Witness Name: Richard Needham
Statement No.: WITN5595001
Exhibits: Nil
Dated: 15 December 2022

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF SIR RICHARD NEEDHAM

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 16 November 2022.

I, Richard Needham, will say as follows: -

Section 1: Introduction

1. My name is Sir Richard Francis Needham, (Rt Honourable Earl of Kilmorey PC). My date of birth and address are known to the Inquiry. I make this statement to assist the Inquiry pursuant to a Rule 9 request for a written statement dated 16 November 2022.

2. I was the Parliamentary Private Secretary to the Secretary of State for Northern Ireland (at the time James Prior, who later became a Lord) from 1983 – 1984. I then served as the Parliamentary Under-Secretary of State for Northern Ireland from 3 September 1985 until 15 April 1992 (the Secretary of State at the time was Tom King and subsequently Peter Brooke, who both later became Lords).

3. I have relied on the documents provided by the Inquiry to discuss the matters set out in sections 2 – 5 of my witness statement. I have followed the section headings in the Inquiry's Rule 9 request.

4. May I start by expressing my sympathy for all those who have so disastrously and disgracefully suffered as a result of infected blood transfusions.

5. The events the Inquiry has asked me to recall date back to 1983, over 39 years ago. I have no recollection of, and do not believe that the question of infected blood ever arose during my time as Minister of Health for Northern Ireland. There was some discussion on how to handle the treatment of AIDS sufferers and the need to make those vulnerable to risk aware of the dangers of contracting AIDS. The incidence of AIDS in Northern Ireland was relatively low compared to the rest of the United Kingdom.

6. From 1985 – 1989, when I was Minister of Health for Northern Ireland, I was also Minister responsible for Social Services, Planning, Housing, Transport, Tourism, Environment, water and electricity (which were nationalised), construction industry fraud and the licensing laws covering opening hours in pubs, hotels and restaurants. There were also security and political issues with which I was involved.

7. The amount of time I had available to deal with health issues was therefore extremely limited and I relied heavily on my officials for advice, particularly two Permanent Secretaries to the Department of Health and Social Services (NI) ("DHSS (NI)"), Maurice Hayes followed by Alan Elliott. Nevertheless, I have attempted to respond as fully as possible to the questions put to me in order to assist the Inquiry.

8. I hold an honorary degree of Doctor of Laws from the University of Ulster.

9. I was first elected to Parliament in 1979 as MP for Chippenham until 1983 when

I was elected as MP for North Wiltshire until 1997. The following table outlines the list of government and parliamentary posts I have held.

Table 1 – Government and Parliamentary positions

Date	Role
25 November 1981 – 25 October 1983	Membership of Public Accounts Committee
1983 – 1984	Parliamentary Private Secretary to the Secretary of State for Northern Ireland
1984 – 1985	Parliamentary Private Secretary to the Secretary of State for the Environment
3 September 1985 – 15 April 1992	Parliamentary Under-Secretary of State for Northern Ireland
14 April 1992 – 5 July 1995	Minister of State for Department of Trade and Industry

10. Save for the positions mentioned above, I have not had any business or private interests relevant to the Inquiry's Terms of Reference ("ToR").

11. I have been asked to set out any memberships of other committees, associations, parties, societies, or groups relevant to the Inquiry's ToR. I have not had any memberships of relevance to the Inquiry's ToR.

12. I have not provided evidence to nor been involved in any inquiries, investigations or criminal or civil litigation in relation to human immunodeficiency virus ("HIV") and/or hepatitis B virus ("HBV") and/or hepatitis C virus ("HCV") infections and/or variant Creutzfeldt-Jakob disease ("vCJD") in blood and/or blood products.

Section 2: Roles at the Northern Ireland Office

13. My role as Parliamentary Private Secretary of State in Northern Ireland from 1983 - 1984 was to support the Secretary of State for Northern Ireland's relationships with back benchers in the House of Commons. In 1985, I was appointed Junior Minister (Parliamentary Under-Secretary of State) in the Northern Ireland Office responsible, *inter alia*, for health matters.

