

FROM THE MINISTER OF HEALTH

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WRITTEN BRIEFING PAPER FOR HEALTH COMMITTEE

1. Overview of the Victims and Prisoners Bill

Current Status:

- ***The Victims and Prisoners Bill has been pushed through Westminster during the wash-up period. This stage involves the rapid passage of legislation before the end of a parliamentary session.***

The Victims and Prisoners Act began its passage through Parliament as a criminal justice Bill, introduced to the House of Commons in March 2023 by the Ministry of Justice under Dominic Raab MP and Alex Chalk MP. The Bill made provisions for England and Wales regarding criminal conduct, release of prisoners, the Parole Board and other issues pertaining to prisoners.

However, due to an opposition amendment which passed in the House of Commons in December 2023, Part 3 of the Bill was amended to establish a scheme to provide compensation to victims of the infected blood tragedy and to establish, on the day of Royal Assent, an Infected Blood Compensation Authority (IBCA) to administer the scheme. Part 3 of the Bill also required the UK Government to make further interim payments to personal representatives of qualifying infected persons (estates of deceased).

Following the Prime Minister's announcement of a General Election on 22nd May and to prevent the Bill from falling before Parliament was dissolved on Thursday 30 May, the remaining stages were fast-tracked in a process to complete unfinished business before the general election, known as 'wash-up'. This Bill was included in 'wash-up' because it had cross-Party support at Westminster.

The remaining stages that were considered were the Third Reading on Thursday 23 May and consideration of Commons amendments (often referred to as 'ping-pong') on Friday 24 May. **The Victims and Prisoners Bill received Royal Assent and became an Act of Parliament following on Friday 24 May.**

Westminster Legislation on NI's Behalf:

- ***Clarification is needed on whether the Minister of Health (MOH) for Northern Ireland has requested or granted Westminster the authority to legislate on Northern Ireland's behalf regarding this specific bill. This situation underscores the complexity and sensitivities around devolved powers and their intersection with UK-wide legislation.***

Part 3 originally did not extend to Northern Ireland or Scotland and on 17th April 2024, the UKG tabled amendments¹, which included extending the legislation UK-wide. Under these circumstances, a Legislative Consent Motion (LCM) would normally be required to seek the agreement of the NI Assembly.

An LCM is not a legal requirement, but rather, it is an established convention that the UK Government will seek the consent of the NI Assembly to make primary legislation in a subject area which has been devolved to NI. The Sewel Convention applies when the UK Parliament wants to legislate on a matter within the devolved competence of the Scottish Parliament, National Assembly for Wales or Northern Ireland Assembly. Under the terms of the Convention, the UK Parliament will '*not normally*' do so without the relevant devolved institution having passed an LCM.

The Minister for the Cabinet Office (MCO), the Rt Hon John Glen MP, wrote to former Health Minister Robin Swann, to formally seek his agreement to support to extend Part 3 of the Bill to Northern Ireland. Mr Swann responded on 24th April

¹ Victims and Prisoners Act: [HL Bill 57—I\(c\) \(parliament.uk\)](#)

to welcome the amendments to the Bill and to confirm his intention to bring forward an LCM in the NI Assembly

The UKG amendments were debated on 30th April 2024 and 21st May. Under NI Assembly Standing Order 42 (a), an LCM should normally be laid within 10 working days from when the day the Bill completes the stage in Parliament during which an amendment is made that affects NI.

The outcome of the debate in the House of Lords was not known until Tuesday, 21st May and a General Election was subsequently announced on Wednesday 22nd May. The Victims and Prisoners legislation was passed within the next 48 hours and there was insufficient time to seek Executive support and lay the LCM in the Assembly, which would require up to 20 working days consideration by the Health Committee, followed by an Assembly debate and vote.

The Victims and Prisoners Act established an arms-length body called the Infected Blood Compensation Authority (IBCA²) to administer the UK-wide infected blood compensation scheme, which will be set up through regulations within three months of the passing of the legislation (by 23rd August).

The Victims and Prisoners Act places a statutory duty on the UKG to pay £100,000 interim compensation payments to the estates of people who have passed away, where such payments have not already been made to a partner or spouse of the deceased person. As a result of inclusion in the Victims and Prisoners Act, victims in Northern Ireland will be eligible for the UK-wide compensation Scheme and eligible estates will be able to claim the £100,000 interim payment.

