Wednesday, 7 May 2025

(10.00 am)

SIR BRIAN LANGSTAFF: This hearing of the Inquiry is back where we held the first in Church House. The preliminary hearings held then began with a commemoration that none of us who watched will ever forget. Because of the passage of time, some of those who took part are no longer with us.

The pursuit of justice may sometimes be gruelling. During the course of the Inquiry, we heard deeply personal stories. They cannot have been easy to tell, but those accounts were given with dignity and openness and often with palpable feeling. Which one of us, whatever our background, was not at times visibly moved, even sometimes to tears? Together we pieced what had happened and why.

Last May, we gathered just across the road from here for the publication of the Inquiry report. It set out not just what had happened and why, but in painful detail what, until then, the reaction of authority had been. That day seemed to have marked a watershed. We heard sincere apologies from across all sides in Parliament and the announcement that there would be substantial compensation. Surely, at that time, none of us wanted to be back here again.

The decision to hold these further hearings was not taken lightly. It is no secret that the Inquiry has received letter after letter, email after email, call after call, expressing worries and concerns about how compensation is being delivered. The slowness and uncertainty about when someone might expect to receive compensation are central concerns. They are not, however, the only ones.

These matters need to be explored in public. The goal is to be constructive. The Inquiry will do everything in its power to identify action that can be taken by the Government and by the Infected Blood Compensation Authority to improve the delivery of compensation and to ensure that justice is done.

The numbers in which you have come to these two days of hearings speak for themselves. They show how important it has been to so many to have these hearings. They demonstrate that the complaints, worries, distress and frustrations that have been expressed to us are not just those of an outspoken few. If anyone could have said that, they can no longer do so, and I know that many more of you are following these proceedings online because it means so much to you.

Well, let me turn to our procedures. Now, forgive me for repeating what will be familiar to many of you,

but some of you here or watching had not been diagnosed or realised that your loved one had received infected blood until after publication of the Inquiry report, and you may be new to the Inquiry. So let me briefly explain what will happen.

We will hear first from counsel to the Inquiry, Ms Richards KC, who will explain the purpose of the hearings and then take evidence from this morning's panel of witnesses.

In my opening remarks the last time we were in this building, I set out the principles by which this Inquiry would operate. First was to put people at its heart, and you will see that as part of that we place the oral witnesses at the centre of our proceedings.

Respect for a person's entitlement to give the best evidence they can give, whoever they are, has always been one of our important principles, too, and I ask you to listen to the evidence over the next two days respectfully, whether you find it unpalatable at times or not.

In terms of practicalities, some people attending today have not told their family and neighbours about their infections, and so I ask that you do not take photographs without permission so that no-one is accidentally caught in the background. Some of you --

some of what you hear may not be easy to listen to. If you want to take a break from the hearing room from time to time, please do so. No-one will mind if you leave and come back quietly. There are screening rooms next door and screening rooms downstairs, if that's more comfortable. The British Red Cross team, who supported us throughout the Inquiry, will be with us again this week. They wear red lanyards to identify them for anyone who needs their support. They also provide their confidential support service by telephone. For those online, they can find that telephone number on the Inquiry website.

With those few remarks, Ms Richards.

MS RICHARDS: Thank you. I'm just going to explain briefly the role of this morning, and then briefly, again, what we're going to be hearing about this afternoon and tomorrow. So we have this morning, as you can see, a sizeable panel of witnesses. It's the largest panel we've had I think in any of our Inquiry sessions, and so it's going to require a little management on my part. I promise to be a bit of a circus ringmaster with the witnesses today.

Those of you who followed the Inquiry hearings will know, with the possible exception of a health minister from the 1980s I don't normally cut across witness's answers, but I've warned them all that I may have to do that today to ensure that everybody gets their opportunity to speak and they have all assured me that they will take that with absolute good grace and I know that they will.

So you will hear this morning I'm going to go to each of them in turn. I'm not going to throw matters out for a wider discussion amongst the panel to start with; we'll see how time goes. I am going to each of them in turn, pick up certain issues, which we know from everything the Inquiry has heard, is of importance to all of you. Then, if time permits, we'll then have a more free-flowing discussion with the panel members on some of the key themes and issues that have arisen; then towards the end of this morning's session I'm going to be asking each of them for any suggestions they have about practical changes that they would like to see made now.

