Witness Name: Karen Bailey
Statement No.: WITN4936001
Exhibits: WITN4936002-WITN4936026
Dated: 23 April 2021

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF KAREN BAILEY

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 12 August 2020.

I, Karen Bailey, will say as follows: -

Section 1: Introduction

Question 1: Please set out your name, address, date of birth and any relevant professional qualifications relevant to your work at the Infected Blood Payment Scheme for Northern Ireland ("the Scheme")

1. My name is Karen Bailey. I am Acting Chief Executive of Business Services Organisation. My professional address is Business Services Organisation (BSO) Headquarters, 2 Franklin Street, Belfast, BT2 8DQ. My date of birth is known to the Inquiry.

2. My relevant professional qualifications are as follows:

Course/Body	Qualification	Grade	Date Obtained
Managing Successful Programmes	MSP	Pass	20/02/2016
Institute of Directors (IOD)	Chartered Director Programme	level 1&2 passed	30/04/2017
CIPFA certified Governance	NQF level 3	pass (distinction)	10/10/2011
Association Project Management	Prince 2 Project Management	pass (distinction)	11/11/2008
ITIL Service Management	ITIL Expert level	pass (distinction)	30/12/2008

Question 2: Please describe your employment history including the various roles and responsibilities that you have held throughout your career, as well as the dates. In particular please set out whether you had any role in the Alliance House Organisations ("AHOs") and if so please describe that role and your responsibilities within it.

3. **Down Lisburn Trust 01/06/1991 – 31/03/2008**

Assistant Director Finance/IT

Responsible for:

- Corporate Business planning
- Corporate business cases
- Establishment of an IT/informatics Function and development of IT strategy, analytics and Programmes for the Trust.

- Management of risk and budgets and leadership of a team of fifty staff delivering service to 3500 employees and a Trust budget of £90m.

4. **HSCB (Service Development Unit SDU) 01/04/08-20/10/2010. Head of Planning & Service Improvement**

4.1. My penultimate leadership post was Head of Planning and Service Improvement (Digital) in the Health Board/SDU, a major complex organisation of over 400 staff and managing commissioning for the region (in excess of £700m) from April 2008 to September 2010. I was responsible for delivery of complex projects that modernised and improved service efficiency and quality for the ultimate customer, the patient.

4.2. I led on the hospital theatre utilisation improvement Programme to address recommendations from the Public Accounts Committee (PAC) report on theatre utilisation. This allowed DHNI to report full compliance against the recommendations and the regional Theatre system I implemented is still in use today.

4.3. I led on the development and rollout of new patient referral processes, managing stakeholder relationships with senior stakeholders including DHNI, senior Hospital consultants and senior finance staff particularly around the introduction of the new ICATS referral process to Orthopaedics. The outcome of these projects was enhanced service provision at a much reduced cost.

5. **Business Services Organisation (BSO) initial secondment 20/09/2010 – 11/07/2013, then permanent to present. Director of Customer Care & Performance**

5.1. I was seconded from 2010-2013 into the leadership role of Director of Customer Care & Performance for the Business Services Organisation (BSO), one of the major Health & Social Care organisations delivering a complex mix of support services to Health & Social Care.

5.2. I led on setting strategic direction for the organisation with direct responsibility for developing the corporate three-year BSO strategy and annual Business Plan. I also report on corporate growth and development to BSO Board.

5.3. I performance managed internal BSO business units working with the other four Directors for the achievement of the customers Service Level Agreements and for securing income.

5.4. I was the liaison Director for the BSO with the DHSSPS Sponsor branch ensuring accountability for performance and manage the Corporate Risk process.

5.5. In addition, I was an Operations Director for a number of business services within BSO including Customer Care & Performance, Equality & Human Rights, the Office of Research Ethics and - from Summer 2012 - the Regional Information Technology Directorate (ITS). In 2015 I led the development of a new service, Honest Broker analytics supporting internal and research communities.

5.6. Currently Acting Chief Executive for BSO and accountable officer for the organization.

5.7. I have held no role in Alliance House Organisations.

Question 3: Please set out the positions you have held at the Scheme, including with any committees, working parties or groups relevant to the Inquiry's Terms of Reference, and describe how you came to be appointed to those positions

6. None applicable

Question 4: Please describe your role and responsibilities in the above positions

7. None applicable

Question 5: The Scheme has provided the following responses to rule 9 requests:

a) ***First rule 9: request dated 24 October 2018; response dated 28 November 2018 (WITN4936002)***
b) ***Second rule 9: request dated 19 December 2018; response dated 22 January 2019 (WITN4936003)***
c) ***Third rule 9: request dated 2 July 2019; response dated 8 August 2019***

Can you confirm that the content of all three rule 9 responses are accurate? If not, please identify those parts of the rule 9 responses that you are not willing or able to confirm as being accurate.

8. The three Rule 9 responses are accurate at the time of completion pending the following amendments.

9. In relation to the first Rule 9: request dated 24th October 2018; response dated 28th November 2018 please see the following updates: A – Materials held by the Scheme

9.1. Schedule of materials

Hard Copies:

- 113 beneficiary folders arranged in alphabetical order including their identification number
- 2 files from unsuccessful claimants to Skipton.
- 1 file from the family of a deceased AHOs beneficiary
- 1 file from a applicant who did not pursue a claim to the Scheme
- Printed email correspondence from two families regarding infected blood
- 1 pending HCV S1 application for assessment

Electronic copies:

15 electronic subfolders contained within the BSO secure server. The additional folders are as follows

- Operational Procedures
- Appeal Panel Information
- Mail Merge Details
- EIBSS Clinical Assessors

9.2 B – Setting up and operation of the Scheme

2a. Individuals involved in administration of the Scheme

- Mrs Wendy Thompson is no longer in post as Director of Finance.
- Mrs Karen Bryson replaced Mrs Thompson as Director of Finance in February 2020

Question 6: What induction, training and information did you receive from the Scheme as to its functions, aims and objectives?

10. As part of my induction and training I received the Department of Health Northern Ireland ("DHNI") Service Level Agreement and associated policies including the Scheme's operational procedures.

11. In addition, IBPS (NI) sought information and clarification from SIBSS and AHOs during 2017 in relation to their Schemes. This information, which was provided to relevant BSO personnel, assisted IBPS (NI) in the setting up and operation of the Scheme within Northern Ireland.

Question 7: Please set out your membership, past or present, of any other committees, associations, parties, societies or groups relevant to the Inquiry's Terms of Reference, including the dates of your membership and the nature of your involvement:

12. I have had no involvement in any groups - therefore not applicable.

Question 8: Please confirm whether you have provided evidence to, or have been involved in, any other inquiries, investigations or criminal or civil litigation in relation to human immunodeficiency virus ("HIV") and/or hepatitis B virus ("HBV") and/or hepatitis C virus ("HCV") infections and/or variant Creutzfeldt-Jakob disease ("vCJD") in blood and/or blood products. Please provide details of your involvement and copies of any statements or reports which you provided.

13. I have had no involvement in any groups - therefore not applicable.

Section 2: Establishment of the Devolved Schemes

Question 9: Further to the Scheme's first rule 9 response dated 28 November 2018, please explain more fully what involvement (to your knowledge) the Department of Health or any other Government department, whether UK or

devolved, had in the setting up of the Scheme. Please explain in particular the role of the Department of Health - Northern Ireland ("DHNI").

14. Please refer this question to the Department of Health. This question is outside of my experience and knowledge.

Question 10: Please describe your involvement with and/or recollection of the circumstances in which the Scheme was established.

15. This question is outside of my experience and knowledge.

Question 11: Were you involved in any consultation by the Department of Health or any other Government department about the establishment of the Scheme, its functions, aims and objectives? If so, please describe that process and set out the contribution you made to the consultation.

16. I had no such involvement

Question 12: Which policies, procedures and/or practices, if any, were inherited by the Scheme from each AHO, either temporarily or permanently? How was this information shared by the AHOs?

17. Macfarlane and Caxton income top-up policy and payment rates were inherited by the Scheme. From April 2021 income top-ups have ceased due to a change of DHNI policy.

18. The information was shared by email.

Question 13: Which policies, procedures and/or practices, if any, were newly introduced by or under the Scheme?

19. Under the AHOs, support payments were made to beneficiaries at different dates within a calendar month. Upon transition to BSO, payments were streamlined for operational purposes to one payment date within a calendar month.

20. Under the AHOs non infected HIV bereaved were not entitled to the annual winter fuel payment. This policy was changed by DHNI in September 2018 enabling all non-infected bereaved to receive the annual winter fuel payment.

21. In relation to the operational procedures introduced by the Scheme please see WITN4936004.

Question 14: Who decided what was inherited and what, if anything, was to be changed?

22. DHNI officials are the decision makers in all policy matters pertaining to the Scheme.

Question 15: At the point the Scheme was established, was any consideration given to trying to achieve parity between the Scheme and the other Devolved Schemes? If not, why not? If there was, please set out what was done to try to achieve this.

23. In the absence of the Northern Ireland Assembly and Health Minister in 2017 no decision could be made regarding parity between Devolved Schemes.

24. Please refer this question to DHNI for further clarity.

Question 16: What do you understand the aims and objectives of the Scheme to be? What principles or philosophy underpin it?

25. The aims of the Scheme are in line with the corporate aims of the Regional Business Services Organisation as stated below:

1. Seek to ensure that those infected and affected receive a high quality, empathic and bespoke service.
2. Deliver high quality valued services.
3. Develop our services in partnership with our customers.
4. Demonstrate continuous improvement in pursuit of excellence.
5. Help our people excel at what we do.

