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Infected Blood Inquiry

11:55:00

The Minister for the Cabinet Office and Paymaster General (Jeremy Quin)

With permission, Madam Deputy Speaker, I will make a statement to update the House on our preparations for the infected blood inquiry, which is expected to conclude next year.

I took over as the Minister sponsoring the inquiry on 25 October. While I have been aware of this issue for many years, as have so many of us who have been contacted by affected constituents, undertaking this role has further impressed on me its scale and gravity—not only the direct, dreadful consequences for victims, but the stigma and trauma experienced by many of those infected, by their families, and by those who care for them. I recognise that, tragically, we continue to see victims of infected blood die prematurely, and I also recognise that time is of the essence.

I commend the work of the all-party parliamentary group on haemophilia and contaminated blood. I am pleased to have met the co-chairs, the right hon. Member for Kingston upon Hull North (Dame Diana Johnson) and the Father of the House, my hon. Friend the Member for Worthing West (Sir Peter Bottomley), and I am grateful for their insight.

In July 2017 my right hon. Friend the Member for Maidenhead (Mrs May) established the infected blood inquiry, chaired by Sir Brian Langstaff. My predecessor as Paymaster General, the current Leader of the House, went further by commissioning a study from Sir Robert Francis KC, which is entitled “Compensation and redress for the victims of infected blood: recommendations for a framework”. The purpose of the study was clear, namely to ensure that the Government were in a position to fully consider and act on the recommendations. Sir Robert delivered it in March this year.

The Government had intended to publish a response alongside the study itself, ahead of Sir Robert’s evidence to Sir Brian Langstaff’s inquiry. However, as the then Paymaster General explained, the sheer complexity and wide range of factors revealed in Sir Robert’s excellent work meant that when the study was published by the Government on 7 June, it was not possible to publish a comprehensive response. The Government remained absolutely committed to using the study to prepare for the outcome of the Langstaff inquiry, and that is still the case.

On 29 July, in response to Sir Robert’s recommendations, Sir Brian Langstaff published an interim report on interim compensation. It called for an interim payment of £100,000 to be paid to all those infected and all bereaved partners currently registered on UK infected blood support schemes, and to those who registered between 29 July and the inception of any future scheme. The Government accepted that recommendation in full on 17 August. Quite rightly, a huge amount of work was undertaken across Government during the ensuing weeks to ensure that the interim payments could be exempt from tax and disregarded for the purpose of benefits, and that an appropriate delivery mechanism

existed. This involved work across many Departments, and with the devolved Governments in Scotland, Wales and Northern Ireland. Interim compensation is just one part of our overall response, but it was important that we got it right.

I fully recognise that interim compensation was but one of the recommendations in Sir Robert's study. I want to stress to the House and to the many people who have a direct and personal interest in the inquiry that those interim payments were only the start of the process, and work is ongoing in consideration of Sir Robert's other recommendations. I am pleased that all the interim payments were made by the end of October. Sir Robert recognised in his study that the Government could not give in advance a commitment on the exact shape that redress will take. Our comprehensive response must await the final report of the infected blood inquiry. However, I want to assure those affected that this Government, which delivered a statutory inquiry and interim compensation, remain absolutely committed to our intentions in commissioning the compensation framework study. Accordingly, and recognising the need to continue to build trust with the affected community, I want to share with the House the progress we are making.

A cross-Government working group, co-ordinated by the Cabinet Office, is taking forward work strands informed by Sir Robert's recommendations. A cross-departmental group at permanent secretary level has been convened, chaired by the Cabinet Office second permanent secretary, Sue Gray, to oversee that work. I am pleased to be able to say that Sir Robert has agreed to provide independent transparent advice to the group as work progresses. I am grateful to him for his continued input into our thinking. It is my intention over the coming months to update the House on progress and, where it is possible, to provide greater clarity on the Government's response to Sir Robert's recommendations prior to Sir Brian's report being published.

