



Northern Ireland  
Assembly

Committee for Health

# OFFICIAL REPORT (Hansard)

Infected Blood Compensation Scheme:  
Haemophilia NI

30 May 2024



was very personable and clear on what he was trying to achieve through Cabinet desire. He was reassuring, and, to be fair to the Government, they have come forward quickly and responded. They also acknowledged the right of the day for the victims and Sir Brian, given the fact that the public inquiry had spent in excess of £135 million of taxpayers' money. It was important that it was given fair due on its day. The minutiae of what we are trying to tease through are critical. The devil is in the detail, and that is always the case.

You have, I believe, received a document from Conan McIlwrath. I hope you have had a chance to read that. I acknowledge what Conan has put. We have worked closely together. Over the past month, I have had, I think, about 36 meetings with colleagues in England, Scotland and Wales, with solicitors and barristers, with the inquiry team and with my colleagues and community over here. It has been a fraught period but one that had to come to an end. I say "come to an end", but it is only now coming to the beginning. The first process is over, and we now have to tease through the issues of what has been presented to us in the victims and prisoners legislation. To be honest, there are a number of points that I want to highlight. We can address the issues that Conan has laid out, which are helpful and give you a guide to what I will say, but I want to focus primarily on four issues and give you an opportunity to address those and question them. If I can assist you in any way, I certainly will.

The first thing that is important for us is that the inquiry recommendations need to be followed and implemented in Northern Ireland as they will be in Scotland, England and Wales. The involvement of the regional assemblies in that process is critical, primarily for one reason, which is that we are detached from the UK mainland and rely heavily on our local representation. As we have had cross-party support in Westminster, in the Chamber and in the House of Lords, it is important that what has happened and what goes on takes place under scrutiny in Northern Ireland. We do not want hollow words; we want words filled with action. It is important that we achieve that. So the first issue is that the recommendations are followed and implemented in Northern Ireland. That will be the Department's responsibility.

The second issue is that we want a stakeholders' group in the Department. We currently have one: it is managed by Lesley Heaney and was well staffed until recently. Its role has been to help steer, with members of the community, issues concerning the development of policy, the approach to policy, insight into community needs etc. Rather than coming towards a conclusion, that process needs to kick off with some more zest. In Scotland, our colleagues have a similar organisation, although it is much more insightful; it is the infected blood oversight and assurance group. We would like to see that type of organisation develop within the structures in Northern Ireland. From our perspective, it is important that it does, because we need to ensure that there is an opportunity to maintain observance and audit of what takes place clinically and within the structures of government and the Civil Service. One of the issues that Sir Brian made clear in his recommendations was candour and transparency. That applied across the board and was recognised by the Cabinet Minister in his speech in the House the following day and by the Prime Minister and the other party leaders, cross-House, in Westminster. We want an organisation that will allow us to participate and give us a degree of insight into how the recommendations are applied in Northern Ireland across the board. I would like you to consider that seriously.

There are two other key issues. One is that, because of the nature of what has taken place and the direct impact on individuals and families, long-term psychological support is critical. We need to give a supporting arm to many members of our community who lost loved ones, who have not had recognition thus far and who have not been given a clear picture until recently of what took place. In some cases, they do not have a clear picture of what happened to their relatives; that still does not exist. Psychological support has been provided until recently for victims, both infected and affected. One psychologist was available to us. As her workload seemed to decline, the Department determined that it would be appropriate to terminate her contract and install a full-time psychologist in the haemophilia unit in Bridgewater Suite who would be in a position to cater for all the demands in the haemophilia community, of whom we have about 500. That is fine, except that it is difficult for those who are not connected but have been transfusion victims or families of transfusion victims. I will come back to that, because there are issues that are relevant in the final point that I want to make. The long-term issue of psychological support should rest with the Department, and it should maintain an opportunity for that support, as was highlighted by Sir Brian and his panel, on a regional basis, not just in Belfast but, where other cadres of our community exist west of the Bann, around the Altnagelvin area. Those two focuses, which are tied in with the haemophilia centres, would be helpful, because there is a focal point.

Looking after haemophilia is one thing; looking after victims who have suffered as a result of this prolonged period is another thing. I cite my case as an example. I have had haemophilia since birth; I