26. The philosophy that underpins the Scheme is contained within the BSO corporate mission statement:

"To provide high quality business services which support our customers to improve health and wellbeing."

Section 3: Transitional arrangements from AHOs to Devolved Schemes

Question 17: Please describe the extent of your involvement, if any, in the transitional arrangements from the AHOs to the Scheme.

27. Mr Colin Murray, BSO Scheme Manager and Ms Karen Simpson DHNI were involved in the transitional arrangements of information from the AHOs to BSO. Mr Murray and Ms Simpson travelled to Alliance House on 25th September 2017 for a meeting with the AHOs Chief Executive & Directors to discuss these matters.

28. On the 6th September 2017 Mr Colin Murray and Ms Karen Simpson travelled to the Scottish Infected Blood Support Scheme in Edinburgh for a meeting with Mrs Sally Richards, Scottish Scheme Manager and a Scottish Department of Health official to discuss their Scheme and the transitional arrangements of information from AHOs to Scotland.

Question 18: Further to the answers to question 2(d) in the Scheme's first rule 9 response and question 4 in the Scheme's second rule 9 response, please explain the following:

a) Were any attempts made by the Scheme to obtain more detailed information about beneficiaries from the AHOs so as to avoid beneficiaries having to submit information to the Schemes that had already been provided to the AHOs? If so, please give details.

29. During the meeting on the 25th September 2017 with the AHOs, BSO and DHNI asked if more detailed information (beneficiaries' hard copy files) could be released to BSO during the transitional period. AHOs would not release the information citing data protection policies.

b) Has the Scheme been disadvantaged in any way as a result of a lack of information provided to it by the AHO's? If so, please provide details.

30. The Scheme has been disadvantaged in so far that we do not have a full historical record of all beneficiaries who received infected blood in Northern Ireland and who in turn received payments from the Alliance House Organisations.

c) The current forms in use at the Scheme require applicants to give their consent to the Scheme obtaining their data from the AHO's. Why is this consent sought? Has it ever been used?

31. The consent of claimants is a standard BSO practice and was applied to the Scheme as a matter of routine. The consent has not been used to my knowledge.

Question 19: It appears from the Scheme's first rule 9 response at question 4(a) to the first rule 9 request that all those beneficiaries who had been registered with the AHOs transferred to the Scheme. Is that correct? Were any beneficiaries lost during the transfer?

32. That would be incorrect. The information released by AHOs to BSO was in relation to beneficiaries who had signed an AHO data release consent form. AHOs would not release any information to BSO without the signed consent of their beneficiaries.

33. No beneficiary notified by the Alliance House Organisations to the Business Services Organisation was lost during the transfer.

Question 20: What, if any, steps were taken to ensure that unsuccessful applicants to any of the AHOs were contacted about potential eligibility for support from the Scheme?

34. No steps were taken as the AHOs would not release any information without the signed consent of their applicants.

Question 21: What steps (to your knowledge) were taken by the AHOs and the Scheme to publicise each of the following:

a) the establishment of the Scheme?

35. I cannot confirm the steps undertaken by the AHOs.

36. In relation to BSO, known transferring Scheme beneficiaries received a letter of welcome, contact details and a registration information form dated 11 October 2017 (DHNI0001143). The letter detailed the establishment of the Scheme and the go live operational date of 1st November 2017.

b) the date on which the respective AHOs would cease operations?

37. I cannot confirm the steps undertaken by the AHOs.

38. Please refer to question 21(a) regarding BSO.

c) methods of contacting or applying to the Scheme?

39. I cannot confirm the methods undertaken by the AHOs.

40. Information on how to contact or apply to the Scheme was made available on the BSO and NI direct website in November 2017.

d) the general scope of support and other forms of assistance available from the Scheme, including (i) types of support and (ii) eligibility criteria?

41. I cannot confirm the steps undertaken by the AHOs.

42. The remit given to BSO in 2017 by DHNI was to administer the same level of payments to transferring AHOs beneficiaries and await further details on how to progress the Scheme. DHNI were to implement a consultation with beneficiaries including a review of the Scheme. This did not occur due to the ongoing suspension of the Northern Ireland Executive.

43. During the implementation of the Northern Ireland Scheme, BSO assumed that transferring beneficiaries from AHOs were fully aware of their financial entitlements under the Alliance House Organisations but subsequently we discovered this was not the case. In 2019 a letter was sent to Scheme members detailing their financial entitlements and the BSO webpage was updated accordingly. Please see WITN4936005.

Question 22: Do you consider that more could and/or should have been done (and, if so, what and by whom) to reach people who might be eligible for support or assistance? Are there plans to take such steps now? If not, why not? If so, please set them out.

44. I am not able to answer this question as this is a matter for DHNI.

Question 23: In relation to new beneficiaries of the Scheme, were any of the following adjustments considered or implemented:

a) backdating payments for first time registrants to

i. the date of diagnosis

45. DHNI instructed BSO to backdate payments for first time registrants to the date/month that applications were received to the Scheme. DHNI adheres to EIBSS policy in relation to this.

ii. the date of first eligibility for support or (iii) the date on which the Scheme was established?

46. Please refer to the answer in 23 (a)

b) providing exemptions or waivers as to documentary record requirements for first time applicants where records (i) have been lost/destroyed by an NHS body, (ii) are otherwise unavailable through no fault of the applicant or (iii) were not adequately created or completed in the first place? If so, please provide details. If not, why not?

47. The Scheme adheres to the policy and direction set out by DHNI within the Service Level Agreement. The decision to provide exemptions or waivers to documentary records for first time applicants for the reasons set out in (i), (ii) and (iii) is the remit of DHNI and not the Business Services Organisation.

Question 24: Please describe the extent to which the Scheme had a digital presence when it was set up, including details of key information available on its website.

48. The Scheme's sole digital presence is the web page which was set up in November 2017.

49. Please see WITN4936006 for details of key information available on the webpage at that point.

50. Key information currently available on the webpage is as follows:

- Eligibility
- Support Available
- Support Payment Rates 2021-2022
- One-off Lump Sum Payments 2021-2022
- How payments affect tax & benefits
- Income Tax
- Benefits
- Making a claim

Question 25: Further to the Scheme's answer to question 13 in the second rule 9 response, please explain the following:

a) Why does the Scheme not have its own dedicated website?

51. During the establishment of the Scheme, BSO adhered to standard practice within the Northern Ireland Public Sector in relation to information communicated to the public. DHNI are currently reviewing the Scheme and BSO will be happy to implement any changes or recommendations to improve its website.

52. BSO seeks to provide a warm bespoke service to Scheme beneficiaries and members of the public rather than just through the impersonal cold medium of a website. Therefore anybody who makes an approach to the Scheme through the contact details contained within the webpage is directly connected to the Scheme Manager. The Manger then assists the individual on a one-to-one basis.

53. This style of approach would be rare within the Northern Ireland Public Sector as members of the public would not be directly connected to senior managers in the first instance.

b) Why is information about eligibility criteria and payment levels limited to outlines of types of potential payments on the Northern Ireland Direct website and the BSO website?

54. The format and type of information contained within the Northern Ireland Direct website and the BSO website is standard practice and the norm for Northern Ireland Public Sector Bodies.

55. DHNI is currently reviewing the Scheme and BSO will be happy to implement any changes or recommendations to improve the website.

c) To the extent that limited website publication is due to DHNI approval being required, when and for what has approval been sought? In each case, please explain the outcome and reasons provided.

56. DHNI authorises updates to the BSO website as and when required.

57. Please refer to WITN4936007 which contains emailed transcripts of the process between DHNI and BSO.

d) What plans or strategies are in place for the Scheme's future digital presence?

58. DHNI is currently conducting a review of the Scheme including its digital presence (web page). BSO will await the outcome and suggested recommended changes.

Section 4: Relationship with Government

Question 26: Further to the Scheme's answer to question 3(a) in the first rule 9 response, please describe the working relationship between the Scheme, BSO and DHNI. Is there a particular point of contact? If so, who is that? Are you aware of any difficulties? If so, what are they, how do they impact on the running of the Scheme and how, if at all, have they been resolved?

59. The Scheme is contained within the Finance Directorate of the Business Services Organisation and is not a separate body. The BSO operates the NI Scheme on behalf of the DHNI under section 15(4) of the Health and Social Care (reform) Act (Northern Ireland) 2009

60. The Scheme (BSO) has a very close working relationship with DHNI officials in all matters pertaining to the Scheme. DHNI contacts the Scheme manager on a

regular basis through telephone calls and emails. The points of contact in DHNI are Mrs Lesley Heaney and Mr Eddie Dillon.

61. There are no difficulties to my knowledge.

Question 27: Have you, or others within the Scheme, raised any concerns and issues with DHNI about the funding, structure, organisation or running of the Scheme, or about the involvement of DHNI, or about any other matter? If so, please explain what concerns and issues were raised. What was the response of DHNI to those matters being raised?

62. No concerns and issues have been raised with DHNI about the funding, structure, organisation or the running of the Scheme or any other matters to my knowledge.

Question 28: Please describe any matters upon which the Scheme provides advice to DHNI to assist its decision making.

63. The Scheme mostly provides financial costings/advice to DHNI.

64. DHNI compiles the information and presents it within their departmental option papers to the Health Minister.

Please include:

a) An explanation of the process by which advice passes (i.e. is it sought out or is it offered, or a combination of both, and by whom?).

65. Departmental officials would contact BSO for advice on matters pertaining to the financial aspect of the Scheme. The process is through telephone calls, emails and spreadsheets.

