Infected Blood Compensation Scheme

Volume 755: debated on Wednesday 23 October 2024

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2.35pm

The Paymaster General and Minister for the Cabinet Office
(Nick Thomas-Symonds)

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I beg to move,

That the Infected Blood Compensation Scheme Regulations 2024 (SI, 2024, No. 872), dated 22 August 2024, a copy of which was laid before this House on 23 August, be approved.

Let us start by reminding ourselves why we are here today. The infected blood scandal is a mark of shame on the British state. The infected blood inquiry's final report, which was published on 20 May, shed light on the trauma inflicted on thousands of people across the country through no fault of their own. People were given contaminated blood or blood products and contracted HIV, hepatitis C and hepatitis B, and then for years they had their voices ignored. Those who were affected—the people who loved, knew and cared for someone who was infected—similarly had their voices ignored. That did nothing but compound the trauma for all involved.

The infected blood inquiry's second interim report, published in 2023, set out 18 recommendations on compensation, informed by Sir Robert Francis KC's 2022 compensation scheme study. The inquiry was unequivocal that a compensation scheme must be set up immediately.

The regulations before the House are essential for delivering that compensation scheme and getting money to people as quickly as we can. In May, when the now Prime Minister and I responded to Sir Brian Langstaff's inquiry, we were absolutely clear. I said:

"One of the most powerful conclusions in this report is that an apology is meaningful only if it is accompanied by action".—[*Official Report*, 21 May 2024; Vol. 750, c. 748.]

Today, with the regulations and the compensation scheme, we are delivering that action and taking another step on the road to the justice that has been so cruelly delayed.

Mr Jonathan Brash
(Hartlepool) (Lab)

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My constituent Alex Robinson lost her father to this scandal in 2006, having been his carer since the age of 13. In her words:

"He never got to walk me down the aisle or hold his grandchildren."

She is incredibly concerned about getting justice. Can the Minister confirm that my constituent, along with all the families, will receive legal support to ensure that they can make their application to the compensation scheme successfully?

Nick Thomas-Symonds

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family have been through. The Infected Blood Compensation Authority will aim to ensure that appropriate advice and support is available to assist people in managing their compensation awards, in accessing financial services and, where relevant, in accessing benefits advice. Sir Robert Francis KC recommended in his report that legal support be available to people who want to claim compensation; the Government and I have accepted that recommendation. We will work with the Infected Blood Compensation Authority to develop the package of support services.

Seamus Logan >

(Aberdeenshire North and Moray East) (SNP)

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One of the report's recommendations is that charities and support organisations that provide advice to victims and their families be placed on a statutory funding basis. Can the Minister confirm that the Government's intention is to implement that recommendation?

Nick Thomas-Symonds >

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If I understand the hon. Gentleman's intervention correctly, he is talking about the different organisations that already exist. We will consider all the recommendations in the round, but he is absolutely right to highlight the hugely important role of those organisations. The Infected Blood Compensation Authority will look to work with the different support organisations. That is vital.

The scheme is based on the recommendations and principles put forward by the inquiry. In line with those, and supported by advice from the inquiry response expert group, it was updated following the engagement exercise that Sir Robert Francis KC undertook in June with victims and representatives of the infected blood community. The Government have sought to design a fair and comprehensive compensation scheme, which will also be quick and simple for eligible applicants to access.

I turn first to eligibility. The scheme and the regulations define people who are eligible as infected people, in line with recommendation 2 of the inquiry's second interim report. That covers people infected with HIV, hepatitis C and hepatitis B, and it includes people directly infected by treatment with blood as well as people indirectly infected via transmission from a directly infected person.

Secondly, the regulations establish a core route for claiming compensation as an infected person. The core route provides for compensation to be awarded under five categories or heads of loss, as set out in recommendation 6 of the inquiry's report: an injury impact award, a social impact award, a care award, a financial loss award and an autonomy award. Together, they will comprise the total compensation award to infected individuals, or to the estate of any deceased infected individuals, to recognise the wide-ranging harm resulting from their infection.

Earlier this year, the Victims and Prisoners Act 2024 established the Infected Blood Compensation Authority in law to deliver the scheme. I am proud to have campaigned with many Members across the House to have delivered that change in legislation; I pay tribute to the right hon. Member for Salisbury (John Glen) for his role. I am proud that this Government are now delivering on that commitment.

The regulations before the House will provide the Infected Blood Compensation Authority with the legal powers that it needs to begin making payments. They also provide further detail on how it will accept applications and pay awards. The authority, under the chairmanship of Sir Robert Francis, has been working hard to design and implement effective, simple and secure processes that put the infected blood community at the heart of its work.

Last week, the Infected Blood Compensation Authority reached out to the very first claimants under the scheme. The authority is taking a test-and-learn approach that will ensure that it can take feedback on board and improve the service before it opens its full compensation service. I hope that that step provides confidence that we are absolutely committed to driving forward progress to meet our shared intention of beginning payments by the end of this year, as I have previously said to the House. I will do everything in my power to ensure that all those who are entitled to compensation receive it as soon as possible.

Mr Mark Francois >

(Rayleigh and Wickford) (Con)

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the tone just right. On behalf of a constituent, Mr A, who was infected by being born of a mother who was infected, I have corresponded with Sir Robert Francis KC. If my constituent were here, he would be keen to know that the compensation scheme will cover people in his circumstances, both for their physical and mental distress. For the avoidance of doubt, could the Minister please confirm that those people will be covered by the scheme as well?

Nick Thomas-Symonds >

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Yes. First of all, and I am sure I speak for everyone in the House, I express my sympathies to the right hon. Gentleman's constituent and his family. The right hon. Gentleman is entirely right to raise the case directly with Sir Robert Francis. I urge Members across the House to look up the details of the Infected Blood Compensation Authority on the gov.uk website and point their constituents in that direction—the authority is already setting out newsletters—and to do as the right hon. Gentleman has done and write directly to the authority. On the basis of being infected through transmission from his mother, his constituent clearly fits the category of an infected person under the scheme. He is precisely the kind of person the scheme is designed to help. The right hon. Gentleman is right to raise the case on the Floor of the House today in this debate.

Colum Eastwood >

(Foyle) (SDLP)

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I am very grateful to the Minister for giving way. This has been a long, long journey for the people who have been affected by this scandal—and that is exactly what it has been. Can he clarify an issue that has been raised about inheritance tax? Given that many payments will be paid to the very elderly, many second generation recipients are worried about inheritance tax. Will they be exempt from inheritance tax? Is that possible?

Nick Thomas-Symonds >

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Yes, the awards are exempt from inheritance tax and capital gains tax. That is precisely how the scheme has been designed. I hope that gives reassurance to the hon. Gentleman.

Let me move on to the points raised by the Secondary Legislation Scrutiny Committee, as it is important that I address them. As the Committee noted, the infected blood scandal stretches back over many decades, and access to records, in particular medical evidence, will be very challenging—I acknowledge that. That is at the very heart, as I am sure hon. and right hon. Members will understand, of the challenge of trying to address an injustice that has been allowed to continue for so many decades. Where that is the case, the authority will need to make objective decisions relying on the evidence that is available in order to determine, on the balance of probabilities, that treatment with infected blood occurred. The authority will—I expect it to do this—provide assistance to those who believe that their medical records have been lost or destroyed, and evidencing eligibility will be easier, faster and more compassionate than, for example, one would experience through any court proceedings.

The Committee highlighted the complexity of the regulations. That is why, alongside the publication of the regulations and the explanatory memorandum, the Government published a detailed policy paper in August on how the compensation scheme will operate, setting out what individuals can expect to receive, including case study examples. Additionally, the Infected Blood Compensation Authority will ensure that appropriate advice and support is available to assist people with managing their compensation awards, accessing financial services and accessing benefits advice where relevant, as I set out in response to an earlier intervention by my hon. Friend the Member for Hartlepool (Mr Brash).

Thirdly, the Committee raised questions on how claimants will receive payments. As set out in recommendation 10 of the infected blood inquiry's second interim report, the regulations include a mechanism for electing for periodic compensation payments or a lump sum. That is responding to the wishes of those who have told us that they wanted that option to be available to them. We have also provided an alternative for those currently receiving support scheme payments through the infected blood support schemes. The so-called IBSS route was developed following the recommendations of Sir Robert Francis KC, following his engagement with representatives of the infected blood community.

have listened, and we have agreed and accepted that support scheme payments will continue for life for those who elect the IBSS route. The route will be available for those who applied to be registered on a support scheme on or before 31 March 2025, and delivered as part of the compensation package. The tariff-based scheme is designed to be fast, fair, consistent and secure. We hope that people will be satisfied that they have been provided with full and fair compensation, as the scheme sets out. However, should that not be the case, the regulations make provision for review of decisions made by the authority and for appeals to the first-tier tribunal.

Mike Amesbury
(Runcorn and Helsby) (Lab)

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Michael in my constituency will benefit from the compensation, and I commend the Minister and the Government for their swift action. How do we ensure that we maintain trust in the process? Is there an opportunity for victims to review any aspects of the compensation scheme that may not be working?

Nick Thomas-Symonds

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My hon. Friend makes a powerful point about trust in the process. The scheme is designed to have a core route, and a supplemental route for particular issues around care claims or financial loss that are not appropriately captured in the core route. There is also provision around review and appeals to the first-tier tribunal, which is important. One of the purposes of having a tariff-based scheme is to try to make it simpler and easier to access, so that the need for subsequent appeals is minimised.

I know that the House speaks as one when it comes to paying long overdue compensation to those impacted by this harrowing scandal. Following the passing of the Victims and Prisoners Act, these regulations are the next substantial step towards getting money to people who rightly deserve it. However, although there has been progress, the work is far from finished. A second set of regulations will provide for other elements of the compensation scheme, including compensation payments to those who are affected and for claims outside the core route. Subject to parliamentary approval, the Government aim for the second set of regulations to be in place by 31 March 2025, to support our intention—as I have previously told this House—for those affected to start receiving payments next year.

There is shared determination across the House to deliver compensation as swiftly as possible and with the minimum delay. I hope that today, hon. Members across the House can agree that these regulations are a significant step towards that.

2.52pm

John Glen
(Salisbury) (Con)

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I thank the Paymaster General for advance notice of the statutory instrument being laid, as he has always given. He rightly reminded the House of the injustice that victims of the infected blood scandal have been subject to—one that has spanned several decades. I hope that we are now in rapid delivery mode. My role is to ensure that the Government are doing all they can to deliver compensation as swiftly and effectively as possible for the infected and affected, following the passage of the Bill under the previous Government.

As the right hon. Gentleman knows, it is also my duty to work collaboratively with the Government on this matter, supporting them and scrutinising them where appropriate. To that end, I wish to set out some issues raised with me by representatives of the infected and affected communities. First, I draw the right hon. Gentleman's attention to the Secondary Legislation Scrutiny Committee's second report of the Session, which found the explanatory memorandum to be

"overly complex and technical, while lacking basic information about the policy".

To some extent, I very much sympathise. This is a very complicated matter. I suspect that the right hon. Gentleman will agree that this critical information should be easily accessible to all. Can he assure the House that he will do everything he can to ensure that the explanatory memorandum to the second set of regulations will be much clearer in language and in outlining how the policy will to advice and support, but the implication of what has been said is that an improvement can be made.

On the Infected Blood Compensation Authority, I echo my previous comments in welcoming the Government's pledge to deliver the first payments by the end of the year. I know that the Paymaster General and I align in recognising the paramount importance of delivering this compensation as quickly as possible. However, currently, there is no defined timetable for when applications can be made and when payments will be processed.

