

Witness Name: William Vineall

Statement No: WITN4688059

Exhibits: WITN4688060

Dated: 15 July 2021

## **INFECTED BLOOD INQUIRY**

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### **FOURTH WRITTEN STATEMENT OF WILLIAM VINEALL**

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I provide this Statement in response to a request under Rule 9 of the Inquiry Rules, dated 2 June 2021 and a further request, dated 6 July 2021.

I, William Vineall, will say as follows:

#### Introduction

1. My name is William Vineall. My professional address is 39 Victoria Street, Westminster, London SW1H 0EU.
2. I am Director of NHS Quality, Safety and Investigations at the Department of Health and Social Care ("the Department"). This is my fourth statement to the Inquiry and I refer back to my previous statements for further information about my role and responsibilities. I gave oral evidence to the Inquiry on 21 May 2021.
3. I have been asked a series of questions arising from the Written Ministerial Statement ("WMS") made by the Paymaster General, the Rt Hon Penny Mordaunt MP, on 25 March 2021 [WITN5704001, at paragraph 7]. Ministers in the Devolved Administrations made their own Ministerial Statements. The questions posed to me are detailed and so I include them in this statement.

## Question 1: Annual payments for bereaved spouses and partners

*Q1a: With respect to the announcement that the annual payments for bereaved partners will be increased to an automatic 100% of their partner's annual payment in year 1, and 75% in year 2 and subsequent years, in line with the position in Scotland, backdated to April 2019, why is this payment only being backdated to April 2019, in particular in light of the fact that the payments have been made in Scotland since 2017?*

4. April 2019 is when significant changes were last made to financial support under the English Infected Blood Support Scheme ('EIBSS'), both to the annual payment rates for infected beneficiaries and also to income top-ups for bereaved partners. (These uplifts were not, at that time, replicated by the other U.K. schemes). These annual payments for bereaved spouses, civil partners and co-habiting partners<sup>1</sup> will therefore be backdated to April 2019 or the date on which an infected person dies, whichever is later. The bereaved partner annual payment rates are linked to the infected beneficiary payment rates (as applicable to the condition of the deceased person in the relevant financial year) which were, as stated, increased under EIBSS in April 2019.

*Q1bi: Please set out who will receive this payment.*

5. These annual payments will be available to bereaved partners where the deceased infected partner (a) was a registrant of one of the Alliance House Organisations ("AHOs") who was infected in England;<sup>2</sup> or (b) was a registrant of EIBSS; or (c) would have been eligible to register with one of the AHOs or EIBSS; or (d) becomes a registrant of EIBSS and then dies.
6. If a bereaved partner enters into a new relationship the annual payments will continue.

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<sup>1</sup> For simplicity I will refer to bereaved partners in this statement to include civil partners and co-habiting partners.

<sup>2</sup> Note that a person who was infected overseas where the infection occurred while serving in the armed forces is also eligible to register with EIBSS.

*Q1bi continued: In particular, will these payments be available to the bereaved partners or the estate of those beneficiaries who were alive on April 2019 but died before the announcement was made in March 2021?*

7. Bereaved partners of beneficiaries who were alive in April 2019 but died before March 2021 will be eligible for the annual payments, backdated to the date of death. These payments will not be available to an infected beneficiary's estate. They are payments made to a surviving bereaved partner.

*Q1bii: Will these payments be available to the bereaved partners of those beneficiaries who were alive during the life of EIBSS but died prior to April 2019? If not, why not?*

8. Yes, see paragraph 5 above. In such cases the payments will be backdated to April 2019.

*Q1biii: Will these payments be available to the bereaved partners of those beneficiaries who died before 1 April 2017? If not, why not?*

9. Yes, see paragraph 5 above. In such cases the payments will be backdated to April 2019.

*Q1c: Will there be (and if so, approximately how many) bereaved partners who are currently receiving income top up payments from EIBSS whose income will be reduced by the replacement of their income top up payments with these annual payments?*

