Witness Name: Nigel
Hamilton
Statement No: WITN2340014
Exhibits: WITN2340015
Dated:25th February 2025

INFECTED BLOOD INQUIRY

SECOND WRITTEN STATEMENT OF NIGEL PETER HAMILTON

I provide this statement in response to a request under Rule 9 of the Inquiry rules 2006 dated January 2025. I adopt the paragraph numbering in the Rule 9 request for ease of reference.

I, Nigel Peter Hamilton will say as follows:-

Introduction

1. My name is Nigel Peter Hamilton. My date of birth is GRO-C 1960, and my address is known to the Inquiry. I was first suspected of having haemophilia in 1965.

2. I was born and brought up in Belfast. I have a twin brother Simon, who sadly passed away in December 2023, GRO-C.

3. In 1965, my twin, Simon and I, were diagnosed with mild haemophilia. Each of us were haemophiliacs with moderate clotting deficiency.

4. I obtained a Primary Degree in Social Sciences and Politics at Coleraine University and later studied for a PhD, although due to extended working conditions, I did not complete this.

5. In 1987 I began a career in sales within Ireland/UK Haulage and Transport developing in 1990 to Transport and then Regional Manager with the same firm.

6. I was infected when undergoing an eye procedure in 1976, at 16 years old, a fact confirmed by Dr Bassindine, Hepatologist Consultant at the Freeman Hospital in 1990 while I was under release from the Royal Infirmary, Newcastle -upon-Tyne. I have 'type 3' Hepatitis which is commonly known as Hepatitis C ('Hep C'). She also told me that I was co-infected on a number of occasions with Hepatitis B it appears, since 1972.

7. I did not discover that I had contracted Hep C until 1991. In December 2007 a scan identified I had now developed cirrhosis and what Government classed as stage two Hep C. In 2016, I was placed on the liver transplant list. In December 2018, I was told I had liver cancer in the right lobe following an MRI in September of that year. As a result of this, I had to go to Kings College London where on the 12th February I had a liver transplant.

8. I provided a witness statement to the Inquiry regarding my infected status as a haemophiliac living with hepatitis C and cirrhosis on the 12th March 2019 (WITN2340001).

2. Please describe the nature of the work you and your colleagues within Haemophilia Charity, have been undertaking, in relation to the question of compensation, since the publication of the Inquiry's Report in May 2024.

9. I was a member and trustee of the Haemophilia Society in the years 1999-2001.

10. Haemophilia Northern Ireland (HNI) formed in September/October of 2017. A collective group of individuals chose to form HNI, in order to advocate, support and provide advice for sufferers of haemophilia, Von Willebrands and other bleeding disorders with a specific focus on sufferers in Northern Ireland.

11. My late brother Simon was Chair of HNI until his tragic death on Christmas Day 2023. I then took over as Chair.

12. I have made it my goal to help structure and frame the organisation to enable it to provide the advocacy the NI bleeding community require as the sole Haemophilia Charity in Northern Ireland.

13. Since the tragic demise of my twin brother, Simon, now as Chair of HNI, my role is as chief negotiator on behalf of infected victims in Northern Ireland. My engagement with Government and Government agencies has been intense, before the Public Inquiry recommendations release in May 2024 and since the newly elected Labour Party took office.

14. In respect of compensation for victims, I have been working tirelessly to ensure the effective, efficient and timely provision of the compensation process for infected and the affected.

Communicating with members:

15. I communicate on a daily basis with members of HNI as individuals and as a group, and I provide updates by email and post as meetings with the various bodies take place.

Communication with MLA's, MP's Cabinet Office, IBCA, Meetings with Government:

16. I have been requested to attend what the Cabinet Office suggested were "engagement meetings". Meetings with the Cabinet Office Policy Staff and Directors of the Infected Blood Compensation Authority.

17. I have had meetings with politicians in Northern Ireland at the Northern Ireland Assembly. I have also had meetings with the Northern Ireland Minister for Health, Mike Nesbitt and his predecessor Minister Robin Swann.

