Witness Name: Dr Robert McQuiston
Statement No.: WITN5572001
Exhibits: None
Dated: [15/06/2022]

INFECTED BLOOD INQUIRY

FIRST WRITTEN STATEMENT OF ROBERT MCQUISTON

I provide this statement in response to a request under Rule 9 Request of the Inquiry Rules 2006 dated 07 March 2022.

I, Dr Robert McQuiston, will say as follows: -

Section 1: Introduction

1. *Please set out your name, address, date of birth and details of your professional qualifications, training and experience.*

   1.1. Dr Robert Whitford McQuiston, GRO-C Northern Ireland. My date of birth is GRO-C 1944. I hold the following qualifications: BSc (2(i)) Zoology (Queen's University, Belfast) 1966; PhD Cell Biology (QUB) 1969.

2. *Please set out your employment history with dates if possible, including the various roles and responsibilities that you have held throughout your career, with particular reference to those related to matters relevant to the Inquiry's Terms of Reference.*

2.1. My employment history is as listed below:

Comparative research on nervous systems of mammals, Department of Anatomy, University College of South Wales (1969-1970)

Assistant Principal, Deputy Principal, Principal Officer in a range of divisions in the Department of Agriculture for Northern Ireland (1970-1984)

Assistant Secretary, Health Services Division, DHSS (NI), 1984-1988

Assistant Secretary, Management and Personnel Division, DHSS (NI), 1988-1990

Director, Northern Ireland Centre for Healthcare Cooperation and Development (Nicare), 1990-1999 (on secondment from DHSS (NI))

International Programme Director, Nicare, 1999-2004 (on secondment from DHSS (NI))

Health and Social Services Advisor, Nicare, 2004-2006

Visiting Professor and Health Policy and Management Specialist, Healthcare Research and Development Group (HRDG), University of Ulster, 2006-2011

3. *Please set out your membership (past or present) of, or your involvement (past or present) with any committees, associations, parties, societies, groups or organisations relevant to the Inquiry's Terms of Reference, including the dates of your membership.*

3.1. I represented DHSS (NI) on committee of the four UK health departments set up to consider issues related to drug abuse in the UK. I am not sure of precise dates of membership but it would have been in the period 1984-1988. Interdepartmental Committee on AIDS and Northern Ireland Committee on AIDS; again I am not sure about precise dates but probably from date of establishment in 1986 until my transfer to Management and Personnel Division in 1988.

4. *Please provide details of any business or private interests you have or have had which are relevant to the Inquiry's Terms of Reference.*

4.1. I do not have, nor have I ever had, any business or private interests relevant to the Terms of Reference of the Inquiry.

5. *Please confirm whether you have provided written or oral evidence to, or have been involved in, any other inquiries, investigations, criminal or civil litigation in relation to the 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 that you provided.*

5.1. I have not provided written or oral evidence, nor been involved in any other inquiries, investigations, criminal or civil litigation in relation to HIV, HBV, HCV or vCJD in blood and/or blood products.

Section 2: Decision-making and administrative structures

Your Role

6. *Please describe, in broad terms, your role and responsibilities as Assistant Secretary at the Department of Health and Social Security (Northern Ireland) ("DHSS (NI)").*

6.1. In general, I was responsible for policy formulation and advice to Ministers in relation to community health services, personal social services, family practitioner services and general hospital services, and for legislation relating to those areas. General hospital services did not include acute services such as A&E, surgery, orthopaedics etc.

The respective roles of the DHSS (NI), the Department of Health and Social Security (DHSS) and the Northern Ireland Office

7. *Please describe the role played, during your time as Assistant Secretary, by the DHSS (NI) in forming, directing and managing health policy for Northern Ireland, with particular reference to matters relating to blood and blood products, and the risk of infection from blood and blood products. In particular, please comment on the following:*

a) *The respective roles in these areas of: (i) DHSS (NI), (ii) the wider DHSS, and (iii) the Northern Ireland Office.*
b) *How the DHSS (NI) was structured, and the division of responsibilities within the DHSS (NI).*
c) *How ministerial responsibility operated in these areas.*

7.1. As regards matters relating specifically to blood and blood products, and the risk of infection from blood and blood products, my division did not have any involvement in policy development. My recollection is that policy on blood and blood products rested within the division responsible for acute hospital services headed at that time by Mr Jack Scott. Through my involvement as chairman of the Northern Ireland Committee on AIDS, I had a coordinating role on all matters relating to AIDS control, including potential risk from contaminated blood products. More generally, my division did have a role in relation to health promotion and disease prevention measures, including public education about the risks associated with infectious diseases (such as AIDS) and lifestyle-related diseases (such as Coronary Heart Disease).