Furthermore, I know the Paymaster General will find it as troubling as I do that groups of victims have previously described meeting the end-of-year deadline as "nigh on impossible". We need to solve these trust issues. Can he outline the steps the Government and the IBCA are taking to ensure that payments will be made by the end of the year—just 10 weeks away? Can he confirm what proportion of the eligible infected community will receive their payments by the end of the year?

There is a suspicion, of which I am sure the Paymaster General is aware, that achieving payouts for the previously mentioned user group of 20 individuals by the end of the year will be used to technically satisfy the obligation he undertook to get money out of the door by the end of the year. The infected community as a whole will want to know that all of them—beyond the 20—will receive their payments in their bank accounts, and what will be the interval between the end of the year and that happening. Please could the Paymaster General explain how the user group of 20 people have found the new scheme, and how quickly their lessons can be applied to the rest of the infected community? I understand that the IBCA recently confirmed its intention to invite increasingly larger groups of people to test the service before it opens to those who are eligible. Can the Paymaster General confirm when the scheme will open to larger groups? How many will be involved? Will they include all victims, including those affected from the infected estates?

The right hon. Gentleman mentioned issues around the burden of proof. I seek clarification on the proof that victims need to provide. It appears that the burden of proof once again falls to victims, which risks going against the letter and spirit of both Sir Brian Langstaff and Sir Robert Francis's recommendations. I recognise and am sympathetic to the challenges, given Cabinet Office officials' advice to me when I was in his position. Locating medical records could be an issue, given that the latest case date specified in the regulations is more than 30 years ago. Can the Paymaster General outline the decision-making process of the IBCA in circumstances where medical records are apparently unavailable? What steps is he taking to ensure that rightful compensation is received when proof of infected conditions is not readily available?

I would like to move on to affected persons. In his report in May, Sir Brian Langstaff made it abundantly clear that both infected and affected persons were to be given interim payments as quickly as possible. I am therefore concerned that part 3 of this instrument defines eligible infected persons but not the affected persons. Can the Minister offer some reassurance to the affected community and confirm that he has not ignored Sir Brian Langstaff's recommendation for the affected community? The affected community are concerned that the Government's delays in laying the second set of regulations for them means that many elderly parents of infected victims or bereaved partners will not live to see their rightful payouts as affected individuals.

I acknowledge the drafting and timetable challenges, but it will be 10 months from the final report this May to the end of next March without any defined regulations or timetable for making a claim as an affected person. That will distress many in the affected community. I am absolutely sure that the Paymaster General does not think it is fair for those affected people to feel like second-class citizens, but will he explain what processes will be under way between now and the end of March, and will he look to publish, even in broad outline, a timetable for affected communities' applications and the interval before payments will be received?

I am also concerned that no impact assessment has been published for this statutory instrument. Parliamentary scrutiny from all sides needs to be balanced, and fairer legislation will ensue if we can have maximum information on impact in advance, so that the evaluation process can be better informed. I know the Paymaster General has previously said that the costs of the infected blood scheme will be recognised in next week's Budget. Can he confirm whether the Government have calculated the impact and cost of the regulations?

I shall conclude by thanking the Paymaster General for his work in this area and his transparency with me. This legislation is very technically challenging and difficult to get right. I have enormous sympathy and respect for him. However, I urge him to ensure that critical information is as readily accessible as possible to all victims, infected and affected alike, bringing as much specificity as possible to the timelines for those different communities to this House as quickly as possible, and outlining the cost of the scheme.

For many of these victims, time is of the essence, which is why we must do all we can to deliver justice as quickly and effectively as possible. I remain committed to supporting the Government where I possible can and asking questions that are as reasonable as possible where answers still need to be provided.

Jessica Morden

(Newport East) (Lab)

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I am really pleased to see these regulations return to the House. Although there is still much to do, it marks a significant milestone in ensuring that the Government deliver on their promise to work at pace to establish the IBCA and give it the necessary powers to start making compensation payments. As hon. Members have said, we need to do this to ensure that payments are made as quickly as possible to people who have waited far too long for justice already. I thank the Paymaster General for the sense of urgency that has characterised his work to progress this issue to date since returning to Government. I know that in that work he will have been mindful of the many stories of injustice from this long-running scandal.

My right hon. Friend the Paymaster General, as my constituency neighbour, will know that my constituents, the Smiths, lost their son Colin to AIDS at just seven years old. Colin contracted it from infected blood from Arkansas prison, aged just 10 months. It emerged during the inquiry that Colin's doctor knew about the infection risks associated with using imported blood treatments on children, but broke his own NHS department's guidelines to do so anyway. Not only did the Smiths lose their very beloved son, but because of the stigma surrounding HIV at the time, the family were ostracised by the local community, harassed and abused, lost employment, and even had "AIDS dead" written in black paint alongside their house. That is why we are here today. There are so many stories. They illustrate why this is so important.

When the final report of the infected blood inquiry was published, I said to the now former Minister that the Smiths wanted Colin to be remembered, and for "sorry" to turn into concrete action on compensation, without adding further to the decades of painful delay that so many victims have had to endure.

Progress is clearly being made. My right hon. Friend the Paymaster General also knows that there are many questions that come up along the way. A lot of people are getting their information online. I agree that we need more information for affected families such as the Smiths. On their behalf, I reiterate that there is still much confusion among the affected community about what the regulations will mean for individual people making compensation claims. There is a bit of a feeling that compensation for bereaved parents is low. It would be really helpful if more could be done to explain how compensation will be calculated.

It is also important that the Government engage on an ongoing basis with all the many charities who have been involved, as the IBCA has done. We should recognise —a point made by the hon. Member for Aberdeenshire North and Moray East (Seamus Logan)—the massively important work that those charities have done to help the infected and affected. The charities do a fantastic job, but it is important to know from today exactly how families will be individually supported, and whether they might be offered caseworkers to get them through the process. Perhaps my right hon. Friend will say something about that.

My right hon. Friend also knows that many of those affected, like the Smiths, have waited years for compensation. It is not just about the compensation; it is also about justice, but both matter. My right hon. Friend has announced previously that applications for interim payments to the estates of deceased infected people will open this month. Can he confirm when that will be? Could he also set out whether affected parents who are not the beneficiaries of an estate will be eligible for those interim payments?

The Smiths also understand that those applications should be processed, and payments made, within 30 days. If my right hon. Friend would address that in his closing remarks, it would be great.

The scheme, the system and the framework are clearly very complicated, as hon. Members have said. We should acknowledge that today and do as much as possible to help people through that process.

My right hon. Friend talked about the second set of regulations to enable compensation payments to begin for those affected. Could he say more about the progress of the work being undertaken to that end, when he expects those regulations to be laid, and when he estimates applications will open? I think the date of 31 March was mentioned.

It is vital that once the IBCA begins its work, applications are swiftly processed without unnecessary delay. Will my right hon. Friend talk about the resources available to support that?

My right hon. Friend is obviously aware of the vital work of small charities and support groups to support those affected, like the Smiths. I echo the point raised by the hon. Member for Aberdeenshire North and Moray East that those groups' resources have been hugely stretched. It would be really helpful to know what funding might be available to enable such groups to continue their important work.

continues, on behalf of those who have waited so very long for this. We need to get it right, but we also need to get it done.

Several hon. Members rose—

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Madam Deputy Speaker

(Ms Nusrat Ghani)

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There are many valuable contributions still to be made during the course of this debate. I just want to remind Members to be mindful, during the debate on the infected blood compensation scheme, that the contaminated blood products group litigation is still before the courts. The resolution relating to matters that are sub judice does not apply when the House is discussing legislation, as we are doing today, but I would none the less invite Members to exercise caution and avoid any unnecessary comments on active legal proceedings.

I now invite the Liberal Democrat spokesperson to speak.

3.07pm

Sarah Olney

(Richmond Park) (LD)

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The Liberal Democrats are glad to see the introduction of this legislation and the establishment of the infected blood compensation scheme. We are glad that it will move the victims of this atrocity, both those infected and affected, closer to long-overdue justice and compensation. Victims and their families have been waiting decades for answers and for recognition of the suffering that they have endured. Liberal Democrats welcome the findings of Sir Brian Langstaff's report, which vindicated so many of those people affected. We voted last December for the amendment to the Victims and Prisoners Bill, requiring the Government to set up the compensation scheme, and we are glad that this motion establishes that.

Steve Darling

(Torbay) (LD)

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This is a deeply sad scandal. Does my hon. Friend agree that we need reassurance from the Minister that there is adequate capacity to process the applications at pace?

Sarah Olney

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I thank my hon. Friend for that intervention. It goes very much to the heart of the remarks that I shall make about ensuring that the compensation scheme established through this legislation is indeed adequate, not just in its resources but in its powers to fully address the magnitude of the justice and compensation that is owed to the families who have suffered.

Although we are grateful that the Government have brought this legislation before Parliament at such an early stage, we want to ensure that these proposals go far enough, and ensure that all those affected get the justice they deserve. The Liberal Democrats will work with the Government to ensure that the provision for fair and proper compensation is implemented as quickly and effectively as possible.

More than 3,000 deaths are attributable to infected blood and blood products, over 30,000 people were infected with hepatitis C or HIV after receiving infected blood transfusions, and many thousands more have been affected by the suffering that has been caused. This scandal is a chilling story of people being failed, not only by the medical professionals who treated them but by the NHS—which have precluded such an atrocity from ever taking place.

Over the decades when this was happening, children were subject to unsafe and deeply unethical clinical testing. Senior doctors in British hospitals administered experimental treatments while knowing the significant risk of contaminated products, and staff in haemophilia centres across the country used blood products even though it was widely known that these products were likely to be infected, as was so vividly highlighted by the hon. Member for Newport East (Jessica Morden).

The scope of the negligence goes far beyond the medical administration; the infected blood inquiry report reveals a culture of covering up. We must ensure that there is transparency in governance, especially given the disregard with which the last Conservative Government treated the public's trust. The Liberal Democrats support the survivors' call for a duty of candour on all public officials, as well as the introduction of increased legal protections for whistleblowers. We must do all we can to ensure that we have an honest political culture in which concerns are listened to and questions answered, so that nothing of this nature can ever happen again. We are glad that the report has made public the extent to which people were failed, and that there is support across the House for acknowledgement of the injustices that have been suffered, which this legislation begins to rectify.

However, while we are grateful for the Government's action in response to Sir Brian's inquiry, particularly the Minister's extension of the scheme beyond the initial commitments from the previous Government, we are concerned that the legislation does not go far enough. Financial compensation cannot make up for the years of injustice and the unimaginable distress that so many thousands of people have gone through.

The compensation scheme is an important step in acknowledging their suffering, but I urge the Minister to see it as the first step in the process of compensating victims. We want to see legislation that compensates the children who, without consent, were tested on with contaminated blood but did not go on to develop a disease. We want to see recognition of the family members who saw loved ones suffer, and in some instances pass away, but who will receive no compensation because they were over the age of 18 at the time of infection. We want to see a clear and explicit explanation of the payment bandings that have been set out, and we want to see engagement with the affected community at all stages.

It is vital that the scheme acknowledges the trauma experienced beyond the physical suffering caused by the infected blood. Not only were so many lives cut short or destroyed by the hideous physical illnesses that contaminated blood caused, but unimaginable psychological distress has been caused by experimentation on unconsenting and often unaware patients. We urge the Government to ensure that this scheme encompasses all those who suffered owing to the infected blood scandal, and that any further legislation is developed with the close engagement of those who best understand that suffering.