was a mild haemophiliac. I have a twin brother who passed away on Christmas Day as a result of infection and a brain stem bleed caused by his haemophilia. I also have a younger brother who cleared. I found myself being more severe. I ended up with encephalopathy because I had a 20% active liver. I think that I spoke to you about that previously, but I say it again as a reminder. I cite myself as an example rather than anyone else. I also found myself having scarring of the liver — cirrhosis — as a result of the contaminated blood from the age of 16 but unknown to me until 1989. I find myself now with type 1 diabetes because of the procedure to give me a liver transplant, which I had in 2018, and which has gone well. Unfortunately, though, it has left me with a legacy of type 1 diabetes and a pancreas that needs assistance with insulin injections. Apart from that, I have had associated problems in relation to four aneurysms and three brain tumours as a result of the treatment to try to kill the virus, which, in itself, was almost like chemotherapy. At that stage, over a period of a year, I was attended to by nurses in my home, because I could not be running back and forward to the City Hospital, as I would not have had a life. At least I was able to relax on my sofa, and they came to tend to me. Every week for that year, I ended up having additional transfusions to assist me, because the impact of the viral treatment made it so difficult for my system to sustain itself over that period. That is all in the past. As they say, all this will change. We are in a situation where I am relatively healthy. I thank God for my time and what I do. I am thoughtful of those who are not with me. My brother is one; I lost two cousins as well. I also lost Marie Cromie, who was a close friend. She was a transfusion victim. Marie and her daughter Danielle, closely with Paul Kirkpatrick and Conan McIlwrath, lobbied members of the previous Committee. Paul had lost his brother earlier.

From our point of view, it is important that we see justice. Justice means not hollow words. In that, I come to the point that, while the Government have been quick to respond and have acknowledged the need for compensation and had done so over some time, the issue is in the detail. The Government have given some cause for concern. I attended a Cabinet briefing last Thursday which, unfortunately, was geared to ensuring that they were aware that they had done a great job and had managed to get the victims and prisoners legislation through the House as one of those wash-up pieces of legislation and that it was going for Royal Assent, which it has done. We are most grateful for that, as we are for the work that was involved in getting that forward and through the process.

Compensation is compensation. Conan has well identified the definition of compensation. He has also identified the duty of candour and the appropriateness of looking after the victims, who, they acknowledge, require compensation. I am 63 years of age, and, given what I am entitled to, I can live quite comfortably. However, there are others who are in their forties who have relied on and depend on, as many of the families do, the ongoing monthly payments that are secured through the Department and provided through the Business Services Organisation (BSO). That organisation, under the guidance and management of Colin Murray, has been invaluable to the community. I have passed to the Assistant Clerk correspondence in relation to Colin Murray contacting us to indicate clearly that the process was moving at pace, as the Cabinet Office told us it would. We appreciate that, but the issue rests on the fact that statutory supportive payments will be wound into the compensation. If you are at my age and find yourself with a compensation package that will be worth £1.5 million, it is no good to me at 64. That is the first thing. What am I going to do with that at 64 years of age? However, it is crown on head and it is a recognition, and we acknowledge that.

If I live to 79, the payment over that period will be worth £480,000. If you have individuals of Conan's age, as he said to the Cabinet Minister when we had a meeting with him over here, it was important that they identified that there needed to be a separation in both of those. That separation had been acknowledged and recognised as important by Sir Robert Francis in his original architecture for compensation and now in his position as shadow chair of the new body and by Sir Brian Langstaff, who was chair of the inquiry. It appears as though there is a demarcation from that acknowledgement, when the Government had always said, "Your support payments are not compensation" — "not compensation". They now tell us that they will be wound up on 1 April but it is OK because those who are directly infected will get a downturn of £210,000. That was the second letter that I gave to the Assistant Clerk, which came through from Colin Murray today. As I said, it indicates that the process has been moving well so far, and we are expecting that out, but that is only for those who are infected. Many who are affected are not even on the system. They have not been registered. When Sir Brian called his last public hearings in July last year and Rishi Sunak, the Chancellor and Jeremy Quin, as Ministers, appeared with other colleagues and one senior member of the health service, there was an opportunity to hear and identify what needed to be done.

Bear in mind that in 2023 Sir Brian indicated that compensation should have been paid then. That means that the process could have started at that stage and people who were registered with the inquiry but not necessarily with the respective regional Health Department would have been easier to identify. The process of compensation, as it has been set out by the Cabinet Office, will be an initial

interim payment within 90 days of the Bill becoming an Act and receiving Royal Assent. We have 86 days left of that. The issue really is that those who are not on the system and need to be on the system are not even registered. Therefore, a small group of individuals — the infected — will receive a second payment, and those who are not registered will have to wait until that registration is completed. That is what we were told originally, and we are not getting a clear picture. The Assembly needs to know that victims are being represented equally but also fairly. Previous Governments, Prime Ministers and Secretaries of State relied heavily on regional assemblies and explained to us that it was important that local people had their say. I want you people to have your say and represent us. That is important.

The job is not done. The job is only starting at this stage, so it is critical that we get that opportunity. Your voices should and will be heard, and we will do all in our power to assist you in that. Representation at this stage is important, as is ensuring that we have a process that answers and is accountable to the recommendations. Putting the recommendations in place and getting the impact from them is absolutely critical. Otherwise, all that has been set up and spent is as nothing and of no value. The important thing for us is to ensure that the process does what it says on the tin. Let us say that 79 is the average age for a healthy male to die. If Conan, who is in his 40s, were to receive supportive payments until he was 79, he would be looking at close to £1 million. In his case, the compensation level, as a stage 1, would be between £699,000 and £800,000. In real terms, he is getting his money repurposed. Call it compensation, ongoing payments in a lump sum or whatever: that is what he is getting. You can see why there is frustration in our community.