So that's the plan for this morning. This afternoon, as you know, we hear from the first of four witnesses from the Cabinet Office and IBCA. This afternoon it's the minister, the Paymaster General. Tomorrow morning we have the two witnesses from IBCA, Sir Robert Francis and David Foley, and tomorrow afternoon we have a senior civil servant within the

Cabinet Office, James Quinault.

I'm not going to cover every issue with every witness. Time doesn't permit and it's not the best use of time in any event. I can assure you that the central issues that have been raised with the Inquiry will be covered. If you don't hear them this afternoon, it's probably because I'm going to be saving those ones for tomorrow. Also anything that doesn't get covered in the course of these two days, again you will know that core participants have the opportunity to provide written submissions to the Inquiry by 23 May and we encourage everyone to do so because we very much want to hear what everybody has to say.

So without further introduction, Mary is now going to swear the panel in.

ALAN BURGESS (sworn)

CAROLYN CHALLIS (affirmed)

ANDREW EVANS (affirmed)

MARY GRINDLEY (affirmed)

NIGEL HAMILTON (sworn)

GARY WEBSTER (sworn)

WILLIAM WRIGHT (affirmed)

KATE BURT (affirmed)

LYNNE KELLY (affirmed)

SAMANTHA MAY (affirmed)

Panel discussion facilitated by MS RICHARDS

MS RICHARDS: I'm just going to ask each of you to briefly introduce yourselves. Can you make sure when you give your answers as well you speak into the microphone because it's quite an echoey chamber and so everyone can hear you clearly.

So I'm going to start at the far end.

Alan, if you could just briefly introduce yourself for everyone here and listening online.

ALAN BURGESS: Hi, my name is Alan Burgess. I'm a haemophiliac infected with HIV and hepatitis C, long-standing campaigner representing the Birchgrove Group and can't believe we're back here today, but there you go.

MS RICHARDS: Caz?

CAROLYN CHALLIS: My name is Caz Challis, I was infected a few months after the screening began in September 1991 so -- with hepatitis C, so I've always been excluded from all of the schemes. I've been fighting my case since 2004. So that's why I'm here today.

MS RICHARDS: Andy?

ANDREW EVANS: Hi, I am Andy Evans. I am a haemophiliac. I was infected with HIV and hepatitis C at the age of 5 in 1983. In 2006 I set up the campaign group Tainted Blood. We have around 2,100 members at the moment, all

of whom are in a desperate state at the moment since the announcement of the Government's compensation package and things that have unfolded since and that's why I'm here today.

MARY GRINDLEY: I'm Mary Grindley. I'm an independent campaigner, probably the oldest campaigner. I've been campaigning for 45 years before the AIDS crisis. I campaigned on non-A and non-B hepatitis which my husband had before we married, actually, and, yeah, my husband died in 1994 of AIDS. He was a severe haemophiliac aged 41.

NIGEL HAMILTON: My name is Nigel Hamilton. I started off as a haemophiliac from birth. I had a liver transplant as a result of hepatitis C in 2018; successfully, thank goodness. I have and am Chairman of Haemophilia NI in Northern Ireland. I lost a twin brother Christmas Day just over a year ago and I've several cousins I have also lost within the family.

I believe in justice, I believe we have to be here today, thanks to the Public Inquiry and Sir Brian to ensure that we get the opportunity to repeat that we need justice, we are entitled to justice and we will have justice.

GARY WEBSTER: Hello, my name's Gary Webster. I'm a former Treloar pupil and representing the 122 boys that went to

Treloar's and their families.

WILLIAM WRIGHT: I'm Bill Wright. I was infected in 1986 with a contaminated blood product, a one-off. I now have liver cancer, hepatocellular carcinoma. I was diagnosed a year ago. I was placed on the transplant list, but unfortunately, I was then taken off it because of the appearance of another tumour.

In 2012, we founded Haemophilia Scotland, and I remained its chair for 12 years, and I appear today as an adviser and spokesman for Haemophilia Scotland.

