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Contaminated Blood Scandal: Interim Payments for Victims

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🕒 1.20pm

Dame Diana Johnson >

(Kingston upon Hull North) (Lab)

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(Urgent Question): To ask the Minister for the Cabinet Office if he will make it statement on the Government's policy on interim payments for victims of the contaminated blood scandal.

The Minister for the Cabinet Office and Paymaster General >

(Michael Ellis)

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I thank the right hon. Lady for her question. I note that she does not appear to be seeking the full debate that I recently wrote to her in support of, and I would commend my recent letter to her, wherein I suggested that perhaps a full debate would be in order when the House resumes, if the Leader of the House will agree. I frequently pay tribute to her, as she knows, for her long-standing work on this issue, and I ask her to accept from me that other people are also working hard on it, including my officials and officials from across Whitehall. She has been a resolute advocate for her constituent—also through her all-party parliamentary group on haemophilia and contaminated blood—and I am seeking also to support the wider community of people who have been affected by this appalling tragedy.

The specific question that the right hon. Lady raises today concerns the compensation framework study. This was produced by Sir Robert Francis QC and was commissioned by my predecessor in her then capacity as sponsor Minister for the infected blood inquiry. I can tell the House that it was delivered to me as the current sponsor Minister for the infected blood inquiry only in March. Sir Robert had been asked to give independent advice about the design of a workable and fair framework for compensation for victims of infected blood that could be ready to implement upon the conclusion of the inquiry, should its findings and recommendations require it.

The Government published Sir Robert's study some six weeks ago on 7 June. Sir Robert then gave evidence about his work to the inquiry last week, on 11 and 12 July. His evidence was quite detailed, quite lengthy, quite technical and forensic. As hon. Members will appreciate, Sir Robert's study is a comprehensive and detailed one. It reflects the contributions of many victims and their recognised legal representatives, and of the campaign groups who have been representing the infected and affected communities so well. In total, Sir Robert makes no fewer than 19 recommendations that span the full spectrum of considerations for the creation, status and delivery of a framework, including non-financial compensation, for victims—both individuals who were infected by contaminated blood or blood products and those whose lives were affected after their loved ones or family members received infected blood or infected blood products.

The Government are grateful to Sir Robert for his thorough examination of these complex questions and the detailed submissions, and I wish to assure all those who have taken part that the Government are focused on making a prompt response. One of Sir Robert's recommendations, and the focus of the right hon. Lady's question today, is that the Government should consider making

interim compensation payments to infected blood support scheme beneficiaries before a compensation scheme is established, in the interest of speeding up justice and giving some level of assurance and security to those who may not live to see the end of the inquiry. My colleagues and I are particularly and keenly aware of this reality. After all, it was this Conservative Government under my right hon. Friend the Member for Maidenhead (Mrs May)—

Mr Speaker >

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Order. This is a very important debate but I do not think that people have advised the Minister on this and he is way over time. I do not know who has written his speech for him, but there are lots of people wanting to get in and a lot of business ahead. I presume he is nearly at the end.

Michael Ellis >

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Yes, Mr Speaker, just two paragraphs left. I apologise if I have run over.

I was saying that my colleagues and I are keenly aware of this reality. After all, it was this Conservative Government under my right hon. Friend the Member for Maidenhead that launched the inquiry in the first place and it was this Government under the current Prime Minister that commissioned the compensation framework study last year.

To conclude, I can confirm to the right hon. Lady and the House that officials across Government are making haste to address this as quickly and thoroughly as possible. However, responsible government requires proper and careful consideration of how complex and important schemes can and should work, and it will take a little more time for the work to be completed.

Mr Speaker >

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Can I just say that we need to advise Ministers of how much time they have? When people are putting speeches together, can they please try to work within the allocated time, because all these Members here have great interest in this issue and need to get in.