14. Whilst I had responsibility for health matters generally as Parliamentary Under-Secretary of State, I relied heavily on the Permanent Secretaries to the DHSS (NI) - Maurice Hayes, followed by Alan Elliott - to advise me on health matters. My responsibility involved presenting health matters to the public, given my ministerial oversight role to the DHSS (NI). I would have signed off any decisions which were brought before me.

15. I do not recall having any specific responsibility for policy relating to blood and blood products and I do not believe it was ever raised with me at the time. AIDS was brought to my attention, which I deal with further in Section 3 below.

16. I am asked to identify any other ministers who had responsibility for health and/or for blood and blood products during my tenure. Given that Northern Ireland was under direct rule at the time, the Department of Health ("the Department") and Department of Health and Social Security (until 1988 when it split) still had responsibility for health matters since Northern Ireland essentially mirrored health policy from Great Britain. The Secretaries of State for Health were:

    i. Lord Norman Fowler – 14 September 1981 – 13 June 1987
    ii. Lord John Moore – 13 June 1987 – 24 July 1988
    iii. Lord Kenneth Clarke – 25 July 1988 – 1 November 1990

17. I had a good working relationship with Dr Robert McQuiston, Assistant Secretary in the Health Services Division of the DHSS (NI). The Inquiry has referred me to his transcript of evidence dated 22 July 2022 [INQY1000233].

He stated that the only contact in the Northern Ireland Office was with me and that I was "*fairly accessible*". I expect this was because of the breadth of my responsibilities whereas others in the Northern Ireland Office dealt solely with security and politics. Further, Dr McQuiston stated in response to the Inquiry's question at page 14 of his transcript [INQY1000233]:

> *"Q. Then you tell us that, once a policy was developed in Northern Ireland, the role that the Minister had would be to sign off on the policy developed by the Department in Northern Ireland?*
> *A. That's correct, although he would have a role, obviously, in developing the policy as well. At various stages of the process, he would normally be involved".* .

18. To clarify, my involvement was not in developing health policy but in presenting policy to the public and this likely involved discussions regarding how health policy would be implemented. My role as a minister was to reassure the public about health matters and I was advised accordingly by DHSS (NI) officials (my role was not to be involved in developing any medical policy).

19. The organisational structure of the Northern Ireland Office included (as the main roles) the Secretary of State for Northern Ireland, Ministers of State, Parliamentary Under-Secretaries of State and Permanent Secretaries.

20. Security issues dominated the role and function of the Northern Ireland Office given that my tenure was during the height of 'the Troubles'. Minsters in the Northern Ireland Office often shared responsibilities and represented Northern Ireland's interests at Westminster, however as explained above, I was Minister of Health for Northern Ireland from 1985 - 1989.

iv. Section 3: Decision-making structures

21. I am asked to describe my experience of how the decision-making process within the Northern Ireland Office worked, including how typically decisions

were requested and taken by ministers and the procedures for providing advice to ministers.

22. Dr McQuiston in his oral evidence to the Inquiry stated at page 15 of his transcript [INQY1000233]:

> *"…What would happen normally would be the issue would be developed, possibly in discussion with the Under-Secretary and/or the Permanent Secretary. A point would come when the Minister needed to be involved. It would be a case of writing a note to him through the Private Office, setting out the issue and asking for his approval or for a meeting perhaps. He would respond accordingly either in writing saying, "That's fine, go ahead" or "We need to discuss this, we need to have a meeting" And it depended on the issue, you know, what sort of mix of written and verbal input there was…"*

23. This concurs with my general recollection in that the decision-making procedure would entail the submission of written requests, sometimes followed by a meeting. I relied heavily on officials to provide me with advice and keep me up to date on ongoing health matters. As mentioned above, my involvement was not in developing health policy and therefore discussions regarding policy would have been restricted to their presentation and implementation in Northern Ireland.