There is another frustration, because a lot of people cannot handle a lot of money if they have never had it. The opportunity to deal with that needs to be supported. I take it that the three societies — the UK one, the Scottish one and the Northern Irish one — will deal primarily with Sir Robert Francis to push those issues forward. We have said all along in our questions and answers to the inquiry requirements that there has to be a process in which financial support is not only given but supported so that people will be able to handle that and make good decisions. There was a meeting yesterday between my board and the Irish Haemophilia Society. Its chief executive, Brian O'Mahony, was previously the chair of the World Federation of Haemophilia. Brian is a good colleague of mine. He kindly came across from Zurich to attend our meeting with members of his board. We had a useful day. We developed and agreed memorandums of understanding (MOUs) that will allow us to develop from its experience of the Lindsay tribunal. We will benefit, as our colleagues in Scotland and England do, because we all have an MOU together. We work with each other on the strengths and weaknesses of our organisations. Brian made it clear that, during their time, a number of people were not given sufficient advice and were not capable of managing the money. They either made bad decisions and invested it unwisely or found themselves in a situation in which they could not cope with the money and spent it foolishly.

There is another aspect of this that I cleared with Colin this morning because I wanted his opinion on it. He and I and Conan and Paul are concerned, as are our colleagues in the other societies, that, once the process is stopped, the compensation is paid and you have your relationship with the London-based compensation body, the local attachment that we have relied on with people who talk our language and are capable of understanding because they are local, which, in Colin Murray's case, has been invaluable, will be lost. That is a big concern that he has, not because he wants a job but because he knows what the job entails and what our community wants. A number of widows and families have heavily relied on that support, recognition and understanding of what the process means. Colin has been in a position to give that because he is a key representative. We are concerned about the potential of losing that local contact.

**The Chairperson (Ms Kimmins):** Nigel, I will stop you there, if that is OK, because I am conscious that quite a few members will want to ask questions, and I do not want us to run out of time. That has been helpful.

**Mr Hamilton:** Thank you, Chair.

**The Chairperson (Ms Kimmins):** I know that this has been a really difficult process, particularly given your personal experience and loss. We are very cognisant of the fact that there are others like you who have been through that. We know how difficult that has been, but it is testament to you and the rest of the people whom you have been working with that we have reached this point. Without your efforts, I do not think that it would have been achieved.

I have a couple of questions, and then I will open up to some of the other members. You mentioned some of this in your more recent comments in some of the papers that have been provided to us today. You referenced the current scheme and said that some of it is coming to an end and that there are people who are not registered. How will that work in practice? I assume from what you said that they still have an opportunity to register and be a part of the scheme, but I know that it is time-limited.

**Mr Hamilton:** There will be an opportunity for people to register with the scheme, but, in order to do that, they will have to develop and design an application form.

**The Chairperson (Ms Kimmins):** So it is not even at that stage yet.

**Mr Hamilton:** No, it is not. It is easy for those who are registrants currently in the systems. BSO is our system, of course. They have all our accounts and all our details, as you will have seen from the correspondence. Colin has said to me on previous occasions, "Once the money comes through and I have access to it, I will notify, and it will go straight into people's accounts." He has also requested additional updates in that correspondence, in case anyone has changed their account. He also advised people on benefits to notify, because they have to notify only under the regulations that have been put in place with the Department for Communities. In the other communities, that will not apply against your benefits. I cite an example of an individual who contacted me, but she represents a number of people. It is critical that the estates get the right amount of money. If the money goes to an estate, it is up to the executor of the estate to allocate the money. We know, effectively, that executors have absolute control and power. Many of the estates will need to be revamped, and that requires legal advice and guidance. In some instances, there could be contention over the decision made by the executor when the money comes in. If the executor or others, including the partner of the deceased, decides they want to give money to the children or a relative, the money will be taxed. If someone gives £100,000, it will not be that amount, as the Government will get some of the money back in legitimate tax. The opportunity to have the money as a victim, spouse, sibling or child will effectively be what you are entitled to under the auspices of the compensation process. It is another very important issue that needs local representation and requires a certain amount of guidance.

**The Chairperson (Ms Kimmins):** Yes, because it adds to the complexity of the situation.

**Mr Hamilton:** Extremely.

**The Chairperson (Ms Kimmins):** People have got to this point and then are meeting more barriers.

**Mr Hamilton:** A lot of people think that it has come to an end and is finalised. It has not begun. I have been told by Sir Brian to expect to be working hard for another five years to get it sorted. They are still working through their tribunal system.