Dame Diana Johnson >

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Thank you for granting this urgent question today, Mr Speaker. The response from the Paymaster General is yet again wholly inadequate and insulting to those who have suffered so much over so many years. With over 3,000 people dead and over 419 of them dying in the five years since the public inquiry was called, and with one person dying every four days on average, people cannot wait a day longer than necessary.

As the Paymaster General set out at length, to avoid further delays the Government asked Sir Robert Francis QC in May 2021 to undertake a parallel in-depth review of financial compensation ahead of the overall public inquiry concluding. Sir Robert found a “compelling case” for interim payments of at least £100,000 to those affected. Ministers have had these recommendations since March but they refused to publish them, saying that they wanted to publish their response at the same time. We waited and waited, then the review was leaked to *The Sunday Times* newspaper and the Government finally published in early June but not with their promised Government response. Last week, as the Paymaster General said, Sir Robert gave oral evidence at the public inquiry on 11 and 12 July, making the case again for interim payments.

The Government have already, rightly, granted £30 million of interim compensation for the Post Office Horizon IT scandal long before its public inquiry concludes, as well as interim payments for the Windrush scandal, but not for infected blood. Given the undoubted urgency, on 15 July Sir Brian Langstaff QC started a 10-day consultation on using his own powers to recommend interim payments ahead of his final report to which the Government will need to respond. Its 25 July deadline comes after the House enters the summer recess. As Mr Speaker has repeatedly said, this House should hear announcements first.

After decades of cover-up and appalling treatment, what exactly is preventing the Minister from announcing today, before the summer recess, that the interim payments recommended by the Government's own independent reviewer will be paid? If not now, when? What is the timetable for the announcement on interim payments and on a response to the wider review? Will the Paymaster General tell me when we will see the Government's submission, which I am sure his officials are preparing, to the independent inquiry on interim payments that Sir Brian has set up?

Mr Deputy Speaker >

(Mr Nigel Evans)

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I gave the right hon. Lady some injury time there because the Minister overran, but I remind everybody that it is normally three minutes and two minutes.

Michael Ellis >[Share](#)

I am conscious of the Speaker and Deputy Speaker's admonitions about speed, so I will be brief. The Government will need to reflect carefully on the very detailed evidence that Sir Robert gave only last week in two days of evidence. That forensic detail included issues such as scope, the types of benefit, the legal issues and the legislative issues. There is a great deal of complexity and interconnectedness in this matter, and we want to get it right. We will act, as we have done, as a responsible Government throughout this process. We will continue to do that.

Steve Brine >

(Winchester) (Con)

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I speak as the co-chair of the all-party parliamentary group on HIV and AIDS. Due to ignorance about HIV and a lack of understanding about how it is transmitted, many people assumed that people with haemophilia were infected with AIDS, which forced so many to hide their haemophilia for fear of the stigma and discrimination. Frankly, they have suffered enough.

My right hon. Friend the Member for Maidenhead (Mrs May), the then Prime Minister, announced this inquiry when I joined the Department of Health as a Minister five years ago, and we are still here. An urgent question from the right hon. Member for Kingston upon Hull North (Dame Diana Johnson) in the last week of term has become a staple, but it should not be needed. Is work under way to identify people who will be eligible for the interim compensation payment scheme, or are the Government still considering whether there should be such a scheme? That is an important distinction, and my affected constituents would like to know the answer.

Michael Ellis >[Share](#)

The whole matter is still being considered. There are 19 recommendations, and my officials are working hard across Whitehall on the matter. It is unfair and inaccurate to characterise this as having made no progress over the years. Of course it made no progress, or hardly any progress, for many, many years after the infected blood scandal began. Since my right hon. Friend the Member for Maidenhead began the inquiry, considerable progress has been made and is being made.

Fleur Anderson >

(Putney) (Lab)

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I thank Mr Speaker for granting this urgent question.

I start by paying tribute to my right hon. Friend the Member for Kingston upon Hull North (Dame Diana Johnson) for securing this urgent question and for her years of campaigning on behalf of the victims of this horrendous scandal. These excuses just do not wash. Where there is a political will, as we saw at the beginning of covid, the Government can act very fast, but we have seen the opposite of haste on this issue.