Our principal concerns lie with the transparency of the calculation of compensation payments. It is crucial that the scheme does not establish a hierarchy of suffering, and I ask the Minister to outline the process by which these tariffs were decided. The compensation for people treated with infected blood products who "self-cleared" hepatitis C is very low, and does not account for the health impacts that they have experienced or the psychological damage that they have experienced. There is also a significant discrepancy between those infected with hepatitis C and those infected with HIV. Although we welcome the initiation of compensation payments, we believe that there must be greater transparency over how they have been calculated. We urge the Minister to engage with the affected communities, and to ensure that there is clear communication explaining how these decisions have been reached.

The complications caused by the decades of defensive cover-up have not only exacerbated the trauma experienced by victims, but affected the estates of those who have died. In the intervening decades, some estates have become contentious and the question of the rightful recipients of compensation has therefore become unclear. In some cases, the compensation could be entailed away from those on whom a person's infection or death has had the greatest impact. It is vital for the IBCA to have the necessary resources and powers to support victims through the process, to ensure that appropriate compensation is received by all those affected.

The burden of the administrative concerns and queries from affected families is currently falling on overstretched charities. Has the Minister considered the creation of a dedicated unit to deal with inquiries, working alongside the IBCA? We must support the work of these vital organisations—the charities providing support—and engage with them to understand exactly the needs of those affected. The motion sets out the possibility of future legislation, and we hope that the Government will follow up this legislation with vital community engagement. We urge them to ensure, as the scheme progresses, that there are mechanisms in place to enable the concerns of charities, organisations and affected individuals to be heard.

We are also cautious about the structural limitations of the IBCA. Given the many years over which the scandal took place, the six-year timeframe of the authority as a legal entity does not seem appropriate. The equivalent scheme set up by the Irish Government in the 1990s is still active, and it is crucial that the IBCA exists for long enough to ensure that the full compensation scheme and associated processes can be carried out effectively.

compensation body, the IBCA, to implement the report's recommendations and begin payments to the victims of this scandal. It is essential that people begin to receive the compensation that is so long overdue, and it is vital that that is done in the most compassionate and effective way. While we hope that the Government will go further in ensuring that the affected community are fully engaged and consulted in this process, the infected blood compensation scheme will allow victims, both infected and affected, to move, at last, towards justice.

Let me finally take this opportunity to thank Emily, Eleni, Pipsy, Claudia, Harry and Orlando, who are A-level students in my constituency and have been gaining work experience in my office this week. It has been a pleasure to host them, and they have worked very hard in helping me to put my speech together.

3.16pm

Ian Lavery
(Blyth and Ashington) (Lab)

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I have spoken in the House on numerous occasions about this desperately sad scandal, and I have frequently mentioned the number of people who are dying while we seem to have inquiry after inquiry, and ask question after question. The stage that we have reached today is long overdue. The motion goes some way towards allaying my concerns, and the concerns of those who are still suffering as a result of one of the biggest scandals in NHS history.

This is a tragic miscarriage of justice that has destroyed the lives of many individuals and families up and down the country. I have the utmost faith in my right hon. Friend the Paymaster General, and I know that he is aware that many people believe that the proposals before us are incomplete and do not go far enough—hence his announcement that, hopefully, the second tranche of compensation proposals will come to the House before 31 March 2025. That is certainly good news. Nevertheless, there are people who are still waiting, and who will be leading a life of uncertainty between now and then, so we must ensure that we step up to the challenge.

This is the first step taken by a Government who have acted within months of taking office, and this legislation is the beginning of justice for those who have suffered for so long. Along with, probably, every other Member present, I have spoken to many campaigners and many infected or affected victims and families, and my good friend and constituent Sean Cavens, who was infected with hepatitis C as a baby, has been a great help to me in this regard. However, we still have many concerns, although I repeat that the progress made in the first 100 days of this Labour Government has been fantastic.

There is still confusion about the impact that the scheme will have on individual claimants. There is also concern that there has been a lack of engagement generally in order to understand and act on potential weaknesses in the scheme; there needs to be far more engagement. I am sure that my hon. Friend, or right hon. Friend, the Paymaster General will take steps to constructively involve the charities and individuals with an interest in this before 31 March next year. That is not just my view; it is the view of individuals and organisations that I have spent hours and hours with, listening to their concerns. The Haemophilia Society and other campaigning bodies have been absolutely fantastic, and very patient in many ways. As the hon. Member for Aberdeenshire North and Moray East (Seamus Logan) mentioned, these organisations really need to be financed from central Government, if that is at all possible. They have used their resources and campaigning finances every which way they can to try to get justice, and now not only are they totally exhausted, but they have exhausted their finances as well.

The core route for compensation has been laid out today, but there are concerns that there is little information on the supplementary routes. My hon. Friend, or right hon. Friend—I keep demoting him; I promise I do not mean to do that—will be acutely aware that many suffering from haemophilia believe that they will need to apply through the supplementary route; I hope that he can give more detail about how that will work in practice.

There are further concerns about the amount of compensation and the compensation period for those impacted by the infection and subsequent death of a loved one. Also, how were the infected victims who will first get compensation chosen? There are more than 5,000 registered, so if 20 are compensated before the end of the year, that does seem to be a drop in the ocean. Can we have a clear timeline, setting out how many claims the Infected Blood Compensation Authority expects to process per month in 2025? As was mentioned, one victim of this scandal dies every four days.

(South Holland and The Deepings) (Con)

Share

The hon. Gentleman highlights one of two fundamental elements of the issue—and I thank the Government for what they are doing, which builds on the work of the previous Government. The first element is information for the families and the individuals affected. Clearly, the provision of information will affect exactly what the hon. Gentleman describes: whether people come forward, and whether the rate of payment is maintained at its current pace. The second issue is alacrity. Very often with these things, getting money out quickly matters most, because there is a rate of attrition. Without being macabre about this, some of the people affected will die before they get the money, so alacrity is critical in dealing with this kind of challenge.

Ian Lavery >

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I thank the right hon. Gentleman for his intervention. I have covered a number of the issues that he raises, and will cover more as my contribution continues.

There are other huge issues of major concern; that is being relayed to us by the groups and individuals we have been in constant contact with. For example, they believe that the £10,000 and £15,000 awards for unethical research and testing are far too low. There is no recognition that people with chronic hepatitis C underwent interferon treatment, or of the additional impact that had on their life. There is also concern that hepatitis C payment bandings do not reflect the suffering caused. Bereaved parents and children will receive very low compensation payments if they are not a beneficiary of the estate of their bereaved family member. There is no compensation for the loss, psychological impact and suffering caused by exposure to variant Creutzfeldt Jakob Disease. The list is endless. I think my right hon. Friend the Paymaster General has received a letter from the Haemophilia Society outlining the vast majority of the issues that it wants to raise.

I want to mention the scandal of children being selected for dangerous medical research. Children were given the factor concentrates, despite knowledge of the dangers posed. This is very eerie. It is not British-like. It has been described to me as organised child abuse. The sums of money suggested—£15,000 or £10,000—for compensating victims seem paltry given the horrors that abuse caused. We should think about what happened only a few years ago at Treloar, a school set up basically for haemophiliacs. We have had institutions up and down this country experimenting on children. That does not sound like the UK, does it? They have been experimenting on children, unknown to those children and their families. I simply cannot get my head around this sinister issue. There needs to be a lot more focus on what happened back in the day when this country, and the great NHS, was experimenting on young kids. It is not just Treloar; it has received a lot of attention, but there were other such institutions up and down the country. We need to get to the bottom of this, and the country and the Government need to send a clear message that this experimentation is wholly unacceptable. I know that the Government will look into the issue and act on it with the utmost haste. It is absolutely critical that those who have suffered this injustice—this scandal—for so long get the redress that they sorely deserve.

As we discuss this scandal, we should not forget those who have suffered, such as my aforementioned constituent Sean Cavens, who continues to be an inspirational campaigner on the issue, standing up for those who are unable to do so and all those who, tragically, have lost their life. Every Member speaking in the debate will no doubt mention individuals in their constituency who have been campaigning; they have done a fantastic job, and good on them.

The Labour Government have taken giant steps to address the scandal. I would like to thank personally, and on behalf of the people I have spoken to, my right hon. Friend the Paymaster General and his team, and I urge them to consider the many outstanding issues before this matter comes back to the House on 31 March 2025.

3.28pm

Mr Mark Francois >

(Rayleigh and Wickford) (Con)

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I am conscious of your warning about the sub judice rules, Madam Deputy Speaker, as there is ongoing litigation on this issue, but I hope and believe that nothing I say in my brief contribution will in any way overshadow the prerogative of the courts.

surgery to explain to me as their Member of Parliament what they had gone through and how it had affected them—and it clearly had, in both cases. I hope the House will forgive me if I judge that it is not right to go through their cases in detail, but they were both extremely polite and eminently reasonable in what they were asking for, and both were deeply frustrated by how long the process had taken. I will send them both a copy of the Government's regulations and, because they are rather complicated, a copy of the explanatory notes, which I hope they will find to be of as much use as I have. As result of this afternoon's proceedings, I hope not just that they will be able to achieve some financial redress, to which I am certain they are absolutely morally entitled, but that they will be able to achieve some peace of mind, because it is very clear to me that both those people's lives have been materially affected by the issue. One of them said to me, "It's not about the money. I just want to be able to bring this to a close." I hope that the House will understand that sentiment. If hon. Members had heard it in the way I heard it face to face, I am sure they would have been as convinced as I was.

I want to say a few brief thank yous, because, as we all know, this has been a very long and complex journey—not just for those who were affected by the scandal, but for those who have had to deal with the consequences many years later. This was not the national health service's finest hour, and it took a great deal of campaigning by many people to get the system to put its hand up and admit that something had gone wrong—in fact, dreadfully wrong. Had it not been for the persistence of some of those individuals, we would not be having this debate this afternoon.

However, someone had to deal with the consequences. I pay tribute to two brilliant public servants: Sir Brian Langstaff and Sir Robert Francis—there were others—who have both, in their own way, had to attempt to exercise what one might call the judgment of Solomon in dealing with this extremely detailed and complex issue. They have both done their country a service.

I also commend my right hon. Friend the Member for Salisbury (John Glen) and the former right honourable Member for Horsham, who is no longer a Member of the House. When they were in government, they both attempted to deal with this very complex issue. Having had some private conversations with the former right honourable Member for Horsham, with whom I served on the Defence Committee in the previous Parliament, I know that this matter preyed on his mind and that he really tried to do his best.

My last thank you goes to the current Paymaster General, who is clearly trying to achieve a resolution as speedily as possible and who has dealt with this issue in a very empathetic manner this afternoon. I speak for two constituents, but I am sure that we all have constituents who have been affected by the scandal, and many people across the country will be grateful for the way in which he is evidently attempting to handle it. I wish him godspeed in all his endeavours. This went on for too long and affected too many people but, hopefully, at last, we can collectively begin to put this right and give those people not just redress, but some sort of peace of mind.

Madam Deputy Speaker >

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I know that a few Members who were not here for the opening speeches have just turned up. If they can make their way to the Chair, I can have a conversation with them about contributing to the debate.

3.33pm

Jessica Toale >

(Bournemouth West) (Lab)

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I am grateful for all the work that my right hon. Friend the Paymaster General and this Labour Government have done to move quickly, and to deliver on their commitment to provide compensation to both the infected and affected. Today, we have an opportunity to support the first of those payments being made.

