSTAFF:** Tomorrow?
 20 **MS SCOTT:** Tomorrow, yes tomorrow we have Mr Gething, the
 21 Minister for Health and Social Services Wales, at
 22 10.00 and then, after that, we have Mrs Ramsey,
 23 a Director of Planning Performance and Informatics for
 24 NHS Wales Shared Services Partnership.
 25 **SIR BRIAN LANGSTAFF:** So Wales tomorrow, 10.00. Thank you

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(58) weeks... - working

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(59) working... - yourself