

Witness Name: Sally Richards

Statement No: WITN4508001

Exhibits: WITN4508005-012

Dated: 21/04/2021

INFECTED BLOOD INQUIRY

FIRST WRITTEN STATEMENT OF SALLY RICHARDS

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 22 October 2018.

I, Sally Richards, Scheme Manager within the National Services Scotland (NSS), Scottish Infected Blood Support Scheme (SIBSS) with responsibility for managing the scheme, will say as follows: -

A – materials held by the scheme

- 1. The IBI will require the scheme to provide it with copies of or access to materials relating to its establishment, the formation of its policies, its financial records, and its records of applications made by and payments made to beneficiaries. Please provide:**
 - a. An explanation of the form in which you currently hold these materials, whether in electronic or hard copy, and how those materials are presently organised.**
 - b. A schedule of this material.**
 - c. Please indicate the volume of this material.**
- a) Papers relating to the establishment of the scheme and the formation of its policies are stored electronically on a NSS server in access controlled folders. Applications forms are stored in hard copy in lever arch files; electronically in the SIBSS, SQL database and NSS Finance system. Data transferred from the previous schemes is stored electronically on a NSS secure server in access controlled folders and also in the SIBSS SQL database and NSS Finance system. We received only electronic data from the previous schemes, no hard copy.
- b) Applications received since April 2017 are stored in 10 Lever arch files.
- c) Volume of material - 5 * 16kg boxes

B - setting up and operation of the scheme

2. Please provide a narrative account of the establishment of the scheme and outline its functions. In doing so, please:

- a. Please name the individuals who have been and continue to be involved in the setting up, daily operation and oversight of the scheme, listing their roles and relevant dates;**
- b. Outline your understanding of the degree to which the scheme is the remit of your relevant devolved administration. In particular, are the policies, levels of payments, methods of administration entirely devolved? To what degree are your policies and or levels of payment influenced by those made in other devolved administrations, and is there any mechanism of oversight or comparison to monitor the consistency of policy and awards made across the devolved administrations?**
- c. Outline any reviews or consultations which the scheme has undertaken about its policies or levels of payment;**
- d. Outline the processes by which the scheme has facilitated the transition from Alliance House Organisation model of trusts and scheme to the current arrangements;**

From April 2017 the Scottish Infected Blood Support Scheme took over from the existing UK schemes (Eileen Trust, Macfarlane Trust, MFET Ltd, Skipton Fund and Caxton Foundation) in providing support for Scottish beneficiaries.

The new scheme has been introduced as a result of the Scottish Financial Review commissioned by the Scottish Government. For background information about the review or to download the full Review report visit the Scottish Government website using the link below.

<https://www.gov.scot/Topics/Health/Services/Blood>

a) Individuals involved in setting up and running the scheme

Name	Role	Employer	Date
Sam Baker	Team Leader	Scottish Government	September 2016
David Knowles	Director Practitioner & Counter Fraud Services	NHS National Services Scotland	September 2016

Sally Richards	Scheme Manager	Scottish Infected Blood Support Scheme	September 2016
Robert Girvan	Policy Manager	Health & Social Care Scottish Government	September 2016 - June 2018

- b) The Scottish Infected Blood Support Scheme 2017, made by Scottish Ministers in exercise of the powers conferred on them by section 28 of the Smoking, Health and Social Care (Scotland) Act 2005, came into force on 1st April 2017 and was amended on 7 September 2017. Decisions regarding the policies, levels of payments and methods of administration are devolved matters and so fall within the remit of the Scottish Government.

<https://www2.gov.scot/Resource/0051/00514362.pdf>

<https://www2.gov.scot/Resource/0052/00524242.pdf>

The Scottish Government sets the policies and levels of payments for the Scottish Infected Blood Support Scheme based on Scottish circumstances. These are therefore not influenced by levels of payments in other devolved administrations. The Scottish Government does ensure it is aware of payment levels and policies within other parts of the United Kingdom, but given this is a devolved matter, the Scottish Government does not feel it is necessary or appropriate to monitor the consistency of policy and awards across the devolved administrations.

- c) A Financial Review Group involving participants representing those who are infected and affected, was established in 2015 by the Scottish Government to undertake a review of the existing UK-wide financial support schemes for individuals infected with Hepatitis C (HCV) and HIV through NHS blood and blood products. It considered evidence regarding similar financial support and no-fault financial support systems in the UK and other jurisdictions, and held consultations with the wider community of infected and affected people to make recommendations to the Scottish Government on general principles for a system of financial support for Scottish scheme beneficiaries. This Group's recommendations on payment levels therefore form the basis of the Scottish Infected Blood Support Scheme (SIBSS).