**The Chairperson (Ms Kimmins):** It is important for us to know that so we can support you. As you said, it has been a long road to get to this stage and to know that there are lots of things. Are you and the others content with the recommendations with regard to compensation? I sense that largely, you are content, but there are things that have to be ironed out.

**Mr Hamilton:** We are content, but the devil is in the detail. There are a lot of people who thought, "Oh, great. That is the figure I am getting." Many people have asked me, "What do I get? What am I entitled to?", and I have to write to the Cabinet Office's briefing group for advice. The feedback is that it is not up to the Cabinet Office; it is up to Sir Robert Francis. We will meet Sir Robert Francis, as will a number of groups in the UK. Previously, when he put the compensation architecture together and made recommendations to the then Cabinet Minister, there was an opportunity to meet him. He met a number of key groups. As a society, Haemophilia NI, the charity for haemophiliacs in Northern Ireland, also embraces people like Marie and others. It was identified that there are another 750 transfusion victims who have not been registered in Northern Ireland alone. You can see the complications that will develop here. Local experience, knowledge and access are critical, and I cannot overstate that.

We are meeting the new Minister. Robin, the former Minister, kindly came across at my request, and I had a good chat with him when I was over there. He was due to come to the meeting yesterday but was not able to because of his current status. We are meeting Minister Nesbitt. I have requested that, as has Conan. We decided to meet separately to make a double impact and make sure that one of us got the opportunity. He came back to me this morning and said, "Look, they have accepted", and then Lesley came through and said, "Will you accept this?", and I said yes. We are going to have that

meeting, if he consents to it. I asked Robin, in his capacity as an MLA and outgoing Minister, to have a word with him and ask whether he would give us the grace of a meeting at this early stage. It is critical at this stage, particularly when so much is to be made and set, and we want the Assembly to have a say in the process, not just the victims, but it is critical to support the victims.

**The Chairperson (Ms Kimmins):** The Committee can ask for an update on the Minister's position. We will look to him for leadership on a lot of this stuff, and hopefully we will then be able to advise, give our views and push it on.

I have only one more question, because I am conscious that quite a few members will have questions. We have been talking about the duty of candour. It was in the briefing papers, and you have referenced it. How important is legislation on the duty of candour to prevent something such as this happening again?

**Mr Hamilton:** On the basis that the issue of candour and transparency pervaded political, Civil Service and medical institutions, it is absolutely critical. People need to have confidence in an Assembly per se. They need to have confidence in the Assembly and its work. They do not need to know everything, especially at the wrong time, but knowing as much as they can is critical. It gives them confidence and reassurance that they are being represented.

Take that from the macro level to the micro: in our situation, it is critical that that happens. I cite my case again. A mild haemophiliac, I had to have a liver transplant after I got cancer. Candour was as critical a factor in my medical case as it was in dealing with the Minister and the previous Committee Chair and Deputy Chair. I viewed it as almost a partnership; certainly, when it came to my body, medical professionals had a partnership with me. I would not let them do anything that I did not know about, as is my right. If you see that, you will say, "OK, candour is important." It absolutely is important.

Openness is important, along with a willingness to listen, not tell. We heard from the medical profession, "We are in charge; we will tell you". That process has largely adapted and changed in the medical profession. I had a great relationship with my hepatologist and a very good relationship with Gary Benson, the current director of the NI Haemophilia Centre. We worked together. As the chair and members of Haemophilia NI, we, as patients, meet him and his team regularly. They come to our events as they would go to events with the UK society or Paul Kirkpatrick, and they work closely with us. That shared relationship is important. Opening it up to instil confidence and trust is vital, and candour is absolutely important to the political, institutional and Civil Service aspects.

**The Chairperson (Ms Kimmins):** Thank you for that, Nigel. The points that you made are important.

**Mr Donnelly:** I was delighted that the report had everything in it, you were happy with it and the recommendations were all in there. I have a couple of questions. Was anything not included or missed in the recommendations that should be revisited?

**Mr Hamilton:** Danny, I will be honest: I have not read the whole thing yet. It is such a size that, on the day, we were given the two manuals as a courtesy, just to say, "There is something for you to have in your hand". Lynne Kelly and I operated with the same solicitor and barrister team, who were excellent. They — two barristers and two solicitors — spent the morning hiving through the information. Nothing relevant to Northern Ireland or Wales or to our care and treatment was missed. No, I do not think that there was anything.

The one disappointment for us in the inquiry — well, there were two disappointments — was that, as the chairs, we all thought that Ken Clarke got off lightly. That is the truth. He could have been sanctioned a little more. I am not one of those people who want to go out with cheese wire and stool and hang everybody because they did not do what you wanted them to do, but I genuinely think that there could have been a little more sanction on him. His contribution was acknowledged and understood by the judge. Given some of the documents that were available under the Griffiths inquiry to him and to Professor Bloom, the consultant in Wales, it is clear that they made decisions that were based on prejudice. They did not make decisions that were based on fact. You need to be informed. They were informed, but their decisions were flawed. A number of people suffered the consequences, and that is why they are not with us today.

