

Witness Name: Ms Michelle O'Neill

Statement No: WITN7069001

Exhibits: WITN7069002

Dated:

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF MS MICHELLE O'NEILL

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

I, Michelle O'Neill, will say as follows: -

1. Please set out your name, address, date of birth and the positions you hold and have held at the Department of Health Northern Ireland ("DHNI").

Michelle O'Neill MLA

GRO-C

DOB: GRO-C 1977

I have been an MLA for Mid Ulster since May 2007.

I was the Minister at the Health Department from 25 May 2016 to 2 March 2017.

I was deputy First Minister from 11 January 2020 to 03 February 2022.

I am the current Vice President of Sinn Féin and Stormont Assembly Leader.

2. Please identify the senior officials within the DHNI involved in providing advice or information to you about the issues set out below.

Richard Pengelly, Permanent Secretary

Karen Simpson, Health Protection Branch

Seamus Camplisson, Health Protection Branch

3. Please set out, in as much detail as you are able to, what was done to alleviate the financial hardship of those infected by NHS blood and blood products ("the infected") during your time as Minister.

As Minister I received a submission [WITN4066020] from departmental officials on 22 July 2016 (Financial Support for People affected by Contaminated Blood HE1/16/58577).

The body of the submission outlined 4 options.

The recommendation was that on the basis of affordability that I agree Option i (maintain the status quo).

I did not agree with the sole premise of Option i (maintain the status quo) that a decision should be determined by budget considerations alone.

Notwithstanding that no additional funding was provided by British Treasury for scheme reform for the Hepatitis C beneficiaries in dealing with this issue my objective was to uphold the needs of patients while trying to also balance these alongside the additional costs on an already stretched health budget.

Having therefore considered the information contained within the submission, and the financial implications, I went with Option iii (replicate the new provisions being introduced by England), which was to 'increase and reform payments in line with England', on 12 December 2016.

In summary, while Option iii (replicate the new provisions being introduced by England) was more expensive than Option i it was my firm view that Option iii provided a better outcome for patients as it would facilitate their move seamlessly across to the new scheme and there would be no for further applications and medical assessments.

4. Please set out, in as much detail as you are able to, what was done to alleviate the financial hardship of those whose relatives and loved ones have been infected by NHS blood and blood products ("the affected") during your time as Minister.

In recommending Option iii (replicate the new provisions being introduced by England) I was aware that there was provision for *'a one-off lump sum payment of £10,000 to all those who were the partner or spouse of a primary beneficiary when they died and where infection with HIV and/or hepatitis C contributed to the death of their partner/spouse'*.

5. Please set out, in as much detail as you are able to, what was done to alleviate the suffering of the infected and affected and in particular what psychological support was made available for the infected and affected community during your time as Minister. Was any consideration given and, if so, what, for the need for specialist psychological support? Were any ring-fenced funds allocated for such services, when, how much and to whom? If not, why not?

Throughout this process I was guided by a commitment to ensure that those infected and affected should be provided for and supported.

In making my decision based on the options set out in submission [WITN4066020] from departmental officials on 22 July 2016, I was aware that no amount of compensation could ever make up for the life changing and tragic impacts that this scandal had on people.

Annex D of submission [WITN4066020] makes reference to: 'A new enhanced discretionary scheme to include elements of financial and non-financial support'. On that basis I opted for Option iii (replicate the new provisions being introduced by England) to be progressed locally.

6. On 22 December 2016 you made a written statement to the Assembly about the reform of the financial assistance schemes to the infected and affected communities [WITN4066006]. Why did you decide to replicate the English scheme, rather than the Scottish scheme or the scheme in the Republic of Ireland? (You may find INQY1000119 page 5 of assistance)

Making a decision on the Reform of the Financial Assistance for People Infected or otherwise affected by contaminated NHS Blood or Blood Products scheme was a complex process.

My primary objective was to do the right thing for patients.