² IBCA: <https://www.gov.uk/government/organisations/infected-blood-compensation-authority>

2. Compensation and Support Scheme Payments

Concerns with the framework:

- ***The current compensation framework, as outlined by the UK Cabinet Office, raises significant concerns. Despite assurances that no one will be worse off, many, including myself, find they are not better off, questioning the true compensatory nature of the scheme.***

Definition of Compensation:

- ***Compensation should, by definition, make up for damage or loss. If support scheme payments are removed (despite being previously classified as non-compensatory), this constitutes a loss. Therefore, true compensation must be provided to account for this loss and the damage which was carried out by the viruses given to the community.***

The MCO made an oral statement³ in the House of Commons in which he said the UK Government recognises the importance of the infected blood financial support schemes and stated that there will be no immediate changes to the schemes and that payments will continue to be made at the same level until 31 March 2025. He said that, from the 1st April 2025, support scheme payments received will be counted towards a beneficiary's final compensation award. This is to ensure all Scheme beneficiaries will be treated fairly, regardless of whether they were the first or the last to have their compensation assessed by the Infected Blood Compensation Authority (IBCA). The MCO stressed that the UKG will ensure that *"no-one will receive less in compensation than they would have received in support payments"*.

The UKG has said that, in the event that the IBCA assesses that a person is entitled to less compensation through the compensation Scheme than would have otherwise been paid to them through continued Support Scheme payments, an additional top-up will be provided as part of the compensation award to meet the level of payment that would have been received under the existing Support Schemes. Top-up payments will be available for those eligible for the

³ MCO oral statement: <https://www.gov.uk/government/speeches/infected-blood-compensation-scheme>

Compensation Scheme in their own right. This will ensure that no one will receive less compensation through the Compensation Scheme than the payments they would have otherwise been entitled to through existing support schemes.

When still in post, former Minister Robin Swann wrote to the MCO to welcome his assurance that the IBCA would compensate for both past and future losses suffered as a result of infected blood. He also highlighted that it is of the utmost importance that the infected blood community is involved in this process, to help their understanding of the new compensation scheme and the impact on the current support schemes and for Government to listen to their concerns.

Whilst the Victims and Prisoners Act established the Infected Blood Compensation Authority (IBCA), the Scheme itself will be established by way of regulations by 23rd August.

Devolution and Support Schemes:

- ***Given that support schemes are a devolved matter and funded by the NI Department of Health budget, it is inappropriate for the UK Cabinet Office to dictate terms. It is crucial that the committee recommends the continuation of these support schemes in Northern Ireland to protect the interests of victims.***

The four devolved UK financial support schemes were set up in 2016 to provide ex-gratia financial support to individuals infected with, or otherwise affected by, Human Immunodeficiency Virus (HIV) and/or Hepatitis C Virus (HCV), through contaminated blood or blood products provided during National Health Service (NHS) treatment.

The devolved NI Infected Blood Payment Scheme⁴ is not fully funded by the NI Department of Health and does receive funding from DHSC for enhanced support for hepatitis C stage 1 payments and certain lump sum payments, as part the four nations parity agreement⁵ in March 2021. DHSC also funds HIV

⁴ Infected Blood Payment Scheme NI: <https://bso.hscni.net/directorates/financial-services/infected-blood-payment-scheme-ni/#:~:text=You%20may%20be%20entitled%20to,NHS%20blood%20or%20blood%20products.>

⁵ Robin Swann WMS on parity: https://www.niassembly.gov.uk/globalassets/documents/official-reports/written-ministerial-statements/2020-2021/bv137_wms_dh_250321_2.pdf

payments through the Scheme. Regular payments for hepatitis C, as well as lump sums (outwith the parity agreement) are funded from the Department of Health NI budget.

The Prime Minister made a statement⁶ on Monday 20 May in which he made a *“wholehearted and unequivocal apology for this terrible injustice”*. He said the IBI final report finds a catalogue of systemic, collective, and individual failures, each on its own serious and taken together amounting to a *“calamity”*. He added *“This should have been avoided. It was known these treatments were contaminated.”* The PM acknowledged that there had been a cover up and made two promises:

- i) that the UKG will pay comprehensive compensation to those infected and those affected by this scandal
- ii) that the UK Government will study all the recommendations in detail before returning to Parliament with a full response

The Government is working closely with the Devolved Administrations as key delivery partners on specific issues, such as interim payments and the continuation of current support schemes.