18. I have had meetings with prominent Northern Ireland MP's such as Sammy Wilson MP, DUP Health Spokesman and MP.

19. I have attended meetings with the Westminster All Party Parliamentary Group and The Haemophilia Alliance to identify and to scrutinise the implementation of the Infected Blood Inquiry recommendations.

20. I have been to meetings of the Northern Ireland Department of Health, Northern Ireland Infected Blood Stakeholder Meetings, of which I am a founder member; this was set up a few years ago to deal with issues of the support scheme in Northern Ireland. Originally, it was ad hoc but we saw the need for a more permanent structure after the inquiry reported. The team is looking at the implementation of the Inquiry's recommendations. It's meeting every few months. I have chaired some of the meetings. This has all allowed me to build a close and respectful relationship with the Chair & Vice Chair of the NI Health Committee through effective lobbying.

21. The first meeting with the Government, post the Inquiry report, was on 23rd May 2024, with campaigners and was a virtual meeting chaired by a young woman from the Cabinet Office.

22. I attended this meeting and like others, found it to be more a relief for the Cabinet staff, that they had secured a timeline on Victims & Prisoners legislative requirements, than a meeting to inform community representatives. It was ill-structured, with insufficient boundary guidelines and a meeting that spiralled out of control, leaving some members rowing and forcing the meeting to end in frustration and concern that there appeared to be little direction, focus or management. This first experience did not augur well if lessons were not to be learned by the Cabinet staff for future meetings. I was left disillusioned and concerned at this initial engagement.

23. There then was a meeting with Sir Robert Francis, (SRF), Jonathan Montgomery, David Foley, Robin Healy, Hannah Smallwood and Rachel Forster and some of the campaigning groups, on the 18th June 2024. I found this to be a more constructive effort at engagement, although a more polite and better managed meeting but still no real information came from it. It was becoming clear to those of us who had been negotiating for the previous months with the Cabinet Office that a considerably naïve insight was held by those whose job it was to successfully establish a proactive compensation process in a timelier period.

24. There was another virtual meeting with SRF and campaign groups on 16th October 2024. David Foley (DF) was on the call. I again found it very frustrating, as nothing concrete came of it. Amongst the things I pressed on, was insight into the way forward by the IBCA which gave me the impression that progress was going to be painfully slow as we snailed our way into the next step.

25. There was a meeting with Nick Thomas Symonds (NTS) on the 11th of December 2024, 5 months following his appointment. Also present were Cabinet Office civil servants. It was a meeting of victim representatives from the devolved regions. We were allocated 4 minutes to speak. I found this took the shape of a Funeral Director's handshake. The Minister appeared to be less committed, answering questions in brevity and conscious that he had over 16 groups to 'get through'. It felt for all of us, that it was an exercise to tick the box that he would report back to the Parliament before the recess. This was not satisfactory engagement. The Paymaster was challenged by me on the implementation of Recommendation 10 and financial provision for Charity Advocacy. I subsequently followed this up with a correspondence in January

26. On the 20th January 2025, I attended a meeting with James Quinault (JQ), Director General at the Cabinet Office. This was one of a series of meetings he had with victim groups that week. I, of course, welcomed the opportunity to

be briefed by the Cabinet Office, but I would not say that, in any way, was it a 'two way' engagement. We were politely lectured as to what is happening.

27. On the 30th January 2025, I joined another meeting with NTS, Cabinet Office Minister, JQ and Robin Healy from the Cabinet Office. Also present were Haemophilia Scotland, The Scottish Infected Blood Forum, Haemophilia Wales, Friends and Families Northern Ireland. The purpose of the meeting was for NTS to provide an update on the Government's intentions for the 2nd set of Regulations. We had a few minutes each to have our say. I said that the process was far too slow. I pointed out that we were there to talk about the forthcoming new regulations but that, yet again, we had had no input. I asked when was the Government going to separate from IBCA? NTS answered, saying that IBCA was beginning to evolve now, and that it should have been separated from the start. He agreed it was still not a separate entity but was 'getting there.'