In the meantime, I wish to make clear one critical answer to a recommendation posed by Sir Robert. In the first recommendation of his study, Sir Robert sets out that there is in his view a moral case for compensation to be paid. The Government accept that recommendation. There is a moral case for the payment of compensation. We have made that clear in our actions with the payment of interim compensation. I now want to make it equally clear on the Floor of the House. The Government recognise that the scheme utilised 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. The Government will ensure those principles are adopted.

We have significant work to do to ensure we are ready for Sir Brian's report. For example, Sir Robert makes detailed findings and recommendations about the delivery of the scheme, which must be worked through in discussion with the devolved Administrations. Work will need to be undertaken to ensure, in line with his recommendation, that final compensation can be made free of tax and disregarded for benefits purposes.

We know, too, that the inquiry will make recommendations in relation to bereaved parents and children. In his interim report, Sir Brian made clear his view that the moral case for their compensation is beyond doubt. Sir Brian recognised that the approach to compensating this

group of people is complex and the Government must be ready to quickly address recommendations relating to them. The work in consideration of the study will ensure that the Government are prepared to act swiftly in response to Sir Brian Langstaff's final recommendations relating to compensation.

Those infected and affected have suffered enough. Having commissioned both the inquiry and the report, the Government have further shown their commitment in our actions by the payment of interim compensation. Sir Brian and Sir Robert have both ensured that the voices of those infected and affected are front and centre of their work, and I, too, hope to be able to meet and hear from people directly affected as our work progresses. We have much to do, but I wish to assure the House—this is why I wished to be here today—that this is a priority for the Government and we will continue to progress it. I commend this statement to the House.

Madam Deputy Speaker (Dame Eleanor Laing)
I call the shadow Minister.

12:02:00

Florence Eshalomi (Vauxhall) (Lab/Co-op)

I thank the Minister for the statement, which is welcome but long overdue. It is very disappointing that the Government did not find time for an oral statement in the House earlier this year when they published Sir Robert's report. Ministers were dragged kicking and screaming to publish the report when it was leaked. That has been the pattern throughout this long painful process and it seems no different today.

Victims of the contaminated blood scandal will be watching today with great interest. Heartbreakingly, many of those infected have not lived to see today's exchanges and the prospect of proper justice at the end of the inquiry. My right hon. Friend the Member for Kingston upon Hull North (Dame Diana Johnson) has campaigned tirelessly to raise awareness of this issue, but throughout that time more than 3,000 people have died and statistics from the Terrence Higgins Trust show that, between the start of the inquiry in July 2017 and February 2022, some 419 infected people have died.

I know personally how important this issue is and what it is like to have a loved one rely on a clean blood supply. My late mother suffered from sickle cell anaemia and because of that disease she required regular blood transfusions, which were vital. Without those blood transfusions, her life would have ended a lot earlier. I cannot imagine the pain and trauma experienced by families who were let down by basic failures of standards. The least they deserved was a prompt and thorough response from the Government. While we await the conclusion of the report and inquiry, one person dies every four days. Every day that we delay the compensation is justice denied to those people. The Minister owes it to those victims to provide real answers today.

In a recent Westminster Hall debate, the Minister's colleague, the Parliamentary Secretary, Cabinet Office, the hon. Member for Brentwood and Ongar (Alex Burghart), gave a frankly insulting response on the subject. He dodged the question and failed to give any certainty

about the timeline for payment or the publication of the Government's response to the report, which they have had for more than eight months. Victims will not accept empty gestures. It seems to families that the plan changes with every announcement.

Can the Minister make a promise to the House today to publish a timetable for the compensation framework for those affected by the infected blood scandal? What plans does he have to work in partnership with the infected blood community to develop the compensation framework for those affected? When will he end the Government's silence on the other 18 recommendations that have gone ignored? How will the Minister make sure that everyone who wants to respond to the proposals has the opportunity to do so? Rather than sporadic updates without any substance, will the Minister commit to more regular updates on progress and the direction of travel on this heartbreaking issue, ahead of the report next summer?