Mechanism for Compensation Payments

- ***To ensure timely delivery of compensation, the mechanism used should mirror that of the initial interim compensation payments, bypassing devolved bureaucratic delays.***

As recommended by the Inquiry, the Infected Blood Compensation Scheme must have regard for the principles of: *“speed of provision, simplicity of process, accessibility, involvement, proactive support, fairness and efficiency.”* The scheme should be fair and comprehensive; it is designed on the basis of recommendations of the Infected Blood Inquiry and informed with advice from the Infected Blood Inquiry Response Expert Group⁷, chaired by Professor Sir

⁶ Prime Minister’s oral statement: <https://www.gov.uk/government/speeches/pm-statement-on-the-infected-blood-inquiry-20-may-2024#:~:text=I%20want%20to%20make%20a,or%20proved%20to%20be%20contaminated.>

⁷ Expert Group Report: <https://www.gov.uk/government/publications/infected-blood-inquiry-response-expert-group-summary-report>

Jonathan Montgomery, bringing together legal and clinical experts assisted by social care specialists.

The UKG is working as quickly as possible to set up the compensation scheme, with a shadow body already in place and commitments in law to establish the scheme in regulations within three months (23rd August) of the Victims and Prisoners Bill receiving Royal Assent. Scheme payments will be made as quickly as possible, and it is the UK Government's aim is that the first compensation payments will be made before the end of this year.

The UK Government has said that it is committed to ensuring that the application process is not unnecessarily burdensome on those applying and it will continue to engage with the infected blood community on this and other elements of the Scheme's design, before the regulations are made to establish the Scheme.

Where people have already been receiving support from the Infected Blood Support Schemes, they will automatically be considered eligible for the Compensation Scheme and will not need to provide further evidence on cause of infection. Those infected persons registered with previous Alliance House Organisation⁸ support schemes will need to provide evidence of their infection severity so they can be assessed against the infection severity bands of the Scheme.

Where possible, accessible medical and other personal identification documents (e.g. birth certificates, marriage certificates) will be used to verify an applicant's eligibility for the Scheme. For example, a birth certificate can be used to easily verify a clear and direct relationship between a child and parent. This approach will of course need to be balanced with the appropriate checks to manage any risk of fraud, particularly where exceptional losses are being assessed or where the person applying to the Scheme has a less direct relationship with the person who has been infected.

⁸ The Macfarlane Trusts, the Eileen Trust, the Skipton Fund, the Caxton Foundation and MFET Ltd

Hepatitis B Victims:

- ***The Infected Blood Support Scheme Northern Ireland (IBSSNI) should increase resources to facilitate the registration of victims of Hepatitis B from contaminated blood products, even if informally, ensuring they are recognised and supported.***

The Infected Blood Payment Scheme NI provides ex-gratia financial support to individuals infected with, or otherwise affected by, Human Immunodeficiency Virus (HIV) and/or Hepatitis C Virus (HCV), through contaminated blood or blood products provided during National Health Service (NHS) treatment in Northern Ireland. Hepatitis B is not included in the eligibility criteria for the devolved financial support scheme (on the basis that a diagnostic test for HBV was available long before a test for either hepatitis C or HIV) and there are currently no plans to change this.

It is not possible to register 'informally' with the NI Scheme. To apply to the Scheme, applicants must provide supporting medical evidence, either medical records or information from a registered medical practitioner, showing that their infection was as a result of treatment involving receipt of contaminated blood or blood products. This is to ensure all applications are processed in a fair and consistent way, with appropriate checks and balances to demonstrate proper accountability and mitigate potential fraud, in line with Managing Public Money NI.

On 21st May, following publication of the IBI Final Report, the Minister for the Cabinet Office (MCO) John Glen MP made a statement⁹ in which he provided details on the future Infected Blood Compensation Scheme, which he said would be operational and begin making payments by the end of this calendar year. Those who have been directly or indirectly infected through NHS-supplied blood, blood products or tissue will be eligible to claim compensation under the Scheme. This includes anyone, living or deceased, who has been infected with HIV, Hepatitis C and chronic Hepatitis B, including those who were indirectly infected

⁹ MCO oral statement: www.gov.uk/government/speeches/infected-blood-compensation-scheme

through their partners or loved ones. The estates of those who died from an acute Hepatitis B infection, will also be eligible under this scheme.