28. My direct dealings with the Cabinet staff have allowed me to speak on issues of concern. It seems clear to me that IBCA, as an organisation, is umbilically attached to the Cabinet Office. On several occasions since my engagement with them, I repeatedly get told that the answer lies with the other while the policy-making Cabinet officials state that they are willing to listen, but it is a one-way traffic process.

Communication with clinicians

29. I have had a number of meetings with Dr Gary Benson, Haematologist at The Haemophilia Centre. I have needed his help in respect of my own case. I am in the latest cohort being looked at by IBCA. I have come to realise what a struggle it will be for victims to prove facets of their case. For me, the issue is proving my co-infection with hepatitis B. I of course know my way around medical records and the like. I can also call on the help of clinicians such as Dr Benson. I dread to think how victims without this experience and knowledge will cope.

Communication with other campaign groups

30. HNI, through my position, contacts and activity, have been working in consort with other societies representing the infected blood community and other representative lobby groups. We have been trying to work in a structured and unified approach in a co-ordinated way, to influence the necessary policy changes needed by the Cabinet Office and the IBCA to benefit the community constructively in the speedy implementation of the compensation process. This must be an effective mechanism to ensure the implementation of compensation to all victims in recognition of the impact of this horrendous NHS Disaster. However, such unity and common purpose amongst the victim groups, is somewhat undermined by the fact that decisions of policy and operational procedure are taken by the Government and IBCA without our input. We only get asked to comment 'after the fact.'

31. On the 28th November 2024, myself and representatives from four other campaign and support groups, wrote to Sir Brian Langstaff, Chair of the Infected Blood Inquiry, over concerns that the Government is not listening to the contaminated blood community.

32. The groups who signed the letter were: Haemophilia Scotland, Haemophilia Northern Ireland, Tainted Blood, the Hepatitis C Trust and the Haemophilia Society. Haemophilia Wales also supported the letter.

33. The letter told Sir Brian that there were concerns that the Government is moving the goalposts on interim compensation payments, placing a 'new, opaque layer of bureaucratic burden' on applicants' shoulders. It pointed out that the uncertainty has caused great anxiety across the community, not just those directly impacted, but also among people who are waiting to apply for compensation.

34. The letter to Sir Brian highlighted our collective view that without significantly improved engagement with the infected blood community, trust in the compensation process will be damaged. We urged Sir Brian to continue to

scrutinise what is happening and to do what he can to hold Government to account.

35. The upshot of this was of course that Sir Brian corresponded with Sir Robert Francis and was then moved to request statements – such as this – from key campaigners.

3. **What if any external support or assistance has been, or is, available to you and your colleagues in undertaking the work described above?**

36. I am a volunteer for my Society and the infected community. I estimate I am spending more than 20 hours per week directly engaging with members of the community in both Northern Ireland and the UK mainland, addressing victims' concerns, answering questions, helping reassure and guide victims queries, attending face to face and virtual meetings and doing research and clarification of suggested policy.

37. The tasks and enormity of the responsibilities, if one is diligent, are considerable, and apart from pressure both in stress and time the financial burden is not light. I am acting in a way which carries out the work of the Government and IBCA, engaging with the infected community. There is no current approval from the Cabinet Office regarding Recommendation 10 Financial recognition of the Advocacy role we are carrying out as of necessity. I understand the Cabinet Minister has written to the DoH Ministers to request the funding of this recommendation and given assurances that an announcement will be made by May.

38. I feel strongly about this, in that the smaller victim groups and charities, such as NIH, are being left to liaise with victims, field their questions and concerns, and have meetings with government officials, all with no support or assistance. In the Inquiry report, Sir Brian specifically recommended that groups such as HNI should have support, yet nothing has been done. A copy of my letter of the 13th January is exhibited at WITN2340015.