24. Generally speaking, decisions regarding matters of health within the Northern Ireland Office would have been made by me on the advice of the Permanent Secretaries to the DHSS (NI), Maurice Hayes and later Alan Elliott, who, in turn, would be in direct contact with their counterparts in England.

25. The budget for the Northern Ireland Office and the amount of funding for health matters would have been put forward by officials. The Health Boards would make submissions to the DHSS (NI) who would allocate resources between the Boards. The final determination of the budget for Northern Ireland was made

by the Treasury following discussions with the Secretary of State for Northern Ireland.

26. The role of the Chief Medical Officer for Northern Ireland ("CMO") was to be an experienced health professional, who could provide advice to the Government on public health risks. Dr Robert Weir was the CMO from 1978 – 1988. He was succeeded by Dr James McKenna, who served as CMO from 1988-1995.

27. The CMO was responsible for shaping health policy in Northern Ireland and I believe this would have mirrored such policies in England. The CMO was also responsible for the issuing of guidance and advice to the medical profession generally, patients and the public. However, I cannot recall any specific details due to the passage of time.

28. I am also asked to describe how the CMO would interact with ministers within the Northern Ireland Office. I do not believe the CMO had contact with other ministers. I had meetings with him, for example, on the danger of nuclear contamination from the Chernobyl disaster.

29. I believe that the CMO would have raised matters of concern with Maurice Hayes and later Alan Elliott, in the first instance. The Permanent Secretaries and I had regular meetings as well as ad hoc discussions as and when required as their office was near mine. The agenda would be agreed and set by those in attendance.

30. I am asked to describe the relationship between the Northern Ireland Office and the Department in respect of health policy in Northern Ireland with particular reference to policy related to blood, blood products, haemophilia and other bleeding disorders, HIV/AIDS and hepatitis.

31. I do not recall any specific policies relating to the above, however I am certain that most health polices of the Department would have been followed in

Northern Ireland, making the relationship one of mirrored subservience. However, the presentation of the policy may have been tailored appropriately to meet the social or cultural norms of the local communities in Northern Ireland.

32. For example, the Inquiry has referred me to submission titled 'AIDS – the position in Northern Ireland' dated 18 November 1986, which references *"local initiatives"* such as an AIDS helpline and informal group set up to provide a co-ordinated approach to publicity and education in Northern Ireland [DHSC0046919_006].

33. In Dr McQuiston's oral evidence to the Inquiry, he suggested at page 16 that many of the decisions relating to HIV and AIDS would have been escalated to me on the basis that they were or could be controversial. [INQY1000233].

34. I am asked to explain firstly, what aspects of HIV/AIDS policy I recall being escalated to me and secondly, what policies I pursued regarding HIV/AIDS and why.

35. The Inquiry has provided me with two questions answered in the House of Commons in relation to AIDS. On 14 November 1989, the record stated [DHSC0041050_160]:

> *"…over the past three years seven people in the Province were known to have died from causes associated with AIDS and that at 10 November 1989 a total of 14 people in the Province were diagnosed as having AIDS."*

36. Further on 5 April 1990, the record stated that [DHSC0041050_160]:

> *"…44 HIV positive cases detected in Northern Ireland had not yet developed into full-blown AIDS. The incidence of HIV infection and the number of AIDS cases in Northern Ireland were too small to provide a statistical basis on which to make meaningful projections of the likely rate of spread of AIDS…*

…depending on the results obtained from the pilot schemes [anonymous HIV sero-surveys which had begun on 15 January] then taking place in Great Britain, the Department would consider whether to introduce such a programme in Northern Ireland".

37. I am unable to comment on the above, as I was no longer Minister of Health for Northern Ireland at the time. Lord Skelmersdale became Minister of Health for Northern Ireland in 1989 and as a matter of protocol my name was used for written answers to MPs questions in the House of Commons. I had no responsibilities for health after August 1989.