As we have heard from other Members, the infected blood inquiry revealed systemic failures that led to 30,000 patients being infected, and more than 3,000 people have died as a result of those infections. One of these was Jane Fitzgerald, the mother of my constituent Ronan Fitzgerald, who is in the Gallery today. I want to put on the official record the horror that Jane, her family and other victims have suffered. In 1978, when Jane was 17 years old, she had an ectopic pregnancy and was diagnosed with anaemia. Her GP advised her to have a small blood transfusion to make her feel better, and Jane was given just one unit of blood at the Royal Victoria hospital in Boscombe. It was not until more than two decades later that she discovered, at the age of 42, that she had been was too advanced. Her infection caused untold physical and emotional damage, and subjected her to numerous indignities, including the stigma related to her condition.

Jane was told on at least two occasions that she was clear of the disease, only to find that her condition had actually worsened. Her condition caused fluids to collect in her abdomen, legs and feet, which required regular draining, and she often spent hours waiting for hospital treatment when there were no beds or equipment to treat her. On one occasion, her stomach split open while she was waiting for treatment, but she was sent home because the hospital did not have the drainage equipment. Eventually, the toxins in her liver carried cancerous cells to her lungs and brainstem. Jane died in 2015, at the age of 54.

Jane was taken away from her family in the worst possible way, and they suffer the consequences every day. Ronan has spoken candidly about the irreversible impact that losing his mother has had on him, and being powerless to prevent her untimely death has affected his mental health and caused him debilitating physical illness. Ronan is a British Army veteran and served in the Royal Corps of Signals, but he was left unable to climb a flight of stairs or even leave bed; he was bed-bound for long periods at the age of just 29. In his mother's final moments, Ronan made a vow that he would continue to fight for justice for her, and for all the families affected. Thousands more are living with illness and fear, in full knowledge that, even now, somebody dies every three and a half days.

When I first met Ronan, he asked me whether I would be willing to stand up in the House of Commons to speak up for his mother, and for all the other people who have been infected and affected. He has been a stalwart campaigner for the affected children and has strived to ensure that their voices, and the impact of this scandal on their lives, are accounted for. He now co-chairs the support group Tainted Blood-Affected Siblings and Children, representing 400 members. Although he is grateful for the progress that has been made, he has asked me to share his concerns and to be his voice.

The community of affected children have called for the removal of the discriminatory age restrictions that are placed on siblings over the age of 18 who did not live at the same address as their infected loved ones at the point of infection; for affected children and siblings to not be excluded from any heads of loss; and for all infected and affected persons to have equal access to supplementary routes across all heads of loss, whereby they may provide further evidence of their individual circumstances to ensure that compensation reflects the severe impact of this travesty on their lives. Further, payment to estates should be given the same priority as payments to living infected persons. Any process that delays these payments creates the high probability that some elderly affected members might die before the payments are made, given the time taken to process them. Currently, the Government have no safeguards or protections in place should that happen, whereas protections are offered to those living with infections who die before their payments are made. Families have been waiting too long for justice, and they now run the risk of missing out on this justice and the compensation they deserve. The infected blood inquiry report confirmed that Jane was a victim of medical malpractice through the single unit of non-lifesaving blood she was given, and this was covered up for decades.

Today is an important day on the long road to justice traversed by families affected by the infected blood scandal, and I pay tribute to the victims and all the campaigners who have fought so hard. I am grateful that the Infected Blood Compensation Authority has agreed to meet the affected children and siblings. In the spirit of test and learn, may I urge the Government to ensure that all efforts are made to deliver justice to the community and to take their voices into account at all stages of the process?

3.39pm

Luke Taylor
(Sutton and Cheam) (LD)

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My very first contribution in this place was to raise the issue of the infected blood scandal and its impact on siblings. I raised it in a question, as it had been raised with me directly while canvassing during the general election campaign, and I am glad that we have the opportunity now to raise those issues again in this debate. We on the Liberal Democrat Benches absolutely welcome the opportunity to recognise the victims of this historic failure. The tragedy of history is that we cannot change it, but at least the House now has the opportunity to give victims and their families the recognition and recourse that they have been stripped of for far too long, by learning lessons from this terrible episode and ensuring that history is not repeated.

The administration of high-risk blood transfusions to vulnerable children and adults, carried out by the very medical professionals their families trusted, stands out as one of the most shocking miscarriages of justice in healthcare in our lifetimes. The infected blood scandal has left behind a wake of mourning families forever changed by the loss of their loved ones. Today I share the concerns of deeply worried that his 87-year-old mother may not live to witness justice being served through the Government's compensation scheme. I echo the hon. Member for Bournemouth West (Jessica Toale) in strongly urging the Government to go further in the scheme to include the families and siblings of victims who are currently excluded from support because they were over the age of 18 or did not act as carers for the victims. That is a clear exclusion that we need to revisit, and I hope it can be included in further phases of the scheme.

No amount of money can ever make up for the grief, but it is our responsibility in this Chamber to ensure that the British state recognises and begins to tackle historical injustices such as this one with a comprehensive scheme. To ensure that the scheme does that properly, the Government must also ensure full transparency over its progress and open ongoing communications with all those affected. Further administrative delays will undermine this vital work, and that cannot be allowed to happen. I am reassured to hear about the work being done to expedite the claims and to hear the dates for the opening and the first phase of the scheme.

The scheme is not just a financial obligation but a moral imperative. We owe it to the victims and their families to act decisively and transparently. Justice cannot be delayed. When the story of this scandal is told, let today be the first page of the final chapter in which we right a historic wrong, take stock of what it has taught us about the failures of our system and provide, at long last, some level of closure for victims and their families. I thank the Minister again for his work on this issue, and encourage him to continue to refine and develop the scheme to ensure that no one affected or infected is left out or left waiting for justice.

3.42pm

Clive Efford
(Eltham and Chislehurst) (Lab)

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First, I want to express my gratitude to Members of the House who have elected me as the designated chair of the all-party parliamentary group on haemophilia and contaminated blood. I say "designated" because we are lacking a Conservative officer in the group, so we cannot register it in the normal way—

Sir Julian Lewis
(New Forest East) (Con)

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I would be delighted to volunteer to fill that gap for the hon. Gentleman.

Clive Efford

Share

The right hon. Gentleman would be most welcome, and I will pass on that information. I was hoping to tease someone out by saying that! It is an honour and a challenge to follow on from the excellent leadership of my right hon. Friend and colleague, the Member for Kingston upon Hull North and Cottingham (Dame Diana Johnson). She will be an extremely tough act to follow. She was forced to stand down from the role because she was appointed to the Government.

I welcome the progress that the Government are making and I welcome today's regulations. For many, however, the victories that were celebrated when Sir Brian Langstaff made his final report and Sir Robert Francis was appointed to lead the Infected Blood Compensation Authority, were, rather than the beginning of the end, mere milestones on a path with many miles still to go. The fear among many campaigners is that the Cabinet Office, which was responsible for delay and obfuscation over decades, is now back in charge of the compensation scheme.

I know that the Minister is earnest in his wish to see the victims of this scandal given the justice they deserve, and that he understands that we are where we are because the campaigners refused to be silenced. They took on the establishment and won, and my right hon. Friend the Member for Kingston upon Hull North and Cottingham and I cheered them on and promised to deliver for them without equivocation should we get into government.

leading to anger and a growing fear of betrayal. That stems from the fact that the campaigners feel that they are excluded from the process they brought into being. Decisions that they insisted should not be made without them are being made without the openness and candour the Government are legislating for. The Government have an excellent opportunity, ahead of that legislation, to show what candour means in public office. That is particularly true of how the tariff has been arrived at.

For the campaigners, it is like they have won the war, only to see those they vanquished put in charge of delivering the peace. There is growing unease that this is leading to the same tactics as before: delays, lack of information about how decisions are arrived at and lack of communication from the Cabinet Office. That lack of communication is causing people to look to small charitable organisations for advice, as they struggle to understand the complex compensation process. Will Ministers commit to providing support to those organisations, so that they can continue that work, as was recommended by Sir Brian Langstaff?

I understand that the Infected **Blood** Compensation Authority is starting to engage with the Haemophilia Society and campaigning groups about the process and technical matters, but there is an urgent need for much more engagement than has happened thus far. We are told that the Infected **Blood** Compensation Authority intends to settle 20 cases by the end of the year. Why only 20? How will they be selected? The victims call these the Willy Wonka golden tickets. In the meantime, while these 20 cases are completed, another 14 people are likely to die—one victim dies on average every four days.

Justice delayed is justice denied. When Sir Brian Langstaff published his interim report in April 2023, he appealed to the Government to get on with the compensation scheme, because he was alarmed that so many people were dying without receiving the justice they deserved. That makes it imperative that people, whether infected or affected, receive the interim payments without delay. Regulations for those affected by the scandal will not be published until March 2025—yet another year on from Sir Brian's final report. Yet again, justice is delayed; yet again, victims will die without receiving compensation.

These are people who have suffered unspeakable harm: bereaved parents who lost children; bereaved children who lost parents and suffered bullying; bereaved partners who could not have families or who were advised to abort babies for fear they may have HIV; siblings who were bullied; and siblings who, under the tariff, are currently ruled out because they were over 18. There is so much more.

It is not possible to deal with these cases without understanding each individual's circumstances and the suffering they endured through so many years. What is needed is a bespoke system that meets individuals' needs, but that requires far more engagement than is currently happening. The lack of engagement with victims is leading to a lack of understanding about how decisions are reached and how compensation is calculated, fuelling mistrust in the process. Many victims, whether affected or infected, have lost their faith that the full extent of their suffering will be recognised through the compensation scheme. Indeed, some campaigners have concluded that their suffering will not be recognised through the compensation scheme and that they must return to court to get the compensation they deserve.

Those suffering from hep C do not understand why their experiences mean they receive different treatment from those with HIV. That requires urgent explanation. Again, the scale of the suffering needs to be looked at case by case, and there needs to be greater engagement, so that both sides understand the concerns. Why are people with hep C being offered much lower rates of compensation unless they are near death?

Similarly, the additional payments for those experimented on, of £10,000 or £15,000, have been met with widespread derision. My constituent, Mr GRO-A was a pupil at Treloar school. Having read his testimony to the inquiry, I share his sentiments. Will the Minister guarantee that that will be looked at?

We need to remind ourselves of the scale of the scandal and just how many people have died without justice. All along, people have had to fight to get justice, but they will only believe in justice if they have faith in the process. That requires the decisions to be made about them to be made with them. We have to restore their faith in the process. I understand that Sir Brian Langstaff has kept his inquiry open so that he can keep a watching brief. It would be a shame if the Chancellor, the Paymaster General or even the Prime Minister found themselves summoned before him.

Finally, my right hon. Friend promised that there will be a full debate in Government time on the scandal. When will that take place?

Madam Deputy Speaker >

(Ms Nusrat Ghani)

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3.50pm

Pete Wishart

(Perth and Kinross-shire) (SNP)

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It is a pleasure to follow the hon. Member for Eltham and Chislehurst (Clive Efford). In me, he has another willing volunteer to assist him in the group, as he knows. He is absolutely right to pay tribute to our former colleague, the right hon. Member for Kingston upon Hull North and Cottingham (Dame Diana Johnson), who led the group with such distinction and energy in the last Parliament. She was almost personally responsible for ensuring we had the legislative solution to take forward the compensation schemes.

I also pay tribute to the right hon. Member for Salisbury (John Glen), who made a significant difference when he took leadership on this issue for the last Government, after years of obfuscation, delay and dithering. The right hon. Gentleman got to grips with the matter and all the campaigners recognise what he brought to the role. I hope that this Minister does the same. We all acknowledge that he has made a good start. The points that the hon. Member for Eltham and Chislehurst makes as chair as the all-party parliamentary group on haemophilia and contaminated blood are absolutely right. If he continues in that curious and investigatory style, we will continue to encourage the Government to do the right thing by the infected and the affected.