66. The Scheme manager contacts DHNI on occasion for advice on policy matters pertaining to the Service Level Agreement.

b) Some examples of when advice has been given and accepted.

67. In August 2018 the Scheme Manager informed DHNI that EIBSS will be crediting the annual winter fuel payment to all non-infected bereaved from December 2018 onwards. The Scheme manager suggested to DHNI that the Scheme should adopt the same policy. Up until that point HIV non-infected bereaved did not receive the fuel allowance, this was a continuation of the policy initiated by AHOs. DHNI accepted this advice.

68. In May 2018 the Scheme Manager suggested to DHNI that Scheme beneficiaries who receive a monthly support payment and who subsequently die, their estates should receive payment to the end of the relevant quarterly period. DHNI accepted this advice.

c) Some examples of when advice has been given and rejected.

69. To the best of my knowledge there are no examples of advice given and rejected.

d) Whether the advice is usually taken.

70. This question is outside of my knowledge.

e) Whether reasons are given for rejecting the advice.

71. This question is outside of my knowledge.

Section 5: Funding/finances of the Devolved Schemes

Question 29: Please confirm that the Scheme's answers to question 2(b) and 3(b) in the first rule 9 response and question 1 in your second rule 9 response remain an accurate summary of the funding and budgeting process for the Scheme. Please provide any relevant updates or clarifications.

72. The answers to question 2(b) and 3(b) in the first Rule 9 response remain accurate including question 1 in the second response.

73. In addition to question 1 of the second Rule 9 response, DHNI would on occasion request that BSO produce an estimate of cost on elements within the Scheme. For example in financial year 2019-2020 DHNI requested that BSO produce an estimate of cost if annual support rates increased in line with EIBSS.

Question 30: Further to the Scheme's answer to question 1 in the second rule 9 response, please elaborate on the process followed by BSO in providing and by DHNI in processing the SLA statistics to determine funding levels for the Scheme.

74. At the end of each quarter the Scheme compiles a spreadsheet of quarterly costs and Scheme statistics per the SLA and forwards this information to DHNI by email.

75. Please refer the second part of this question to DHNI regarding its processes once costings and statistics are in its possession.

Question 31: Further to the Scheme's answer to question 3(b) in the first rule 9 response, to what extent (if at all) is prior approval or a forecast (annual, quarterly or monthly) required for discretionary payments by the Scheme?

a) ***If so, is it the responsibility of the Scheme or the DHNI to forecast this element of the budget?***

b) ***If it is the Scheme, please explain how this is done.***

76. Prior approval or a forecast is not required by the Scheme.

77. DHNI guarantees all discretionary funding required by BSO.

78. Anticipation of future funding is the responsibility of DHNI though due to the small number receiving discretionary payments within the Scheme the annual spend does not vary significantly from one financial year to the next

Question 32: Please set out the process by which the Scheme receives funding from DHNI including the HIV allocation from the UK Department of Health. Has this changed over the time you have been involved? If so how? What, if any, problems have arisen from this process and what were (or continue to be) the consequences

79. The Scheme receives two avenues of funding from DHNI

80. The first avenue is known as Provisions. This funding covers one-off ex gratia lump sums paid to beneficiaries within a financial year. At the end of each financial year BSO invoices DHNI for any outstanding monies in relation to this payment.

81. The second avenue is via the Revenue Resource Limit (RRL). The funding covers Scheme administration, annual Hepatitis C & HIV support, discretionary, winter fuel and one-off grant costs. The monies are usually allocated twice a year by DHNI to BSO and notified by way of a funding letter.

82. Please see examples of DHNI funding letters to BSO in WITN4936008 and WITN4936009.

83. The process has not changed over time and no problems have arisen to my knowledge.

Question 33: What do you know about how DHNI sets the budget for the Scheme? Please describe any particular formula or methodology for calculation.

84. Please refer this question to DHNI. It is outside of my knowledge.

Question 34: What input did you or the Scheme have (or continue to have) in the budget process? What input do you consider you should have in this process? Does DHNI take account of any representations made by the Scheme regarding the budget?

85. The Scheme's input into the DHNI budget process is limited to the quarterly statistics notifications per the SLA or any costings exercise that DHNI may require.

86. The Scheme works within the remit set out by DHNI within the SLA so therefore the budget is a matter for DHNI.

Question 35: Other than as to those suffering from HIV (who the Inquiry understands benefit from UK Government funding applicable to all of the Devolved Schemes), is there any particular minimum funding commitment by the UK Government/ Department of Health towards DHNI funding for the Scheme? If so, how does this operate? If not, are there any mechanisms to ensure continuity of payments and existing payment levels to non-HIV beneficiaries at the Scheme?

87. The responsibility to ensure the Scheme is funded appropriately is the responsibility of DHNI

88. DHNI guarantees all Scheme funding requirements from their budget stream.

Question 36: What funding commitment has the UK Government made to the Scheme for those suffering from HIV?

89. Please refer this question to DHNI. It is outside of my knowledge.

Question 37: How much funding (to your knowledge) has been provided to the Scheme each year since it was established?

90. Please refer to the table below

Financial Year	Funding Total
2017- 2018	£425k
2018 - 2019	£984k
2019 - 2020	£2,204k
2020 – 2021	£2,670k

Question 38: Do you consider that the funding provided to the Scheme by DHNI has been adequate? Please explain your reasoning.

91. The funding provided by DHNI is adequate. DHNI sets the level of payments and guarantees all Scheme spend.

Question 39: What opportunities or procedures are there for the Scheme to seek additional monies and/or apply for top-up monies from DHNI or the UK

Government in the course of a financial year? To your knowledge, has this ever been done so far? If so, provide details.

92. If the Scheme requires additional/top-up monies from DHNI, a senior management accountant within BSO would contact DHNI usually at the end of a financial year to request additional funds.

93. Additional funds were required from DHNI in financial year 2019-2020 to provide for a £67k end of year shortfall. This was due to additional costs not budgeted by DHNI.

94. Please refer to WITN4936010.

Question 40: Further to the Scheme's answer to question 2(c) in the first rule 9 response, have there now been any reviews of the Scheme's policies and/or payment levels between the Scheme and DHNI? If so, please provide details including the following:

95. DHNI is currently reviewing the Scheme including payment levels.

96. In financial year 2019-2020 DHNI increased the annual payment level for infected beneficiaries in line with EIBSS annual support rates. A permanent uplift of annual support rates in line with England was announced by the Northern Ireland Health Minister in August 2020.

97. DHNI ceased income top-up payments to infected beneficiaries from September 2020 onwards due to the uplift in support rates. This policy is in line with EIBSS.

a) Do the reviews take the form of meetings? If so

i. Who sets the agenda for the meeting?

ii. Who attends these meetings?

iii. What is usually discussed at these meetings?

iv. Are formal minutes, or any other written record, taken at these meetings? If so, by whom and who would be provided with copies? Please provide copies of any such minutes or written records of meetings.

98. The reviews do not take place in the form of meetings.

b) If the reviews are conducted without meetings taking place, please provide full details of the process.

99. The reviews are conducted by telephone calls and emailed communication between the Scheme (BSO) and DHNI.

Question 41: Does the Scheme have ad hoc meetings with DHNI? If so:

100. The Scheme very rarely has ad hoc face to face meetings with DHNI officials.

a) How are these meetings arranged? Can the Scheme call for such meetings?

101. The meetings would be arranged through telephone calls or emails. The Scheme can call for such meetings if required.

b) Who sets the agenda for these meetings?

102. DHNI would set the agenda

c) Please describe any such meetings you know took place or which are planned, including dates where possible.

103. On the 10th September 2019 a meeting took place at Castle Buildings, Stormont with DHNI. In attendance was BSO Assistant Director of Finance, Scheme Manager and three senior departmental officials. The purpose of the meeting was to discuss payment options for NI Scheme beneficiaries. The outcome of the meeting was for BSO to cost the anticipated spend if SIBSS annual payment rates were introduced to Northern Ireland. On the 15th March 2021 the Scheme Manager along with Mr Eddie Dillon DHNI joined a Microsoft team meeting with England, Scotland and Wales DoH Infected Blood Payment Scheme officials to discuss payment parity across the four nations. Please refer to WITN4936011.

104. A meeting is planned for 16th April 2021 to discuss the issue of payment parity costings across the four nations. Please refer to WITN4936012

d) Who attends these meetings?

105. Those in attendance are as follows:

- BSO Assistant Director of Finance
- Scheme Manager
- Senior Departmental Officials

e) Are formal minutes, or any other written record, taken at these meetings? If so, by whom and who would be provided with copies? Please provide copies of any such minutes or written records of meetings.

106. The meetings would be informal and to my knowledge no minutes are compiled though there would be subsequent emails arising out of the meetings. I cannot confirm if minutes were compiled in respect of the meeting held on 15th March 2021.

107. Please refer to WITN4936013 which contains email transcripts regarding the meeting between BSO & DHNI on 10th September 2019.

Question 42: To your knowledge, does the Scheme have any other streams or sources of funding/income other than that provided by DHNI and the UK Government? If so, from what source, how much funding/income was (or is) provided, and how are those funds managed/spent by the Scheme?

108. The Scheme does not have any other streams or sources of funding/income.

Question 43: Please describe and explain the impact, if any, on the operation of the Scheme, of the suspension of the Northern Ireland Executive from January 2017 to January 2020.

109. There was no impact operationally to the Scheme due to the suspension of the Northern Ireland Executive from January 2017 to January 2020. Any impact would be on a policy level within DHNI.

Question 44: What changes, if any, have taken place in relation to the funding of the Scheme since the Northern Ireland Executive was re-established?