Having therefore considered the information detailed in submission [WITN4066020], and the financial implications, I went with Option iii (replicate the new provisions being introduced by England), which was to 'increase and reform payments in line with England'. I took this decision on 12 December 2016.

While Option iii (replicate the new provisions being introduced by England) was more expensive than Option i it was my firm view that Option iii provided a better outcome for patients as it would facilitate their move seamlessly across to the new scheme and there would be no for further applications and medical assessments.

7. What consultation (if any) was there with the Northern Irish infected and affected communities about the reform of the financial assistance schemes? (INQY1000119 - page 5) and WITN3953052.

A Consultation was held from 21 January – 15 April 2016 led by the Department of Health in England. This was immediately before I took up the role as Health Minister. 11 questions were asked in respect of proposals for a new scheme of support for infected and affected individuals.

All affected and infected individuals from across the North were invited to respond to this consultation.

8. Liz Redmond informed the Inquiry that recommendations were made to you not to follow the scheme as set up in the Republic of Ireland. Do you know why that was? (INQY1000119 - page 75) and WITN4066020.

No option to replicate the scheme from the south of Ireland was included in the 4 options set out by DoH officials.

I did however receive clear advice from officials that the situation in the south of Ireland was not comparable with that in the north of Ireland or Britain, and that including an option to replicate the scheme in the south would not be appropriate.

9. Please set out the reasons why you provided a £10,000 one-off payment to the bereaved partner or spouse of an individual infected with Hepatitis C and/or HIV as a result of contaminated blood, and how you came to determine the eligibility criteria for that payment. You may find [DHNI0001226] of assistance.

The new provision for a one-off payment was detailed as one of the key features of the reformed scheme for England.

I had made reference in my Written Statement to the Assembly [WITN4066006] on 22 December 2016 to a financial support 'initially for people who had been infected with HIV by NHS-supplied blood products, and their families'.

The criteria reflected that commitment.

10. Did you consider providing any kind of non-financial support to those infected and affected? Please give details.

Despite the recommendation for the status quo option as recommended in submission [WITN4066020], I opted for a different option.

In making my decision and in dealing with this complex matter I was aware that no amount of compensation could ever make up for the life changing and tragic impacts that this scandal had on people. I was guided however by a commitment to ensure that they should be provided for and supported.

Detail is contained at Annex D to [WITN4066020] which makes reference to: 'A new enhanced discretionary scheme to include elements of financial and non-financial support'. This detail was part of my consideration in opting for for Option iii to be progressed locally.

11. In a debate in the House of Commons on 24 November 2016, Ms Ritchie said that there was "no sense of urgency" on your part or the part of your predecessors in coming to a decision about reform of the financial schemes. Do you agree with this? You may find [WITN4688036], [DHNI0001373_001] and [DHNI0001373_002] of assistance.

In correspondence with Margaret Ritchie MP I advised her that this was a complex matter and that I wanted to consider all options carefully before reaching any decision.

On 12 December 2016 I decided to replicate the new provisions being introduced by England (Option iii), which was to 'increase and reform payments in line with England'.

12. Why did you take the view that the case for a public inquiry was not made out? you may find [DHNI0001232] of assistance.

I received the submission and recommended response [DHNI0001232] to Margaret Ritchie MP on 27 January 2017 but made no decision regarding a public inquiry. My tenure as Health Minister ended on 2 March 2017. As there was then no Health Minister in place, an official sent a letter [WITN7069002] to Ms Ritchie on 22 March 2017 suggesting she may wish to write again on this issue to the incoming Minister once appointed.

13. Please provide any other information you may have that is relevant to our [Terms of Reference](#).

Statement of Truth

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

Signed

GRO-C

Dated

27/01/2022

Table of exhibits:

Date	Notes/ Description	Exhibit number
22 March 2022	Letter from Department of Health official to Margaret Ritchie MP suggesting she may wish to write to incoming Minister about a public inquiry	WITN7069002