I am happy to say, with a great deal of satisfaction, that we have made significant progress. We are at the point of being able to deliver the scheme, and we will start to see payments to those who have needed support and compensation so badly throughout all these decades. My only slight criticism of the right hon. Member for Salisbury is that it is a pity that we did not get the opportunity to debate the issue in the last Parliament. There was an unsatisfactory statement from the former Prime Minister, who then just disappeared. There was no real opportunity to ask questions properly. I know he made an effort to address some of the concerns, but it would have been good to hear more at that point about how the schemes were being taken forward. The general election created a massive gap, after all the energy and activity that had been summoned up to resolve the issue, but we are where we are.

The final report by the infected blood inquiry was a fantastic piece of work. I pay tribute to everybody involved in it. They went about their jobs diligently and comprehensively, and we ended up with a wide-ranging report that shed a dramatic light on all the things that had gone wrong. It paved the way to create a positive way forward that is now beginning to deliver.

We must remember why we are here: thousands of people were caught up in probably the worst health scandal this country has ever endured. It is a failure of the British state that we ended up in a situation where people, through no fault of their own, contracted HIV, hepatitis B and hepatitis C. When those who were caring for them raised concerns, they were constantly ignored and told, “There’s nothing to see here.” The inquiry was unequivocal that a compensation scheme must be set up immediately. The regulations we are debating today are essential for delivering that compensation scheme as quickly and effectively as possible.

I have been supporting victims of the infected blood scandal for about 20 years, since it was first brought to my attention by a constituent, who died about 10 years ago and is no longer with us. I remember the frustrations of those early years when I was constantly writing on behalf of this constituent just to be stonewalled—to be told that there was nothing to see and nothing further to be considered. It was that reluctance to take these issues seriously that defined those early years.

I said to the former Minister, the right hon. Member for Salisbury, that I hoped we would get some sort of separate investigation into why Members of Parliament were consistently deceived and—I shall say this—lied to by people working in the Department of Health. We were constantly writing letters on behalf of our constituents, and the replies were clearly rubbish. As a recipient of several of those letters from Ministers, I want to know why I was deceived in the way that I was. I pay tribute to Andy Burnham: he recognised this and he actually signed many of those letters as the former Health Secretary. I want to know how this came to his desk and why he actually did this.

The key thing is, as other Members have said, that the groups that are representing the community are properly listened to and are engaged in the construction of the regulations. It is too late for the regulations we are debating, but when it comes to the affected, the representative groups have to be central to the design of the new regulations. I say that because they have real life experience of this matter. They know what the issues are. They have fought for decades to get to this stage to secure this justice and compensation. I know that there is frustration. I saw the Minister screwing his face in response to the hon. Member for Eltham and Chislehurst, but those groups do feel frustrated. They feel that they are being ignored, that their concerns are not being taken seriously, and that they are getting generic general replies from the Minister instead of detailed, proper responses to their issues.

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rose—

Pete Wishart

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I will give way to the Minister if he will explain to me exactly why that is happening.

Nick Thomas-Symonds

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I just want to say that the hon. Member should read nothing into that facial expression. When I close this debate, I shall talk in detail about the consultation that has taken place. That includes the extensive consultation that Sir Robert Francis undertook during the election campaign—the period between me and the right hon. Member for Salisbury being in office. That was hugely important. The Government have listened and have made significant changes to the scheme. It is not about giving generic replies, as the hon. Member has suggested. The Government will continue to move extremely carefully and listen to concerns, and the Infected Blood Compensation Authority will do the same.

Pete Wishart

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I am to grateful to the Minister for his response. I look forward to his summing up, as I know that he will sincerely try to address these matters, but I say to him that all I am doing is reflecting the concerns that I have heard from the groups that I have worked with so closely over the years. There is a sense that they are not being taken all that seriously and that they are not getting the responses and the information that they think are important.

The Minister mentioned Sir Robert Francis. There has been nothing other than glowing praise for the way that Sir Robert has carried out his business. I know that he had a useful and productive meeting with representatives of Haemophilia Scotland where everything was aired and properly discussed. There is absolutely no complaint from anybody in this House about the way that Sir Robert Francis has gone about his business. He has been up and down the country listening to the groups. But there are certain things that only the Minister can respond to, particularly when it comes to policy decisions. That is why I encourage him to hold a debate on them. He has said that he is prepared to do so, which I am grateful for, and that he has perhaps been misunderstood. The community must be given the information and advice that they require.

There are a couple of matters that I hope the Minister will address in his closing remarks. I will not repeat some of the points that have already been raised, as I know he has taken a note of them. Sir Robert Francis proposed an additional autonomy award under the supplementary route for those who had been subjected to the unethical treatment and experiments that have been described. Although that is welcome, it is not clear how the figures have been arrived at, so I would like a little more clarity on that. How have these figures been calculated?

One issue that possibly has not been raised today is those with hepatitis C who were treated with interferon. Early treatment methods for the eradication of hepatitis C had many negative side effects, which were extremely difficult to go through and had a lasting effect on those treated. Is that a group that the Minister will consider?

The future operation of support schemes is also important. The decision to continue existing support scheme payments for life for those who were registered with a scheme before 1 April 2024 was a welcome development. The House will know how important that is to me as a Scottish Member of Parliament, as we had a very effective, productive and useful support scheme that I think will now be concluded and no longer open to new members. I would like to hear a little more on that point.

Sir Robert’s report said:

“The benefits offered by the scheme to eligible recipients for financial and other support services should be no less than those offered by any of the current support schemes.”

benefits of the support schemes will continue. It would be good if the Government could confirm their position at an early date so that individuals have clarity on their future entitlements.

Under the regulations, the Minister has the power to make arrangements for the provision of support and assistance to applicants or potential applicants for compensation under the infected blood compensation scheme. Sir Robert Francis has identified three groups to which the Minister might usefully apply that prerogative: IBCA-funded legal representation, IBCA-funded financial support from an independent financial adviser and IBCA-funded legal support to executors of estates where there are complex matters to resolve in determining entitlements and access to an independent mediation service.

My hon. Friend the Member for Aberdeenshire North and Moray East (Seamus Logan) spoke about the need to ensure that representative groups are properly supported and resourced to continue their vital advocacy work on behalf of so many in the community. I would like the Minister to say a little more about the willingness of the Government to ensure that those groups are properly funded. The effort that they have put in over decades—sometimes in a solitary exercise by two or three people—is extraordinary and should be recognised as part of the scheme.

We are looking forward to the next round, and it is important that we go forward. I have queries, which I know the Minister will probably address, about why only 20 people have been contacted, as the hon. Member for Eltham and Chislehurst mentioned. I have no idea why it is only 20, so perhaps the Minister can tell us a little more about the rationale. It is right that the system be tested to see whether it is robust before it is opened to a wider community, but he has to say a little more about why it is those 20.

I am not having a go at the Minister, who I think is doing a good job; I am here to congratulate him and encourage him ever so gently to get moving just that little bit faster. We have had decades of obfuscation, a lack of progress, and people dying as they waited for compensation. This matter now sits on the Minister's shoulders. We will be watching him and keeping an eye on it. I know that there will be regular updates to the House. Believe me, we will all be here to ensure that he is doing the right thing by the victims.

4.02pm

Jon Trickett
(Normanton and Hemsworth) (Lab)

Share

I congratulate the Minister on the way he spoke to the House. He spoke firmly, with a sense of urgency and great clarity in his use of English, which was very much appreciated. The truth of the matter is that there is a deeply ingrained scepticism in the community we are talking about. Words, in the end, will not count; actions will. Of course, today we are taking significant action on the road.

When we reflect on the views of victims and their relatives, it is hardly surprising that there has been a breakdown in trust. It always seems to be the case that the British establishment's first reaction when there is a disaster is to close ranks, deny the truth and not listen to the victims. It is only in recent times that victims' voices have begun to be heard. With disasters such as the Post Office scandal, the policing of the miners' strike or Hillsborough, the establishment always closed ranks.

The Langstaff report is very clear. First, it says—this goes to the root of the scepticism that people feel—that, from the 1940s, Governments of different parties were fully aware of the scientific opinion that these actions could infect recipients of blood transfusions. Sir Brian Langstaff says that the disaster did not happen by accident. He tries to imagine what it must be like for those suffering the agony of being victims, and then being refused the truth that a wrong had been done by successive Governments.

My constituent Katie has been in touch with my office. Her dad died in the 1980s when she was an infant. Imagine living life with a cloud upon you after losing your father when young, because of negligence by operatives of the state and the cover-up that followed.

The only way we can reduce the scepticism is for the payments to begin to flow through. In the meantime, there is clearly a wish for some reassurance from the Minister today. He has made some of these points already, but I will go back to them.

First, someone who lost her father in the '80s when she was two will probably struggle to find the appropriate evidence, as she is not necessarily skilled enough to search for it forensically. Langstaff discovered—this is shocking—that documents were destroyed knowingly by the Government of the day because they thought that it might incriminate them. It was an establishment cover-up of some scale. How can victims establish that they deserve justice if documents have been lost or even wilfully destroyed? The Minister mentioned that, but we need to hear more from him about it either today or in the coming period.

my constituent mentioned Tainted Blood, of which the Minister is probably aware. It would be helpful if the Minister said that he and the Government are open to further conversations with civil society groups, which can speak on behalf of victims. It is important that the victims' voices are heard, and because those groups have the confidence of victims, those exchanges and that dialogue would be very helpful.

The Minister referred to one of the central requests that have been made. We are dealing with people who do not necessarily have large resources to employ representatives such as lawyers and other advisers. The Minister indicated that the Government are open to victims having their own representatives. However, if the Government are to encourage the appointment of such representatives, it must be clear that they are not appointees of the Government; they must see themselves as representatives of the victims. Otherwise, people will not have the necessary trust in them.

That brings me to my final point. I can imagine the kinds of conversation that the civil service has had with Ministers about this matter over decades: "Minister, you may be dealing with billions of pounds. You have a duty to ensure that every single penny is properly spent, so please exercise care in any announcements you make." I imagine that those conversations happen on most days. Of course we have a duty to protect money, and very significant amounts will have to be spent to compensate people properly, but equally there is a duty to deliver justice to the people who were treated by state actors in a shabby and disgraceful way over decades. When there is a lack of paperwork and victims are perhaps very ill or dying, how will we secure value for money for the taxpayer while delivering justice for people who have struggled for decades as a result of Government negligence? I leave those thoughts with the Minister and hope that he will address them in his reply.

Like other Members, I hope that as the scheme is rolled out and we establish confidence among the victims, the Government will organise opportunities for the Minister to come back to the House so that we can raise constituents' questions and establish a more trusting relationship between the Government, who are doing dramatic work on this matter, and the people who have suffered for decades.

4.09pm

Alison Bennett

(Mid Sussex) (LD)

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Hon. Members on both sides of the House have made many fine contributions, some of which have been very detailed. You will be pleased to know, Madam Deputy Speaker, that mine will hopefully be quite simple.

There are two words that I would like everybody to consider: urgency and trust. Those were the words that summarised the feelings of my Burgess Hill constituent Graham Knight when I spoke to him recently. Graham is not sure precisely when he was infected, but he thinks it was probably in 1987 while he was having his appendix removed. It was not until 2002 that he was finally diagnosed with hepatitis C. He told me that every day he has woken up since then has been a bonus. Needless to say, there has been a vast impact not only on his health, but on his professional life, his personal life and relationships and his social life. In 2003, Graham lost his business; the next year, as a consequence, all the family savings were gone.