110. Due to the re-establishment of the Northern Ireland Executive and the appointment of a Health Minister the following changes occurred which subsequently increased funding to the Scheme.

- 2019-2020 Interim payments credited to infected beneficiaries to increase their annual support payments in line with England
- 2019-2020 One-off £5k lump sum payments credited to non-infected bereaved beneficiaries
- 2020-2021 Permanent uplift of annual support rates in line with EIBSS
- 2020-2021 Income top-up payments ceasing to infected beneficiaries in line with EIBSS with effect September 2020.
- 2020-2021 Income top-up payments ceasing to non-infected bereaved beneficiaries with effect April 2021
- 2020-2021 Introduction of annual support payments to non-infected bereaved beneficiaries.

Question 45: In your view, has the Scheme been underfunded at any point since it was established in 2017? If so, what was the impact on the Scheme? If so, was this due to (i) spikes in the number of applications, (ii) an increase in the amounts applied for and/or (iii) any other reason?

111. The Scheme has not been underfunded since its establishment by DHNI.

112. DHNI guarantees all Scheme spend.

Question 46: Does the Scheme maintain reserves? Who decides on the level of reserves the Scheme should maintain? Do you have involvement in those decisions? What was/is the justification for the level of reserves? Have reserve levels had any impact on discussions with DHNI or the UK Government/Department of Health about increased or maintained levels of funding?

113. The Scheme does not maintain reserves. DHNI guarantees all Scheme funding requirements therefore holding a reserve is not a necessary requirement.

Question 47: What steps, if any, has the Scheme taken to ensure continuity of payments and existing payment levels to beneficiaries at the Scheme?

114. The Scheme adheres to the Service Level Agreement with which ensures continuity of payment and payments level to Scheme beneficiaries from DHNI.

Question 48: Do the Scheme's operational costs have to be met from the money provided to it from DHNI or the UK Government/Department of Health? If so, what steps, if any, has the Scheme taken to manage its operational costs so as to maximise the monies available for beneficiaries?

115. The Scheme's operational costs are met from the monies provided by DHNI. The Scheme's operational cost is a fixed sum of money credited to BSO each financial year by DHNI and has no bearing or implications on monies available to beneficiaries.

Question 49: What steps, if any, has the Scheme taken to ensure that staff salaries are proportionate and/or commensurate with the NHS or public sector?

116. BSO Staff salaries are credited under NHS Agenda for Change terms and conditions so therefore are commensurate with UK NHS salary scales.

Section 6: Communication and engagement with the beneficiary community

Question 50: What steps, if any, has the Scheme taken to ensure that staff communicate appropriately with beneficiaries, applicants for support or assistance, and their families? Please include a description of any training or internal know-how practices, including mentorship or other networks.

117. There is one operational member of staff within the Scheme who is the manager. The manager of the Scheme is also the manager of the payment Scheme to nursing & midwifery students within Northern Ireland so therefore has the necessary knowledge and experience in communicating to customers, clients and their families.

Question 51: To what extent, if at all, has the Scheme responded to, and acted on, any complaints in relation to its working methods or in relation to the way in which it communicates with beneficiaries, applicants and their families? Please give details of any cases within your knowledge, in particular as to:

a) Complaints about lack of empathy from staff.

b) The wording of application forms.

c) The wording of information in relation to the Scheme provided on the Northern Ireland Direct website and the BSO website.

d) Quality of decision-making.

118. The Scheme came into operation in November 2017 and since that time the manager and beneficiaries have a very positive relationship. The manager deals with all beneficiaries on a one-to-one basis and would personally talk them through applications dealing with any issues. He also listens to their problems outside of the normal parameters of a payment Scheme.

119. There have been no complaints to the Scheme as such though beneficiaries have raised concerns regarding the amount of paperwork required to support discretionary one-off grants and why the decision to award rests with DHNI.

120. DHNI is currently reviewing the Scheme including discretionary payments so going forward once the outcome is known hopefully this matter can be resolved to the benefit of Scheme members.

Question 52: Please provide a detailed account of the steps taken by the Scheme to engage with, and understand the needs of, the beneficiary community.

121. The Scheme has no formal arrangement with the beneficiary community but we do have positive informal engagement through the personal one-to-one contact of the Scheme manager with community members. Over the last 3 years of the Scheme being in operation the manager has developed an acute sense and understanding of the community needs and sufferings.

122. In September 2020 DHNI issued a survey to all Scheme members seeking their views on the Scheme and other matters.

123. Please see WITN4936014.

Question 53: In particular, please explain whether (since the Scheme's answers to questions 2(c) and 6(c) in the first rule 9 response), any consultation in relation to the Scheme's policies, procedures and/or payment levels has been carried out with the beneficiary community. If so, please provide details. If not, why not?

124. DHNI is currently reviewing all aspects of the Scheme including policy and have been in consultations with groups representing Scheme beneficiaries.

125. In September 2020 DHNI issued a survey to all Scheme members seeking their views on the Scheme and other matters.

Question 54: Further, has the Scheme set up any groups or meetings involving the beneficiary community, or continued such arrangements from a previous AHO? If so:

a) **What is the purpose of the groups/meetings?**

b) **How often do they meet or interact by other methods?**

c) **Who sets the agenda for meetings?**

d) **Who typically attends the meetings and how are beneficiaries selected for these meetings?**

e) **What impact, if any, do these have on the way the Scheme operates?**

f) **Have any problems been encountered in the running of such groups or meetings? How were they handled?**

126. The Scheme currently does not set up groups or meetings involving the beneficiary community but we would be very happy to do so per the direction of DHNI. The Scheme does have informal contact with the community members through telephone conversations, emails and visitations to the BSO building.

Question 55: What is the relationship between the senior management of the Scheme and the beneficiary community? Could this be improved, in your view? What steps have been taken to improve this relationship? What further steps could be taken in your view, and why?

127. The Scheme Manager has sole involvement with the community within senior management. He has a very good relationship with those within the beneficiary community and is on first name terms with community members. Community members have his direct telephone number and are able to contact him at any time during the day with any queries/concerns/issues or via email. Community members are also able to meet him in person at the office.

128. The Scheme is awaiting the outcome of the DHNI beneficiary survey especially the BSO customer care element. The Scheme will analyse the results and will strive to strengthen and improve the relationship.

Section 7: Applications under the Scheme

Question 56: The Inquiry understands from the material the Scheme has produced thus far that:

a) ***All eligibility requirements/policies/criteria have been set by the DHNI.***
b) ***All applications for assistance save for applications for discretionary payments or grants, will be determined by the Scheme, applying those policies.***
c) ***Applications for discretionary payments or grants will be determined by the DHNI.***

Is this correct?

129. This is correct though in relation to income top-ups the Scheme is the decision maker applying policy and payment rates set by the AHOs to a Northern Ireland setting in the interim whilst DHNI develops a policy around discretionary funding.

Question 57: As to substantive eligibility requirements:

a) ***Do the Service Level Agreement between DHNI and BSO (exhibit 10, first rule 9 response IBPS0000008) and the "Infected Blood Payment Scheme for Northern Ireland Procedures" (published 9 April 2018, amended 3 January 2019) ('the BSO Scheme Procedures') (exhibit 6, second rule 9 response IBPS0000019) provide a full record of these requirements? If not, please describe and provide any other relevant policies or requirements.***

130. Please see WITN4936015 which contains a new draft version of the Service Level Agreement complied by DHNI in September 2020 and WITN4936016 which contains an amended DHNI bereavement policy.

b) In what form and how are substantive eligibility requirements provided to registrants and applicants for support from the Scheme? To the extent that this is not done, why not?

131. Eligibility requirements are contained to some degree within the applications to registrants and applicants.

c) As far as you are aware, does the DHNI have a view as to the publication of policies about the eligibility criteria? If so, what is it?

132. Please refer this question to DHNI as I am not aware.

Question 58: Further to the answer to question 8 in the Scheme's second rule 9 response, please provide the details of any relevant experience, expertise and training of each of the team members at the BSO and the civil servants at DHNI with responsibility for setting these requirements.

133. There is one member of staff within the Scheme who is the manager. He is also the manager of the bursary payment Scheme to student nurses and midwifes in Northern Ireland so therefore has the experience, expertise and training from this job to operate the Infected Blood Payment Scheme.

134. During the last three years of the Scheme being in operation the manager has gained on the job experience, a good working knowledge and expertise in the administration of the Scheme.

135. In relation to DHNI civil servants I am unable to confirm their experience, expertise and training.

Question 59: Were you, in your role, consulted about the substantive eligibility requirements or otherwise involved in formulating them? If so, please provide details.

136. I had no role in formulating them as they were established by DHNI policy makers before the operation of the Scheme. I believe the substantive eligibility requirements within the SLA are consistent with other devolved Schemes.

Question 60: Further to the previous rule 9 responses, do you consider the extent of consultation between the Scheme and DHNI as to substantive eligibility requirements adequate? What could be improved?

137. The substantive eligibility requirements of the Scheme are consistent with the substantive requirements in England. I believe DHNI used English policy for the Service Level Agreement so no beneficiaries would be disadvantaged financially moving from AHOs to the Northern Ireland Scheme.

Substantive requirements

Question 61: The Service Level Agreement at page 2 states that to be eligible for the Scheme, the applicant must have been infected in Northern Ireland. The Scheme's response to question 2d in the first rule 9 response suggests that a person must be 'registered' in Northern Ireland to be eligible. Please explain what is meant by this and clarify whether it is the place of infection rather than the place of residence or 'registration' that determines eligibility for the Scheme.