10. The aim is that no bereaved partner who is currently receiving income top-ups is made worse off by the changes announced on 25 March 2021. This is in line with the principle applied to previous changes to payments made under EIBSS. As at 23 June 2021 NHSBSA has identified thirteen individuals who are currently receiving the highest level of income top-up payments who would be worse off from year 2 of the new bereaved partner annual payments. To illustrate, a bereaved partner in receipt of the highest level of annual income top-up is currently paid £18,000/ annum. Under the bereaved partner annual payments, where the deceased beneficiary received Hepatitis C stage 1 annual payments, a bereaved partner would be paid £18,912/ annum in year 1 (100%) and then £14,184 from year 2 (75% of £18,912) using the 2021/ 2022 rates. In those circumstances, that bereaved partner would be worse off from year 2 onwards than under the current system of income top-ups.

11. To address this situation each of these individuals will receive an additional payment so that he/ she is not left worse off by the changes announced on 25 March 2021 than he/ she currently is. This additional payment will continue to be paid each year until the individual would be equally well off or better off receiving 75% of the annual payment for an infected beneficiary. This will happen over time as the infected beneficiary annual rates increase year on year.

*Q1d: If so, what, if anything, will be done to alleviate the hardship that may result?*

12. See paragraph 11.

#### Question 2: Lump sum bereavement payment

*Q2: With respect to the announcement that the lump sum bereavement payment will move from a discretionary £10,000 to an automatic £10,000 in line with the position in Wales:*

- a. Will a link have to be proved between the beneficiary's death and his/ her infection with either HIV or HCV?*
- b. If so, what is the reason for this policy and what will the criteria be?*

13. No, a link will not have to be established between the beneficiary's death and his/ her HIV and/ or Hepatitis C infection. As stated in the Paymaster General's WMS the lump sum bereavement payment will become automatic, to reflect the position under WIBSS.

#### Question 3: Increased Hepatitis C lump sum payments

*Q3a: With respect to the announcement that the lump sum payment paid to a beneficiary in the scheme with hepatitis C stage 1 will increase by £30,000 from £20,000 to £50,000, which will bring the policy in line with the position in Scotland "and will be backdated to 1 April 2017, meaning that all eligible beneficiaries currently registered with the Scheme will receive this additional payment in arrears", please set out who will receive this payment.*

14. The quotation in the Rule 9 question above is not contained in the Paymaster General's WMS on 25 March 2021. It appears to be taken from the Written Ministerial Statement

made by Minister of Health in Northern Ireland, Robin Swann.<sup>3</sup> In relation to this change the Paymaster General's WMS said "[W]here lump sum payments are being increased, this will apply to all current scheme members" and "the lump sum payment paid to a beneficiary in the scheme with Hepatitis C stage 1 will increase by £30,000 from £20,000 to £50,000, in line with the position in Scotland".

15. In order to receive these lump sum payments an individual must first be eligible for payments because he/ she has been infected by treatment with NHS blood, blood products or tissue. Beyond that, the payments will be made to beneficiaries who were alive on or after 25 March 2021. Such a person will also need to be registered with EIBSS to get the payment. A new registrant to EIBSS (i.e. someone who registers on or after 25 March 2021 and was not previously registered with an AHO) will also be eligible for this lump sum payment. A person who previously was registered with an AHO but has not, to date, registered with EIBSS will be eligible for the relevant additional payment if he/ she now registers with EIBSS.
16. Only infected individuals, living as at 25 March 2021, will be eligible for this payment. However, where an infected individual dies on or after 25 March 2021 but before EIBSS makes the additional lump sum payment to that individual, the estate of the deceased beneficiary will be able to apply for this payment.
17. Paragraphs 15 and 16 are reflected in the Paymaster General's WMS, stating that these lump sum payments will be made to "...a beneficiary in the scheme with Hepatitis C stage 1...".
18. The Hepatitis C stage 1 lump sum payment will rise to £50,000. Lump sum payments previously paid will be 'topped up' to this amount and any individual who has not previously had any Hepatitis C stage 1 lump sum payment will receive £50,000, upon registering with EIBSS.
19. The increase to £50,000 or the payment of £50,000 will be available for individuals with Hepatitis C stage 1, individuals who receive Special Category Mechanism ("SCM") annual payments and also to the co-infected, where the Hepatitis C infection is at stage 1.