There has been an enormous impact on Graham's marriage to Sue. Graham and Sue are fearless, determined, strong people. He told me that before he became poorly they had two to three good years of happy, healthy marriage; I am pleased to say that they are still happily married, but Graham's hepatitis C has had a profound impact on them in the years since. Graham said that Sue did not deserve that in her marriage, but she has been steadfast and loyal throughout. Graham also has high praise for the team who have cared for him at Guy's and St Thomas' hospitals: the care he has received has been incredible.

Graham's asks are about urgency. He says that there has been a profound loss of trust among the infected blood community, and that nothing—nothing—will restore that trust until the payments are forthcoming. Victims need certainty, because they cannot plan for the future.

Wendy Chamberlain

(North East Fife) (LD)

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representatives and members of the IBCA team to get an update. He said that

“big and elaborate apologies are not what is needed, it is what was promised regarding compensation settlements that we want to see actioned without further delays.”

It is clear that my hon. Friend agrees, but I would like to hear her response.

Alison Bennett

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I do agree. My hon. Friend is right that ensuring that compensation comes forward is of the utmost importance. I am sure it will be coming forward, but the urgency with which it does so is the key point here.

I end by emphasising the anguish that Graham and countless other victims still hold and carry with them every day. It is deep-seated, and it will not go away until the matter is settled and the payments are concluded. Urgency is now required to right this 40-year wrong.

Madam Deputy Speaker
(Ms Nusrat Ghani)

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I call Katie White to make her maiden speech.

4.13pm

Katie White
(Leeds North West) (Lab)

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It is an honour to make my maiden speech, particularly on this critically important debate on the infected blood scandal. I ask the House to allow me a temporary shift in tone, so that I can celebrate the community that sent me here.

Like many hon. Members’ constituencies, the constituency I have the privilege to represent, Leeds North West, is a new seat with a long history. I am sure most Members know where Leeds is, but I describe it as being right at the heart of the UK. I am deeply grateful to the thousands of voters who have put their trust in me, and as I said on election night, regardless of how they voted, I am determined to represent and serve our community in this place.

I begin by paying tribute to my immediate predecessors, both of whom are still Members of this House. I thank the right hon. Member for Daventry (Stuart Andrew) for being gracious and friendly and for his commitment to our community, especially Guiseley, and I thank my hon. Friend the Member for Leeds Central and Headingley (Alex Sobel) and his fantastic team for their commitment to our community and to tackling climate change. I also pay tribute to those who came before: Greg Mulholland, Paul Truswell and the late Harold Best, who all have a continued presence in the constituency. Those esteemed gentlemen have all fought for our communities, and I am honoured to stand on their shoulders, but I say “gentlemen” for good reason: I am proud to be the first woman ever to represent Leeds North West, the place where I was born and raised, as were my parents before me. Seeing more women elected to Parliament than ever before matters. It matters to the women and girls across our communities—to Alice in Otley, Navdeeb in Adel and Chloe in Horsforth. We have not had enough female MPs in my home city, but we are making up for lost time. Leeds now boasts the first female Chancellor ever, so there is progress, friends, progress.

Leeds North West has an incredible history. The stunning Norman church in Adel dates back to the 12th century; it is where my parents were married, where I was christened, and where my grandfather lies at rest. Further west is Otley Chevin. Members may not yet have had the chance to visit Otley Chevin, but we would not be here without it. The stone from the Chevin provided the foundations for this very Parliament when it was rebuilt in the 1840s. It should not be a surprise that it is Yorkshire that keeps this House grounded.

future. Our constituency is a vibrant hub of entrepreneurship and creativity, a legacy that continues to thrive today. Abraham Moon in Guiseley, a fabric company established in 1837, still supplies international fashion houses today, while EMIS—which began in the 1980s in Horsforth—now flourishes in beautiful Rawdon as the leading provider of data support to the NHS. We are home to West Yorkshire's only airport, Leeds Bradford, and I was pleased to meet with Jet2's chief executive officer Steve just this week to discuss how the aviation sector can innovate to decarbonise. Should Members wish to stop for a bite to eat, they should look no further than the thriving bars and restaurants of vibrant Horsforth. It is a constituency bursting with joyful community fairs and fetes, from Guiseley festival to Yeadon carnival and from Rawdon summer gala to the Arthington and Bramhope shows —that last one comes complete with a human fruit machine.

There is no stronger pride than Yorkshire pride, and our community spirit is a great source of strength. However, as in many places, people are feeling overwhelmed and concerned about their future and that of their children and grandchildren. Many of the people I have met on the doorstep also feel let down—let down by politicians and by the institutions they have put their trust in over decades. The infected blood scandal is the most extreme and harrowing example of such systematic failure: people placed their trust in doctors and the Government to protect them, and that trust was betrayed. I am proud that this Government and this Prime Minister will introduce a duty of candour law to prevent future cover-ups like the infected blood and Post Office scandals.

I also share deep concerns about the other great challenges facing our community. Mental health figures are horrifying. The Global Mind Project has revealed that the UK has the highest rate of mental distress in the world and ranks second worst in overall mental health. People are working harder, yet getting unhealthier and unhappier, and of course, the climate and nature crisis looms.

We need things to change; the country voted for change, and it is change that propelled me into politics. My journey began with the climate crisis. We know that if we get it wrong, we face disaster—particularly for the most vulnerable among us—but if we get it right, we unlock enormous opportunities for our society. In 2003, I joined the local Leeds branch of Friends of the Earth and launched a campaign for the UK's first climate change Bill. Everyone told me that it was impossible; that it was too ambitious and too radical. There was no way that the Treasury would ever allow a carbon budget—but, friends, they did. We turned that campaign into the fourth most supported campaign in Parliament's history, with cross-party backing from Members across the House. The last Labour Government turned that Bill into an Act in 2008, under my right hon. Friend the Member for Doncaster North (Ed Miliband), whom I am honoured to be working with again. Under this Act, Britain decarbonised faster than any other rich country. This Act has now become a global benchmark adopted by other nations—and that, I say to my hon. Friends, is what global leadership looks like.

Why am I sharing this? It is because politics must be about real change or it is about nothing. I want to serve our community, and improve our schools, healthcare and public services. When I think about change, I think about my grandmother, Marjorie Simms. She challenged the status quo. She lived in Horsforth in the1950s. There were not that many women driving then, but Marjorie did. There were not that many women wearing trousers, but Marjorie did. Marjorie developed breast cancer, and most parents in the 1950s avoided talking to their children, but Marjorie showed them her mastectomy so they could understand. She died at 43, the age I entered Parliament. Marjorie did things differently and her spirit lives on in me. We have seen too much promise and too little delivery in recent years—endless debates about challenges, but a lack of energy for real solutions. Politics should be about action, not just words.

The seeds of change can be seen within our communities. As a Government, our role is to water them and create the conditions for them to flourish. Leeds North West is willing to play its role in full. We have the leaders, we have the ideas and we have the "get stuff done" attitude that personifies Yorkshire—like the students I met recently at Ralph Thoresby and Green Meadows or the cadets in my constituency, who are ambitious about the difference we can make; like the Horsforth shed set up a couple of years ago by ex-teachers based on the national men's shed model and supporting male mental health, but expanded to include many other vulnerable members of the community; like those from Otley 2030 who decided they wanted to be a beacon of hope and created a living laboratory in the town to create climate friendly and sustainable solutions where people and nature thrive; and like Brian who, after a death in Morrisons car park in Guiseley, set up defibrillators all over the community so that lifesaving equipment is on hand and there is a network of community activists servicing them. Let us not forget the gold medal Olympians in our community—the Brownlee brothers and the cyclist Tom Pidcock—who inspire us all with their dedication and achievements. We are indeed a hotbed of world-class talent.

People in Leeds North West do not wait for change to come to them; they make it happen. They are the doers and the problem solvers, and I will play my role in that same way. I will champion the green agenda by focusing on practical solutions that carve a British path towards a successful green transition. We will leverage our strengths, whether it is world-leading research, supporting our best business minds, or unlocking the public and private investment needed to turbocharge a green economy. I will support the health of our community—mental health, physical health, community health—and I want to support our entrepreneurs and will do it with joy. It may recently have become more fashionable across the pond, but I have been measuring with joy for years, and there is always space for a little more joy.

Finally, I promise to listen, learn and reflect. No one has all the answers, but all of us have some of them. I commit to working constructively and collectively. I will endeavour to arrive with curiosity and non-judgment, because if we want to change the way we do things, we must start in this moment, in this place and with these actions.

Madam Deputy Speaker ›

(Ms Nusrat Ghani)

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Having been a student at Leeds, I look forward to an invitation.

4.23pm

Caroline Voaden ›

(South Devon) (LD)

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I congratulate the hon. Member for Leeds North West (Katie White) on an excellent maiden speech, and I have no doubt that Marjorie would be extremely proud to see her here.

I thank the Minister for bringing this motion before the House. As my hon. Friend the Member for Richmond Park (Sarah Olney) graphically illustrated earlier in the debate, the trauma of this shameful scandal goes way beyond physical suffering. Indeed, it has gone through generations as people have sadly passed away from the infected blood that they received. I welcome the Government's bringing this motion to the House fairly swiftly after the general election, because it is high time that this shameful episode was finally brought—appropriately and comprehensively—to some kind of conclusion.

I am here to put on the record the story of my constituent Philip, who, after 50 years, told me that he wanted his story to be shared publicly for the first time. I met his wife on the doorstep when I was canvassing for the general election, and she asked me whether, if I won the seat, I would raise the issue of the infected blood scandal when I arrived in this House.

Philip was diagnosed with haemophilia B at the age of 11. He said that by the late 1970s, he was probably infected via contaminated blood products, although he was not diagnosed with hep C until the late 1980s. Although very ill, he had a demanding job and a young family, so he kept working.

Philip said:

"The illness and the subsequent aggressive treatment with the then experimental drug interferon was only half the issue for haemophiliacs like me. The world was scared of AIDS and other viral infections and the press and politicians at the time made it worse with doomsday advertising 'Don't die of ignorance'. In hindsight this slogan was a cruel irony as we only found out 30 years later that our ignorance was engineered by those in power.

As a haemophiliac I could not discuss or disclose my condition. My boss at the time would not shake my hand or consume food or drink I had prepared. I eventually moved jobs to get away from the ignorance. I continued to keep knowledge of my haemophilia to close family and friends."

Philip eventually left his job because of fatigue caused by the hep C infection, and even at that point in 2008, he was not able to give the true reasons for leaving to his employer. He said:

"As an infected person, this has had a physical and mental impact on me for decades. The impact of the delays to the compensation scheme on me, my wife and two children as affected people continues.

As a community we have waited over 35 years for recognition, compensation and closure. During that time over 3,000 haemophiliacs have died and more continue to die every week without knowing their families are secure. I consider myself to be one of the lucky ones that has survived, but why are we continually subjected to more stress caused by government deadlines that pass and communications updates that say the same as the last one?

compensation framework on a small group to check it works. Do the government have any idea how this makes infected people feel? Some of us are guinea pigs all over again."

I have used Philip's words because they are much stronger than anything that I could say on this subject. Although I welcome the Minister's statement and am pleased to hear that some payments have begun, I urge him to ensure that progress is swift and that those who have been affected by the scandal will also receive compensation swifty. We have heard a lot from hon. Members about siblings and the children of people who were infected. Applications must also open for the estates of those who have sadly not survived long enough to outlive this process, which should have been resolved many years ago.