138. For clarification 'registered' is incorrect terminology. It is the *place of infection* rather than the place of residence or 'registration' that determines eligibility.

Question 62: To your knowledge, how did the Scheme draw the distinction between stage 1 and stage 2 HCV for the purposes of support and assistance? Please provide details of the medical details of any relevant experience, expertise and training of the key decision-makers involved.

139. The distinction between stage 1 and stage 2 HCV for the purposes of support and assistance is determined by DHNI and is consistent with other devolved regions.

140. The Scheme does not have medical expertise in-house but we avail of medical expertise/clinicians in EIBSS when required.

Procedural requirements

Question 63: Having regard to the BSO Scheme Procedures, in relation to the 12-month time limit from diagnosis for applications to the Scheme (see p.15 of 16):

a) What circumstances have been or might be treated as falling within the discretion to extend "on cause" being shown?

141. To my knowledge DHNI has not provided any direction to the Scheme on what circumstances have been or might be treated as falling within the discretion to extend "on cause" being shown. Therefore the Scheme would give all due consideration to all causes stated by applicants.

b) Was the Scheme consulted on the 12-month time limit?

142. I understand the DHNI 12 month time limit policy correlates with policy in EIBSS, no consultation with the Scheme was necessary.

Question 64: To your knowledge, have there been any issues, difficulties or concerns arising out of the application of particular cut-off dates of infection as an eligibility requirement? If so, what are they and how were they (or are they being) addressed?

143. To my knowledge I am not aware of any issues, difficulties or concerns arising out of the application cut off dates.

Question 65: How are applicants alerted to the requirements for medical evidence (including as to the format and level of detail expected by the Scheme)?

144. The level of medical detail required is contained within the applications but, more importantly, the Scheme Manager speaks directly to applicants if required, talking through the requirements on a step by step basis.

Question 66: Further to your answer to question 10 in the second rule 9 response:

a) *Please* explain whether there is any standard or guidance for determining what is a "complex case" requiring the opinion of a second clinician?

145. The Scheme has no in-house medical expertise therefore we outsource and avail of medical expertise within EIBSS. A HCV S2 application would be deemed complex due to there being no in-house medical expertise.

b) Is the Inquiry correct in understanding from the correspondence between the Scheme and EIBSS provided previously, that the Scheme uses medical assessors from EIBSS? If so, please provide details.

146. Yes that is correct. There is no in-house medical expertise within the Scheme so applications are outsourced to EIBSS to avail of its medical expert for assessment.

Question 67: Further to the answer to questions 2(b) and 5(a) in the Scheme's first rule 9 response, who has responsibility for the design of application forms used by the Scheme?

147. In 2017 the Scheme availed of SIBSS medical application templates including design and all information contained within. Please refer to the Scottish Scheme regarding the original designer.

Question 68: To what extent is the reason for lack of medical records relevant, i.e. does it matter whether an NHS body is responsible for destruction or loss of or failure to document relevant information or the applicant personally?

148. The BSO avails of the medical assessors within EIBSS and their decision making process on whether to approve or disallow a medical application along with any supporting NHS medical records. The extent to which the reason for lack of medical records is considered relevant would be a matter for EIBSS in line with its policies.

149. It would be a matter for the NHS body and not the applicant personally.

Question 69: Does the Scheme provide for exemptions or waivers to documentary record requirements and, if so, what are the exemptions/waivers?

150. Medical applications and supporting clinical documentation is forwarded to the EIBSS medical expert for their approval. If the EIBSS clinician is content with

the application and supporting clinical records the application will be approved for payment by the Northern Ireland Scheme.

Question 70: Are you aware of beneficiaries who were unable to satisfy the procedural requirements for payments from the Scheme after successful registration? Please comment in particular on requirements to produce the following and, where they are required, why this is necessary:

- ***a) historic medical records, particularly on blood transfusions;***
- ***b) supporting letters, notes and other documentation from GPs and/or specialist consultants;***
- ***c) details of household income (past and present);***
- ***d) full itemised details of monthly income and expenditure;***
- ***e) multiple quotes for a particular product or service;***
- ***f) proof of marital status, cohabitation or dependency of a child, including through historic bank statements.***

151. I am not aware of beneficiaries who were unable to satisfy the procedural requirements for payments after successful registration as mentioned in part (a) to (f) above other than those whose applications were unsuccessful and those applications which went to appeal. The requirements listed in part (a) to (f) were approved by DHNI and a carry forward of policy from the AHOs in relation to income top-up payments in the absence of a DHNI discretionary policy.

152. The Inquiry received the names and supporting documentation of all beneficiaries affected in a previous Rule 9 reply and Section 21 response dated August 2019.

Question 71: More generally as to the Scheme's procedural requirements:

a) In what form and how are they explained to registrants or applicants for support from the Scheme? To the extent that this is not done, why not?

153. The Scheme procedural requirements in relation to qualifying criteria are outlined within the application but, more importantly, the Scheme Manager talks the applicant through the process on a step by step basis dealing with any issues or problems.

b) To the extent that these requirements are only available with internet access, what adjustments exist to provide them in other formats?

154. The requirements are not available with internet access but are available through one-to-one contact with the Scheme Manager who gives a more personal dimension than what is maybe offered by other devolved Schemes.

c) If not already addressed, what are the views of DHNI as to making these requirements accessible?

155. I would imagine DHNI would be content for the requirements to be accessible.

d) How strictly is the balance of probabilities standard applied by the Scheme?

156. The balance of probabilities standard in relation to medical applications lies with the medical checker in EIBSS when considering applications for approval and the EIBSS appeals panel.

157. EIBSS should be able to assist in relation to how strictly they apply the standard.

e) ***What role does the Scheme have in keeping them under review and notifying concerns or proposals to DHNI? Please specify how, by whom and with what frequency this is done, if at all.***

158. The Scheme has on going contact with Departmental officials through telephone and email regarding procedures and would be an unofficial advocate for the beneficiaries to DHNI.

159. Please refer to question 28 (b)

Question 72: Other than in relation to cut-off dates for infection or the 12-month time limit from diagnosis, are you aware of any concerns about or dissatisfaction with either the substantive or the procedural eligibility requirements for the Scheme? If so, which concerns have been identified and what did you/the Scheme do in response?

160. Scheme members have concerns around procedure eligibility requirements in relation to one-off grant payments and the amount of supporting paperwork required.

161. The assessment, supporting paperwork required and the level of payment is a matter for DHNI as the decision maker including addressing any concerns that may arise.

162. On the whole I believe beneficiaries are content with the operation of the Scheme. The results of the DHNI survey may confirm this.

The process

Question 73: In the second rule 9 response (question 8) the Scheme specifies the decision-makers for applications on eligibility by the Scheme. Please (a)

confirm whether the names provided remain up to date (indicating any changes) and (b) whether there are any specific areas of responsibility between them.

163. Please see the following amendments:

BSO:

- Mrs Karen Bryson is BSO Director of Finance replacing Mrs Wendy Thompson.
- Mrs Bryson is responsible for the overall oversight and management of the Scheme.
- Professor Maggie Bassendine within EIBSS assesses Scheme medical applications
- Dr Kittie Smith within EIBSS assesses Scheme HIV medical applications

DHNI:

- Mrs Lesley Heaney and Mr Eddie Dillon replace Mrs Karen Simpson.
- The departmental officials have responsibility for policy within the Scheme as determined by the Service Level Agreement

Question 74: In what circumstances, if at all, are committees formed for the determination of applications and, if so, how are they formed, who has been chosen (and why) to sit on them, how often do they meet, who do they report to and what process do they adopt for the determination of applications?

164. No committees have been formed for the determination of applications

Question 75: What proportion of applications have been granted (wholly or in part) and what proportion have been refused? Please provide up to date statistics as to:

165. Applications granted: 38

166. Applications refused: 15

167. 1 application withdrawn by the applicant

a) How many applications in total the Scheme has received since its inception?

168. 55 in total including 1 application currently awaiting assessment

b) How many applicants have been refused because they do not meet the eligibility criteria? Of those, how many claim to have been infected via a transfusion?

169. 15 applicants have been refused

170. I believe 3 of the applicants claim to be infected through a blood transfusion.

c) How many applications have been granted?

171. 38

Question 76: Are reasons for refusing an application provided to an unsuccessful applicant?

172. Applicants receive a letter or email explaining the reason for the refusal.

Question 77: Is there a procedure in place to consider applications made on an urgent basis? If so, when does that procedure apply and how does it operate? If not, why not?

173. The Scheme Manager considers all applications as being urgent and processes accordingly though there is no specific procedure in place.

Question 78: What practical support or assistance has been given to applicants to help them in making applications?

174. The Scheme Manager practically supports applicants through telephone calls, emails or one-to-one meetings in the BSO office building. The Manager personally takes applicants through applications if required on a step by step basis. The support provided in many respects is pastoral in nature.

General approach to different types of support:

Question 79: By reference to the quarterly summaries provided in exhibits 1-4 to the second rule 9 response (running from October 2017 to December 2018), please explain what, if any, consideration has been to increasing the level of regular payments by the Scheme in lieu of discretionary payments (for example, in respect of winter fuel payments). If so, what steps were taken? If not, why not?