7.2. On health policy generally, DHSS had an overall coordinating role on issues impacting on the whole of the UK while DHSS (NI) would tailor its approach to take account of particular considerations relevant to Northern Ireland. On other matters, such as prevention of coronary heart disease, DHSS (NI) took its own initiatives, reflecting a higher local priority. I have no memory of the Northern Ireland Office having a distinctive role in health policy development in Northern Ireland, apart from Northern Ireland Office Ministers having to sign off on policies developed by the Department.

7.3. There are two DHSS (NI) structural issues impacting on the role of Health Services Division in relation to the issues of concern to the Infected Blood Inquiry. The first issue relates to division of responsibility for hospital services between two divisions of the department. Health Services Division was responsible for 'general hospital services' (those hospital services providing back up for primary health care in relation to chronic diseases and lifestyle-related diseases) while a separate division (the name of which escapes me)

looked after the majority of hospital specialisms, in particular acute services. At the time, this division was headed by Jack Scott and I notice in the index of documents you sent me that Mr Scott corresponded with D Macniven of the Scottish Home and Health Department on the issue of supply of blood products. This would have been in line with the responsibility of Mr Scott's division for acute services such as surgery and blood transfusion.

7.4. The other structural issue which may or may not be relevant is that relating to the organisation of DHSS (NI) into a policy directorate (where my division and Mr Scott's division were located) and a management directorate, known as the Management Executive. In areas where policy was clearly established, it was the role of the Management Executive, rather than the policy divisions, to manage implementation. The Health and Social Services Boards who were responsible for running health services in their areas were overseen by the Management Executive. This was a managerial relationship. I am not clear if the same relationship existed between the Management Executive and the Blood Transfusion Service.

7.5. The Minister was ultimately responsible for decisions in all areas of the Department's work. In my own case, I would have cleared issues with him directly if there were no cross-cutting aspects. If other policy divisions had an interest the relevant Assistant Secretary and / or the responsible Under Secretary would also be involved. Where issues spanned the interests of the policy side and the Management Executive, the Permanent Secretary would be involved. In all cases, the Minister would either approve the line proposed or ask for further consideration to be given or for alternative approaches to be examined. In the case of decisions relating to the AIDS public information campaign, I think the CMO and the Under Secretary and / or Permanent Secretary would often have been involved.

8. *Please describe any significant changes in these structures that took place either while you were Assistant Secretary, or – insofar as you are aware of them – in the years before you became Assistant Secretary.*

8.1. No significant changes in departmental structures took place while I was Assistant Secretary. The split between policy and management functions referred to above was already in place when I arrived.

9. *Please describe (if you have not already done so) the way in which the DHSS (NI) communicated with the wider DHSS on the following issues: blood and blood products, the licensing and regulation of pharmaceutical companies and products, risks of infection from blood or blood products, the response to such risks, and compensation or other financial support to people with haemophilia or other bleeding disorders who had been infected with HIV. In particular:*
   a) *What lines of communication, formal or informal, existed between DHSS and DHSS (NI) on these matters?*
   b) *When and how would the DHSS (NI) be represented on relevant committees and other decision making bodies?*
   c) *Please provide any further comment that you consider to be relevant to the Inquiry's understanding of the relationship between DHSS (NI) and DHSS on these matters.*

9.1. For the reasons outlined above, I cannot comment specifically on communications in the area of blood and blood products or risks of infection from blood or blood products, other than communications related to coordination of measures to control of the spread of AIDS. Here communication was facilitated by my participation in the work of the Interdepartmental Ministerial Steering Group on AIDS and the Northern Ireland Committee on AIDS. I had no involvement in matters relating to compensation and financial support for infected people. On the licensing and regulation of pharmaceutical companies and products my division did have a role, but not in areas of specific interest to the Infected Blood Inquiry. For example Northern Ireland adopted the UK wide policy of restricting the number of pharmaceutical products that could be prescribed by GPs. The so-called Limited List, composed mainly of generic drugs, was applied throughout the UK. The purpose of the initiative was to reduce the spiralling bill for prescribed medicines by limiting the number of more expensive branded products that could be prescribed. There was communication between DHSS (NI) and DHSS on aspects of this initiative

through both correspondence and meetings. There were local issues that needed to be addressed, one being the position of the local manufacturer, Galen. Most of Galen's medicines were generic and the initiative actually helped the company commercially. There were however some unintended negative effects which we were able to resolve without compromising the initiative.

a) Communications were both formal and informal.
b) DHSS (NI) was represented at relevant meetings on the Limited List which, as far as I can remember, were ad hoc rather than committee-based. Northern Ireland was represented on the Interdepartmental (Ministerial) Steering Group on AIDS at ministerial / official level.
c) No further relevant comment.