4. **Please describe the involvement of people infected and affected in the decision-making regarding compensation (whether by Government or IBCA or both) as you and your colleagues have experienced it.**

39. I have participated in several meetings going back to November 2024 with the Cabinet Minister, Director General and the IBCA Chair and CEO. Several of these meetings concerned pushing for the prioritising of terminal victims in the process. This was in Antrim in late November, attended by Sir Robert Francis at which one of his Directors asked 'do you think we should make this a priority'.....rather inane answer I thought.

40. I have also stressed the importance of operating IBCA as a stand- alone body as per the Inquiry's recommendations. This has proven difficult to achieve with several reasons given, although our protest and request for clarification has not yet established a separation of the umbilical. I sense though, that our lobbying and expressed concern, has resulted in a charm offensive by both the Cabinet Minister and the IBCA to be aware of our concerns and frustrations.

41. I have engaged with the hierarchy in both Cabinet and IBCA to demand a timelier approach to the introduction of the application and appeal process. Too many people are dying while the IBCA establish their employee contracts and pension plans all regarded as essential before the process can operate in full swing. Our pressure on this matter has been unwavering, and the delay has been explained by 'ensuring that the process is established properly' and 'it takes time to do that' are the repeated mantras.

42. There is a very high level of dismay at the length of time it is taking to process applications, which appear to be picked at random, and the achievement rate has been extremely low and threatens to take years not months as initially suggested. The small number of Case Worker cases was 11 with a figure of £13m compensated. With over 4500 cases infected the time progressing cases is far too slow. I have already lost one victim in Northern Ireland to

cancer of the liver on the very day he was advised his case was being put forward for compensation case officer consideration.

43. I cannot understand why the process is that people are ‘invited’ to have their case considered, and the Case Manager starts off the case. Surely, it would have been far quicker for people to send in their applications, with key information/documents. Those of us who were CPs in the Inquiry have lawyers who have to hand, our Inquiry evidence. If that process had been adopted, hundreds of us would now have our cases ‘in the system.’ This is the biggest anxiety of victims, that they will not be invited to have their case considered for ages.

44. It is simply taking too long and many people will not realise the timescale. Many members of the public have commented to me that it's great we have our compensation, and it is all sorted. The public perception belies an unsatisfactory reality. The process is only under way. Too little too late.

45. The debacle of the Chain Estates is one very good example in point. These are the estates of deceased victims, where the executors themselves have passed away. Therefore, one has to go down the ‘chain’ to the next level of people who can act for the estate. The £100k payments to estates who had received no money for the loss of their loved ones became a very disconcerting process. I know of 5 cases in Northern Ireland. The very first case in the UK was case number 0001 and after receiving an email confirmation that the family would receive the compensation with a request for banking details the following day, they received an email advising them that the process had been abruptly stopped for them, as there were Cabinet Office concerns, that HMRC required additional, at that time not defined, evidence that the family was entitled. We brought this matter to the Cabinet Office and following pressure from the lobby, a simple process of approval was inserted and once qualification was confirmed, the process of approval would go forward, yet no monies have been forthcoming.

46. It is a great concern and a regret that the Government and Civil Service thought it best to devise the compensation system and the processes IBCA have adopted in secret. In his interim report on compensation from April 2023, Sir Brian Langstaff expressly recommended that victims and their legal representatives should be co-designing with the Government at the outset. Instead, the Government and the civil servants advising them, set up a secret committee to devise everything. By the time the Inquiry had reported, everything was already set in stone. Lines have been taken and set, which the Government and Civil Service refuse to move from.

47. The process of engagement has been piecemeal to non-existent from the IBCA and the Cabinet Office. I am bound to say that I do not think we have really had 'engagement', rather, we have meetings where we are updated. From the outset, there has been, what I perceive to be, a discriminatory England centric process of only talking to English based organisations. It was found to be insulting and degrading to those of us in Scotland, Northern Ireland and Wales. After continual protest a realisation took shape and our participation was included. I don't believe people at the Cabinet Office or IBCA fully appreciate the differences in Northern Ireland, in respect of the structure of the health service and the fact that we have an entirely different probate regime.