The contaminated blood scandal had a life-changing impact on tens of thousands of victims who were promised the hope of effective treatment. It can only be right that they see the justice they deserve as soon as possible.

Jeremy Quin

I thank the hon. Lady for her remarks. She spoke movingly of the impact on those infected and affected. I concur that time is of the essence. I appreciate that, for family reasons, she knows how difficult it must be for the people who saw these things happening to their relatives, and how awful that process has been. I also appreciate that it is incredibly important, given all that has happened to this community, that trust is built and retained. I certainly commit that we will update the House regularly.

I cannot commit to a timetable. The reason is that I do not want to say anything in this House that we cannot meet. There is a complex series of steps to be taken and work to be done across Government and with the devolved Administrations. But I assure hon. Members that it is my intention to update the House as we make progress. We must do so in order to ensure that those infected and affected are fully apprised of the progress we are making.

I am grateful to Sir Robert and Sir Brian for how they have incorporated the views of those infected and affected in their work. My impression is that those infected and affected have appreciated the engagement they have had through the work undertaken. I hope that means that Sir Brian's work is fully reflective of the thoughts of the community. I have said that I wish to meet members of the community. I want to ensure that our work is timely and ready to fully consider and respond to the work that Sir Brian produces during the course of next year.

Madam Deputy Speaker (Dame Eleanor Laing)

I call the Father of the House.

Sir Peter Bottomley (Worthing West) (Con)

I welcome the Minister coming to make an oral statement. We know that both he and the Leader of the House have been deeply involved in this issue over the months and years.

The right hon. Member for Kingston upon Hull North (Dame Diana Johnson) is the most powerful advocate trying to hold Government to account and to get them to come forward. I think she will want to write—and I will happily join her—a whole series of detailed questions to the Minister, some of which he may be able to answer now. For others, he may have to say what conditions need to be met for them to be answered.

One important thing to my mind is allowing those who are not yet registered as possibly entitled to compensation to preregister, so that, when the Government come out with their response to Sir Brain Langstaff's report, they will be able to take that up fast and make up any missing medical records, which will be a problem for some people who have been infected or affected.

The all-party parliamentary group welcomed the Government accepting the first point of Sir Robert Francis's report about the moral case. I thank the Government for that. We are also grateful that Sir Robert is going to be invited to help Sue Gray to take forward the work she is doing. We should not underestimate the amount of work.

As and when people get compensation, are they going to be protected from the scams and so-called financial advisers who may not protect their income and use of that money? Can the Minister consider whether he can answer whether inheritance tax will not be applied to someone's payments if the household is within the inheritance tax limit?

Jeremy Quin

I should have said this in response to the hon. Member for Vauxhall (Florence Eshalomi) but, in response to the Father of the House, I have greatly appreciated spending time with him and the right hon. Member for Kingston upon Hull North (Dame Diana Johnson), who has been a tireless campaigner on this, as has the entire all-party parliamentary group on haemophilia and contaminated blood. I very much appreciated the time they spent with me.

I absolutely recognise the point on preregistration, which is one of the issues at the forefront of our minds as we go through this. The Father of the House recognises that there are particular issues, including in relation to medical records that may have been lost over time, dating back decades. There needs to be a clear system so that people know how to take advantage of the scheme.

On compensation and scams, I share my hon. Friend's concern. I am not certain how we will be able to address that. It is obviously an issue that afflicts many of our constituents in many circumstances, but I am sure that it will not be impossible to deliver timely advice alongside the scheme.

In terms of tax, the recommendation is clear that this should be tax free and should be disregarded for benefits. In relation to inheritance tax in particular, there are complexities that need to be examined. Whether we need to have legislation as part of that process is one of the issues that we are working on. If my hon. Friend or other hon. Members have detailed questions, they are more than welcome to write to me and I shall respond.