<https://haemophiliascotland.files.wordpress.com/2015/11/contaminated-blood-financial-support-conclusions-and-recommendations.pdf>

The Financial Review Group also recommended that there should be an evidence-based review of the health impacts caused by Hepatitis C to examine whether new criteria should be established, based on broader health impacts caused by the virus. As a result, in 2017, a clinical review group, involving expert clinicians and representatives of those affected was

established. The clinical review group sent its report and recommendations to the Scottish Government on 1 June 2018 and all the group's recommendations were accepted.

<https://www.gov.scot/publications/clinical-review-impacts-hepatitis-c-short-life-working-group-report/>

- d) Eileen Trust, Macfarlane Trust, MFET Ltd, Skipton Fund and Caxton Foundation supplied us with the minimum personal data required (in the form of excel spreadsheets) to allow us to categorise, contact and set up payments for the transferring beneficiaries. A welcome letter was sent to all members. All transferring beneficiaries receiving income top up payments from Caxton had to complete a short SIBSS application form to ensure payment continued at no less than the amount they were receiving from Caxton, the majority had increased payments.

3. Please explain:

- a. The position of your scheme within the structure of the NHS Business Services Authority for your devolved administration. To whom does the scheme report? What is the scheme's relationship with that authority?**
- b. What provisions and policies are in place for funding your scheme? Who determines the level of funding, how is this determined, and what level of funding is presently (i) guaranteed, or (ii) anticipated for the future?**

a) The Scheme reports to the Organ Donation, Blood Policy and Abortion Services of the Scottish Government. We are a separate organisation from NHS Business Services Authority.

b) The Scottish Infected Blood Support Scheme is funded by the Scottish Government, with the Department of Health currently contributing some funding to the Scottish Government towards costs of payments for those beneficiaries with HIV and their widows, widowers or partners. The levels of funding for SIBSS are therefore determined by the Scottish Government; levels of funding are considered in each annual spending review.

The current budget for SIBSS is set at £6.5 million for 2018-19. Some additional resources are currently being considered by the Scottish Government to implement the recommendation of the clinical review group for annual payments for those with chronic HCV, or their widows, widowers or partners. The Scottish Government's annual budgets are subject to the agreement of the Scottish Parliament and therefore funding levels for future years cannot be guaranteed by the Scottish Government. However, the current Scottish Government administration is committed to maintaining the levels of financial support set out in the Scottish Infected Blood Support Scheme 2017 (as amended). Whilst no government can guarantee what future administrations may recommend or what budget the Scottish Parliament may approve, it is likely that other future administrations would wish to continue to ensure sufficient financial support is available through SIBSS.

C – number of beneficiaries

4. Please provide a table setting out the following:

- a. How many beneficiaries are registered to receive support, how many are in the process of registering. Of these:
 - i. How many were previously registered with the Alliance House Organisations, and which Alliance House Organisation in particular;
 - ii. How many were automatically transferred during the 2017 transition, and many have since registered (i.e., how many are new applicants);
- b. Please indicate how many individuals are in each category of beneficiaries (i.e., HIV, HCV Stage 1, HCV Stage 2, family of deceased beneficiary (distinguishing spouse or children), etc.).
- c. Please indicate how many receive lump-sum payments, on-going payments, discretionary payments, and/or some combination of these.
- d. Please state what if any steps you take to identify those who may be eligible for payments.

- a) 2 applicants are in the process of registering. The table below shows the number of beneficiaries transferred to SIBSS from Alliance House Organisations and the number of new applications received since April 2017.

Numbers Transferred & SIBSS Applications	Count of ClientRef
Eileen	5
MFET/Macfarlane	30
Skipton	437
SIBSS	63
Grand Total	535

i.&ii

- b) See table below for number of beneficiaries by category.

Application Category	Estate	Primary Infectee	Secondary Infectee	Widow, widower, or partner	Grand Total
Payment Scheme - Advanced HCV (Stage 2)	8	115		36	159
Payment Scheme - Chronic HCV (Stage 1)	5	311	11	11	338
Payment Scheme - Chronic HCV (Stage 1) with Widows Annual Payments				1	1
Payment Scheme - Co infected	4	22		7	33
Payment Scheme - HIV		1		3	4
Grand Total	18	449	11	57	535

c) All members received a lump sum payment.

196 Advanced HCV, HIV and Co-infected members receive annual payments.

1 Chronic HCV (Stage 1) Widow receives annual payment.

48 Chronic HCV (Stage 1) members received means tested income top up payments.

124 Chronic HCV (Stage 1) members received non-means tested Living Cost Supplement.

9 members received discretionary grants.