48. All the groups feel that so much more could be achieved, not simply by talking at us but by properly engaging representatives of the community at all stages in the development of the process. This has not happened, and we find ourselves blindsided at a time when our experience to help guide the process, has been wilfully avoided, in what appears to be a deliberate attempt to keep the community outside, rather than involved. This is resented greatly. We have had no input into decision making regarding compensation or the running of the scheme. This is probably the single biggest fundamental flaw in the whole process and undermines everything that has happened since the Public Inquiry reported.

5. **Please describe the principal concerns (if any) which you and your colleagues have in relation to the involvement of people infected and affected in the decision-making regarding compensation (whether by Government or IBCA or both).**

49. The process is moving forward with little involvement from the infected blood community representatives at the critical stages and presents as a *fait accompli* with little to no opportunity to influence or change critical aspects of the process.

50. Our concerns about our right to legal representation throughout the process of application is disconcerting. Our unalienable right to be legally represented by Solicitors who are familiar with our cases is vital. Not only will this copper fasten the process but provide a level of confidence that we are not being short changed. The attempt by IBCA, before Christmas 2024, to gag the Solicitor teams and have them sign up while not being allowed the freedom to speak freely with their client/case applications beggar's belief and cuts across the rights of victims in a process that threatens to be exclusive not inclusive of the actions of the IBCA. I understand this has since been resolved, but it has cast a long shadow in respect of mutual trust and confidence.

51. The continued umbilical from Cabinet Minister to IBCA further concerns me as it does not recognise the Stand-Alone Body required by the Inquiry Recommendations.

52. The decided compensation process path will prove to be a very slow one, concerns range from the effectiveness of the process, the burden of the provision of evidence upon the victim and or family, and the determination of the Case Worker's decision once insufficient evidence is realised because the systems did not hold that body of evidence.

53. The frustration, anger and concern at the initial lack of engagement with the community has in part, been improved a bit, but damage has been done, and a very large section of the infected community is distrusting and feels let down

by a slow and ineffectual timeline. This is a serious issue and had been lost on the Cabinet and IBCA teams failing hollow utterings of empathy.

54. I am concerned at the apparent 'parking' of the affected and estate cases yet to come forward and remain in the shadows waiting for recognition some time over the late end of this year and on into the future. We, of course, have seen the new proposed draft Regulations, but that seems to me to do little to 'turbo charge' the process for affected people. This is again another example of developments being handed down to victims by the Government with no attempt at co-production with the victim community. There is no consultation.

55. A major aggravation for the community is the inordinate period before members can go forward for consideration, not only is this stressful but an injustice, and takes no consideration of health financial circumstances as they tread water waiting for their turn.

56. The corporate structure of the IBCA does not lend itself to a user-friendly access and although efforts are at this late stage in its development being made to try and understand the need of the community to have meaningful access. The current lack of a transparent appeal process fails to instil confidence in the potential victim/applicant who finds the maze exit to justice both confusing and inadequate.

57. Members and I are very upset at the news that Belfast is not considered to have been one of the centres carrying out unethical research. I find this astonishing. It is well established that Dr Mayne was, along with Professor Bloom in Wales, one of the leading clinicians at the relevant time and that Dr Mayne acted with little if any sense of accountability. I personally know that she was taking blood for liver tests when we were teenagers. She was clearly carrying out some sort of research. The Government seem to suggest it is incumbent on us to prove otherwise. How can we do that? This has angered people in Northern Ireland, who see this as another example of the English centric nature of the whole process.