For too long, the contaminated blood community has been failed by Government and ignored by those who let their demands fall on deaf ears. Tragically, as a result of this delay, many members of the infected blood community will not live to see the outcome of this inquiry. The longer it goes on, the fewer victims will be around to see justice done. Is that what the Treasury wants to happen?

Justice delayed is justice denied, but this Government continue to hide behind more and more reviews. The Paymaster General, as he just said, received Sir Robert Francis's report on the compensation framework study four months ago and pledged to respond in due course, but what work is currently under way to respond to the report's 19 recommendations? How many meetings have been held? What is concretely being done?

With one person dying every four days as a result of infected blood, how does the Paymaster General justify his Department's slow response? The deadline for the response will now fall after the House enters its summer recess, but what is to stop him publishing his response early so that Parliament has the chance to scrutinise and debate the outcome? Does he agree with Sir Robert that there is a moral case for compensating victims and for getting on with it earlier? This inquiry also seeks to investigate why warnings about the safety of blood products may have been ignored, and why plans to make the UK self-sufficient in blood products were scrapped. What is the Paymaster General's assessment of these issues?

I pay tribute to the courage, resilience and determination of the survivors of the contaminated blood scandal, and their families, who have stayed in this fight for too long. It is time for answers.

Michael Ellis >

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My officials are working hard on this matter with the Department of Health and Social Care and across Whitehall. There are 19 recommendations, and we had Sir Robert Francis's very detailed and forensic evidence only last week. The matter is being given the fullest, speediest and most expeditious consideration, and I ask the hon. Lady to bear in mind that officials across Whitehall feel just as passionately as I do, and as the House does, about getting this right and doing the right thing for all those infected and affected.

Damian Hinds >

(East Hampshire) (Con)

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I very much welcome Sir Robert's comprehensive work, including the recommendation on expedited payments. I have corresponded with the Minister on this on behalf of my constituents, and I am grateful to him for his reply and for expressing his understanding of the time sensitivity. I join others in urging him to look not only carefully but urgently at the case for expedited payments to people who will receive moneys through the compensation scheme anyway, given the passage of time and given how much these people have suffered through no fault of their own. They have been let down by the system.

Michael Ellis >

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My right hon. Friend's point, and the strength of it, is noted.

Chris Stephens >

(Glasgow South West) (SNP)

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I congratulate the right hon. Member for Kingston upon Hull North (Dame Diana Johnson) on securing this urgent question. She chairs the all-party parliamentary group on haemophilia and contaminated blood tenaciously and quite superbly. I note the case of a young family in my constituency.

Sir Robert, in his evidence to the inquiry last week, said there should be no barrier to starting work now on setting up the compensation framework in advance of the end of the inquiry. He suggested that the appointing body be set up in shadow form to begin appointing panel members and gathering data on claims.

The report's first recommendation says there is "a strong moral case" for compensation. Do the Government agree that there is a strong moral case for compensating people affected by contaminated blood? How will they ensure interim payments are also available to bereaved partners, parents and children, many of whom have so far been excluded from support?

Finally, recommendation 15 says that all support payments from current support schemes should be raised by at least 5% above median earnings and should be guaranteed for life by legislation or secure Government undertaking. Will the Government commit to providing that security?

Michael Ellis >

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I recognise the power of the hon. Gentleman's point about his own constituents, and many hon. and right hon. Members on both sides of the House will also have constituents who are affected. I cannot prejudge the matter, of course. Work is ongoing at haste, and a lot of analytical work needs to be done. We will have the answers to those questions as soon as we can.

