



CHAIR'S STATEMENT ABOUT WHEN THE INQUIRY WILL CONCLUDE

1. The Infected Blood Inquiry began its work some 8 years ago in 2018. It will conclude on 31 March 2026, when I shall be writing to the Paymaster General and Minister for the Cabinet Office to inform him that the Inquiry has fulfilled its terms of reference. The purpose of this statement is to explain to Inquiry participants why the Inquiry's work will come to an end on 31 March 2026.

The History

2. The Inquiry Report was published in May 2024, following two interim reports (published in July 2022 and April 2023) which made recommendations about interim compensation payments and setting up a compensation scheme. At the time of publication of the Inquiry Report I wrote to the Paymaster General and Minister for the Cabinet Office, explaining that I was not yet able to notify him under section 14(1)(a) of the Inquiries Act 2005 that the Inquiry had fulfilled its Terms of Reference but that I hoped to be able to say soon that the Inquiry's work was complete.
3. In May 2025 the Inquiry took the unusual step of holding further hearings to consider issues relating to compensation. Following those hearings, on 9 July 2025, the Inquiry published its Additional Report on Compensation. At that time, I wrote again to the Paymaster General and Minister for the Cabinet Office and explained that:

“The Additional Report necessarily only addresses issues that have arisen during the making of the Regulations and award of compensation to fewer than 500 people infected and registered with the support



schemes. More issues will inevitably emerge and individuals – like the mother quoted at the end of the chapter on HIV transmitted before 1982 – should not feel that they are alone when this happens.

One of my recommendations is for the Government and IBCA to establish a mechanism by which individuals or organisations may raise concerns about an aspect of the scheme which is troubling them, and have them carefully considered and answered. The Inquiry’s role will be complete once there is a suitable mechanism for concerns to be raised, listened to and acted upon.

In light of the circumstances in which the need for this Additional Report arose, as well as the Inquiry’s ongoing preparations for archiving, I am not yet able to notify you under section 14(1)(a) of the Inquiries Act 2005 that the Inquiry has fulfilled its terms of reference but I hope to be able to say this autumn that the Inquiry’s work is indeed complete.”

4. In the Additional Report on Compensation I identified the need to involve people infected and affected in the decisions that matter to them:

“Truly involving people infected and affected in how the state recognises their losses would start to turn the page on the past.”

5. I made recommendations to achieve this:

“2. Transparency and involvement

...

(c) A formal role be given within IBCA for an advisory body consisting of people infected and affected, covering a range of experience broadly representative of those groups, and (if those groups so wish) including clinicians covering the major relevant disciplines of hepatitis and liver disease, HIV, transfusion, haemophilia, psychosocial aspects and



palliative care. The advisory body should choose its chair, and the chair should be formally invited to each and every meeting of the Board of IBCA, and be given observer status.

2(d) To build confidence that IBCA is actively listening to people infected and affected, IBCA adopt more of a structured response to contributions from people infected and affected. Consideration should be given, as a minimum, to making a contemporaneous record of IBCA's understanding of the matters that had been raised in meetings with people infected and affected and setting out IBCA's response to each point.

Both these two recommendations have led to action.

2(e) The Government and IBCA establish a mechanism by which individuals or organisations may raise concerns which arise about any aspect of the scheme which from time to time is troubling them. The mechanism is intended to help continuous improvement of, and/or aid understanding of, any aspect of the scheme. It should involve identifying a person or body to whom any such concern should be expressed, whose role it is to consider the concern, log it, and ensure that it is placed on the agenda for the next meeting of the advisory body or IBCA's Board or is considered by the Cabinet Office and Minister as appropriate."

Steps have been taken in practice towards this, though as yet it has not been formalised.

6. In the Inquiry Report of 2024 I had also recommended that a Parliamentary Committee should review progress towards responding to and implementing an inquiry's recommendations. I explained in the Additional Report on Compensation that:



“If Recommendation 2(e) in this Additional Report is given effect to (and if in addition Parliament creates the mechanism recommended in Inquiry Recommendation 12 from the May 2024 Inquiry Report) there will be a clear route by which people’s concerns can be raised and properly addressed in the future. Once there is a suitable mechanism for these concerns to be raised, listened to and acted upon the Inquiry’s role will be complete.”

Developments since the Additional Report on Compensation

7. Since the Additional Report on Compensation was published there have been a number of relevant developments. These include the following:
 - On 21 July 2025, the Government accepted some of the recommendations in the Additional Report on Compensation for immediate implementation and decided to consult on others.
 - On 21 July 2025, the Minister for the Cabinet Office wrote to the Chair of the Public Administration and Constitutional Affairs Committee (PACAC) in Parliament recording their agreement on 15 July that PACAC would scrutinise implementation of the Inquiry’s recommendations in both the May 2024 and July 2025 reports.
 - On 22 July 2025, IBCA accepted all the recommendations in the Additional Report on Compensation.
 - On 15 September 2025, the Government published the terms of reference for the Infected Blood Compensation Scheme Technical Expert Group, which included engaging beyond the Technical Expert Group’s membership, publishing summaries of the outcome of that engagement and publishing minutes and reports.