The other aspect relates to the medical unit here. We have learnt; rather, it has learnt — that is us being in partnership again — and it is moving forward, and that is good. It does not help the people

who are not here, but it helps the rest of us who are. Transparency and willingness to understand and to help people understand was important. To be honest, that was the case even with the Cabinet Office Minister, who cut the time for his flight. He said, "I will answer your questions. I will answer them entirely to your satisfaction, and, if that means that I have to miss a flight or two, I will do it", and he did. We respected that, and that gave us a degree of confidence going into the process, as we knew some aspects, elements and timelines of the process that the public and some of our colleagues did not know, although we shared them when we had his consent.

**Mr Donnelly:** We have spoken before about your concerns about timelines. Are you reassured that the timelines in the Act are OK?

**Mr Hamilton:** Again, the proof of the pie will be in the eating. Sir Robert Francis, in his statement on the Government side, was clear and concise about the way in which he wants to run this. As the original architect, he is in a much better position than anyone else to know how it will build. I am confident that he will do his very best. Brian O'Mahony said to me that the inquiry that Ireland had and the tribunal process etc for legal appeal is still going. I think that, here, it will continue for some time. A body of staff is being built up to develop the process. They all have to be inducted and trained. We do not want a Capita-type system; we want a system that is compassionate. Sir Robert indicated that compassion and understanding need to be there. We are hopeful that he will continue to build those bricks and the foundation to make that happen.

In respect of the overall timeline for compensation for the affected and infected victims, they will have to wait for some time. The process will still be at the point of sorting through their applications this time next year. It is disappointing not to be able to give them some recognition.

The timelines are critical. Again, that is where your role as an Assembly and as the Health Committee and the Minister's role can come into play. The Minister will be directly in contact with the Department of Health. The previous Minister was extremely helpful in dealing with issues that we raised with him and in reassuring us about issues in relation to Northern Ireland's position in the Victims and Prisoners Act 2024.

**Mr Donnelly:** That was going to be my final question. What can the Minister, the Committee and we, as MLAs, do to support people?

**Mr Hamilton:** OK. Good question. First and foremost, we need a robust system that is capable of handling the issues that are brought to it. That requires consultation with victims. It also requires direct consultation through the appropriate authorities that you will adhere to: Sir Robert Francis. I want to see the First Minister and the deputy First Minister taking an angle on the issue. That is important. It was the worst health scandal in the National Health Service. We do not want it to happen again.

**The Chairperson (Ms Kimmins):** Diane is joining us online.

**Mrs Dodds:** Hello, Nigel. It is good to see you again.

**Mr Hamilton:** Thank you, Diane.

**Mrs Dodds:** You have already answered in part one of the questions that I wanted to ask about the duty of candour. As you said, it was a terrible event in the history of the NHS. It was terrible on every level that you can imagine, but one of the most awful things was the kind of cover-up, the lack of information, the frustration of victims and the time that it took to bring dark things into the open.

The duty of candour was also recommended after the hyponatraemia inquiry in Northern Ireland. What would you like to see in the duty of candour? Should the legislation be brought in through Westminster for the whole of the UK, and should the duty go wider than the medical profession? The Civil Service is mentioned in the documents, so should it be wider than the medical profession? Is it better to do that at a UK level, with Northern Ireland being part of that, rather than at a Northern Ireland level? I want to know your thoughts on how to do it in the easiest way possible. I am not looking for you to make any political statements about it, but I asked the previous Health Minister about it on a number of occasions, and I have never got a sense that the Minister or the Department have found a way forward on that issue.



**Mr Hamilton:** Diane, thank you for the question. I base my thoughts on the fact that the public inquiry was set up for all victims in the United Kingdom in each of the regions and the judge took the opportunity to go around each jurisdiction. We had our public hearings in 2019, which were helpful and useful. It was cathartic for people to have the chance to express themselves and be heard. It is important that it should be a UK-wide process. There needs to be serious root-and-branch scrutiny of the Civil Service, the Government and, certainly, the Department of Health. We have identified a number of issues in the Department of Health that keep coming out of public inquiries. Even if you consider the situation with the Post Office, that highlights the fact that decisions — again, not unlike the Ken Clarke and Professor Bloom decisions — were based on judgements. That need to be able to judge for yourself sometimes needs to be helped or steered by the legislation. It is important that that is looked at.

On a regional basis, Scotland has a tendency to do its own thing. It has the authority in its Parliament to do aspects that we just do not. It is the same with Wales. They are all separate animals, but they are all the same in the sense that they represent people and people's opinion. They need to carry that opinion, take it seriously and represent it. I would like to see the Assembly, as with the other regional assemblies, not only adhere to but have influence on the opportunity for a strict and rigid approach to candour but also a relaxed approach to ensuring that it makes sense, is practical and is possible to achieve. Setting aspirations is one thing; making them fact is another.

