

# Hansard

UK Parliament > Hansard > ... > Oral Answers to Questions > Cabinet Office > **Infected Blood Victims: Compensation Payments**

## Infected Blood Victims: Compensation Payments

Volume 729: debated on Thursday 16 March 2023

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**Dame Diana Johnson** >

(Kingston upon Hull North) (Lab)

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5. What progress his Department has made on providing compensation payments to infected blood victims. ([904106 \(Unique identification number\)](#))

**The Minister for the Cabinet Office and Paymaster General** >

(Jeremy Quin)

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I thank all those who attended the meeting of the all-party parliamentary group on haemophilia and contaminated **blood** chaired by the right hon. Lady last week. The Government acted on an interim **compensation** proposal for those **infected** in the autumn, paying out more than £450 million, and have accepted that there is a moral case for **compensation**. I am truly delighted that Sir Brian Langstaff has announced his intention to produce a second interim report, which, as I understand it, will be published before Easter. That will help the Government to meet our objective to be able to respond quickly when the final report is published in the autumn, although I do not wish to understate the complexity of the work involved in addressing the impact of the scandal.

**Dame Diana Johnson** >

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I thank the Paymaster General for attending the meeting with the all-party parliamentary group; we very much appreciated his input. What also came out of that meeting was a desire from those who have been **infected** and affected to have further information about what the Government are doing in preparation for the reports from Sir Brian—the final report particularly—later this year. I wonder whether the Paymaster General will set out how he feels he can best engage with those **infected** and affected in the coming months to show that progress is being made and set out a plan for that involvement with those **infected** and affected.

**Jeremy Quin** >

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The right hon. Lady makes a reasonable challenge. She has battled on this issue for many years. I am focused on that interim report from Sir Brian. We have already had the benefits of the Sir Robert Francis study, which I am sure has informed the work of Brian Langstaff and his team. When we see the interim report, it will be incumbent on us to give an immediate reaction—a reaction as soon as is practical—to it, and then to set out what we will be doing to build towards the final report, which, as I say, will be published in the autumn. I know that it has been a long wait for those **infected** and affected. It is not over yet, I am afraid. There is an awful lot of work to be done, but we are approaching the endgame as these reports come through.