Structures within DHSS (NI)

10. *To the best of your ability, please outline the organisational structure within the DHSS (NI) during your time as Assistant Secretary, insofar as is relevant to the Inquiry's Terms of Reference. If you are aware of any differences relative to earlier or later periods then please describe them (in broad terms). When providing your answer, please:*
    a) *Describe how responsibilities were allocated within the DHSS (NI) in respect of matters relating to blood, blood products and the risks of infection from blood and blood products.*
    b) *Describe how ministerial responsibility for the work of the DHSS (NI) operated.*
    c) *Describe how the (i) medical civil service, and (ii) administrative civil service, operated in respect of the DHSS (NI), including the respective lines of responsibility.*

10.1. Apart from point (c), these points have already been dealt with. The administrative civil service was responsible for developing policy and, where appropriate, agreeing it with the Minister. In developing policy, the advice of the medical civil service (the CMO and/or his staff) would be sought and taken into account.

11. *Please describe, in broad terms, your experience of how the decision-making process within the DHSS (NI) worked, including how, typically, decisions were requested of and taken by relevant ministers; the procedures within the DHSS (NI) for providing advice to ministers; and the flow of information within the DHSS (NI) as between civil servants and ministers.*

11.1. These processes have already been described. My experience of them was generally positive as I was able to establish a good working relationship with colleagues in other parts of the department and with the relevant Ministers.

12. *Please describe how DHSS (NI) officials brought information and issues to the attention of ministers. In particular, please explain:*
    a) *Which criteria determined whether a matter was of sufficient importance to be brought to the attention of ministers;*
    b) *Who would make those decisions; and*
    c) *How effective the process was, in your experience, in ensuring that relevant ministers were suitably informed of the key issues with which the DHSS(NI) was concerned during your time as Assistant Secretary.*

12.1 Issues were normally brought to the attention of Ministers via written submissions. The Minister would either respond in writing or would request a meeting to discuss.

a) Where decisions were based on established policy and no controversy was anticipated, the Minister would not necessarily be involved. Conversely, if a new policy was planned and / or adverse reactions could be anticipated from sections of the public, the matter would be referred to the Minister for consideration / discussion. The Minister might also be consulted if a non-controversial policy might generate positive publicity, with which he might like to be associated.

b) Sometimes the decisions were taken at my level, sometimes after discussion with the Under Secretary and sometimes after discussion with the Permanent Secretary.

c) I found the process to be effective.

13. *To the best of your ability, please identify (by name and position) the ministers and senior civil servants within the DHSS (NI) with whom you principally dealt, or from whom you received advice, in relation to the following issues: blood and blood products, the licensing and regulation of pharmaceutical companies and products, risks of infection from blood or blood products, the response to such risks, and compensation or other financial support to people with haemophilia or other bleeding disorders who had been infected with HIV.*

13.1. Of the issues listed, I was only involved in considerations affecting coordination of AIDS control measures and regulation of pharmaceutical companies and products. Those I dealt with were Mr George Buchanan (Under Secretary), Mr Maurice Hayes (Permanent Secretary), Mr Alan Elliott (Permanent Secretary), Dr Bob Weir and Dr James McKenna (CMOs), Mr Brian Cheyne (Chief Pharmaceutical Officer) and the Rt Hon Richard Needham (Minister).