**Mrs Dodds:** That is one of the most important things going forward.

My second question was about the group that supports you in the Department of Health. I probably have not picked this up correctly, Nigel, but are you saying that the group is no longer there to support you or that you would like a better, more formalised group with more input to support you?

**Mr Hamilton:** There are two aspects to that question, Diane. Perhaps I misled you. The Business Services Organisation under Colin Murray provides our monthly and quarterly support. On the payments for the initial interim compensation of £210,000, that will come from the Department of Health in Northern Ireland through that organisation. When he knows, we will get the green light.

The organisation that we have in structure in the Assembly and Department of Health, based in the Department's offices, is the stakeholders' group. We requested that, and it was acknowledged at the time. Lesley Heaney runs that stakeholders' group. I had the privilege of chairing the last meeting. I have requested a further meeting. A number of meetings take place each year, but I have requested a further meeting soon, so that we can go through some of the issues that I have raised with you. Lesley contacted us this morning and suggested that there was information that they wanted to put on the site. Yes: we would welcome that, but we also need to participate in the process to ensure that, again, our views are heard.

It appears as though Lesley's team has been winnowed down from four to two. The guys have gone elsewhere, and I wish them every success. Lesley is a very adept and capable individual and an extremely good and helpful manager for what we have been working through. I would like to see her being supported more. I would like to see the team being built up again with the expertise that it requires so that it can deal with the heavy load that will outpour with regard to the other issues — not specifically compensation — that our community needs to be advised and guided on. For argument's sake, I am not in a position to do that and nor is my organisation. We do not have the traction or the facilities, and we certainly do not have the expertise to give financial advice to individuals. I am not saying that that should come from Lesley, but that is an example of the sort of experience that we need professionals to have.

Dealing with the medical profession and the outpouring of Sir Robert Francis's report and what he or his compensation authority recommends will require implementation in Northern Ireland. That will come through the Assembly. The Department of Health will deal with a lot of that issue. It is important that, as they do in England and as they will in Scotland and Wales, the Assembly has the opportunity to have sufficient staff. I am not asking for a cadre the size of an army; I am simply asking that we have enough staff. We have gone down to two people. It is difficult for them to service us, especially with the new developments that have taken place. That needs to be practical and rational. It needs to be looked at.

**Miss McAllister:** Chair, I do not have a question. I just wanted to come in.

Nigel, thank you very much for coming today to present to the Committee. Like you, I will not lie and say that I have read every page of the reports, but it is helpful that we have it broken down. I have a lot of questions for the Department, and we will ask that they come to the Committee so that we can get to the bottom of a lot of the questions. I wanted to thank you for coming today and to highlight that it is an issue of importance for us. Particularly, with a general election being called, it will not offset any priority for, hopefully, any incoming Government in the UK but certainly not for this Health Committee. Thank you for coming today. We will, of course, let you know how far we get with the Department of Health on our questions.

**Mr Hamilton:** Thank you very much, Nuala. I appreciate that. It is encouraging to hear that you have done some of your homework anyway. *[Laughter.]* There is a lot to do, but the relevant sections on Northern Ireland are fairly well highlighted, and that gives us an opportunity to focus in context.

With regard to the concerns you have or have expressed about the election. First and foremost, the election announcement was a bombshell for most people. Clearly, the choreography of the compassionate Government in dealing with the election immediately after they dealt with the public inquiry gave them an opportunity. I am not being cynical; I am just being honest. That again highlights the fact that they had to get that out without the devil in the detail. Now, the repercussions will follow through. It is good, as Sir Brian Langstaff said to me yesterday, that they were generous, and they have been generous. However, the reality is that this Government will not be paying for it: the next Administration will, whoever that will be. The timing, perhaps, for us, has been the same as it has been with the Lindsay tribunal report in the South. It benefited from that.

I am glad that you are going to ask questions. We need people to ask questions. The Committee will be able to put those questions forward for us, and please feel free to keep us informed. I and my other colleagues will certainly take the opportunity, when required, to attend and assist in any way or answer any questions that we can from our perspective.

**Mr Robinson:** Thanks Nigel, for your presentation. I absolutely extend my sympathies to you on the loss of your brother on Christmas Day.

**Mr Hamilton:** Thank you.

**Mr Robinson:** Excuse me if I get this wrong. On occasions, maybe I do not digest information in the way that others would. I want to understand so that we can develop questions going forward. You said that there was an interim payment of £210,000 paid within 90 days but a number of people are not yet registered. How many people are we talking about? Are we talking in the thousands?

**Mr Hamilton:** Yes we are, across the UK. The Northern Ireland infected community, as we knew it and as registered under the regime of BSO when we started the process and the inquiry kicked off in 2017, was about 99 individuals and one estate. That has now grown in estates and reduced in individuals because of their demise. We have individuals who are infected with hepatitis C, which is the majority, and many of those with HIV have passed away, people whom I knew well. As a victim of hepatitis C, not a victim of HIV, I can totally empathise with the stigma that they went through and the issues they had.