Patricia Gibson (North Ayrshire and Arran) (SNP)

We in the SNP pay tribute to those affected by the infected blood scandal—one in three infected with HIV were children—and their continued decades-long struggle for justice. Today's announcement of a swift response to Sir Robert Francis's final recommendations relating to compensation is indeed welcome, but the Minister will understand the widespread disappointment about his inability to commit today to a date for publishing a response to Sir Robert's compensation framework report.

The Minister will be aware that there is understandably a significant and remaining lack of trust between those impacted by infected blood, the UK Government and existing support schemes. Recommendation 16 of Sir Robert's study calls for an arm's length body to

“administer...compensation...with...independence of judgement and accountable directly to Parliament”.

I hope the Minister will tell us today that he will keep the House updated on the progress of that.

Thousands of families across the UK have experienced great trauma after they have cared for loved ones suffering—or in many cases dying—due to contaminated blood. Does the Minister support the notion of the interim scheme being extended to families and carers who have cared for people with infected blood?

Jeremy Quin

There are two points in particular. On the arm's length body, a persuasive case is made in recommendation 16. Looking at the principles of that, particularly on independence, we are not yet ready to commit to an ALB, but we definitely want to have a body that will have the trust and respect of those whom we are seeking to support. Work is going on as to how that will best be constituted, but recognition of independence is key behind the principles of the recommendation of an ALB. I look forward to updating the hon. Lady on other issues as the work progresses.

Bob Blackman (Harrow East) (Con)

I commend my right hon. Friend for his statement. Victims of the scandal are clearly cared for by carers and by their families. I welcome the fact that the interim payments are exempt from tax and disregarded for benefits. Has he assessed what the impact has been on families? What should any victim, or the families of victims, do if they have not been disregarded for benefits or for tax purposes? Can he provide assistance on that to ensure that families receive the full compensation?

Jeremy Quin

People absolutely should have received those payments, which should have been disregarded. If there are any issues, they should be taken up with the relevant support schemes. I would like to hear from hon. Members if they hear of such instances and I will happily take them up on behalf of their constituents.

My hon. Friend mentioned carers, as did the hon. Member for North Ayrshire and Arran (Patricia Gibson). Again, a strong recommendation is made in the report. It is an area of deep complexity, as the House will recognise, so it may have to wait for Sir Brian Langstaff's specific recommendations, but we absolutely are thinking through the implications.

Dame Nia Griffith (Llanelli) (Lab)

The disappointment is absolutely tangible. Time after time, my right hon. Friend the Member for Kingston upon Hull North (Dame Diana Johnson), the Father of the House and many other colleagues have asked about the Government response to the report, which was published eight months ago. That it is being kicked into the grass until next summer is deeply disappointing.

Will the Minister confirm that the compensation scheme will include children who lost parents—often both parents, as the person who was infected was not told and so infected their partner—as well as the parents of the 300-plus children who died of AIDS, and that they will receive payments? Will he elaborate on the preparations being made and reassure us that they include IT systems, secondment and recruitment of staff, training of staff and, most importantly, the identification of all of those who may be entitled to payments, especially given the stigma that still surrounds contaminated blood?

Jeremy Quin

The hon. Lady makes a series of excellent points. I want to assure her on one point: as shown by the fact that I am here today, we want to talk about this. We want to make certain that we are making progress, and I wanted to update the House on the progress being made. I will continue to do so. I hope that reassures her about how seriously we take these matters.

It was always the intention, with the study under Sir Robert, that there would be help to prepare us to be ready for Sir Brian's report, and that remains the case. Both Sir Robert and Sir Brian are absolutely clear about the moral case for compensation of children affected by the loss of parents. How that is arranged is deeply complex, as Sir Robert said himself, so Sir Brian Langstaff had to do specific work on that. However, I totally accept the case being made on behalf of those children. I also accept that, whatever the precise mechanism, there is a huge amount of work to ensure that the scheme is up and running as swiftly as possible, from the recruitment of those running it through to IT systems, staff and the like, given the complexity of what they will be confronted with.