Funding

14. *Please describe the process by which the DHSS (NI) budget was decided upon and approved during your time as Assistant Secretary. In doing so, please describe (i) the function of the Public Expenditure Survey and the Treasury in this process, (ii) the role (if any) of the DHSS, (iii) the roles (if any) of the Northern Ireland Office, (iv) your involvement and ministers' involvement in this process.*

14.1. In the case of expenditure on prescribed medicines, there was no defined budget as the cost was determined by demand which was unpredictable. There were initiatives to control this expenditure including the 'Limited List' initiative, already referred to, and the employment of an adviser who would visit practices and discuss with GPs who were prescribing above the average, how to control their prescribing. In the case of discretionary expenditure, for example the funding of public information campaigns, the required budget would be discussed with Finance Division of the Department, who would liaise with Treasury. As far as I recall, in the case of UK-wide campaigns (such as the one on AIDS), budgets for England would initially be agreed in

London and (if new money was involved) Northern Ireland would be allocated a comparable amount through the Barnett formula. I cannot comment on the other players mentioned in this question.

15. *Please explain how blood services in Northern Ireland were funded during your time as Assistant Secretary. If there were changes in the funding arrangements over this period, please describe them.*

15.1. I have no knowledge on this point.

16. *Please describe the process by which government funding was granted for specific health matters not budgeted allowed for in the DHSS (NI), the DHSS or the Northern Ireland Office during your time as Assistant Secretary. In doing so, please describe:*
    a) *how an application was made for such funding;*
    b) *who took such decisions;*
    c) *the extent of your involvement, and ministers' involvement, in determining whether such funding would be applied for or granted;*
    d) *the factors taken into account, and by whom, when determining whether such funding should be granted; and*
    e) *whose responsibility it was to determine how such funding should be allocated and whether any conditions should be imposed on such funding.*

16.1. I cannot add anything to the answers given at paragraph 14.

Role of the CMO

17. *What was your understanding, in broad terms, of the role of the Chief Medical Officer ("CMO") for Northern Ireland during your time at DHSS (NI)? Please comment, in particular, on the following areas:*
    a) *The extent to which the CMO was responsible for informing ministers about risks to public health.*
    b) *The extent to which the CMO was responsible for shaping policy and informing ministers of policy options.*

c) *The extent to which the CMO was responsible for issuing guidance, advice or instruction to clinicians and health bodies as to the risks of infection from blood or blood products.*

d) *The extent to which the CMO was responsible for issuing guidance or advice to patients, and in particular patients reliant on blood transfusions or blood products.*

17.1. The role of the CMO was to give advice to the administrative side so that decisions could be made taking account of relevant medical considerations.

a) To the maximum extent possible.

b) Only in association with the administrative side.

c) I have no information on this point.

d) I have no information on this point.

18. *Please describe the relationship that you had with the CMOs with whom you worked while Assistant Secretary. Please describe any relevant differences in approach between the CMOs with whom you worked.*

18.1. I had a good working relationship with both of the CMOs with whom I worked during my time with DHSS (NI). There were no detectable differences in approach between Dr Bob Weir and Dr James McKenna.

19. *Please describe how officials brought information and issues to the attention of the CMO for Northern Ireland. In particular, please explain:*

a) *Which criteria determined whether a matter was of sufficient importance to be brought to the attention of ministers;*

b) *Who would make those decisions; and*

c) *How effective the process was, in your experience, in ensuring that the CMO was suitably informed of the key issues with which the DHSS(NI) was concerned during your time as Assistant Secretary.*

19.1. The CMO was always accessible and could be approached directly at any time. More often than not, issues would be discussed in the first instance with a member of the CMO's staff.

a) See response at 12 (a).
b) See response at 12 (b).
c) Very effective.

20. *What contact, if any, would DHSS (NI) officials have with the CMOs for England, Wales and Scotland? If there was any contact, please explain how, when and why it would be arranged.*

20.1. I do not recall any such contact.

21. *To the best of your knowledge and recollection, how significant a role did the CMO for Northern Ireland play in forming policies on blood, blood products and any other matters relevant to the Inquiry's Terms of Reference during your time as Assistant Secretary?*

21.1. I have no information on this point.

Relationships between DHSS (NI) and other relevant bodies

22. *Please describe the working relationship between the DHSS (NI) and the Northern Ireland Blood Transfusion Service ("NIBTS"). In particular, please address the following:*
a) the lines of communication between DHSS (NI) and NIBTS, including how information was shared between the relevant organisations;
b) the principles and policy objectives which underpinned the various relationships;
c) the internal structure at DHSS (NI) for managing the relationships;
d) any areas of overlapping responsibility, and how these were navigated;
e) how ministers were kept up to date with relevant developments.

22.1. I do not recall Health Services Division having a particular working relationship with the Northern Ireland Blood Transfusion Service.