You asked how many people are registered. With regard to the system that we have, everyone who has had or will continue to develop hepatitis C or HIV — more hepatitis C because of the situation — can register. A number of people come out of the woodwork, and they get registered fairly quickly. For a number of people, as infected victims, it would be almost complete or close to completion. Therefore, the £210,000, as a mark of recognition by the Government to say, "We are sorry this has happened. We know it is going to take some time, but we can definitely allocate money to you." As Minister John Glen indicated, "We can go no higher than we have to take off people." I was a hepatitis stage 2 victim. Others were hepatitis stage 1. We will get the same payment, and then they will make the change in relation to the full application process. In our cases, as people registered with BSO, those who get the £210,000 should be among the first to get their full compensation because they are on the system. Those who are not on the system will have to be registered, because the information that is currently in each of the regions will have to be transferred to the authority and the applications completed. I imagine that that can be done in the system.

There are 750 transfusion victims in Northern Ireland who are not on the system. I know that there are people who are not registered on the system because my mum, for example, is not registered. The families of several of my friends who are victims are not registered, whether they are their children or

siblings. It will take time to set that process up. The answer to your question is that a great number of people have still to be registered. In the UK, that number could run to 30,000 or 40,000, maybe more.

We know that there are about 3,000 victims. In fact, the first interim payment will be deducted from the final payment along with the £200,000, which is logical, practical and totally accurate. For 3,000 to 4,000 people, it costs in the region of £410 million, and that was £100,000 each. If you consider that they are going to make the full payments, the fact that the £10 billion-plus figure is a realistic one is important.

The other question that I have to ask — if you are asking questions, members, it would be ideal if someone would ask this question — is one for which I have not yet got an answer, but I will request one: is the £10 billion exclusively for compensation, or does that include costs for administration and the setting up of the new body, and does it pay for the time and salaries of the new body? I do not know. Those minutiae are important because they will take that £10 billion down considerably.

There are a lot of questions to be asked and a lot of answers to be given. None of us is in the position to answer all of them, but we can all ask them.

**Mr Robinson:** Thanks a lot, Nigel.

**Ms Flynn:** Nigel, thank you so much. It is lovely to see you again. When you briefed the Committee on its planning day, I was taken aback by how passionately you spoke. You are obviously well across the detail and well versed because you have lived it and your poor brother passed away on Christmas Day. It was a pleasure to meet you a few weeks ago, and I am delighted that you are here today, following up with the Committee, as promised when we last spoke. You did fabulously well in the media the other week. I saw you on the TV and on news outlets as well, so you have done your family and the group proud.

**Mr Hamilton:** Thank you.

**Ms Flynn:** I have two questions. As Nuala and the Chair said, we will be more than happy to follow up on all the detail on behalf of you and your group to get some answers.

You said that an oversight and assurance group was in place in Scotland. I fully agree with you about the importance of that group for all the reasons that you have outlined. The importance of that group cannot be overstated because this is, as you said, the start of the process, not the end. It is then a question of how you go through all the intricacies of people and family members who have not been registered or picked up. Even getting down to the detail of how much compensation is available and at what point.

On the specific issue of that oversight group, you said that you were meeting the Minister or had requested to meet the Minister —

**Mr Hamilton:** Conan made the initial request, but the three of us will be going.

**Ms Flynn:** So the request is in. Was the issue raised locally with the previous Health Minister? Would the Department be aware of that request?

**Mr Hamilton:** No, it has not. It is a request specifically on the back of the issues concerning the compensation process, matters of candour and other ideals that have come out of the inquiry as recommendations, all well put and well placed.

Thank you very much for your comments in relation to the press; I appreciate them. In the two days, I did something like 17 interviews. I left Stephen Nolan's programme after I had done three before that and then did a phone interview in the taxi. 'The Irish Times' wanted an interview, so I did that and then went on to the BBC. It is par for the course. Tomorrow, it could be chip paper, but today it is not — it is the chips. As far as I am concerned, for each person who has the opportunity to speak, it is important that we get out a consistent and persistent message, and that is what we tried to do. Let me draw an analogy, as I have done before: if I see myself as Wyatt Earp, I will not leave the guns down and put them at the bottom of the bed until the job is done. Full stop. They will stay loaded until I am in a position to ensure that I do not need to be there to exact a law. We need to make sure that this is done properly, because this is the only time that we will get that for all our members.

**Ms Flynn:** Absolutely, Nigel. My second and final question is about psychological support. You mentioned that the support was scaled back or centralised in the haemophilia centre but that did not include transfusion victims and their families. Will you elaborate a bit on that so that, when we write to the Department, we can be as specific as possible?