Ian Levy (Blyth Valley) (Con)

Will the Minister please clarify whether all of those eligible for interim compensation received their payments on time?

Jeremy Quin

I believe that that is absolutely the case, and I am pleased to reassure my hon. Friend on that. It is also the case that, under the recommendations, there is still room for people to apply, if they have not applied to date. They should be looked after between now and a new scheme coming forward at a future point.

Margaret Greenwood (Wirral West) (Lab)

One of my constituents has been deeply affected by this issue. She has endured, in her words,

“a long, upsetting and depressing process.”

The strain on her and her family has been enormous.

The Hepatitis C Trust has warned that people affected by the infected blood scandal are falling through the gaps in the present frameworks for financial assistance and compensation, including those whose medical records have been lost and destroyed, which the Minister touched on—I would like him to expand on that—and people who were born abroad. What assessment have the Government made of the number of people who fit into that category, or when can we expect to receive such an assessment? What will he do to put things right?

Jeremy Quin

First, I absolutely sympathise with the hon. Lady's constituent. However, I hope that, since 2017, with the statutory inquiry, the report and the payment of interim compensation, they have seen that we have got a direction of travel and that things are moving in the right direction. I know, given the weight of people's loss, that that has taken too long, but we are working on it.

I recognise that there are issues in regard to hepatitis C and in particular hepatitis B. In relation to hep B, Sir Robert said that Sir Brian needed to take further medical evidence. It is one of the areas where, because of the absolute complexity, we may need to wait for the Langstaff report before we can be specific, but are we aware of the issues? Yes, we are, and I am grateful that the hon. Lady has brought the matter to the House's attention.

Kevin Brennan (Cardiff West) (Lab)

I pay tribute to my constituent who lost her beloved husband to this scandal and who recently wrote to me about the sort of disinformation that often is out there about this scandal, sometimes even from official sources. The Minister said that

“time is of the essence”.

Does he understand why, to many of the victims, it does not feel that way? Can he at least tell the House when he would expect this matter to be finally resolved, even if that is not immediately an exact date? They need some understanding that closure will come and that they will be compensated appropriately in a timely fashion.

Jeremy Quin

The direct answer is that finality will come only after Sir Brian has reported. That is expected during the course of next year, with the work to be completed by the end of next year. I know that seems an awfully long time to wait. Our job as a Government is to make certain we are ready to respond to those recommendations. That was why my right hon. Friend the Member for Portsmouth North (Penny Mordaunt), now the Leader of the House,

commissioned Sir Robert's report, and the onus is on us to make certain that we can act swiftly and effectively on the recommendations made.

Wayne David (Caerphilly) (Lab)

Sir Brian's report will be published next year. Rather than the Minister simply saying that the recommendations will be acted upon, can he give a firm commitment that the recommendations will be accepted and implemented?

Jeremy Quin

That is a sincerely asked question, and I appreciate the hon. Gentleman's sincerity. I trust that he will understand my sincerity when I say that I am not in a position to give a carte blanche acceptance. He appreciates that no Minister can do that on behalf of the Government for a report they have not yet seen. Have we accepted the moral case for compensation? We have. Have we paid interim compensation? We have. Are we keen to make certain we are in a position to respond effectively when the report is published? Absolutely, we will aim to do exactly that.

Patrick Grady (Glasgow North) (Ind)

I echo the calls from my hon. Friend the Member for North Ayrshire and Arran (Patricia Gibson) that a way should be found to extend compensation payments to carers. That is particularly important to a constituent I have heard from. Can the Minister also say a bit more about exactly when and how he will engage with the devolved Administrations and also with survivors' and families' groups to ensure they are kept informed and consulted throughout this process?

Jeremy Quin

First, I pay tribute to Sir Brian and Sir Robert for the work they have done to ensure that they are speaking to those affected in the communities, and I would like to personally speak to those members of the communities as well, as we progress our work. Contact is already ongoing with the devolved Administrations. We all had to work together on the interim compensation scheme, and it is critical that we do work together. This is a UK-wide issue, and I am sure we will be able to work collaboratively to ensure we get the right answers for those who have been infected and affected.