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<sup>3</sup> WITN5570018.

20. The reference in the question to April 2017 does not apply to EIBSS as it only started operating on 1 November 2017 and so a person could not be an EIBSS' beneficiary before that date. The payments will be made to eligible people, as explained above, who are registered with, or become registered with, EIBSS.

*Q3ai: Is this increase in the lump sum payment available to the bereaved partners or estates of those beneficiaries who died before 1 April 2017? If not, why not?*

21. No, it will be not available, as explained above. The increase in the lump sum payment brings parity for living infected beneficiaries across the U.K. Further, EIBSS only started operating on 1 November 2017 (1 April 2017 is when SIBSS started to operate).

*Q3aii: Is this increase in lump sum payment available to the bereaved partners or estates of those beneficiaries who were members of the scheme as at 1 April 2017 but have since died?*

22. No, with the caveat set out in paragraph 16 above.

*Q3aiii: If not, why not, given that Scotland has been making this payment at this level since the inception of SIBSS?*

23. This element of the changes agreed between the U.K. schemes focused on parity for living infected beneficiaries.

*Q3bi: Does the phrase "all eligible beneficiaries currently registered with the Scheme" include any beneficiary, including bereaved widows or partners or estates, who have registered with the scheme at any time to receive any payment or grant? If not, why not?*

24. As stated above, this phrase was not used in the Paymaster General's WMS. The Paymaster General's WMS said: "*the lump sum payment paid to a beneficiary in the scheme with Hepatitis C stage 1 will increase by £30,000 from £20,000 to £50,000, in line with the position in Scotland*". Paragraphs 15-16 and 19-20 above set out who is eligible for this additional payment.

*Q3bii: Does the phrase “all eligible beneficiaries currently registered with the Scheme” include a beneficiary who was registered with an Alliance House Organisation but is not registered with the current scheme? If not, why not?*

25. Again, this phrase was not used in the Paymaster General's WMS. As set out in paragraphs 15 and 20 above, the lump sum payment will be available where such an individual, i.e. a beneficiary who was registered with an AHO, registers with EIBSS.

#### Question 4: Increased HIV lump sum payments

*Q4a: With respect to the announcement that the lump sum payment paid to a beneficiary in the scheme with HIV will increase from up to £80.5k maximum in England, to an automatic £80.5k, backdated to April 2017, “meaning all eligible beneficiaries currently registered with the Scheme will receive any appropriate additional payments in arrears subject to the lump sum amount previously received”, please set out who will receive this payment.*

26. Again, the quotation in the Rule 9 question above is not contained in the Paymaster General's WMS. On this issue, the Paymaster General's WMS said, “[w]here lump sum payments are being increased, this will apply to all current scheme members” and “the lump sum payment paid to a beneficiary in the scheme with HIV will increase from up to £80.5k maximum in England, to an automatic £80.5k.”.

27. Paragraphs 15-16 and 20 above also apply to these payments. To receive this lump sum payment an individual must be eligible for payments because he/ she has been infected by treatment with NHS blood, blood products, or tissue. The person must also be living as at 25 March 2021 and will need to be registered with EIBSS.

28. The increase to £80,500 will be available to beneficiaries infected with HIV, including those co-infected with Hepatitis C.

*Q4ai: Is this increase in the lump sum payment available to the bereaved partners or estates of those beneficiaries who died before 1 April 2017, where they have received less than £80.5k?*

29. No, see paragraph 21 above.

*Q4aai: Is this increase in the lump sum payment available to the bereaved partners or estate of those beneficiaries who were members of the scheme at 1 April 2017 but died before 31 March 2021<sup>4</sup>, where they received less than £80.5k?*

30. No, with the caveat set out in paragraph 16 above.

*Q4aiii: If not, why not, given that Scotland has been making this payment at this level since 1 April 2017?*

31. It is not my understanding that Scotland's lump sum payment has been £80,500 since 1 April 2017. My understanding is that the HIV lump sum payment under SIBSS, for new applicants, has been £70,000.