23. *Please describe the working relationship between the DHSS (NI) and those responsible for providing haemophilia care in Northern Ireland, including and in*

particular Dr Elizabeth Mayne, the Director of the Northern Ireland Haemophilia Reference Centre at the Royal Victoria Hospital, Belfast between 1978 and 1999. In particular, please address the following:

a) the lines of communication, including how information was shared, between the relevant organisations;

b) the principles and policy objectives which underpinned the various relationships;

c) the internal structure at DHSS (NI) for managing the relationships;

d) any areas of overlapping responsibility, and how these were navigated;

e) how ministers were kept up to date with relevant developments.

23.1. Dr Elizabeth Mayne was a member of the Northern Ireland Committee on AIDS. Only in this context did my Division have a working relationship with her, which was good. I cannot add relevant comment under the subheadings a. - e.

24. *Please describe the working relationship between the DHSS (NI) and the Belfast Transfusion Centre. In particular, please address the following:*

a) the lines of communication between DHSS (NI) and NIBTS, including how information was shared between the relevant organisations;

b) the principles and policy objectives which underpinned the various relationships;

c) the internal structure at DHSS (NI) for managing the relationships;

d) any areas of overlapping responsibility, and how these were navigated;

e) how ministers were kept up to date with relevant developments.

24.1. I do not recall my division having any working relationship with the Belfast Transfusion Centre.

25. *Please describe the working relationship between the DHSS (NI) and the Eastern Health and Social Services Board. In particular, please address the following:*

a) the lines of communication between DHSS (NI) and NIBTS, including how information was shared between the relevant organisations;

b) the principles and policy objectives which underpinned the various relationships;

c) the internal structure at DHSS (NI) for managing the relationships;

d) any areas of overlapping responsibility, and how these were navigated;

e) how ministers were kept up to date with relevant developments.

25.1. My division had a good working relationship with the Eastern Health and Social Services Board but there was no direct relationship with the NIBTS.

26. *Are you aware of any difficulties in the working relationship between the DHSS (NI) and those responsible for blood and haemophilia services in Northern Ireland? If so, please explain whether you consider that they had any material impact on the issues being considered by the Inquiry.*

26.1. I have no information on this point.

27. *What relationship did the DHSS (NI) have with the Scottish National Blood Transfusion Service ("SNBTS") and the Protein Fractionation Centre in Scotland, which was responsible for manufacturing blood products from plasma collected in Northern Ireland? Please describe, insofar as you are able to do so:*
    a) your role in that relationship;
    b) the structures that were in place to manage the relationship;
    c) how information from the PFC was distributed within the DHSS (NI), including (where relevant) to minister;
    d) the general nature of the relationship, including any tensions or difficulties. (Please also see the specific question about correspondence with the SNBTS later in this statement.)

27.1. I have no information on this point.

28. *Please describe the relationships between the DHSS (NI) and pharmaceutical companies involved in the manufacture, importation and/or supply of blood products. What role, if any, did you play in such relationships, and what structures were in place to manage and facilitate the relationship?*

28.1. I have no information on this point.

Section 3: Participation in Committees on AIDS

Advisory Committee on the National Blood Transfusion Service Working Group on AIDS

29. *In November 1984 the Advisory Committee of the National Blood Transfusion Service established a Working Group on AIDS. A paper setting out the membership of the body indicated that while the DHSS, the Scottish Home and Health Department (SHHD) and the Welsh Office all sent observers, "NI [presumably Northern Ireland] were invited but declined." [CBLA0001914_007]*
    a) *What role, if any, did you play in deciding whether DHSS (NI) or the Northern Ireland Office would participate in this working Group?*
    b) *Please provide any evidence you are able to provide about why "NI" apparently declined the invitation to participate.*

    29.1. I did not play any role in deciding whether DHSS (NI) or the NIO would participate in this group as the area was outside my field of responsibility. For the same reason, I have no knowledge of the reasons for Northern Ireland's decision not to participate.

Ministerial Steering Group on AIDS

30. *Please describe your role on the Ministerial Steering Group on AIDS. To the best of your knowledge, why was the group formed, and how did those responsible for government in Northern Ireland contribute to it? (You may be assisted by the minutes of the first meeting of the Ministerial Group, which took place on 2 December 1985 [CABO0000221], and the accompanying paper [HMTR0000005_046].)*

    30.1. My role on the Group was to represent DHSS (NI) on those occasions when the minister was unable to attend. As far as I recall, this was generally the case. My recollection is that the group was formed to ensure coordination across the UK of Government action to control the spread of AIDS. My participation in the work of the group ensured that other UK nations were

aware of relevant developments in Northern Ireland. Information on developments in England, Scotland and Wales gained from membership of the Group was in turn made available to interests in Northern Ireland through the Northern Ireland Committee on AIDS.