3. Regional Administration and Support

Regional Administrators:

- ***The presence of regional administrators has been a crucial support mechanism for victims in Northern Ireland, providing personal reassurance and a readily accessible point of contact. Any future compensation body must maintain regional administrators to continue this level of support.***

In his second report¹⁰, Sir Brian Langstaff recommended that a compensation scheme should have “*central organisation*” (pg 57) and be “***delivered by one central body***” (recommendation 16, pg 99). Sir Brian said the Scheme should be delivered by a new arms-length body: “*Such a scheme lends itself to administration from one place within the UK rather than being localised.*”

Before making recommendations in his second interim report, Sir Brian Langstaff considered Sir Robert Francis’s study. Sir Robert Francis KC was commissioned by the Cabinet Office in May 2021 to carry out an independent study¹¹ into a model for compensation. In reaching his conclusions, Sir Robert conducted a review of the Windrush Scheme, the Variant Creutzfeldt-Jakob Disease (vCJD) Compensation Trust and the September 11th Victim Compensation Fund, USA.

Northern Ireland’s inclusion in the UK-wide Scheme enables the Inquiry’s recommendations to be implemented equitably across the UK. Choosing not to be part of the UK-wide Scheme, and instead to have regional administrators, would go against Sir Brian Langstaff’s recommendations, which were based on evidence heard by the Inquiry and on the independent study by Sir Robert Francis on an appropriate framework for compensation.

¹⁰ Second interim report: <https://www.infectedbloodinquiry.org.uk/reports/second-interim-report>

The UK ministerial parity agreement of March 2021 was intended to ensure no infected or affected person in the UK is treated differently to someone in the same circumstances in another part of the UK. A UK-wide scheme would concentrate resources and expertise, ensuring prompt, consistent and efficient processing of applications. It also mitigates the risk of future divergence which could lead to disparities in levels of financial recompense across different parts of the UK. Given its small size and population, it is likely that Northern Ireland simply would not have the clinical or legal expertise to establish the expert panels to advise the Chair and Board of an ALB to oversee a compensation scheme, as proposed by Sir Brian Langstaff.

Estimates suggest that a compensation scheme as proposed in the second interim report could run into billions of pounds. To establish a separate Northern Ireland Scheme would present the risk that funding for compensation payments and the administration of such a scheme would have to be found within the NI block grant. This would significantly increase budget pressures for 2024/25 and beyond. The Department faces a significant budget deficit to maintain existing services therefore any costs in relation to the establishment of a compensation scheme would add to an already extremely difficult future financial position.

The inclusion of Northern Ireland in Part 3 of the Victims and Prisoners Act ensures that those infected and affected in NI will have the opportunity to transfer or apply to a UK-wide scheme as recommended by the Chair of the IBI and are treated equally to those in the other UK jurisdictions. The UK Government has said that it is committed to ensuring that the Infected Blood Compensation Authority provides a compassionate and supportive culture. It recognises that the scheme must be collaborative and sympathetic, and as user-friendly, supportive and free of stress as possible, while being consistent with the government's approach to protect against fraud.

Ministerial Office Continuity:

- ***Ensuring continuity in ministerial oversight is essential. Should there be a change in the Health Minister, the health committee must ensure that***

corporate memory and the ongoing understanding of these matters are preserved to maintain consistency in policy and support for victims.

It is possible that a Minister may adopt a different policy position to a previous Minister and may indeed overturn decisions made by a previous Minister. In addition, under Procedural Guidance issued by The Executive Office, Ministers must observe the convention that they, and their Special Advisers on their behalf, should not normally ask to see, or be shown, documents or papers, prepared by Departmental officials in order to brief a former Minister of a different political party. This convention prevents the views of former Ministers being made public for political gain, whilst also protecting the ability of Ministers to consider and discuss policies without fear of their deliberations being made available to a future Minister of a different political party. This approach also ensures the protection of the confidentiality and impartiality of civil service advice. That being said, the NICS endeavours to maintain its corporate memory through robust record keeping and detailed handover arrangements between officials (upon transfer, promotion or retirement), so that Ministers receive accurate and up-to-date briefing to enable them to take decisions on key issues.