We have talked a lot this afternoon about the feeling of shame that this terrible tragedy happened in the first place. I add my voice to those of others in the House urging swift compensation not only for everybody who has been infected by this scandal, but for affected families, including siblings of loved ones who have died. As my hon. Friend the Member for Mid Sussex (Alison Bennett) said, trust is the most important thing, so we need to make sure that there is clarity, that people can understand exactly what is happening, that they can find information online and can apply easily, and that once they have applied, they will be assured of swift compensation payments. They will never get true justice, but compensation is the best that we can do in this circumstance.

4.28pm

Gordon McKee
(Glasgow South) (Lab)

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There have been many stories told of infected blood in this debate, including from my hon. Friend the Member for Bournemouth West (Jessica Toale), who told a very similar story to that of the constituent I will talk about this afternoon. These are stories of pain, injustice and, ultimately, state failure.

I come to the Chamber to give the account of my constituent, Brian, and his late mother, Roberta Wilson Murray. In the mid-1980s, Roberta entered hospital to receive treatment for an ulcer in her stomach. Complications in that procedure meant that she required a blood transfusion, and on 13 and 15 July 1985 she received 30 units of blood. Those units contained infected blood, which led to Roberta contracting hepatitis C. At that time, her daughter was just 10 years old, and her son was just six. Even though in that moment Roberta's life had changed forever, she did not know, because it was not until 2002—17 years later—that she found out her condition. In a routine test for high blood pressure, she was casually but devastatingly informed that she had hep C. Ever since that fateful visit to the hospital, and for the rest of her life, she was in and out of hospital. In July 2020 Roberta passed, just two months before her 49th wedding anniversary with her husband.

For 35 years, Roberta's health was plagued by a virus that for more than half of that time she did not even know she had contracted. When she did find out, as in other cases that Members have spoken about, she lived with great stigma in work and in her social life. The truth is that the state failed Roberta, and not just in 1985 but at every single step of the way since.

The scandal of infected blood transfused into patients is, as we have heard in this debate, one of the greatest injustices of our time. For more than half a century, tens of thousands of people, including my late constituent, have suffered. They were let down by the very institutions that we are supposed to trust and rely upon most. Nobody would think that in an NHS hospital the treatment that someone was receiving would be a death sentence, but that is what it was for many people. As is so often the case with such scandals, the initial injustice was worsened by the cover-up and obstruction of truth that followed. Whether it is infected blood, the Post Office scandal more recently or the collapse of a stadium, these injustices must never be allowed to happen again.

It is one of the core duties of a Member of Parliament to identify and expose failures in state bureaucracy. That is why it is so important that this Government will bring forward a legal duty of public candour. The pain and injustice that these acts have fostered must never be allowed to happen again, but the truth is that for families such as Brian's, the damage has already been done. There is ultimately nothing we can do to fully compensate them for the pain and trauma they have endured, but we all owe it to the thousands impacted to make sure that the compensation process is swift, transparent and fair. I am pleased that the Government have made it a priority to get this compensation scheme under way, and it is critical that these measures can pass through Parliament quickly. There can be no more delay.

In that spirit, I ask the Minister to write to me to give an indication of when my constituent and his family can expect to see the compensation they are owed. The Murray family, like everyone else impacted by this horrendous injustice, deserve nothing less.

Manuela Perteghella
(Stratford-on-Avon) (LD)

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I thank all Members for their moving contributions, especially those who have advocated for constituents impacted by this terrible injustice and shared their stories. I welcome the pledge to deliver this important payment scheme swiftly. However, I urge the Minister to look at the losses of those family members who provided care. In many cases, including that of my constituent Debra, who cared for many years for her husband Barrie, bereaved partners and family carers gave up careers, sacrificing pensions and facing many additional costs. Concerns about the care award have been expressed by organisations such as Tainted Blood, which was mentioned earlier. A just care award must take all those factors into account. Will the Minister ensure fair care costs for the bereaved?

4.34pm

Andrew Lewin
(Welwyn Hatfield) (Lab)

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We have heard some incredibly eloquent, moving and substantial speeches today, and I pay tribute to all of them. I also congratulate my hon. Friend the Member for Leeds North West (Katie White) on a fantastic maiden speech, which was a celebration of women in Parliament, all her work on the climate and, of course, Yorkshire.

In my first few months as the Member for Welwyn Hatfield, nothing has left a greater mark on me than meeting Mike and Diana Blake. The Blake family are victims of the contaminated blood scandal who have been fighting for justice with grace and determination for nearly four decades. As I told the House in July, Stuart Blake, their son, was infected with contaminated blood in 1985, when he was just six years old. Stuart was infected with HIV and hepatitis C. He suffered throughout his childhood and passed away in 2006, aged just 27. Stuart was infected two years before I was born, but 39 years later his parents are still waiting for compensation.

The agonising story of the Blake family will be all too familiar to hon. Members across the House who, as we have heard today, represent constituents who have suffered tragic loss and then seen the state close ranks about the depth of the crisis. As Sir Brian Langstaff concludes in his infected blood inquiry:

"A lack of openness, transparency and candour, shown by the NHS and government, such that the truth has been hidden for decades."

Those of us who sit on these Benches today can never undo the suffering, but we can speak the truth about the experience of our constituents and demand that long-overdue compensation flows to their families. In that spirit, I commend my right hon. Friend the Minister for the decisive action he has taken since assuming office and echo his recent comments on compensation, when he said

"it means nothing if people don't get their compensation quickly and efficiently."

I welcome the news that he expects payments to begin to be made by the end of the year, but echo the calls made on all sides of the House that those who are affected, not just infected, receive their payments as soon as possible.

I would also be grateful for some further clarification on how the Infected Blood Compensation Authority will work with individuals and families to help them navigate the system. Specifically, I want to put on record my request that Mike and Diana Blake are assigned a dedicated case worker, a single point of contact to guide them through the application for compensation and ensure that, after all the years of turmoil, they finally receive what they are owed.

Earlier this year, the Prime Minister said that as a society we had collectively failed to protect some of our most vulnerable people. He was absolutely right. The state failed thousands of families for decades, and whether they were infected or affected, the duration of their suffering is unimaginable. We cannot ever put it right, but this Government will have my support in doing everything in their power to offer compensation and, where possible, some closure to those who have endured so much.

4.38pm

(St Neots and Mid Cambridgeshire) (LD)

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Like others, I welcome the progress on the compensation scheme. Also like others, I would like to draw attention to two of my constituents who have suffered, and continue to suffer, because of the infected blood scandal.

First, there is my constituent who was infected with hepatitis C in 1993, two years after the cut-off date for the infected blood support scheme. As she told me at my surgery last week, her life has been utterly devastated. Her sense of betrayal is felt even more keenly because at the point of her infection all blood should have been tested for hepatitis C by law. She has suffered terrible physical and mental illness for most of her life, including infertility and anxiety from the stigma of her illness—which is why I do not mention her name—and she has experienced an impact on her personal relationships and career.

It was a cruel insult that my constituent, because she was infected after 1991 and was therefore not eligible for the infected blood support scheme, has been unable to access the crucial help that she needs to deal with the impacts I have mentioned. I welcome the removal of those cut-off dates in the new scheme, but I urge the Government urgently to provide proper clarity on how the new scheme will work for her and others like her who were infected after 1991. They need the details of exactly how it will work for them, and when they can expect to review the compensation that they so greatly deserve.

Secondly, I would like to mention the case of my constituent whose mother sadly died from hepatitis C in 1998. In his communications with me, he has pointed out that the information available on the gov.uk website is very confusing, as others have mentioned. He finds it often poorly written, which only adds to his frustration and emotional stress. Understandably, his main concern is that payments to the estates of those who have died from being given infected blood will be deprioritised and not excluded from any heads of loss. As others have pointed out, processes that delay these payments will result in many elderly affected people dying before receiving anything. Can the Government give assurances that siblings and children left behind now and in future will have the compensation safeguarded and will also receive what they rightly deserve?

4.41pm

Emma Foody

(Cramlington and Killingworth) (Lab/Co-op)

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Like so many today, I welcome this Government acting to ensure that the infected blood victims receive the compensation that they have long been owed. Not long after being elected, I met one of my constituents who is a victim of the scandal. He was a core participant in the inquiry, and his case is referenced anonymously in the report. Meeting him and hearing his story, about his fight for justice and the impact it has had on his life and his family, will forever remain with me.

As a teenager, my constituent, who was being treated for haemophilia, went in for his annual health check. He was asked to wait outside by the doctor, who he trusted to act in his best interests. The doctor informed my constituent's father that his son had HIV and did not have long to live. His father was tasked with conveying this earth-shattering news to his son. I am relieved that he has defied the odds and is still here today, but let us be clear that the word "scandal" does not do justice to what happened to these people, who were simply accessing healthcare.

My constituent welcomed the recommendations of the inquiry, the work by Sir Robert Francis and the action that this Government took immediately upon taking office to work to provide swift compensation to those impacted. He further welcomed the statements from the Paymaster General and the Prime Minister, and the acknowledgement that the state, through successive Governments, failed to protect some of the most vulnerable people in this country. That acknowledgment was really important to him, because he and others—all those who have been referenced today and beyond our doors, both infected and affected—have waited far too long for justice.

It is welcome that, following feedback, the Government have made a series of changes, including the regular support payments, new routes for those seeking bespoke compensation claims and packages for those subjected to unethical testing. It is positive that the Infected Blood Compensation Authority has begun the steps to deliver this scheme and ensure that compensation payments are made as soon as possible, and that the payments will start by the end of the year, because victims have already waited too long. As Sir Robert Francis has said, that can provide a credible means of offering significant and, in many cases, life-changing sums to persons infected and affected by this terrible scandal. I thank the Paymaster General for his recent response to queries that I raised appreciated. Might I ask a final question, though, that my constituent has put to me on the legal fees that those campaigning have accrued? Is there potential for those to be covered, rather than their being covered by people's compensation payments? Although I welcome the swift action we have taken, we should never, ever have been in this position, and no amount of compensation can ever match the distress and the pain that this scandal has caused, compounded by the long delay in accessing justice.

I will end by reiterating what others have said, because the motion before us is a testament to those, including my constituent, who have fought for decades to bring justice to those impacted. I pay tribute to all of them, as it is their work that has brought us to where we are today. I cannot imagine how it will feel to finally receive the recognition and the acknowledgment of what has happened. It is incumbent on us to ensure that it happens swiftly and provides proper recourse. I hope that, as a result of the action that we are already taking by introducing the Hillsborough law and the wider duty of candour, we can deliver a culture change so that no one will ever have to fight for justice like that again.

4.45pm

Nick Thomas-Symonds >

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I note that time is short. I will get through as many of the points that have been raised as I can, but I say to all right hon. and hon. Members that my door is very much open; please do follow up with a letter to me if there are specific points that you want me to provide a more detailed response to. I would be more than happy to do that.

In this debate we should always start with the victims at the forefront of our minds—what they went through, and how long, unfairly, they had to fight for justice. Several Members have raised the excellent work that support groups do, in supporting victims and providing advocacy for them. The Government will be engaging with those groups. The Government will be asking what more support is required. Several Members asked about that; the Government will take that work forward.

I will try to move through the points on the basis of the order in which they were raised, starting with the right hon. Member for Salisbury (John Glen). He can certainly take my assurance that the Government are in rapid delivery mode. The point he made about complexity is a fair one. In addition to the explanatory memorandum there was an explainer, and there were case studies, published on gov.uk. I know, too, that the IBCA will provide direct support to each individual who applies for compensation. There will be caseworkers to seek to ensure that individuals understand how the scheme works and the choices they can make. Work is under way on the second set of regulations. In drafting the new explanatory memorandum I will take on board the point that was made by the Committee, and by the right hon. Member for Salisbury, and use plain and simple English wherever possible.