175. The remit to increase all regular payments by the Scheme in lieu of discretionary payments is the responsibility and remit of DHNI. Payments increase including the winter fuel payment each year in line with the Consumer Price Index (CPI)

Question 80: Further to exhibit 13 to the first rule 9 response (IBPS0000012), please provide an updated table of lump sum and regular annual payment levels, as well as income top-up thresholds

176. Infected Beneficiaries Annual Support Payment Rates 2021-2022

Payment Category	**Annual Amount**
Hepatitis C Stage 1	£18,912
Hepatitis C Stage 2	£28,680
Mono HIV	£28,680
Co-Infected HIV & Hepatitis C Stage 1	£38,928
Co-Infected HIV & Hepatitis C Stage 2	£45,072
Winter Fuel Payment	£544

Non Infected Bereaved Beneficiaries Annual Support Payment Rates 2020-2022

Payment Category	**Annual Amount 2020-2021**	**Annual Amount 2021-2022**
Hepatitis C Stage 1 (bereaved)	£14,079	£14,184
Hepatitis C Stage 2 (bereaved)	£21,357	£21,510
Mono HIV (bereaved)	£21,357	£21,510
Co-Infected HIV & Hepatitis C Stage 1 (bereaved)	£28,984.50	£29,196
Co-Infected HIV & Hepatitis	£33,561	£33,804

C Stage 2 (bereaved)		
Winter Fuel Payment	£540	£544

177. One-Off Lump Sum Payment Rates 2021-2022

Payment Category	**Maximum Payment Amount**
Hepatitis C Stage 1	£20,000
Hepatitis C Stage 2	£50,000
Co-Infected HIV & Hepatitis C Stage 1	£100,000
Co-Infected HIV & Hepatitis C Stage 2	Up to £150,000
Infant Non-Hemophiliacs (HIV)	£41,500
Single Adult Non-Haemophiliacs (HIV)	£43,500
Each Member of a married couple with no children who are both non-haemophiliacs (HIV)	£52,000
Adult Non Haemophiliacs (HIV)	£80,000
Infected Spouse or Partner (HIV)	£23,500
Infected Married Child (HIV)	£23,500
Non Married Non Infected Child (HIV)	£21,500
Bereaved Spouse/Partner	£10,000

* The 2021-2022 lump sum payment rates are due to change pending DHNI authorisation, please refer to WITN4936017.

178. Income Top-Up Thresholds

There is no change to the rates or thresholds since the first rule 9 responses.

Question 81: Further to the first rule 9 response (question 4(c)), please provide the current number of beneficiaries of the Scheme who receive:

a) annual payments (with a breakdown by condition and separate details for annual winter fuel payments).

Condition	Number of Beneficiaries
Hepatitis C S1	58
Hepatitis C S2	18
Hepatitis C S1 Co Infected HIV	2
Hepatitis C S2 Co Infected HIV	1
Mono HIV	2
Non Infected Bereaved	23

* All of the above are in receipt of the annual winter fuel payment.

b) discretionary income top-up payments; and

179. From September 2020 no infected beneficiaries are in receipt of income top-ups per DHNI direction, please refer to WITN4936018. From April 2021 no non-infected bereaved beneficiaries are in receipt of income top-up payments

c) discretionary one-off payments.

180. Six beneficiaries during financial year 2020-2021 have received a discretionary one-off grant payment.

Question 82: In relation to levels of annual payments, to what extent, if at all, are these based on a principle of not reducing previous AHO support levels, rather than an assessment of present day needs and living costs?

181. Annual support payments have changed in line with England since financial year 2019-2020 per DHNI direction

182. One-off lump sum payments remain at the same level set by DHNI

183. From September 2020 income top-ups for infected beneficiaries were discontinued due to the parity uplift in annual support rates. From April 2021 income top-ups for non infected bereaved beneficiaries were discontinued due to the introduction of annual support payments. Prior to September 2020 for infected beneficiaries and April 2021 for non-infected bereaved beneficaries income top-up annual payments/thresholds remained at the same rate as the Alliance House Organisations per the direction of DHNI.

Question 83: Why is there no equivalent to the Special Category Mechanism found in England or the Enhanced Hepatitis 1+ Payment Scheme found in Wales, offering additional discretionary compensation for victims of stage 1 HCV with serious symptoms? In answering this question, please address the following:

a) What consideration, if any, has been given to such a mechanism or, for example, to a self-assessment system based on sub-categories as found in Scotland?

b) If so, when, by what process and by whom? If not, why not?

c) Do you consider this difference justified? If not, did you raise this with anyone, and if so, who and when? What was the response?

184. Please refer this question to DHNI. This is outside of my knowledge.

Question 84: Please explain to what extent, if at all, the Scheme allows payments to be backdated (i.e. to cover a period prior to first registration with the Scheme or the specific application date).

185. Applications received by the Scheme are backdated to the month of receipt with the following exception:

186. HCV S1 Skipton beneficiaries who received a £20k lump sum from the Alliance House Organisation but no subsequent annual support payments are entitled to receive backdated arrears to 1st April 2016 from the Northern Ireland Scheme.

187. The 1st of April 2016 is the date Skipton initiated annual support payments to HCV S1 beneficiaries.

188. 6 beneficiaries within the Northern Ireland Scheme fall into this category.

Question 85: How is consistent decision-making in response to applications for discretionary payments ensured under the Scheme? In particular, please describe the role of any recommendations made by the Scheme to DHNI in individual cases.

189. In relation to discretionary one-off grant funding, DHNI is the decision maker.

190. Please refer this question to DHNI regarding its decision-making process.

191. In relation to income top-up applications, each application is assessed under the same criteria and payment thresholds .The Scheme to date has received 3 new applications with one being successful for payment.

Question 86: Does the success or otherwise of an application depend on the number of applications made per year or is each application considered on its

merits, irrespective of the overall demand on the relevant fund? If the latter, please explain any safeguards in place to ensure individual consideration.

192. Each application is considered on its own merits.

Question 87: What was the percentage of applications that were successful each year?

193. **All Scheme Applications including discretionary**

Financial Year	Successful Applications %
2017-2018	62.5
2018-2019	69
2019-2020	63
2020-2021	92

194. **Discretionary Applications**

Financial Year	Successful Applications %
2017-2018	67
2018-2019	60
2019-2020	73
2020-2021	*100

Question 88: Does the Scheme consider the amount of money previously given to an applicant from (i) the Scheme and/or (ii) the previous AHOs and/or (iii) income from benefits when determining each application? If so, why?

195. Beneficiary annual support payments and some social security benefits are taken into account in the calculation of income top-up payments per the direction of DHNI within the Northern Ireland Scheme. Previous funding from AHOs is not taken into consideration.

196. In relation to discretionary one-off grants, DHNI is the decision maker. Please refer this question to DHNI.

Question 89: In relation to means-testing for support:

a) Please confirm that discretionary one-off payments are based on need, as per the table at exhibit 13 to the Scheme's first rule 9 response (IBPS0000012).

197. DHNI are the decision makers in relation to discretionary one-off payments. They use EIBSS guidance on decisions to my knowledge.

198. Please refer this question to DHNI

***b)* Having regard to that table and the Scheme's response to question 6(b), in relation to other discretionary payments, why is it considered appropriate to take into account household income, rather than the applicant's?**

199. In the interim pending discretionary policy development by DHNI the Scheme continues to implement policy applied by AHOs in relation to household income rather than the applicants. Please refer to WITN4936019.

200. Transferring beneficiaries in receipt of income top-ups payments receive the same annual payment rate which was credited to them by the AHOs. No means

testing review assessment has been undertaken by the Scheme since November 2017 per the direction of DHNI.

201. The Scheme has approved 1 further income top-up application for payment since November 2017.

202. Please note, Income top-up payments have ceased to infected beneficiaries from September 2020 and from April 2021 to non-infected bereaved beneficiaries per the direction of DHNI. This is due to the uplift of annual support rates introduced by DHNI in financial year 2020-2021 and the introduction of support payments to the non infected bereaved. The uplifted rates to infected beneficiaries achieves payment parity with England

c) **Are relevant income brackets published? If so, where and how can beneficiaries or applicants access this information?**

203. Relevant income brackets are not published

d) **Are income brackets kept under review? If so, how and at what intervals?**

204. The review of income brackets is the responsibility of DHNI.

Question 90: Please provide your view on the consistency and fairness of decision-making by the Scheme when assessing applications. Please include details as to:

a) any improvements during your time at the Scheme; and

205. In my opinion the decision making has been fair and consistent since the Scheme's inception in November 2017.

b) the extent to which new applications are compared with applications with similar fact patterns or claims.

206. The Scheme does not assess applications other than income top-ups and £10k bereavement applications. The £10k bereavement applications are assessed on the guidelines and evidences set by DHNI so therefore a consistent and fair approach is ensured. In the absence of a DHNI discretionary policy BSO ensured that all income top-up applications were assessed fairly and in a consistent manner using the income thresholds set by the AHO's. Since November 2017 three income top-up applications have been submitted to the Scheme. Medical applications for Hepatitis C and/or HIV are assessed by the medical checker within EIBSS and payments made accordingly to the rates set by DHNI.

Relationship with other sources of support

Question 91: To what extent is the availability of other sources of support, including benefits and charitable support, taken into account when determining (i) eligibility for and (ii) levels of support from the Scheme? Is this relationship explained in any written guidance? If so, where and how can beneficiaries or applicants access this information?

207. In relation to the means tested income top-up applications some benefit payments are taken into account in the calculation of the claims. To my knowledge charitable support is not taken in account.

208. The Scheme does take in to account beneficiaries Scheme annual support payment rate to determine level of support in relation to income top-ups per DHNI direction.

209. Guidance is given within the application which asks the applicant to detail their state benefits.

Question 92: Are there any particular arrangements between the Scheme and the Department of Work and Pensions as to entitlements to benefits, in addition to support from the Scheme? Please describe any issues and steps taken.

