

Witness Name: Elizabeth Redmond

Statement No.: WITN4066019

Exhibits: [WITN4066020 – WITN4066024]

Dated: 7 May 2021

INFECTED BLOOD INQUIRY

THIRD WRITTEN STATEMENT OF ELIZABETH REDMOND

I, Elizabeth Redmond, in response to the Rule 9 request from Jillian Roe, Infected Blood Inquiry dated 9 April 2021, addressed to the Departmental Solicitor's Office (DSO) will say as follows:

- 1. At paragraph 2(b) of your draft second statement, you refer to a submission from the Health Protection Branch (HPB) to the then Northern Ireland Health Minister Michelle O'Neill in July 2016 which sets out scheme reforms taking place in England, Scotland and Wales and the situation in the Republic of Ireland. You also refer to two further submissions in September and October 2016 relating to blood payment scheme reform and the Welsh position respectively. Please provide a copy of each of these three submissions.**

1.1 The three submissions are provided, as detailed at annex A (exhibits **WITN4066020, WITN4066021 and WITN4066022**).

2. At paragraph 2(b) of your draft statement, you state there was no additional funding available within the Department of Health Northern Ireland (DHNI) in July 2016. Please explain whether the DHNI has the ability to request additional funding from the UK Government for this kind of support.

2.1 The Department of Health does not have any direct dealings with the UK Government in relation to budget matters or requests for additional funding. The procedure is that the Department requests additional in year funding through Monitoring rounds to the Department of Finance, Northern Ireland (DoFNI) which is responsible for managing the Northern Ireland block grant. During the monitoring process, finance colleagues within the Department seek information on pressures across the Health and Social Care (HSC) in Northern Ireland which would inform any bid to be submitted to DoFNI.

3. At paragraph 2(b) of your draft statement, in regards to consultation you note that “Beneficiaries had had the opportunity to contribute to the UK-wide consultation in 2016”. Please explain if:

- a. the DHNI took any steps to bring the UK-wide consultation to the attention of Northern Ireland beneficiaries;**
- b. there are opportunities for ongoing contributions by beneficiaries.**

3.1 I was not working for the Department of Health in 2016. However, I understand the Department of Health & Social Care (DHSC) asked the Skipton Fund to write to all UK beneficiaries (including those in Northern Ireland) to highlight the consultation. There were no separate steps taken by

the DHNI and the Department received no advance notice ahead of the consultation launch.

3.2 There are opportunities for ongoing contributions by beneficiaries. Beneficiaries can write to the Minister at any time in relation to the support provided via the Scheme and to express any concerns they may have. The Minister has also met with stakeholder groups and beneficiaries to listen to their concerns directly. The Minister also commissioned a survey (**WITN5570009**) of all Scheme beneficiaries in October 2020, the findings of which helped to inform his decision to introduce annual financial support for non-infected bereaved spouses and partners. The survey report (**WITN5570020**) will also be used as evidence to support further potential reform of the Scheme. There will be further consultation with beneficiaries to consider options for enhanced support for Hepatitis C Stage 1 beneficiaries.

- 4. At paragraph 3 of your draft statement, you note that the Department of Health and Social Care (DHSC) reduced the allocation to Northern Ireland in 2019/20 by over £50,000. Please explain:**
- a. what, if any, action the DHNI took in response to this lower allocation;**
 - b. the DHSC response to any concerns raised by DHNI.**

4.1 The Department wrote to DHSC to express disappointment at the way in which the 2019/20 allocation was calculated, which resulted in a lower amount than expected (**WITN4066023**).

4.2 DHSC responded (**WITN4066024**) acknowledging the concerns and explaining why there was a reduction in the funding allocation. DHSC advised that it needed to remain consistent in respect of the methodology used to calculate financial amounts and as such was unable to deviate from how this had been calculated in previous years. The Department had no choice but to accept this.

5. Was there any mechanism in place for the DHNI to seek UK government authorisation for changes to the scheme after the NI Executive and NI Assembly collapsed in January 2017? Please explain.