38. Furthermore, the submission titled 'AIDS – the position in Northern Ireland' dated 18 November 1986 [DHSC0046919_006] stated:

"…SOS might wish to refer to recent discussions between the Health Minister of Northern Ireland (Mr Needham) and the Republic of Ireland (Mr Desmond) when it was agreed that both countries had a part to play in the campaign of public education and ensuring that all possible measures are taken to limit spread of infection. Both Ministers agreed that the scope for just action between the 2 countries would be kept under review."

39. As set out in Section 2 above, my role was to reassure the public about health matters and I therefore expect that these policies were escalated to me since they related to the public campaign about reducing the spread of AIDS. Again, it is likely that any involvement I had in policy discussions would have related to presenting the policies to the public, as opposed to being involved in the specific medical detail. This is reiterated in the transcript of Dr McQuiston at page 16 [INQY1000233]:

"Q. In what circumstances would you escalate a matter to the Minister?
A. If it was a new policy, if it was something that perhaps was likely to maybe lead to adverse reactions from sections of the public or indeed the reverse, if it was likely to be a good news story, the Minister might want

to be associated with that. If it was a routine matter, not a new area of policy and one which was unlikely to create any controversy, then it wouldn't be referred to…"

40. I relied on officials to use their discretion in escalating policies to me. However, I cannot recall any other policies being escalated to me or taken forward at the time. No reference is made to a specific health decision or policy in Dr McQuiston's evidence which sheds any further light on this.

41. I recall that the Department retained a large oversight role in relation to health policy decisions made in Northern Ireland. Typically, the DHSS (NI) followed Westminster policies, with the presentation of any policy tailored to the Northern Ireland public as was appropriate. This is also reflective of comments made by Dr McQuiston in his oral evidence on page 14 [INQY1000233]:

"…the main policy initiatives would come from the Department of Health in London out to Northern Ireland, is that the right way to understand it?

A. That's right, although there would be obviously issues from time to time that were specifically local but, as an overarching statement, that would be correct, yeah.

Q. The way these policies came out of the Department of Health would be directly, would it, to you in the Department in Northern Ireland, rather than via the Northern Ireland Office?

A. Yes, directly. Not via the Northern Ireland Office"

42. I cannot recall any interaction between the Northern Ireland Office and the Department on matters relating to blood or blood products. The Department had more resource and expertise and I suspect that officials in Northern Ireland would have had little influence when such matters on blood or blood products did arise.

43. As explained throughout my statement, Northern Ireland generally aligned its health policy decisions with the Department in England. As far as I can recall,

this would have therefore also applied to blood and blood products but again, I do not recall such matters being brought to my attention save for what is outlined in this statement.

44. I do not recall having any personal interactions with the Department relating to health policy. Much work was done at official-to-official level and I was advised accordingly at the discretion of officials. Similarly, I am unable to recall any specific interactions in relation to health policy with the Welsh and Scottish Offices.

45. I am asked to describe the role played by the DHSS (NI) in forming, directing, and managing health policy for Northern Ireland. As detailed above, the DHSS (NI) followed the Department's approach but tailored any policy to suit Northern Ireland. The submission dated 18 November 1986 set out a list of measures taken to prevent the spread of AIDS [DHSC0046919_006]. It stated:

"The incidence of AIDS in NI has been on a much lesser scale that other parts of the UK… These [measures] have mirrored initiatives which have been introduced at national level – they include:
-the establishment of a screening programme within the Northern Ireland Blood Transfusion Service;
-the creation of separate testing facilities at the Royal Victoria Hospital, Belfast for those who think they may have been exposed to infection;
-counselling facilities by trained medical staff;
-the issue of general and specific guidance on the diagnosis…
-the issue of guidance on personal protection measures;
-support for the national press advertising campaign;
-participation in the various national AIDS committees…"

46. Aside from what is set out in the documents provided to me, I cannot recall what specific role the DHSS (NI) played in relation to blood and blood products and risk of infection but again it would likely have mirrored policy from the Department in England.

v. Section 4: Ministerial Steering Group on AIDS

47. The Inquiry has again referred me to the oral evidence given by Dr McQuiston on 22 July 2022 where he stated that he attended the first Meeting of the Ministerial Steering Group on AIDS dated 2 December 1985 in my place and that I "*seemed to, you know, never be available on occasions of those meetings.*" [INQY1000233]. I am asked to explain the following:
    47.1. My involvement in the work of the Ministerial Steering Group on AIDS;
    47.2. My involvement in the work with Interdepartmental group on AIDS;
    47.3. To whom the work was assigned if I was not involved;
    47.4. What oversight I retained over this work; and
    47.5. Whether I accept Dr McQuiston's comment about my availability for these meetings.