210. This is the remit and responsibility of DHNI. I believe that payments from the Scheme are tax exempt.

Question 93: To your knowledge, to what extent are payments from the Scheme exempt from tax (not limited to income tax)? How is this ensured in practice?

211. I believe payments from the Scheme are exempt from tax. The responsibility to ensure this in practice lies with DHNI and the relevant government departments.

Question 94: What assistance, if any, does the Scheme provide to beneficiaries who face benefits or tax issues as a result of payments received from the Scheme?

212. The Scheme on request provides letters to beneficiaries confirming payments are tax exempt.

Non-financial Support

Question 95: What, if any, non-financial support is available to eligible beneficiaries of the Scheme? Please address the provision of therapy, counselling and other psychological support, including reimbursement of travel expenses.

213. There is no other support available outside of the financial assistance within the Scheme. Travel expenses can be availed of through the one-off grant process, the decision to award is the discretion of DHNI.

214. The matter of therapy, counselling and other psychological support including travel expenses to these services is a matter for Health Trusts.

215. The scope of the Infected Blood Payment Scheme NI determined by DHNI is to provide financial support to beneficiaries.

Question 96: Is the availability of any such non-financial support made known to the potential beneficiaries, and if so how?

216. I believe it is made known to the beneficiaries by their clinicians and social workers within the Health Trusts.

Question 97: What is the role of the Scheme in arranging or facilitating such support?

217. The arranging or facilitating of such support is outside of the scope of the Scheme presently.

Section 8: Disparities between support under the Devolved Schemes

Question 98: Are you aware of any disparities between the Scheme and the other Devolved Schemes in relation to any of the following:

a) ***The procedural eligibility requirements to apply to the Scheme, such as providing medical records, supporting letters or proof of cohabitation.***

b) ***The substantive eligibility requirements for different types of support (where the same or similar support is available under multiple Devolved Schemes), such as household income or qualifying marital or relationship status.***

c) ***Payment levels and types of payment to beneficiaries, including to widows, widowers and other family members.***

d) ***The lack of particular types of support found in one or more of the other Devolved Schemes, such as continuing payments after the death of a primary beneficiary and the availability of discretionary grants.***

If so, please describe the disparities that exist. Are they justified in your view?

218. I am aware of disparities between the Scheme and other Devolved Schemes such as annual payment rates to infected and non-infected beneficiaries and the efforts of DHNI to resolve this situation through its policy update letters and service level agreement amendments to BSO but I have no in-depth knowledge.

219. It is not within my remit to comment on whether or not they are justified that would be a matter for each devolved administration.

Question 99: What steps (if any) have been taken to end the disparities?

220. DHNI increased the annual support rates for infected beneficiaries to the same level as England from 2019-2020 onwards

Question 100: Are you aware of any mechanism by which information is exchanged between any of the Devolved Schemes? If so, how are these

coordinated and in what intervals? Have such exchanges led to any particular changes within the Scheme?

221. Information is exchanged through email or telephone calls with other Devolved Schemes as and when required. The exchange of information is coordinated between the Scheme Managers

222. To my knowledge such exchanges have not led to any particular changes within the Scheme other than the use of EIBSS medical appeals panel and the EIBSS consultant medical checker(s) to verify medical applications.

Section 9: Complaints process and appeals

Question 101: Further to the answer to question 5(f) in the Scheme's first rule 9 response and the details provided in the BSO Scheme Procedures (exhibit 6 to second rule 9 response, p.16 of 16 IBPS0000019):

a) Who was responsible for designing the appeal procedure?

223. The appeal procedure was designed by DHNI within the Service Level Agreement

b) Has the appeal procedure been modified since the Scheme was first established? If so, why? If not, how is it kept under review, if at all?

224. From July 2019 the Scheme avails of the EIBSS medical appeals panel. Up to this point the Scheme had not established an appeals panel due to the lack of availability of suitable clinicians within Northern Ireland. The appeal procedure has not been modified since July 2019.

225. Any changes/or review to the appeal procedure within the Service Level Agreement is the responsibility of DHNI.

c) Please explain the rationale for the three-month time limit for bringing an appeal. What would normally qualify as a "cause" for a late appeal?

226. This is a requirement initiated by DHNI within the SLA. The rationale for the 3 month time limit is a matter for DHNI.

227. Please refer this question to departmental officials.

228. The Scheme would consider all causes for a late appeal.

d) Please provide details of who sits on the appeals panel. In particular:

229. Please see the below

Chair:

Ms Nicola Richardson (resigned as Chair in December 2019)

Ms Megan Larrinaga (new appointee by EIBSS)

Panel Members:

Dr Peter Mills

Dr Norman Gourley

Dr Patricia Hewitt

i. Is it correct that the Scheme uses members of the EIBSS appeals pane

230. Yes that is correct.

ii. Is there a legally qualified chairperson?

231. Yes I believe so

iii. What are the required credentials for medically qualified appeals panel members?

232. As the Scheme avails of the EIBSS appeals panel this would be a matter for England to insure panel members have the required credentials.

iv. How is the independence of the appeals panel ensured?

233. I cannot confirm how the independence of the appeals panel is ensured, that would be a matter for EIBSS.

e) What is the typical timeframe for determining an appeal? Please describe the steps or stages involved in the process, including time periods for each.

234. The appeal process should typically be completed within 60 days.

235. The appeal panel process is detailed below:

Appeal Panel Operation Process

- A beneficiary requests a medical appeal
- IBPS NI sends an email notification of an appeal to the panel chairperson or by a telephone call (usually within a few days)

- Chairperson organises appeal date and telephone conferencing with other members and notifies IBPS NI of the appeal date (usually within two weeks)
- The Scheme writes to the appellant notifying and confirming the date of the appeal, the names and professions of the panel members and a confirmation that the outcome of the appeal will be notified to them in writing by the chairperson within 15 working days of the appeal hearing (usually within one week)
- Once notified of the appeal date IBPS NI emails all appeal documentation as a pdf attachment to panel members NHS email address. The email will be encrypted therefore panel members will have to initially follow the email instructions and create a password. This password will be used to access all future appeal emails. The sender email address will appear as BSO IBSS and the subject line will state [ENCRYPT] on all Northern Ireland appeal emails
- Chairperson emails the appeal panel decision letter via an attached word template to BSO.IBSS@HSCNI.NET (usually within one week)
- The Scheme forwards the decision letter to the appellant on behalf of the appeal chairperson (usually within 5 working days)

f) As to the rights of the appellant:

i. ***Is there any right to give evidence or make representations in person? If so, when and to what extent?***

236. If the appellant wishes to give evidence or make representations in person the Scheme will try to accommodate their request and make arrangements with EIBSS appeals panel Chair though this is at their discretion.

ii. ***Is a representative permitted to accompany the appellant to any in-person hearing?***

237. The Scheme would have no issue if a representative wished to accompany the appellant to any in person hearing subject to verification with the appeal panel Chair.

iii. ***Is there any mechanism for the appeal panel to seek any further representations, in writing or in person, if required?***

238. If the appeal panel seek any further representations this would be indicated by the Chair to the Scheme Manager.

g) What is the standard of review or appeal applied? To your knowledge, why and by whom was this standard chosen?

239. This is outside of my knowledge.

h) Please explain the extent to which written reasons are provided on appeal.

240. The Chair of the appeal panel would provide a letter of explanation to the appellant of the reasons why an appeal was upheld or refused.

i) Does the appeal procedure provide for any right of further review or appeal? If so, in what form and under what conditions? If not, why not?

241. The appeal procedure set out in the SLA does not indicate the right of further review, though if new medical evidence came to light the Scheme would not refuse a request from the appellant of a further appeal or review.

Question 102: Is the information sought pursuant to question 101 above set out in written form and available to appellants? If not, why not?

242. The information is detailed to the appellants as described in the appeal panel operation process in question 101 (e) point 4. The Scheme Manager would also explain the process by telephone to the appellant if required.

Question 103: How common is it for decisions to be appealed? Please provide up to date statistics on the number of appeals launched since the Scheme was established.

243. From July 2019 the Scheme availed of the EIBSS medical appeals panel therefore all beneficiaries whose medical applications were refused were contacted by letter and offered the right to appeal. Going forward from July 2019 all refused applicants are notified of their right to appeal in writing. It is not common for the applicant to do so.

244. There have been 5 appeals launched since the Scheme was established. The paperwork for these appeals was forwarded to the Inquiry in previous responses.

Question 104: How frequently do appeals succeed? Please provide up to date statistics on success and failure since the Scheme was established. To your knowledge, what are typical grounds for (a) allowing and (b) refusing an appeal?

245. Appeals have not been successful to date. The major reason given for refusing an appeal is lack of medical evidence.

246. In relation to one-off discretionary one-off grant appeals, DHNI refers to EIBSS policy and formulate its appeal decision accordingly.

Question 105: Has there been a sufficient number of appeal decisions for informal guidelines or precedent to emerge? Is there any other mechanism used to ensure consistency across appeals?

247. There have not been a sufficient number of appeal decisions for informal guidelines or precedents to emerge.

248. Medical appeals are determined by EIBSS appeals panel so therefore the Scheme relies on EIBSS controls for consistency.

Question 106: Further to the first rule 9 response (at question 5(f)), providing a link to the BSO complaints process, please provide any further details relevant to complaints concerning the Scheme. In particular:

a) Within what time period, if any, do complaints need to be made?

249. There is no time period to my knowledge.

b) What are typical complaints (as distinct from appeals) relating to the Scheme?

250. There have been no formal complaints in relation to the Scheme as such, only concerns as detailed in question 107.

c) How often were such complaints (i) upheld or (ii) investigated further?