5.1 No. I refer to my answer at paragraph 11(b).1 of my second statement (WITN4066002). Direct Rule was not imposed by Westminster when the NI Executive collapsed in January 2017 and the Scheme remained a transferred matter under the terms of the Northern Ireland Act 1998. Therefore, while during the period from March 2017 to January 2020 there was no Minister in the Department of Health, the UK Government lacked the power to authorise change to the Scheme.

6. At paragraph 8(b) of your draft statement, you state that the cut-off date of 1 September 1991 for treatment for a person suffering from Hepatitis C is the same as used by EIBSS. Please explain:

- a. if any consideration was given to the special features of the infected Northern Ireland population in deciding eligibility requirements for the NI Scheme? If not, why not?
- b. what enquiries are ongoing.

6.1a. Although I was not working in the Department at the time, I understand that it was the decision of the then Health Minister Michelle O'Neill in December 2016 to adopt the English model when setting up the NI Scheme, therefore Northern Ireland's policy in relation to the cut-off date of 1 September 1991 was simply based on EIBSS criteria for eligibility.

6.1b. There are no enquiries currently ongoing in relation to the September 1991 date.

7. At paragraph 11(b) of your draft statement, you state the approach to assessing discretionary payments and grants was to "provide payment in response to all reasonable requests for discretionary support".

Please explain the benchmark or standard that was applied to discern a reasonable request.

7.1 I have nothing further to add to the answer I have already provided in paragraph 11(b).1 of my second written statement (**WITN4066002**).

8. Further to paragraph 14 of your draft statement, what internal mechanisms (such as internal reviews, referrals to committee deliberations between decision makers etc.) are in place to ensure consistent decisions on applications for discretionary payments?

8.1 There are currently no other formal mechanisms in place other than the use of the EIBSS guidance to ensure consistent decisions. Given the very small number of such applications, these are decided by one person within the Department. Developing a Northern Ireland policy for discretionary financial support will be taken forward as part of the ongoing Review of the NI Scheme.

9. At paragraph 18 of your draft statement, you state applicants are expected to make an application to the NI Scheme within 12 months of diagnosis of Hepatitis C, unless they have reasonable cause for delay. Was any independent consideration given to this requirement? What would be considered to satisfy the reasonable cause for delay exception?

9.1 I confirm the information I have already provided in paragraph 18.1 of my second statement (**WITN4066002**). In 2016 the NI Minister adopted the EIBSS policy. I am not aware that consideration was given to the expectation that applicants should apply within 12 months of diagnosis of Hepatitis C.

9.2 Whether an applicant satisfies the 'reasonable cause for delay' exception is a matter for the RBSO as Scheme administrator to consider and determine. This has subsequently, in 2020, been removed from the SLA.

10. Please provide further detail about work undertaken in 2018 regarding a submission on potential policy changes/next steps for support in Northern Ireland.

10.1 I refer to exhibit (**DHNI0001030**) which sets out to the best of my knowledge the background to the submission on potential policy changes/next steps for support in Northern Ireland.

Statement of Truth

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

GRO-C

Signed _____

Dated 7 May 2021

Annex A

List of exhibits

Exhibit no.	Title	Date
WITN4066020	SUB/1270/2016 - Financial Support for People affected by Contaminated Blood - Reform of Blood Schemes – July 2016	22/07/16
WITN4066021	SUB/1270/2016 - update Financial Support for People affected by Contaminated Blood - Reform of Blood Schemes - September 2016	12/09/16
WITN4066022	SUB/1270/2016 Updated - Financial Support for People affected by Contaminated Blood - Reform of Blood Schemes ~ October 2016	17/10/16
WITN4066023	HIV Payments - Northern Ireland Scheme - email from Seamus Camplisson to Thomas Reed	7/11/19
WITN4066024	HIV Payments response from DHSC - Northern Ireland Scheme	21/11/19