31. *How, if at all, had DHSS (NI) raised issues concerning AIDS with the DHSS before the establishment of this Steering Group?*

31.1. Prior to the establishment of the Ministerial Group on AIDS, issues were raised with DHSS through ad hoc communications and meetings.

32. *At the second meeting of the Ministerial Steering Group on AIDS on 15 April 1986, see the enclosed minutes [SHTM0001036], the AIDS Public Information Campaign was discussed. You commented that many in Northern Ireland had not seen the advertising relating to the UK AIDS Public Information Campaign and "suggested that a half page advert was more likely to be read."*

a) To the best of your knowledge, what was the outcome of this discussion?

b) Please comment, in broad terms, on how the public education programme on AIDS was developed in Northern Ireland. To the best of your knowledge, what differences were there to the public education campaign in the rest of the United Kingdom? Why did those differences exist?

c) Do you feel that sufficient efforts were made to bring the campaign to the attention of the general public and those affected by AIDS in Northern Ireland? Were there any steps that you felt should have been taken which were not?

d) Please provide any further comment that you consider to be relevant to the Inquiry's Terms of Reference on the challenges of providing public education on AIDS in Northern Ireland in this period.

32.1. I am afraid I do not recall what it was about the UK AIDS Public Information Campaign that prompted me to make the suggestion about a 'half page advert'. I can only assume that the advertising had been less than eye-catching if it had been missed 'by many in Northern Ireland'.

a) I do not recall the outcome of the discussion.

b) The local public education programme on AIDS was developed through

the Northern Ireland Committee on AIDS. The main difference was that the local campaign placed less emphasis on the dangers of infection through injecting drug misuse. This was due to a low incidence of injecting drug misuse in the Province and concern that publicity focusing on this issue might prove counterproductive by encouraging experimentation.

c) I seem to recall that there was ongoing evaluation of the local campaign to ensure its effectiveness. Adjustments would have been made as required to ensure that it was coming to the attention of the Northern Ireland public and that it was influencing their attitudes in a positive way.

d) No further comment.

33. *Please comment, in broad terms, on the efforts that were made on public education on AIDS in Northern Ireland.*

33.1. Based on the available budget and the programme evaluation, I think we were satisfied that a cost-effective campaign was being implemented.

Northern Ireland Committee on AIDS

34. *In correspondence dated 29 December 1986 from yourself to J E Lamb [RHSC0000041_107] you discuss the remit of the Northern Ireland Committee on AIDS ("the Committee"), formerly the ad hoc group on AIDS (see [RHSC0000041_108]).*

a) Please describe how and why the establishment of the Committee, and its role.

b) How did the Committee compare to the previous Ad Hoc Group on AIDS? What were the principal differences?

c) Please expand on the types of matter that had "particular relevance locally" that the Committee was formed to address.

d) How did the Committee interact with other bodies that had been formed elsewhere in the United Kingdom to deal with similar issues?

e) Please describe your role in relation to the Committee.

f) In the letter, you express the intention that "representatives of the professions concerned should be invited to give advice as necessary – where appropriate

by attending relevant meetings of the Committee. Equally however, Boards may wish to raise particular issues and I would hope that these could in the first instance be brought to the Committee's attention through the CAMO representative." Please advise, to the best of your recollection, whether the professional representatives as suggested by J E Lamb (namely, dental, nursing and social work professions), became eligible for membership in the manner which he had apparently suggested? If not, why not?

34.1. The Northern Ireland Committee on AIDS was a formalisation of the previous ad hoc group on AIDS.

a) The purpose of the Northern Ireland Committee on AIDS was to provide a forum to facilitate information exchange between the Department and the four Health and Social Services Boards on AIDS in general, and to ensure that action to control the spread of infection in the Province was properly coordinated and that the public education campaign, whilst continuing to have a largely national focus, was supplemented and adapted as necessary to have maximum impact locally.

b) The role was similar to that of the Ad Hoc Group. The main differences were that the Group was slightly larger and met on a more regular basis.