251. Not applicable.

d) What, if any, redress is offered to successful complainants?

252. I am not able to answer this question at this point as the Scheme has not been in this position.

Question 107: How common is it for the Scheme to receive complaints (as distinct from appeals)? To your knowledge, how many complaints have been made during your tenure?

253. From its ongoing contact with beneficiaries the Scheme has received no complaints as such during its tenure only concerns from beneficiaries regarding level of Scheme payments and the amount of supporting documentation required to support one of grant applications to DHNI.

254. In general beneficiaries have been very supportive of the Scheme.

Question 108: What information is provided to beneficiaries about (a) the Scheme's appeals procedure and (b) the BSO complaints procedure? How is this provided to potential appellants or complainants?

255. In relation to the Scheme appeal procedure information is provided to beneficiaries/appellants as answered in question 102 and through ongoing contact between the Scheme Manager and appellants.

256. No information is provided to beneficiaries regarding the BSO complaints procedure. This would not be common practice within BSO.

Section 10: Mechanisms for ongoing review and improvement

Question 109: Please describe any mechanisms for ongoing review and improvement of the Scheme, including through the NHS or with the Department of Health, the UK Government and/or the DHNI (or the Northern Ireland Executive).

257. The Scheme Manager has ongoing one-to-one contact with beneficiaries regarding their views and opinions on the Scheme and seeks to improve his service to the community. DHNI is currently conducting a survey with Scheme members seeking their views on the Scheme and welcoming their comments for improvements.

Question 110: Please describe and explain any reviews and/or reforms that have been conducted within the Scheme to your knowledge, including timescales, outcomes and costs involved.

258. There have been no reviews or reforms conducted within the Scheme to my knowledge. The Scheme is currently being reviewed by DHNI

259. The Scheme operates within the guidelines determined by DHNI within the SLA.

Section 11: Relationships with organisations

Question 111: What involvement or interactions does the Scheme have with the Haemophilia Society?

260. The Scheme has little involvement or interaction with the Haemophilia Society outside of Freedom of Information requests. The Scheme would welcome more involvement and interaction with the Haemophilia Society.

Question 112: Please describe the working relationship between the Scheme and the Haemophilia Society. Are you aware of any difficulties? If so, what were (or are) they, what has been their impact on the running of the Scheme and how if at all, were they (or are they being) resolved?

261. The Scheme has little contact with the Society outside of the occasional email or information request under FOI.

262. The Scheme would welcome a stronger working relationship with the Haemophilia Society.

Question 113: What involvement or interactions does the Scheme have with the UK Haemophilia Centre Directors Organisation?

263. The Scheme has had no involvement or interaction with the UK Organisation as a whole, only on a local level with the Centre Director at the Belfast City Hospital.

264. The Scheme would welcome more involvement or interaction with the UK Haemophilia Centre Directors Organisation.

Question 114: Please describe the working relationship between the Scheme and the UK Haemophilia Centre Directors Organisation. Are you aware of any difficulties? If so, what were (or are) they, what has been their impact on the running of the Scheme and how if at all, were they (or are they being) resolved?

265. The Scheme has a good working relationship with the Director of the Belfast Centre through occasional emails or telephone conversations. There have been no difficulties to date and the Director has been very helpful and supportive.

Question 115: Please list any particular clinicians you have been/were in regular contact with during your work with the Scheme.

266. Dr Gary Benson, Northern Ireland Haemophilia Centre Director, Belfast City Hospital would have irregular contact with the Scheme. The Scheme has regular contact with Mrs Patricia McGrath, Belfast City Hospital Haemophilia Social Worker.

Question 116: Please describe the working relationship between the Scheme and the Hepatitis C Trust. Are you aware of any difficulties? If so, what were (or are) they, what has been their impact on the running of the Scheme and how if at all, were they (or are they being) resolved?

267. The Scheme has had very little contact with Trust except for an occasional email or telephone call requesting information

268. The Scheme would welcome a stronger working relationship with the Hepatitis C Trust.

Section 12: Criticisms or observations

Question 117: The following criticisms or observations have been made to the Inquiry by witnesses:

How do you respond to each of these criticisms or observations?

a) The information on the Scheme's website(s) is poor compared to that of EIBSS in England.

269. The Scheme is currently under review by DHNI. BSO will implement any suggested changes to its website.

b) The payment levels and support under the Scheme are less generous than under EIBSS in England.

270. The annual support rates for infected beneficiaries have increased to the same level as England from 2019-2020 onwards

271. The payment levels and support under the Scheme is a matter for DHNI.

c) The Scheme lacks a Special Category Mechanism like in England.

272. Yes that is correct. The introduction of the SCM is a matter for DHNI.

d) The distinction between stage 1 and stage 2 HCV under the Scheme is unsatisfactory and was not based on a proper process, including without any consultation of the beneficiary community.

273. The distinction that exists between stage 1 and stage 2 HCV is a matter for DHNI.

e) The rationale for treating victims of HIV and HCV differently is not clear.

274. The rationale for treating victims of HIV and HCV differently is a matter for DHNI.

275. The Scheme adheres to the policy set by DHNI.

f) There are difficulties in accessing mobility assistance payments through the Scheme, with the process being intrusive, protracted and demeaning.

276. The decision maker for all one-off grant applications including mobility assistance payments is DHNI.

277. Please refer this question to DHNI.

Question 118: Do you consider that the Scheme is well run? Do you consider that it achieves its aims and objectives? To the extent not addressed above, are there, or have there been, particular difficulties or shortcomings in the way in which the Scheme:

a) conducts its operations?

278. I consider the Scheme is well run and meets its operational commitments under the DHNI Service Level Agreement.

279. The Scheme cannot fully meet its aims in relation to discretionary funding. The absence of a specific DHNI policy limits the amount of guidance the Scheme can provide to beneficiaries which in turn can cause confusion. The Scheme would welcome the introduction of policy from DHNI in this regard, and would seek to implement same. I understand that discretionary funding is included in the ongoing review of the Scheme being undertaken by DHNI

b) interacts with beneficiaries and/or applicants for support or assistance?

280. In my opinion the Scheme interacts well with beneficiaries and applicants for support and assistance. The results of the DHNI survey may confirm this.

Section 13: Other

Question 119: Please provide any other information you may have that is relevant to our Terms of Reference.

281. Please see WITN4936011 which contains an email notification of the meeting held on 15th March 2021

282. Please see WITN4936012 which contains an email notification of the meeting held on 16th April 2021.

283. Please see WITN4936017 which is an updated DHNI policy letter to BSO dated 12th April 2021.

284. Please see WITN4936018 which contains an email from DHNI to BSO confirming the cessation of income top-ups to infected Scheme beneficiaries.

285. Please see WITN4936020 which is a further refused application.

286. Please see WITN4936021 which details a new qualifying criteria and application authorised by DHNI for HCV S2 in June 2019.

287. Please see WITN4936022 which is an updated DHNI policy letter to BSO dated 23rd February 2021.

288. Please see WITN4936023 which is an updated DHNI Service Level Agreement in respect of the operation of the Infected Blood Payment Scheme for Northern Ireland dated 4th March 2021.

289. Please see WITN4936024 which contains the findings of the DHNI Scheme Beneficiaries survey.

290. Please see WITN4936025 which contains guidance notes for reimbursement of deceased beneficiary funeral costs – bereaved spouse.

291. Please see WITN4936026 which contains guidance notes for reimbursement of deceased beneficiary funeral costs – estate.

Statement of Truth

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

Signed GRO-C

Dated 23.4.21

Table of exhibits:

Date	Notes/ Description	Exhibit number
28/11/2018	Response to rule 9 request dated 28 November 2018	WITN4936002
22/01/2019	Response to rule 9 request dated 19 December 2018	WITN4936003
	IBPS NI operational procedures	WITN4936004
22/05/2019	Entitlement Letter to Beneficiaries	WITN4936005
	BSO webpage information	WITN4936006
29/11/2019	DHNI email transcripts regarding BSO webpage	WITN4936007

11/12/2019 08/01/2020 24/03/2020	DHNI allocation letters to BSO	WITN4936008
25/07/2019	DHNI allocation letter to BSO	WITN4936009
24/04/2020	Unanticipated DHNI funding letter to BSO	WITN4936010
15/03/2021	Email notification of the microsoft team meeting held on 15th March 2021	WITN4936011
16/04/2021	Email notification of the microsoft team meeting held on 16th April 2021	WITN4936012
10/09/2019 and subsequent dates	DHNI & BSO email transcripts regarding SIBSS	WITN4936013
September 2020	Beneficiaries DHNI survey	WITN4936014
Autumn 2020	New Draft DHNI Service Level Agreement	WITN4936015
	DHNI bereavement policy	WITN4936016
12/04/2021	Email from DHNI to BSO notifying scheme payment changes	WITN4936017
04/09/2020	Email from DHNI to RBSO confirming the cessation of income top-ups to infected beneficiaries	WITN4936018
24/11/2017	Email transcript between DHNI & BSO regarding Income top-ups	WITN4936019
	1 Further refused HCV S2 application	WITN4936020

	New DHNI qualifying criteria for HCV S2 and amended application	WITN4936021
23/02/2018	Updated DHNI policy letter to RBSO	WITN4936022
04/03/2021	Updated DHNI Service Level Agreement in respect of the operation of the Infected Blood Payment Scheme for Northern Ireland dated	WITN4936023
	DHNI beneficiaries survey findings	WITN4936024
Feb 2021	Bereaved reimbursement of funeral costs	WITN4936025
Feb/March 2021	Estate reimbursement of funeral costs	WITN4936026