32. More generally, as explained in paragraph 23 above, the changes to lump sum payments agreed between the U.K. schemes focused on parity for living infected beneficiaries.

*Q4bi: Does the phrase "all eligible beneficiaries currently registered with the Scheme" include any beneficiary, including bereaved widows or partners or estates who have registered with the scheme at any time to receive any payment or grant? If not, why not?*

33. As stated above, this phrase was not used in the Paymaster General's WMS. Eligibility for increased payments is explained above at paragraphs 26 – 28.

*Q4bii: Does the phrase "all eligible beneficiaries currently registered with the Scheme" include a beneficiary who was registered with an Alliance House Organisation but is not registered with the current scheme? If not, why not?*

34. This phrase was not used in the Paymaster General's WMS. As set out in paragraphs 15 and 20 above, the lump sum payment will be available where such an individual, i.e. a beneficiary who was registered with an AHO, registers with EIBSS.

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<sup>4</sup> I think the question should refer to 25 March 2021.



Question 5: Remaining differences between the schemes

*Q5: Please set out your understanding of the remaining differences between the four schemes. How will the remaining differences between the four schemes be dealt with.*

35. The Paymaster General's WMS announced changes to the four schemes "*to bring them into broader parity*". My understanding of the main areas of difference that will remain across the U.K. schemes are:

- a. Differences in how the schemes are structured, e.g. for Hepatitis C stage 1 beneficiaries (see my third witness statement, WITN4688055 at paragraph 91);
- b. The method for assessing eligibility for enhanced Hepatitis C stage 1 annual payments (the SCM under EIBSS), i.e. whether there is medical assessment or self-assessment (see my third witness statement, WITN4688055 between paragraphs 84 – 91);
- c. Medical eligibility criteria for Hepatitis C stage 2 (see my third witness statement, WITN4688055 at paragraph 93);
- d. Eligibility for winter fuel payments for bereaved partners;
- e. Child payments;
- f. The detail of policies for discretionary one off payments and
- g. Non-financial support, including the detail of psychological support and how it is provided.

36. It has been agreed that any future changes to national schemes will be subject to consultation between the U.K. Government and Devolved Administrations.

Question 6: Involvement of infected and affected communities in future parity discussions

*Q6: To what extent will the infected and affected communities (including the wider bereaved community such as parents, adult children and carers of those infected) be involved in the future discussions about parity between the four schemes?*

37. No decisions have been made about any involvement of the infected and affected communities in any future discussions about parity between the four schemes.

#### Question 7: Discretionary one off grants

*Q7: Will beneficiaries be able to make applications for discretionary one off grants? If so, what will the criteria be?*

38. Yes, EIBSS' beneficiaries will be able to make applications for discretionary one off grants. The agreement announced on 25 March 2021 did not change this.

39. As set out in paragraph 3.2.3 of the current Service Specification between the Department and NHSBSA (dated August 2018, WITN4688006)<sup>5</sup>, NHSBSA is responsible for setting the criteria for discretionary one off grants, with the agreement of the Department. The criteria remain the same and can be found in the "EIBSS Discretionary One-Off Payments - Guidance Document" and is exhibited at (Exhibit WITN4688060. Please note this document is an updated version of WITN4688058 which was exhibited to my third witness statement).

#### Question 8: Child payments

*Q8: Will beneficiaries be able to make applications for child care payments? If so, what will the criteria be and at what levels will the grants be paid?*

40. EIBSS' beneficiaries will still be able to make applications for child payments (not "*child care payments*" as in the question).