Kevin Hollinrake >

(Thirsk and Malton) (Con)

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One of the first meetings I attended after being elected to this place in 2015 was a meeting of the all-party parliamentary group on haemophilia and contaminated blood, and the campaign had already been running for many years. I have been contacted by a number of constituents who have still not received their compensation. They do not care about consultation or compensation frameworks. They need money. This is such a clear case of injustice. Will my right hon. and learned Friend please impress it upon the Prime Minister, before he leaves office, to make these interim payments now?

Michael Ellis >

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My hon. Friend's eloquent point is noted and will be relayed.

Catherine West >

(Hornsey and Wood Green) (Lab)

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My constituent **GRO-A** was infected with hepatitis C. When he died in 2012, he left behind his partner and a tiny baby. Ten years on, this little girl is about to go to secondary school. These families cannot afford any more delay. Will the Minister pledge today that not only the living but those who have been so badly affected by the loss of a loved one over the decades will receive interim payments?

Michael Ellis >

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I cannot, at this moment, prejudge the ultimate decisions on this matter, but I can say that the matter has my full attention and the full attention of officials across Government, and it will be given the attention it so richly deserves.

Mr Richard Holden >

(North West Durham) (Con)

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I speak as a member of the APPG on haemophilia and contaminated blood.

With Sir Robert Francis's report recommending that substantial compensation be paid to those infected and affected by contaminated blood and blood products, what conversations have taken place with Her Majesty's Treasury on allocating a sufficient budget to cover the costs between the Cabinet Office, the Department of Health and Social Care and the Treasury itself?

Michael Ellis > [Share](#)

I cannot speak exactly to my hon. Friend's point, but the general point he makes is a good one. There are issues across Whitehall and across Government that need to be addressed in all these matters. As I have said, that work is continuing with DHSC and across Government.

Christine Jardine >

(Edinburgh West) (LD)

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We have all heard what the Minister has said, and we all appreciate that he appears to be genuinely concerned, but does he appreciate that, for our constituents who have waited decades, too much time has already been wasted, too many people have died and too many families have been left to suffer without the compensation and justice they so richly deserve? Will he please say something today to reassure them that they will get more than just more words?

Michael Ellis > [Share](#)

I hope I can relay, and have relayed, to the House my feelings on the matter, which I am sure are the same as feelings across this House. This is not a party political issue. It is one about which we all feel strongly and we recognise the matter for what it is. Having said that, I know that the hon. Lady will understand that we have to go through the requisite processes to make sure we get these things right, and that is what is happening. This is not a question of dilatoriness and of sitting on one's hands. Every effort is being made to process this matter as expeditiously as possible.

Ian Lavery >

(Wansbeck) (Lab)

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The contaminated blood victims are entitled to be fed up to the back teeth with bluster, delay and dithering from the Government. Two victims are dying each week. There are 208 victims who have died in Wales, 548 in Scotland, 100 in Northern Ireland and 3,000-plus in England. There are 419 victims who have died since the inquiry began in 2019. Sir Robert Francis stated in recommendation 14 of his report that interim payments should be paid without delay. Has that recommendation actually been costed? Will the Minister tell the House how many times his office has been in touch with the Treasury to discuss the compensation set out in recommendation 14?

Michael Ellis > [Share](#)

I am very conscious of the passage of time from when the infected blood issue began many, many years ago—decades ago—and the inquiry that was begun by my right hon. Friend the Member for Maidenhead in 2019. I am conscious of the years that have elapsed and I reiterate what I have said about moving as expeditiously as possible.

Paul Girvan >

(South Antrim) (DUP)

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I want to speak and ask a question on behalf of a lifelong friend of mine who was born a haemophiliac. Unfortunately, as a young boy he ended up having factor VIII that was contaminated. He is now in his 60s; with the help and care of our health system he is still here. He has survived, but he has had to have a liver transplant. That gentle man has had to live a life where he has been somewhat living under shadow. Subsequent Governments have failed up to now to do anything. I thank the Minister for the movement that has been made up to now in relation to the report that is coming forward, but I have concerns about the payments, and I am asking for interim payments to be made urgently. This man's friends have all passed away and I feel that further delay means that we are just

passing the ball further down the road. This is a UK-wide inquiry and I ask that if payments are made, they should be paid as UK-wide payments and not as money that will go into the block grant of devolved institutions, which, ultimately, might not make its way to those directly affected.