48. It is apparent from the document provided that Dr McQuiston attended the first Ministerial Steering Group on AIDS as he is listed under those present [CABO0000221]. He likely attended on my behalf.

49. The covering letter I am referred to dated 19 December 1985, enclosing the minutes of the first meeting also referenced the first meeting of the Interdepartmental Group on AIDS taking place in January 1986 [CABO0000221] and stated:

    "…I hope that those who are unable to attend will send a deputy…"

50. Any involvement I had or did not have in the Ministerial Steering Group on AIDS and Interdepartmental group on AIDS would have been based on the advice given to me by the DHSS (NI) Permanent Secretary, Maurice Hayes and later Alan Elliott. It is likely that I would have been advised that my attendance was not necessary and that I could send a deputy on my behalf.

51. Dr McQuiston was a suitable alternative to attend as Assistant Secretary in the Health Services Division in the DHSS (NI). Not only was he competent and capable, I believe meetings of this nature would have fallen within his remit.

52. I cannot recall having any involvement or oversight in the Ministerial Steering Group or Interdepartmental group on AIDS. I expect that any matters of concern would have been escalated to me via officials.

53. Due to my large portfolio in the Northern Ireland Office, constituency work as an MP and ongoing security issues in Northern Ireland, I was working to full capacity. Where health matters of this nature could have been delegated to competent deputies, I would have done so.

vi. Section 5: Other

54. I am asked to outline to what extent the following came to my attention during my time in office.

55. The risks of serious viruses being transmitted by blood and blood products;

55.1. As mentioned above, I was aware of the existence of AIDS in Northern Ireland. I was involved in the public education campaign to prevent the spread of AIDS. However, I cannot recall it ever being brought to my attention that this was due to the transmission of blood and blood products. I also had no responsibilities for health after August 1989.

56. The introduction of screening of blood donations for HCV;

56.1. The submission dated 18 November 1986 refers to the establishment of a screening programme within the Northern Ireland Blood Transfusion Service. [DHSC0046919_006]. I would have seen this document at the time but cannot recall whether the screening included HCV.

57. The circumstances in which people receiving NHS treatment in Northern Ireland

were infected with HIV/HCV/HBV;

57.1. I have no recollection of this ever being brought to my attention. It is clear from the documentation that I was aware of the spread of AIDS in Northern Ireland, but not in relation to infections arising through NHS treatment.

58. Whether or not compensation or some form of financial support should be provided to those infected with HIV/HCV/HBV from blood or blood products;

58.1. I do not recall this being brought to my attention and the documentation provided to me does not assist me further in this regard.

59. Whether there should be an inquiry into the circumstances in which people receiving NHS treatment in Northern Ireland were infected with HIV/HCV/HBV.

59.1. Again, I have no recollection of this being brought to my attention and the documentation provided to me does not assist me further in this regard.

60. I am asked to provide my view on whether these matters should have come to my attention. Dr McQuiston stated in his oral evidence to the Inquiry dated 22 July 2022 [INQY1000233]:

> *"Q. Would it be right to, understanding from that, that many of the decisions relating to HIV and AIDS would have been escalated to the Minister on the basis that they were or could be controversial?*
> *A. Yes. I think that's a fair comment."*

61. I cannot now recall what was brought to my attention (save for the limited information in the documents provided) given the passage of time, however, controversial health matters that required explanation should and I expect would have been brought to my attention during my time as Parliamentary Under-Secretary of State for Northern Ireland.

Statement of Truth

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

Signed..... GRO-C

Dated..... 15th December 2022