

# INFECTED BLOOD COMPENSATION STUDY

## PROCESS STATEMENT

by

**Sir Robert Francis QC**

**Background:** the formal public consultation exercise on my Study's terms of reference has now been completed, and I have published a summary of the consultation responses that were received<sup>1</sup>. The Paymaster General<sup>2</sup>, on behalf of the UK Government, has accepted my recommendations for a revised definition of the Study's terms of reference that came out of that consultation process. I now need to look to the next stage of the Study's work and consider that it would be appropriate for me to set out a statement describing how I intend to take forward the next phase of its activities. This statement gives a general overview of how and when I envisage that work will progress and the nature of the continuing engagement I would like to have with the infected and affected community and other key stakeholders.

**Next Steps:** the next phase of the Study, which is already underway, is an intensive period of information gathering and detailed analysis work. This work will encompass a number of broad, key process areas:

- reviewing existing evidence that has already been submitted and released as part of the Infected Blood Inquiry's work;
- developing an understanding from Government (including the devolved administrations) and the existing support schemes of how current and historical processes have (and have not) responded to the needs of intended beneficiaries;
- examining the legal and theoretical rationales for and implications of a range of potential approaches, drawing on wider legal expertise and academic research where necessary; and
- seeking further views, beyond those already proffered during the terms of reference public consultation process, of the infected and affected community and their representatives on what they do (and do not) want a compensation framework to deliver for them.

**Discussions with the Infected and Affected Community:** I am keen to maintain the ongoing dialog with the infected and affected community that was started with the consultation process. I intend these discussions to be governed by the principle of

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<sup>1</sup> The consultation summary and the revised terms of reference can be found here:

<https://www.gov.uk/government/publications/infected-blood-compensation-framework-study-terms-of-reference>

<sup>2</sup> Sir Robert's and the Paymaster General's correspondence on the terms of reference can be found here:

<https://www.gov.uk/government/publications/letters-between-the-paymaster-general-the-rt-hon-michael-ellis-qc-mp-and-sir-robert-francis-qc>

informality (though appropriately recorded). I wish to avoid the infected and affected having to repeat views they have already expressed elsewhere (either to the Infected Blood Inquiry or as part of the consultation process). The infected and affected have already provided the public inquiry and the consultation with a wealth of information about their personal experiences of the infected blood tragedy. The Study will utilise this valuable material, but I also welcome new experiences and views that have not been proffered previously; in particular, I would welcome additional views from the community's perspective as to what extent current and historic support schemes, both in England and the devolved administrations, have met the ongoing needs of beneficiaries.

I will focus my future discussions with the community and other relevant stakeholders on issues specific to constructing an effective and comprehensive framework for compensation, and in particular will explore:

- the community's views on and experiences of existing and historic support schemes and on what they consider has worked and what they consider has not; and
- what they see as essential components of compensation.

I envisage there being a two-stage process to this more focussed engagement:

- **written contributions:** in the first instance, an opportunity to provide further written views focussed specifically on the issues concerning compensation, taking into account the clarifications made to the revised terms of reference and the evidence in the consultation responses summary. I am not seeking a repetition of the extensive commentary already received as part of the consultation process, but additional, refined views not previously shared. This, along with the consultation evidence, will allow my Study to pull together a focussed list of issues that will form the basis of discussions in the second stage of the engagement. I am not looking for any additional submissions to be overly detailed or formal in nature, particularly as the window for submitting further comments will be very narrow, primarily during October and early November;
- **forum discussions:** for the second part of his engagement with the community, I intend to hold a number of group discussion forums to which a selection of individuals and group representatives will be invited. Given the time and administrative constraints, this is likely to be the most efficient way to proceed, but I will consider individual requests for more individual meetings as time allows. I am provisionally planning to hold separate forums for discussion of issues relevant to:
  - the Hepatitis C infected;
  - the HIV infected;
  - the co-infected;
  - the affected (using the broader definition in the revised terms of reference);
  - the bereaved.

I will look to hold these forums primarily during November (though, as timing permits, they may start in late October and extend into early December).

**Discussions with Other Key Stakeholders:** I also envisage that a similar forum may be held covering the Recognised Legal Representatives and the wider legal community, to discuss the technical legal and legislative implications of the options being considered by the Study.

Parallel to these discussions with the infected and affected community, I intend to hold a series of conversations with appropriate government departments and other interested public bodies to assist me in understanding the thinking behind the creation of current and past support schemes, the mechanisms by which these schemes are governed and administered, and the wider public policy context of compensation within the UK. I envisage that those conversations will include:

- central government, primarily the Department of Health and Social Care and the National Health Service, but also the Department for Works and Pensions and HM Treasury as necessary;
- the devolved administrations, with representatives with devolved policy responsibility for infected blood within the Scottish Government, the Welsh Government and the Northern Ireland Executive; and
- the current individual national support schemes: EIBSS, SIBSS, WIBSS and IBPSNI.

**Decisions and Recommendations:** following this intense period of meetings, I will then look to step back to review all of the material that has been compiled, draw together the Study's conclusions on the most appropriate, implementable framework for delivering compensation for those affected by the infected blood tragedy, and compile my recommendations and supporting evidence to submit to the Government no later than the deadline - the end of February 2022 - set out in the terms of reference. I expect that this stage of the process will take place over late December, all of January and into February as necessary.

**Presentation to the Public Inquiry:** I expect to present my recommendations to the Infected Blood Inquiry for consideration and scrutiny.

**Sir Robert Francis QC**  
Chair to the  
Infected Blood Compensation Study