Michael Ellis >

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The hon. Gentleman makes his point with characteristic eloquence, and my heart goes out to his constituent in that appalling example. That is one of many tragic examples in this matter. I also note what he says about the Northern Ireland aspect of this and that matter will be given proper consideration.

Clive Efford >

(Eltham) (Lab)

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The fact that interim payments have been recommended implies that there is an urgency in compensating these people. It is five years since the inquiry was set up and more than 400 people have died since that time. So what is it about the 19 recommendations that links them to the interim payments? Why do the Government have to wait to respond to those 19 recommendations and not, as the report suggests, get on with the interim payments?

Michael Ellis >

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It is not as though the Government are waiting; the Government are working, across Whitehall, to produce results in the matter. There is no dilatoriness here; there is expedition on the part of my officials and officials across Government, and the wish to get the matter right.

Dr Philippa Whitford >

(Central Ayrshire) (SNP)

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The Irish Government established their compensation tribunal more than 25 years ago, yet the UK Government continue to leave victims facing death, without even basic justice for the harm done to them and their families. I remind the Paymaster General that this urgent question is about interim payments. Will he at least commit to moving forward now with key recommendation 14, on interim payments, rather than leaving victims and their families to face ongoing financial hardship?

Michael Ellis >

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I cannot prejudge the matter at this stage, for reasons that I have already given.

Sammy Wilson >

(East Antrim) (DUP)

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The Paymaster General will know that 419 people have already died, and it is estimated that one will die every four days, so this is urgent. I respect the points he has made and believe that he wants this matter dealt with urgently. However, Sir Robert Francis reported in March; the Department is aware of the information and the forensic detail that the Paymaster General has referred to, and it promised a response to that when it published the report. That has not happened. To say that Sir Robert gave his evidence to the inquiry only last week is misleading the way in which this should be debated, because the information was known. Before he ever gave his evidence to the inquiry, the Government had that information, so why can they not act on the interim compensation payment, as Sir Brian Langstaff has said he wishes, at least to deal with the immediate hardship people are facing?

Michael Ellis >

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I hope the right hon. Gentleman will accept from me that the matter is complex, and that things are interconnected—I use that word advisedly—across Government, which makes them particularly complex. This may be more complex than other comparable schemes. I ask him and others to accept that everyone is working as fast as they can to achieve the right result on this matter.

Barbara Keeley >

(Worsley and Eccles South) (Lab)

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I agree with my right hon. Friend the Member for Kingston upon Hull North (Dame Diana Johnson): the Paymaster General's response was inadequate. Describing the people we are talking about—our constituents—as “tragic examples” is not helpful. I have three constituents affected, one of whom was infected with hepatitis C in the Royal Manchester Children's Hospital in the early 1980s. In January 2014, he found out that he had begun to develop cirrhosis of the liver. He has had to put his career on hold while he is having treatment, and he has had great stress and worry. It is only right that my constituents, and the others we are hearing about who have been affected by this scandal, receive the financial help and support that they deserve. How soon will the Government implement Sir Robert's recommendation that substantial interim payments be offered of no less than £100,000?

Michael Ellis >

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As soon as is reasonably possible.

Hannah Bardell >

(Livingston) (SNP)

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My constituent **GRO-A** lost her husband after he received a blood transfusion that infected him with hepatitis C. My constituent **GRO-A** has stage two chronic cirrhosis of the liver, a serious and lifelong condition, which she got through contaminated blood. I have sat with both of my constituents and listened to them describe the impact on their life. I have been raising this matter for seven and a half years, and we are about to have our fourth Prime Minister in that time. Some 400 people have died since the inquiry started five years ago. Is the Government's strategy to wait for more people to die before they get justice—we can give people money right now, as has been recommended—or will the Government finally pull their finger out and give justice to the people affected by contaminated blood?