c) There was less emphasis on infection through the sharing of needles as, due to the security situation, drug misuse was at a very low level in Northern Ireland at the time. Infection through unprotected sexual contact was therefore given greater emphasis. The dangers of such contact for those travelling to and from Northern Ireland on business were given particular emphasis.

d) Information on the national situation gleaned through participation in the proceedings of the Ministerial Group on AIDS was made available to the Northern Ireland Committee on AIDS.

e) My role was to chair the committee.

f) The committee was not expanded in the manner proposed by Mr Lamb because it was felt that the committee would become too large and cumbersome and be less efficient at reaching conclusions. Mr Lamb's concerns were addressed by emphasising the role of the Chief Administrative Medical Officer (CAMO) from each Board in acting as a

conduit for the input of dental, nursing etc professions and by providing for attendance of representatives of those professions at particular meetings of the committee where issues of special interest to them were to be discussed.

Section 4: Discussions in 1988 with SNBTS on the use made of plasma from Northern Ireland

35. *Please consider the following documents, which concern proposals made in 1988 to alter the way in which the SNBTS fractionated plasma from Northern Ireland into blood products.*

- *SCGV0000105_021: Letter dated 4 October 1988 from Dr Duncan Macniven (SNBTS) to you.*
- *SCGV0000105_020: Letter dated 28 November 1988 from Dr Macniven to you.*
- *SBTS0000384_066: Letter from Dr Mayne to Dr Perry, dated 1 December 1988.*
- *SCGV0000105_019: Letter dated 14 December 1988 from J Scott (DHSS, NI) to Dr Macniven, responding to the letters cited above.*
- *SCGV0000105_018: Letter dated 15 December 1988 from Dr Macniven to Mr Scott, and the attached letter of the same date from Dr Macniven to JJ.T. Donald.*

a) *Please describe the role that you played in the discussion of the approach to be taken to the issues raised by Dr Macniven about the way in which SNBTS proposed to use plasma from Northern Ireland in its blood products.*

b) *Why did J. Scott respond to Dr Macniven's letters rather than you? Please describe J. Scott's role in DHSS (NI).*

c) *What were your views, at the time of the issues Dr Macniven raised? In particular what was your view of: (i) whether plasma from Northern Ireland should continue to be processed by SNBTS, and (ii) Dr Macniven's proposal that products produced from plasma from Northern Ireland would be provided to patients in Scotland, with Northern Ireland being provided with financial recompense to purchase commercial blood products?*

d) *Please provide what evidence you can of the discussions that took place within DHSS (NI), and between DHSS (NI) and other interested parties, about these two issues.*

e) *To the best of your knowledge, what consultation took place with patients and/or patient groups before any decision was taken on this matter?*

f) *Was the matter raised with ministers? If not, why not?*

g) *J. Scott's letter of 14 December 1988 expresses some dissatisfaction at the way in which the matter had been dealt with, and in particular about the failure by Dr Mayne to bring the DHSS (NI) "into the picture" at an earlier stage. Please provide any evidence you can about what led to J. Scott's frustration on this point, and explain your own views on it. Was this typical of the relationship between Dr Mayne and DHSS (NI)?*

h) *Please provide any further comment you consider to be relevant to the Inquiry's Terms of Reference on this exchange of correspondence, and the issues that it concerned.*

35.1. These issues were not the responsibility of my division.

a) I did not play any role in this discussion.

b) Jack Scott was the Assistant Secretary in charge of Acute Hospitals Division (I am not sure if this is the correct title). He responded to Dr Macniven's letters because the subject matter of the letters lay within his area of responsibility.

c) I did not have any views on the issues raised.

d) I have no such evidence.

e) I have no information on this point.

f) I have no information on this point.

g) I have no such evidence.

h) I have no further comment on these issues.

Section 5: Other Issues

36. *Other than as set out previously in your answers, are there other aspects of the DHSS (NI) policies relating to infections through blood and blood products that you consider could or should have been handled differently during your time as Assistant Secretary? If so, please explain what these were, how you think the matters could or should have been handled, and why they were not so handled.*

36.1. I have nothing to contribute under this heading.

37. *Please provide any further comment that you may wish to provide on matters that you believe may be of relevant to the Infected Blood Inquiry. To assist, we have provided a list of issues (attached).*

37.1. I have tried to respond to the various points raised to the best of my ability but would emphasise that, after 35 years, it is has often been difficult to provide the level of detail sought by the Inquiry.

Statement of Truth

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

Signed GRO-C

Dated 15.06.22