- On 18 September 2025, IBCA published the first summary of consultation with community groups. This included a summary of the discussions that took place in August about registration and prioritisation, IBCA's initial response to the themes and suggestions they heard and provided a feedback form for any major themes that had been missed. Informed by this consultation, IBCA opened a registration service on 1 October.
- From September 2025, the Cabinet Office increased their engagement with campaigners.
- On 23 October 2025, IBCA published the second summary of consultation with community members and their representatives, this time about how IBCA would open up the claims service to people infected and never compensated. Following a similar approach to the earlier consultation, IBCA published their response and a feedback form.
- Between 30 October 2025 and 22 January 2026, the Government ran a public consultation on proposed changes to the infected blood compensation scheme. The Government's response to this consultation is due within 12 weeks of its closing.
- On 10 December 2025, the Parliamentary committee PACAC launched an inquiry into how to respond to calls for public inquiries and how to scrutinise the implementation of recommendations resulting from future inquiries with a closing date for submissions of 6 February. The Committee stated that these issues would inform their consideration of the broader recommendations from this Inquiry.



- On 15 December 2025, the Technical Expert Group held the first of their roundtables with representative organisations. The background papers and summaries of the discussion of roundtables have been published.
 - On 13 January 2026, IBCA published the first of quarterly reports summarising concerns and issues raised with IBCA and their response, including where they have shared concerns and issues with the Cabinet Office.
 - On 20 January 2026, IBCA held the first of their informal drop-in sessions for people infected and affected in Glasgow, with future sessions planned in Birmingham, London, Manchester, Belfast, Liverpool and Cardiff.
 - On 3 February 2026, IBCA held its first board meeting in public and published the agenda and board papers. The recordings and minutes are also public.
 - On 10 February 2026, IBCA announced the appointment of 13 members to its Community Advisory Panel to provide independent, experience-led advice and guidance to IBCA board members.
 - In February 2026, the Haemophilia Society and The Hepatitis C Trust announced that they had accepted grants made by the Government as a result of the Inquiry's recommendation that the patient voice be enabled and empowered.
8. In addition, on 21 July 2025, the Government announced that the Cabinet Office and IBCA were working on proposals for a mechanism to allow people and organisations to raise concerns and that once a mechanism had been established, they would seek feedback on its operation and



engage with people infected and affected to make sure that it worked as effectively as possible. This remains to be done.

9. Although there is more still to be done, there has been substantial progress in transparency and involving people in the development and implementation of the compensation scheme, as the list above indicates.
10. I am also aware that many concerns remain. These include concerns about significant aspects of the proposals outlined in the Government's consultation and other concerns shared with IBCA and the Government, and also concerns about the limited progress that has been made towards compensation for people infected but never previously compensated, compensation for the deceased infected, and compensation for people affected. As those claims begin to be processed in greater numbers, it may well be that further issues will arise.
11. Why, then, is the Inquiry ceasing its work now?

As I explained in the Additional Report on Compensation, my expectation was that the Inquiry's work would be complete once there was a suitable mechanism for people's concerns to be raised. That expectation reflects the fact that a statutory public inquiry such as the Infected Blood Inquiry is defined by its terms of reference and, under the Inquiries Act 2005, must end once those terms of reference have been fulfilled. Although I can understand why many might wish it to be so, it is not the role of a public inquiry to monitor or police the actions of Government once the terms of reference have been met. And in particular, though the Inquiry may make recommendations which, if accepted, may require or lead to changes in the law, it has no power to legislate. That is for Parliament to do. Nor does it have the power to run a body such as IBCA. The Inquiry has exercised the power it has. That is, to report to the public and Parliament through the responsible Minister – in this case the Minister for the Cabinet



Office – and to make recommendations for Parliament and other relevant bodies to consider. Central to many of those recommendations has been the importance of acting with transparency, and involving people in decisions which concern them.

12. This Inquiry's terms of reference have allowed it to consider the adequacy and timeliness of the response to the use of infected blood and blood products. However, it cannot overstep its proper boundaries by second guessing decisions which are for the Government or IBCA to make when deciding how to implement those recommendations from the Inquiry which they have accepted.
13. Since the Additional Report on Compensation was published there have been, as outlined above, a number of important steps taken towards ensuring the greater involvement of people infected and affected and enabling their concerns to be aired and considered.
14. Now that these steps are underway, the Inquiry's work will be complete when The National Archives is satisfied with the archiving of the Inquiry's evidence. I anticipate that this will be on 31 March 2026. The Inquiry has in parallel to this statement published a statement of approach about archiving.
15. I recognise that closing the Inquiry will cause disappointment to some, particularly people who are still awaiting compensation and who do not know with any certainty when that compensation will be received and people who are waiting for the Government's responses to the public consultation and to the concerns shared by IBCA with the Cabinet Office and directly with the Cabinet Office.
16. But now that other mechanisms have been established through which concerns can be raised and addressed, a continuing role for this Inquiry



can no longer be justified under the terms of the Inquiries Act 2005. Its job has been done.

17. Nonetheless I cannot emphasise too strongly to Government and to IBCA that they must continue to learn from the lessons of the past. I cannot close the Inquiry without emphasising the essence of what I said in the Additional Report on Compensation. People infected and affected must be given the dignity and respect they deserve. This means ensuring that people's voices are listened to by involving them in the decisions that matter to them. It means avoiding being paternalistic and patronising. It means transparency as far as possible, so that people can understand (and if need be challenge, or secure change to) those decisions – for transparency and involvement go together. It means respecting a person's viewpoint. It means not just hearing but listening and acting. It is about truly valuing people so that people infected and affected are at the heart of things that matter.
18. Transparency, involvement, listening rather than simply hearing, recognising (and remedying) injustice and truly valuing people must be central to all the work that still needs to be undertaken. For the future, the Government and IBCA must ensure that there is a genuine, open-minded and meaningful ongoing dialogue with people infected and affected. Anything less runs a risk of perpetuating the mistakes of the past.