Michael Ellis >

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I am sorry, but the hon. Lady's question is unworthy. It is completely wrong to characterise anyone as waiting for people to pass on. That does not do justice to the gravamen of the situation, or to the officials working on the matter. I reiterate that good people are working hard to get the right result on this matter. I hope she will reflect on that.

Andy Slaughter >

(Hammersmith) (Lab)

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Most of us here represent constituents who are victims of the contaminated blood scandal. As they have waited for justice for so long, there is often quite a long gap between our hearing from them, and we wonder, “Have they moved away? Have they just been exhausted by the process? Are they too ill? Have they died?”. This is an extraordinary, cruel process, but also an unnecessary one. Interim payments are a common feature of personal injury litigation. We know exactly what they are, and they do not, by definition, prejudice the outcome of any inquiry. Just answer one question: what prejudice is there to the Government in making the interim payments now?

Michael Ellis >[Share](#)

It is not a matter of prejudice. The Government have a responsibility to work these systems effectively and correctly, and they have to make decisions based on the complexity and interconnectedness of all these issues. The situation. The matter is not as the hon. Gentleman says; it is a question of getting these things right as speedily as possible.

Alison Thewliss >

(Glasgow Central) (SNP)

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I have constituents who were infected, and constituents who were affected by, and bereaved as a result of, the contaminated blood scandal. I pay tribute to all the campaigners, the all-party group on haemophilia and contaminated blood, the Factor 8 campaign, and everybody who has done so much work on this issue over the years. Their stories are seared on my memory, as is the evidence that I have seen tweeted from the inquiry. It is absolutely chilling. People are reported to be dying at a rate of one every four days. This community cannot wait. They have already waited, suffered, and been let down for far, far too long. What conversations have been had with Treasury officials about the urgency of releasing funds for interim payments right now?

Michael Ellis >[Share](#)

It is well understood that the matter is urgent and important. It is also understood that it is complex and interconnected. I assure the hon. Lady that questions such as this in the House, and the points that she and others have raised, help to reiterate, if that were needed, that the matter should be dealt with as expeditiously as possible.

Jim Shannon >

(Strangford) (DUP)

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I thank the right hon. Member for Kingston upon Hull North (Dame Diana Johnson) for her dogged perseverance. We are all indebted to her for her sterling efforts. More than 400 people have died since the publication of the report five years ago, and every one of those deaths is a tragedy, as I know the Minister appreciates. It is time to do the right thing. Will the Minister commit to action on a reasonable timescale, to put the minds of victims of contaminated blood, and their families, at ease? They have suffered considerable stress and anxiety, due to poor health and extreme financial difficulties. As each day goes by, those financial difficulties and debts mount up. Time is of the essence.

Michael Ellis >[Share](#)

I accept the premise that time is of the essence, and the point that the hon. Gentleman eloquently makes about each day that passes. I am very conscious of that, as are those working with me, and I ask him to accept that.

Pete Wishart >

(Perth and North Perthshire) (SNP)

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There is no good reason why interim payments cannot be made. When we first raised issues of contaminated blood some 20 years ago, we were repeatedly told that no wrongful practices were employed. Andy Burnham conceded at the inquiry that he and his ministerial team were given lines by officials that he now knows to be false, and that that has had an impact on real lives. What is being done to address that misinformation, and will the Minister commit to an inquiry, over and above Sir Robert's, into why MPs were misled at that time by officials?

Michael Ellis >

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I cannot commit to that. I am not aware of the detail of the matter raised by the hon. Gentleman. I have seen no evidence of officials giving deliberately incorrect information, but I will look into the matter.

Mr Deputy Speaker >

(Mr Nigel Evans)

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I thank the right hon. Member for Kingston upon Hull North (Dame Diana Johnson) for her urgent question, and the Minister for responding for just over half an hour.