4. Psychological Support for Victims

Current Changes in Psychological Support:

- ***The transition from a dedicated infected blood psychological support service to a general psychologist within the Belfast Trust's haemophilia centre raises concerns. While a dedicated service for haemophiliacs is welcome, it risks neglecting the broader affected community.***

A working group was established in September 2018 to consider the implications of the Infected Blood Inquiry as it related to Northern Ireland. At an early stage the working group identified a requirement for additional psychological support specifically in respect of the needs of those people in Northern Ireland directly impacted as a consequence of infected blood products. A proposal was submitted to the Department of Health and time limited

resources were made available for Belfast Trust to put in place dedicated clinical psychology capacity to meet these needs. The resource made available equated to three days per week of dedicated support.

The Psychological Support Service continues to be provided by the Belfast HSC Trust on an ongoing basis. The service was initially set up to be provided by Specialist Practitioner Psychologists within the Clinical Health Psychology services in the Trust. With the provision of temporary funding an agency Psychologist was contracted. Use of agency always poses more risk to service delivery and so in consideration of this and of the likely longer term need for support, the Belfast Trust agreed to recruit someone into a permanent position.

This position was advertised and the normal recruitment processes were followed. It is both a Departmental and a Trust target to reduce agency use across services. A Specialist Psychologist is now in post and will provide ongoing support to those impacted by infected blood and will also provide support to the wider Haemophilia Team and service. It is not unusual for one Psychology post holder to serve a number of areas. Service delivery remains as was throughout the Inquiry to those requiring support and assistance.

There will be no obstacle or difficulty for anyone who has been impacted via a transfusion (recipient or family) to access the service – the service continues to deliver a specialist and specific service to those impacted by Infected Blood and priority within the service will be given to these requests. The service continues to accept referrals and requests directly from those infected and affected via the same phone number as previously.

The service has always been provided on a regional basis. The impact of Covid-19 and better access to virtual means of delivering care has increased access for clients and no specific challenges of access have ever been raised. Should demand for a clinic in Western Trust increase, this would be reviewed.

Need for Dedicated Psychological Support:

- ***It is imperative that dedicated psychological support for infected blood victims remains separate from the haemophilia centre to ensure comprehensive and specialised care for all affected individuals.***

The Belfast Trust has recruited a full-time permanent Specialist Psychologist and this post remains as a cost pressure to the organisation. The post holder will continue to provide dedicated support to victims of contaminated blood. The usage of the dedicated service over all the years it has been in place has not required a full-time post holder, therefore any utilised time will be used to provide support to the Haemophilia Team and service.

The psychological support service has always been open and accessible to all infected and affected individuals, regardless of age range within the population. This includes those who have been infected and affected through receiving contaminated blood via a blood transfusion, as well as those within the haemophilia population. There is also 0.5 WTE postholder commissioned to provide psychological services to Paediatric haematology, which includes children with haemophilia. The BHSC is progressing a business case for ongoing future funding from the Department.

5. Implementation of the IBI Final Report Recommendations

Commitment to Implementation:

- ***The Health Select Committee must ensure that the recommendations from the Infected Blood Inquiry Final Report are fully implemented in Northern Ireland. This includes comprehensive measures to address the harms caused and to prevent future occurrences. This must with urgency include the DUTY OF CANDOUR be implemented into the civil service code.***

The UK-wide Infected Blood Inquiry's final report was published on 20th May 2024. The Report is over 2,500 pages and was published in seven separate volumes covering the Inquiry's wide-ranging Terms of Reference. Sir Brian Langstaff has made 12 overarching recommendations, which include a number of sub recommendations or actions (58 in total) which cut across a range of

policy areas, including Quality, Safety and Improvement and Workforce Policy, as well as the culture and working practices of the wider Executive, Civil Service and the Health and Social Care system.

Addressing these wide-ranging recommendations will require a collective effort and coordination of actions and communications across the Department of Health NI and the HSC and with a number of other Executive Departments, in collaboration with the infected and affected community.

A significant number of recommendations relate to the health service and the Department of Health NI will be responsible for leading on the consideration of these. However, the recommendations relating to the civil service and ministerial codes, including duty of candour for senior civil servants, are cross-cutting matters designed to apply across Government and not just to the Department of Health. The DoH Permanent Secretary Peter May has written to his Permanent Secretary colleagues to raise these issues.