I have set out a number of times in the House that payments will be beginning by the end of 2024. A number of Members asked about the initial 20. The reason for that is that the IBCA is adopting a test-and-learn approach. Taking an initial representative group is the best way subsequently to ramp up the process to be as swift as possible. That has been done with the objective of getting money out of the door as quickly as possible. Of course it will now be for the IBCA to build a service that balances speed with ease of use—and of course data security, which I know would be another concern for the House.

On the second set of regulations about the supplemental route in respect of the infected and the affected, I am saying not that they will be laid by 31 March 2025 but that, subject to the vote of this House, I want them to have passed through the House by that date. I want us to move as swiftly as we possibly can.

The decision on the sequencing—the split between the infected and the affected that the Government have adopted in these regulations—was made on the basis that it would allow orderly implementation of the legal framework without impacting or delaying the delivery timetable for payments to the infected and the affected. As I have said, I hope for, and am sure that I will have, the House's assistance in ensuring that the regulations can be approved by 31 March next year. I may have misunderstood the point made by the right hon. Member for Salisbury about an impact assessment, but the equality impact assessment is on the Government website. As for the question of cost, he has not long to wait now; he will be able to study the Budget Red Book next week.

My hon. Friend the Member for Newport East (Jessica Morden) has been an extraordinarily powerful advocate for the Smith family. I do not think any of us can ever imagine the pain of losing a child in those circumstances. I hope that she heard my reassurance about the work of charities, and the work that the Government will now do to engage with the groups.

infected. I promise that the deadline of the end of October will be met, and I will update the House tomorrow during Cabinet Office questions. I have also been asked about further opportunities to debate this issue. I have already promised that there will be a debate this year about progress on the implementation of Sir Brian Langstaff's 12 recommendations. Compensation is obviously one of them, and I am sure that the House will understand why I am trying to drive that forward as quickly as I can, but the others are hugely important as well, and will be debated in the House.

Ian Lavery ›

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One recommendation was for the establishment of a memorial, or memorials, in all the countries of the United Kingdom. Can my right hon. Friend update me on where we are with that?

Nick Thomas-Symonds ›

Share

I hope to be able to make an announcement about it shortly. I have told the House previously how important I think the memorialisation proposals are, and they will certainly form part of the update that I will give the House before the end of the year.

I join the Liberal Democrat spokesperson, the hon. Member for Richmond Park (Sarah Olney), in congratulating the students whom she has had with her and on the work that they did in researching this subject for her speech. What she said about a culture of cover-up was important. What Sir Brian Langstaff said was not that there was some specific conspiracy between individuals, but that there was something far more pervasive, which he described as a culture of "institutional defensiveness". People and institutions put their own reputations above the public interest, and to tackle that the Government will be pushing forward with a duty of candour. That, in my view, will be a powerful lever that the House can pull for change, but it is not just about a change in the law. It is about leadership as well, and it is about culture and changing the culture, in order to bring about a system in which the public interest is put first and we collectively do all that we can to minimise the chances of a repetition of what has happened in relation to not just this scandal but others, such as Horizon and Hillsborough.

The hon. Lady and a number of other Members asked about the severity bands. The scheme is tariff-based, and the tariffs were developed through the work of the infected blood inquiry response expert group, whose members were appointed by the right hon. Member for Salisbury when he was Paymaster General. They were clinical and legal advisers, assisted by social care specialists. The Government then chose to improve the scheme after the engagement exercise that Sir Robert Francis carried out, as I mentioned to the right hon. Gentleman during the general election campaign.

The comparison between HIV and hepatitis C has been raised. For people infected with hepatitis C there are four severity bands, and they are designed in line with clinical diagnostic markers. Recognised health conditions, for example liver damage, have, therefore, been informed by the work of the expert group. It is correct that in comparison there is a single severity band for people infected with HIV. That is because HIV is a lifelong infection. The vast majority of people infected with HIV through blood products have experienced progression to advanced symptomatic HIV disease, including AIDS conditions, and have died as a consequence of the infection. Those who survived continue to be severely impacted by the infection, and the view of the expert group was that it was disproportionately complex and onerous to disaggregate that category into different experiences, and that contrasted with hepatitis, where there is a wide range of experiences, including both acute infections with long-term limited impacts and very serious and ultimately fatal infections. That is the approach, based on the expert group, that the Government have adopted.

Similarly, on siblings, which several Members have raised, the scheme is based on recommendations from Sir Robert Francis's framework compensation study. It does not exclude siblings over 18 who may have been carers and provided care.

John Glen ›

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Will the right hon. Gentleman confirm that when he assessed the June engagement exercise that Sir Robert Francis supervised, he did not resist any of the recommendations from the expert group that interrogated the scheme—apart from four or five where he thought the Government could do better—and there was no attempt either by the previous Government or his to resist the advice of the expert group who are engaged with the communities?

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The right hon. Gentleman is absolutely right. He took exactly the same approach that I did to the expert group. I accepted, as I told the House, 69 of the 74 recommendations, including, crucially, the continuation of the support schemes. On the other five, there were reasons of simplicity or speed—of getting compensation to people more quickly. I hope the House will take the assurance that there is that imperative to act as quickly as possible.

Sarah Olney >

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I am exceptionally grateful for the right hon. Gentleman's explanation of how the different tariffs have been arrived at, which aids comprehension. However, will he also explain a little more about what the expert group did to engage with the affected communities so that they can better understand the tariff for themselves?

Nick Thomas-Symonds >

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As the right hon. Member for Salisbury (John Glen) and I have indicated, Sir Robert Francis engaged extensively around the country during the general election. The point the hon. Lady makes about continuously trying to make what is a complex scheme open and transparent is entirely fair and I share the desire to do that.

My hon. Friend the Member for Blyth and Ashington (Ian Lavery) has constantly been a powerful voice for victims of the infected blood scandal. I have indicated in previous remarks that we will engage with the charities and groups on what more support we can give to them. On the 20 cases, that is about a test-and-learn approach to try to be able to ramp up the scheme and make it operate more quickly.

On the unethical research—an appalling and dreadful practice—the Government have accepted the amount of money that was suggested, but it should be emphasised always that these are not payments in isolation; they are just a part, and in the vast majority of cases will be a small proportion, of the amounts of money that will be paid out.

The right hon. Member for Rayleigh and Wickford (Mr Francois) spoke powerfully, and I echo his words about the former right hon. Member for Horsham, with whom I had a number of conversations about this matter. I know that he was concerned and wanted to drive the matter forward. The right hon. Member for Rayleigh and Wickford spoke powerfully about the two cases in his constituency and the need for closure, which is a hugely powerful emotion.

My hon. Friend the Member for Bournemouth West (Jessica Toale) spoke powerfully about Jane Fitzgerald. She also spoke about Ronan Fitzgerald, who I understand is in the Gallery today and who is continuing the extraordinary fight for justice in which he has been engaged for so long. My hon. Friend asked a series of questions. If she writes to me with each of them, I will ensure that she receives a response.

The hon. Member for Sutton and Cheam (Luke Taylor), who is back on the Liberal Democrat Benches, raised the issue of siblings, which I addressed a moment or two ago. He is entirely right to highlight the importance of communications and transparency.

My hon. Friend the Member for Eltham and Chislehurst (Clive Efford) steps into giant shoes as the chair-designate of the APPG, because my right hon. Friend the Member for Kingston upon Hull North and Cottingham (Dame Diana Johnson) did an extraordinary job in taking this matter forward. He talked about different Government Departments. The Cabinet Office has led on this issue because of the history of the Department of Health in the 1970s and 1980s. That is why I and the previous Paymaster General took on this responsibility. My hon. Friend is right to emphasise that we should continue to engage with the infected blood community; that is a discussion I frequently have with the chair of the Infected Blood Compensation Authority, who I know shares my hon. Friend's desire to do so.

The hon. Member for Perth and Kinross-shire (Pete Wishart) asked me about legal support, and we have accepted that it should be provided. He talked about my powers in that regard, which have been exercised. That legal support will happen, and it is hugely important that it does. We want the tariff scheme to be as quick and accessible as possible, and we want people to have that level of support.

institutions. The introduction of a duty of candour is hugely important with regard to not only this scandal, but others such as Horizon and Hillsborough. His point about document destruction was very well made, but one of the reasons for using a tariff-based scheme, rather than having thousands of individual court cases, is precisely that the documents that are available can be treated more sensitively and on the basis of the balance of probabilities.

The hon. Member for Mid Sussex (Alison Bennett) spoke extraordinarily movingly about her constituent Graham Knight, his wife Sue and the support that she provided.

It was a privilege to listen to a fantastic maiden speech by my hon. Friend the Member for Leeds North West (Katie White), who is the first female Member of Parliament for her constituency. She spoke with great Yorkshire pride and about her constituents understandably feeling let down in the past. She certainly did not let them down today with her maiden speech, which was positive about the way that politics can deliver real change. I am sure it is the start of a very fine parliamentary career. Her grandmother, Marjorie Simms, would have been extraordinarily proud of her today.

The hon. Member for South Devon (Caroline Voaden) spoke about her constituent Philip, who summed up one chilling aspect of this scandal when he said,

"our ignorance was engineered by those in power."

It is worth reflecting on that sentence as we look at the changes that we will need to make, beyond ensuring that people receive compensation.

My hon. Friend the Member for Glasgow South (Gordon McKee) spoke powerfully about his constituent, Roberta, and the stigma that she suffered. He also spoke about the Murray family, and if he writes to me about their specific circumstances, I will ensure that he gets a response.

The hon. Member for Stratford-on-Avon (Manuela Perteghella) spoke movingly about family members and carers, and I agree with her about their huge importance. My hon. Friend the Member for Welwyn Hatfield (Andrew Lewin) spoke about the Blake family. I think that caseworkers will be hugely important in the work of the Infected Blood Compensation Authority.

I note that, understandably, the first constituent the hon. Member for St Neots and Mid Cambridgeshire (Ian Sollom) mentioned did not even want her name to be mentioned. That is an indication of the ongoing pervasive nature of this scandal.

My hon. Friend the Member for Cramlington and Killingworth (Emma Foody) spoke for all of us when she said it had taken far too long to reach justice. She is welcome to write to me about the point she raised. I think she was talking about legal fees that have already been incurred, but if she writes to me I will ensure that she gets a response.

Clive Efford ›

Share

I am grateful to my right hon. Friend for his answers. Notwithstanding his reassurances, widespread concerns are still being expressed by those who have been affected or infected as a result of this scandal, so will he agree to a meeting with the all-party parliamentary group on haemophilia and contaminated blood, in his Department, to discuss the issues that they still want to raise?

Nick Thomas-Symonds ›

Share

I would be only too delighted to engage with the all-party parliamentary group, and I am sure that if my hon. Friend sends an invitation in the usual way, we can find a mutually convenient date.

My hon. Friend has just referred to the all-party group, and the spirit in which this debate has been conducted is really important. It is crucial that that cross-party approach continues. We are dealing with people who have been failed by the state, and we must acknowledge that. The regulations we are debating ensure that we can finally deliver compensation to those who have fought so hard and waited so long for justice in the most harrowing of circumstances. They deserve nothing less, and I hope that colleagues across the House will join me in supporting the regulations. I commend them to the House.

Question put and agreed to.

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That the Infected **Blood** Compensation Scheme Regulations 2024 (SI, 2024, No. 872), dated 22 August 2024, a copy of which was laid before this House on 23 August, be approved.