**Mr Hamilton:** Yes, certainly. I would like assistance on that; the three of us would. Conan raised it when we were discussing the issue and he was putting his paper together. The reality is that haemophilia is a specialist requirement. We have two units: one, the children's unit, operates in the Royal, and the other operates with a consultant — both units have consultants, but the leading consultant is for the adults — in the City Hospital. They used to be together in the Royal, but the adults' unit was moved to the City Hospital. The advice and help will be given to young families who need psychological support when they discover that they have a haemophiliac and the likely impacts that there will be. It is much better now than it used to be in my day and my grandfather's day. That advice will be given primarily to haemophiliacs and haemophiliac families to support and encourage them in the same way as we have a social worker and a physiotherapist in that unit.

We need to ensure that it is not all about haemophilia. It is easy to brand the issue as a haemophiliac issue, because they have blood problems. Yes, that is true, and we recognise that that is an easy way to carry it. In the South, it was about females and transfusions, and, while it also happened to haemophiliacs, transfusions were the focus. That happened usually as a result of birth and the need for additional blood. The problem is this: if it is haemophilia — it is more likely to be haemophilia — I want priority to be given to those who are victims; all victims and not just haemophiliacs. We are looked after well; people who are just off-gauge in the system are not. They need support; they need encouragement; they need to be advised; and good advice needs to be given. There are a lot of them. They have not come out of the woodwork yet, you know.

**Ms Flynn:** You have been a great voice for them, speaking here today, raising the issue and making us aware of it, so thank you.

**Mr Chambers:** Nigel, I have no questions for you; I just want to make some comments. The situation that has been exposed will go down as one of the most disgraceful stains on the history of the United Kingdom. All the apologies at the highest level have been made, hands have been put up to take responsibility, and there have been many claims that we must never allow something like this to happen again. However, from what you have told us, your concern is that there could be a lot of hurdles in front of you before you can put your Wyatt Earp guns away. If that happens, if any more hills are created for you to climb, it will just diminish all the apologies and the Government's actions to date. It is vital that no more hills are created for you to climb. As a member of the Committee, I look forward to working with you to avoid that.

**Mr Hamilton:** Thank you very much, Alan. I appreciate that. I want to come back to you on a couple of things. One of the ways to ensure that such a stain does not happen again is through candour, process and accountability. Those have been missing for many years — deliberately so in some instances — across the piece. In Northern Ireland, the two reasons given as to why they could not follow through in detail were the Troubles and the lack of consistent administration. The focus was on that and not on us. It is an excuse. We were still being treated, and, during that time, we were treated very well and maybe not so well. The system continued, and the health service was running. Throughout that time, there were pressures on the system. The fact of the matter is that they did not adapt and deal with the issue as they needed to deal with it, full stop. They are dealing with it now.

Those are not the issues. We have major waiting lists and delays in people being admitted to wards. We have major delays in the Ambulance Service. We have a shortage of doctors and nurses. I am not focusing on that as an accusation against anyone; those are the circumstances. You can adapt the circumstances to suit the argument, and that has been done. The reality is that basic needs and citizens' rights should not be abandoned. To deal with those in a slipshod way is abandonment. Principle, if not money, should be the guide, and where necessary, it should not happen.

**The Chairperson (Ms Kimmins):** Danny, you wanted to come in with a quick question before we finish.

**Mr Donnelly:** You mentioned the 750 transplant patients. I am a bit confused about why they are not registered. Obviously, as transplant patients, they are already in the system and are known. Why are they not already registered?

**Mr Hamilton:** Some of that, Danny, is because some people have received hepatitis B. This relates to Alan's question too. The identification of individuals has focused on those infected with hepatitis C and HIV. The only recognition the other groups have is not in the current system but in the system to come under the new compensation authority chaired by Sir Robert Francis. It will recognise those with hepatitis B because of the recommendations by the public inquiry and Sir Brian Langstaff. I dare say that some of the cadre will fall into that category.

**The Chairperson (Ms Kimmins):** Nigel, thank you very much. There is a lot to unpick, as we are quickly realising because of the information that has been provided and the discussion today. We were relieved when the inquiry concluded, and we now have a road for what can and will be done. The Committee wants to give support and make sure it happens as smoothly as possible for the infected and the affected community, because it is more than the people who have been directly impacted. That has come through strongly from speaking to you.

I will continue the engagement with you to keep the Committee updated on any barriers or issues you face so that we can ask questions. The Committee is happy to meet you at any stage, outside the Committee as well, because it is one of the biggest scandals in our lifetime — "scandal" is not the right word because it is bigger than that. I hope we never see anything like it again. We have a lot of work to do, but we are keen to support you and others as best we can. Thank you.

**Mr Hamilton:** Thank you, Chair. I take on board what you have said. My colleagues and I and the organisations will be more than happy to assist in any way or answer any questions we can. We can give you a victim's perspective, and that is important when you are providing a service. We will keep you fully informed of how things develop. I will take you up on the opportunity to have a discussion. Thank you. I appreciate that.