Debbie Abrahams (Oldham East and Saddleworth) (Lab)

I thank the Paymaster General for his statement. I know he is committed to this issue and will bring his personal commitment to ensuring it is resolved as soon as possible.

One of my constituents lost four family members: her brother, sister-in-law, aunt and cousin. Her 10-year-old nephew was orphaned and left to be brought up by her mother on a state pension. They have received not a penny. I appreciate the complexities in working out the timetable, but he is now in his late 30s, and we cannot imagine the trauma he has gone through with losing his parents and the stigma of their deaths. He cannot wait any longer. These people need support and compensation now. If the Minister could come back in the new year with a timetable for next year—not necessarily a detailed one—that would be helpful.

Jeremy Quin

The hon. Lady spoke for so many people in the House when she talked through that specific heart-rending example. Given the circumstances she refers to, it is no wonder that Sir Robert and Sir Brian have made clear their view on the moral case. I absolutely recognise what she would like me to do, which is to present a timetable. I will do my utmost in the new year to set out the steps we will be taking. I do not want to commit to anything we are not going to meet, and the hon. Lady will appreciate that. She recognises the complexity, but I want to reassure people that the work is under way to ensure that we are ready for the Langstaff report.

Stephen Kinnock (Aberavon) (Lab)

My constituent David Farrugia is part of what is called the fatherless generation. The scandal and the length of time it has taken to address these issues have had a profound effect on his mental health, as I am sure the Minister can imagine. Does he agree there is a clear and compelling moral case for compensation for the children of victims, which they are not currently eligible for? If he agrees that there is a clear and compelling moral case, can he set out when the compensation will be forthcoming?

Jeremy Quin

The moral case for compensation for children was specifically referred to by Sir Robert and Sir Brian. The interim compensation payments were arranged in the way recommended by Sir Brian—we accepted that recommendation in full. They were, among other things, to be as swift as possible—that defined the terms of those payments, but that does not mean that children are being ignored in this process. The moral case was set out in the report, and we as a Government accepted a moral case for compensation to be paid.

Tonia Antoniazzi (Gower) (Lab)

The stigma that is sadly still attached to diseases associated with contaminated blood makes it hard for victims to come forward. What are the Government doing to tackle that stigma and ensure that every victim of contaminated blood is found and receives support? May I take this opportunity to ask for reassurance that every victim across the United Kingdom and the devolved Administrations is found and given that support?

Jeremy Quin

I absolutely recognise what the hon. Lady says. One of the most distressing things with this brief—it was only really when I got this brief that I worked through the implications—was the stigma and the fact that this was happening in an era when people were not enlightened on AIDS and HIV. The consequences for families were extraordinary, and I fear, as she does, that that stigma can still be retained today. She makes the point that this scheme must be not only as easy and as easy to access as possible, but well publicised, and people should be invited to be part of it. That must be part of the final approach. All those who have a case should be given support to be part of the scheme and receive the compensation that will be outlined.

Jim Shannon (Strangford) (DUP)

It is clear from Members who have spoken that there is a sense of urgency. I perceive from the Minister's responses that he grasps that urgency, and I thank him for that. Can he

confirm that the route to compensation in the devolved nation of Northern Ireland in particular, but also in Scotland, Wales and England, will be straightforward and not a quagmire in which people seek professional and costly advice that eats into compensation and adds stress to the process for them?

Jeremy Quin

I absolutely want to give that reassurance to the hon. Gentleman. Sir Robert looked at a number of alternatives. There is a scheme operating in the Irish Republic that is a more of a common-law approach. His recommendation is that we must do something that is simpler and easier to access. After all the suffering that has taken place, we do not want to layer on to that the complexities of having to seek expensive advice to be part of a scheme. We absolutely want to do something that is simple and easily accessible so that we can ensure that everybody who is owed compensation is in a position to secure it.