41. Currently, payments are made in respect of dependent children only, that is, children of an infected beneficiary up to the age of 18 years or up to age 21 if in full-time education and payments are £3000/ year (£250/ month) for the first child and £1200/ year (£100/ month) for any subsequent children. Eligibility for payments is means tested and payments can be made to infected beneficiaries, bereaved beneficiaries who are primary care providers, and primary care providers of a child or children of an infected beneficiary, but who are not beneficiaries themselves.

42. Currently, whether a bereaved partner applicant meets the household income eligibility criteria for child payments is assessed as part of the application process for income

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<sup>5</sup> That Service Specification is under review in light of the parity-related changes, but the principle that beneficiaries can apply for one off grants will not change. Also paragraph 3.2.3 of the current Service Specification suggests that discretionary one off grants are means tested. They are no longer means tested – see the oral evidence of Brendan Brown [21 May 2021, p60, lines 14-19].

top-up payments for bereaved beneficiaries. As income-top up payments will be replaced by the bereaved partner annual payments which are not means tested, processes associated with child payments will consequentially be reviewed.

Question 9: Means testing

*Q9: To what extent will there be means testing in any element of the scheme once the changes announced in March have been implemented?*

43. Once the changes announced in March 2021 have been implemented, the only aspect of the scheme which may have a means tested element is child payments. However, as explained in paragraph 42, processes associated with child payments will be reviewed.<sup>6</sup>

Question 10: Raising awareness

*Q10: What steps will the DHSC take (themselves or by instructing EIBSS) to ensure those who are not currently registered, but eligible for these payments, are aware of them?*

44. The Department will continue to consider how best to communicate with people eligible to receive support from EIBSS and will discuss this with NHSBSA.

Question 11: When will payments be made?

*Q11: When will EIBSS be able to update beneficiaries on what their payments will be and when they will be made? How many payments have been made to EIBSS beneficiaries since the Written Ministerial Statement was made by the Paymaster General, Penny Mordaunt, on 25 March 2021? Please confirm that the funding has been provided to EIBSS to allow it to start making payments.<sup>7</sup>*

45. The Department is working with NHSBSA and the Devolved Administrations to implement the changes to payments. The Paymaster General's WMS said "[w]e hope that the schemes will be able to make additional payments where required by the end

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<sup>6</sup> During my oral evidence on 21 May 2021, Counsel to the Inquiry put to me that means testing for discretionary one-off payments would remain part of EIBSS and I agreed with this. I would like to correct that. One-off discretionary payments are not currently means tested (see the oral evidence of Brendan Brown on 21 May 2021, *ibid*) and this will continue to be the case.

<sup>7</sup> Further question posed in request under Rule 9, dated 6 July 2021.

*of the calendar year, and sooner if possible.” NHSBSA plans to make payments in stages, according to different categories of payment.*

46. On 6 July 2021 the Department transferred just under £71 million to NHSBSA to fund lump sum payments that were announced in the WMS.
47. As at 13 July 2021, it is expected that lump sum payments will be made to 1,866 infected beneficiaries, where NHSBSA have confirmed the lump sum payment(s) that each beneficiary had previously received. It is planned that these payments will be made on 27 July 2021.
48. In addition, on 27 July 2021, it is planned that a small number of bereavement lump sum payments (of £10,000) will be paid, where applications were previously declined due to the cause of death not being linked with the deceased’s infection with HIV and/or Hepatitis C.
49. There are approximately 170 infected beneficiaries who will not receive an additional lump sum payment in line with the above schedule. This is because NHSBSA are still working to establish the payment(s) each person received historically from the AHOs. NHSBSA intends to communicate with those beneficiaries in the week commencing 19 July 2021 to provide an update on this. NHSBSA expect to start making those payments from the end of August 2021, once they have been able to confirm previous payments made.
50. In the week commencing 19 July 2021 NHSBSA will be communicating with those beneficiaries who are due to receive additional lump sum payments and bereavement lump sum payments (paragraphs 47 and 48 above), in order to inform them of the value and date of the payments.

### **Statement of Truth**

I believe that the facts stated in this witness statement are true.

Signed

GRO-C

Dated: 15 July 2021