58. I am aware about the appointment by IBCA of a new PR company (Four). According to a document available via the Gov.uk Contracts Finder site, Four's brief from the IBCA covers raising awareness among affected communities, as well as ensuring media coverage is "well balanced". The document talks about the PR company: *combatting negative press and media,…..developing defensive lines and changing the narrative.'*

59. I am bound to say that I find it quite shocking that the Government is making such efforts to counter legitimate criticism, with a £225k all singing all dancing strike back at both the organisations representing the community and key individuals likely to be sidelined. This came up at the meeting with JQ in January. At the meeting, I pointed out that it's like an episode from 'Yellowstone'. It only goes to highlight that the IBCA is on the run and knows that the spotlight should and will be shone over them.

6. Please describe the impact upon you and your colleagues of the matters set out in 1-4 above.

60. The decisions have given hope to a great number of people infected and affected who I continue to engage with, as this painfully slow process weaves its way forward. Keeping up hope for justice is a very difficult and challenging task with little reward but with occasional signs of achievement. I know that the Infected and Affected community need hope and sight of success, and I consider from the response I received that this is having a positive impact. Giving voice to those who fear they can't and won't be heard is essential for their confidence in a process that has yet to bring justice and closure.

61. Members continue to sadly pass away without seeing their case resolved and receiving justice. I have lost a number of fellow victims – who had become good friends over the last few years – and of course I lost my twin brother, Simon. This is soul destroying when you're as passionate as I am for justice for innocent victims and their families.

62. Having to battle away with the Government and IBCA, the need is for me to be strong for colleagues and my own family, it is though, a struggle. At times I feel overwhelmed by it all, but I need to be resilient. I need to be focused and all over all developments. So many people rely on me. At times, the whole thing seems to me to be so vast, I have a feeling of inability. It is also painful. Every day, there is a constant reminder – in what I do – of the pain and suffering of victims. It means I cannot escape thoughts of Simon or of others I have known well and have lost in the last few years. In Northern Ireland we are a strong unified group of victims. From 2018 to 2024 we had meetings several times a year with our lawyers and there was a camaraderie amongst the regular attenders. Now, so many of those seats around the meeting table will be empty. Dealing with all the issues of compensation, day in day out, reinforces the feeling of bereavement. I cannot escape it.

7. **Please describe the impact you perceive the decision-making regarding compensation (by Government, IBCA or both) to be having on people infected and affected, and why.**

63. The biggest impact is the devastating delay, treading water euphemistically like the crew of the USS Indianapolis after sinking on their return from delivery of the Hiroshima bomb as the shark's circle.

64. Victims are confused, bewildered and frightened as they wait for their compensation to begin its process, not knowing where they are or will be in the timeline. The distress of loss and bereavement becomes acute, and the torture pertains. The need for justice alienates them from Government and the IBCA and drains their confidence in a process that seems bereft of reasonableness in time and understanding of circumstances. The ongoing long-term sense of victimhood can become stifling. I assume a weight which only depresses and overpowers with resentment, emotional and psychological distress.

8. **Are there any particular steps or measures which you consider could be taken by Government, IBCA or both to alleviate any detrimental impact**

upon you, and/or the infected and affected communities? If so, please set them out.

65. The process of compensation needs to be speeded up with the satisfactory resources required to ensure as timely as possible people are being compensated. There needs to be more public exposure to the reasons for delay and the slow progress.

66. Greater engagement directly with the community needs to take place. I fear it will be too late for the community representatives to influence the process in supplementary legislation as it is with the core legislation. The Cabinet officials and Minister have seen to that, now that the supplementary legislation is coming to Parliament. The community has largely been excluded from the process with no opportunity just deaf ears to constant appeals to engage in the development.

67. However in reality, it should not be too late to engage with us as to how the Government and IBCA operate the process. That could still make a big difference still. I call on the Government and IBCA to sit down with victim organisations and our legal representatives and reset the operational process.

Statement of Truth

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

Signed GRO-C

Dated 25th February 2025

Table of exhibits:

Date	**Notes/ Description**	**Exhibit number**
13/1/2025	Letter from Nigel Hamilton, chair of Haemophilia Northern Ireland to Rt Hon Nick Thomas-Symonds MP, Minister for the Cabinet Office and HM Paymaster	WITN2340015