Victims' Needs and Rights:

- ***The recommendations emphasise the need for a victim-centred approach, ensuring that victims' needs and rights are prioritised in all actions and policies derived from the report.***

The UK Government has arranged for the interim Chair of the IBCA, Sir Robert Francis, to carry out a series of meetings with key stakeholder groups. This will include representatives from Northern Ireland. This will give them an opportunity to discuss the detail of the proposed scheme, prior to being established in regulations.

Coordination and Accountability:

- ***There should be clear coordination between Westminster and Northern Ireland's devolved institutions to ensure seamless implementation of the recommendations. Accountability mechanisms must be put in place to monitor progress and address any delays or issues.***

Officials from all four nations continue to work closely on the formal response to the Infected Blood Inquiry's final report. The Devolved Nations will shortly begin to attend a fortnightly Programme Board that includes a workstream on the Government's comprehensive response to Sir Brian Langstaff's report. The Cabinet Office will be coordinating the overall response, bringing the four nations together to respond to any relevant recommendations.

Transparency and Communication:

- ***Continuous transparency and open communication with the victims and affected communities are essential. Regular updates on the progress of implementing the recommendations should be provided to build trust and ensure all stakeholders are informed.***

At a meeting with the Infected Blood Representative Groups in March 2024, former Health Minister Robin Swann assured stakeholders that they would be involved, not simply informed, with regard to Northern Ireland's response to recommendations in the IBI final report. The NI Infected Blood Inquiry Regional Group includes representatives from the Department, HSC and NI Blood Transfusion Service and is considering an appropriate forum to engage with the infected and affected community as work progresses to respond to the Infected Blood Inquiry final report.

Financial and Medical Support:

- ***Adequate financial compensation and medical support must be guaranteed as per the recommendations. This includes long-term healthcare provisions and support for mental health and well-being.***

The design of the Infected Blood Compensation Scheme announced in May by the UKG was informed by an Expert Group, chaired by Professor Sir Jonathan Montgomery, which brought together legal and clinical experts and was assisted by care specialists. It reflects the Inquiry's recommendations on eligibility for infected persons. For affected persons, the Scheme delivers on the spirit of the Inquiry's recommendations on eligibility but has linked eligibility to familial relationship or their provision of care to the infected person. The

Scheme includes the categories of award recommended by the Inquiry which are payable to all infected persons and most affected persons.

The proposed Scheme is subject to further validation with representatives of the infected blood community, prior to being established in regulations. This process will be led by the interim Chair of the Infected Blood Compensation Authority, Sir Robert Francis. The Government will finalise the Scheme proposal and present it to Parliament for approval in secondary legislation. The Victims and Prisoners Act sets a three-month deadline for the making of these regulations, therefore the regulations must be made by 23rd August.

6. Costs (query re: £10bn)

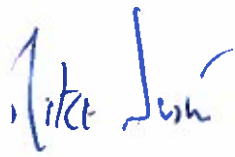
Further, the Department to provide to the Committee its understanding of whether the £10B compensation fund will be used in full for compensation or if administration costs for the roll out will come out of the fund, meaning less share of the fund to victims.

£10bn is not an official figure from the Government. The UKG has advised that the size of the compensation scheme is uncapped. The cost will be determined by the number of people who have been infected or affected. Each eligible person will receive the compensation they are due. In his statement¹² to the House of Commons following the publication of the IBI final report, the Prime Minister also made two promises:

- i. that the UKG will pay comprehensive compensation to those infected and those affected by this scandal, accepting the principles recommended by the inquiry which builds on the work of Sir Robert Francis: ***“we will pay comprehensive compensation to those infected and those affected by this scandal, accepting the principles recommended by the inquiry which builds on the work of Sir Robert Francis. **Whatever it costs to deliver this scheme, we will pay it”**;***
- ii. that the UK Government will study all the recommendations in detail before returning to Parliament with a full response and that there must be a

¹² PM statement: <https://www.gov.uk/government/speeches/pm-statement-on-the-infected-blood-inquiry-20-may-2024#:~:text=I%20want%20to%20make%20a,or%20proved%20to%20be%20contaminated.>

fundamental rebalancing of the system: *"it is not enough to say sorry, pay long overdue compensation and then attempt to move on. There can be no moving on from a report that is so devastating in its criticisms. Sir Brian and his team have made wide-ranging recommendations. We will study them in detail before returning to this House with a full response. And we must fundamentally rebalance the system and we will work together across government, our health services, and civil society to ensure that nothing like this can ever happen in our country again".*



Mike Nesbitt
Minister of Health