We are currently in the process of introducing a new regular payment for Chronic HCV (Stage 1) members and partners of deceased members which will give the majority an annual payment. The value of the payment has not yet been determined.

d) As a result of the Penrose Inquiry, the Scottish Government commissioned a short-life working group, chaired by Professor David Goldberg of Health Protection Scotland, to consider the Inquiry's recommendation that all reasonable steps were taken to offer an HCV test to everyone in Scotland who had a blood transfusion before September 1991 and who had not been tested for HCV. The working group's report was published in September 2016 and all of its recommendations were then implemented by the Scottish Government.

As a result, in October 2016, an awareness-raising campaign alerting anyone who had a blood transfusion in Scotland before September 1991 to their potential risk of hepatitis C infection was launched by the Scottish Government - around 400,000 posters and leaflets will were distributed to GP surgeries, hospitals, care homes, pharmacies and other community buildings across Scotland to encourage those who had not been tested to come forward. The Chief Medical Officer (CMO) also sent a letter to NHS Boards in September 2016 to remind them of the need to offer Hepatitis C tests to certain at-risk groups.

Finally, the working group identified that there remained 69 individuals with bleeding disorders who were not attending a haemophilia centre and where it could not be confirmed whether or not they had been tested for HCV. Professor Campbell Tait and Health Protection Scotland worked to identify and locate these individuals and offer them tests. All those individuals who could be identified and traced and were still alive have now been contacted and tested (where they had not already in fact been tested).

See [WITN4508005]

D – determining eligibility

5. Please explain how claimants' eligibility is determined, including change of circumstances, setting out:

- a. Who is the decision maker;**
- b. How eligibility deriving from previous registration with the Alliance House Organisations has been determined;**
- c. Your policies in respect of standards, and burden of proof required of applicants for various entitlements;**
- d. Your statistics as to how many applications have been granted and how many have been refused or amended;**
- e. Provide a schedule of all applications received since the establishment of your service, indicating what entitlement was claimed and whether the award was granted, declined, or is under consideration / review;**
- f. Please explain your appeals and complaints procedure.**

a) Decision maker

Application Type	Role of Decision Maker	Name
New applications/ High value grants	Director/ Scheme Manager	David Knowles/Sally Richards
Income Top Up/Low value grants	Payment Manager Assistant Payment Manager	Carol O'Connor Lisa Scammell

b) We accepted all transferring members as qualifying eligible members.

c) See items [WITN4508006], [WITN4508007] and [WITN4508008]

d) See table below:-

Applications Approved	308
Applications Declined	26
Applications Pending	1

e) See item [WITN4508009]

f) Appeal Procedure– see guidance document –

<https://nhsnss.org/media/2550/sibss-guidance-for-appeals-v1-2-final.pdf>

Complaints procedure –

<https://nhsnss.org/contact-us/complaints/>

E – payments made

6. Please provide:

- a. A spread-sheet illustrating what payments can be made to beneficiaries and at what level, commenting where appropriate on these where they require additional explanation, for example, where these are means-tested set out the applicable threshold; where they are index-linked (or similar) please explain.
- b. To the extent that this is not reflected in your schedule, an explanation to what degree a beneficiary's circumstances and household income affects the payments they receive.
- c. An explanation as how to the policies for quantum for payments to beneficiaries (fixed, on-going, discretionary) has been determined. Did you receive expert medical evidence and or consult the beneficiary community in setting the level of payments? Did you receive any other
- d. external advice?
- e. Please set out the amount paid by your scheme on a quarterly basis and any projections for payments to be made in the future.

a) See item [WITN4508010]

b) See item [WITN4508010]

c) Please see the response to B 2.c. The recommendations of the 2015 Financial Review Group were used to determine the policies of SIBSS regarding the quantum for payments to beneficiaries. The beneficiary community was consulted as part of the Financial Review Group's work. The Scottish Government also had a number of discussions with both Haemophilia Scotland and the Scottish Infected Blood Forum in developing the details of SIBSS payments.

d) Quarterly payments made and projected 2018/19

SIBSS payments 2018-19

Quarter	Sum of Payment Amount
Q1	1598669.36
Q2	1586416.8
Q3	1508410.3
Q4	1278656.38
Grand Total	5972152.84

F – applications refused

7. Please provide:

- e. A spread-sheet setting out all the applications that have been refused, together with the reason for the refusal.
- f. A spread-sheet setting out which of those applications have been appealed and the outcome of that appeal.

e) See item [WITN4508011]

f) See item [WITN4508012]

Statement of Truth

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

GRO-C

Signed _____

21/04/2021

Dated _____