KATE BURT: I'm Kate Burt. I've been the Chief Executive at the Haemophilia Society since October 2020. We are the patient voice for the just over 40,000 people in the UK who have bleeding disorders, and I'm here today to represent the 6,000 people with haemophilia and bleeding disorders who were exposed to contaminated blood and infected as a result; 3,000 of our community who have died and their families.

LYNNE KELLY: I'm Lynne Kelly. I'm Chair of Haemophilia Wales, and we represent over 300 haemophilia and transfusion victims in Wales. I'm from a family of haemophiliacs which spans three generations. I lost my cousin to infected blood, and I myself have three sons with haemophilia.

SAMANTHA MAY: My name is Samantha May. I'm from The

Hepatitis C Trust, the national charity for everybody with hepatitis C, and I've been responsible for their helpline over the last 21 years. We're the only UK charity devoted to hepatitis C, and the majority of us there have had lived experience of it ourselves, myself included.

MS RICHARDS: Thank you. Sorry, and I should say, Nicola Leahey, who is not here, was going to be representing herself as a campaigner but also as someone who was infected with hepatitis C through transfusion.

Caz, was there something you wanted to say?

CAROLYN CHALLIS: I'm really struggling to hear what people are saying.

MS RICHARDS: I don't know whether the technical team up there can do something about that? Perhaps if everyone can speak as clearly as Nigel did, perhaps. But I can see that's partly because Nigel's got the microphone fairly close, so when you do speak, if you can speak into the microphone. Caz, are you able to hear me okay? Can you hear me okay?

CAROLYN CHALLIS: Yes.

MS RICHARDS: That is my answer. Okay.

Bill, I'm going to start with you, if that's okay. Your third time, I think, of giving evidence to this Inquiry. And the issue I want to explore with you is

your concern about the way in which this compensation scheme was set up and what you've described in your statement as its shaky foundations.

WILLIAM WRIGHT: Yes. Well, I would contrast the position that we've reached here in relation to the follow-up to Infected Blood Inquiry and a sense of relief I think we felt a year ago on May 20. And the architecture of what's been set up is basically fundamentally flawed for two reasons.

First of all, the approach taken, in terms of the foundation of the Montgomery report and how that was arrived at. And, secondly, the calling of the election by the Prime Minister 48 hours after he made an apology in Parliament, the same day as the Inquiry report was published. Those are the two fundamental flaws in the process.

And I say this because I contrast the approach to the Montgomery report with that of how following the Penrose Inquiry. And after -- ironically, after the Penrose Inquiry, we felt no elation. However, what we did do was talk to Government in a collegiate manner. They set up a financial review which involved us, civil servants and other stakeholders, along with our lawyers, and we reached a proposal to set up the Scottish Infected Blood Support Scheme which was, because of what

it was offering, in many ways the envy of the rest of the UK.

That was followed up by a further collegiate approach when we had the clinical review. And the clinical review again involved us, and it involved some of the top doctors in Scotland, professors in their fields. They came up with proposals which built in trust. Those doctors realised that we could be trusted. And we worked positively with them. We exchanged telephone calls with them, and we reached a proposal for a self-assessment scheme where individuals in Scotland could say where they were up to in terms of their hepatitis C journey and have support accordingly.

None of that has happened under what has been proposed by the UK Government. What we've instead ended up with is a situation where trust and confidence, both in Government and, unfortunately, to a certain extent in IBCA, has collapsed, and that's why we're all here today. It's a lack of trust and confidence.

But it gets worse because Government did not trust us to talk to the Montgomery panel, in fact even to sit on it, like we did with the financial reviews and the clinical reviews in Scotland which brought positive results that resulted in a 97 per cent satisfaction rate with what SIBSS was offering.

So not only do we face this situation where we don't trust Government, but Government has clearly indicated it doesn't trust us. And there are people who are very able in this room who could have offered advice, experience, knowledge and expertise in the drawing up of these tariffs that have become so controversial.

The second element, of course, was the fact that, and it's my opinion, sir, but I think it's a reasonable assumption that Government panicked when the election was called. It's hard to believe that the then Cabinet Minister could make a statement in the House of Commons on 21 May knowing that the next day the Prime Minister was going to call an election. The legislation was then rushed, and there seemed to be a view or a message coming out from Government we were working at pace, and then it was built into the legislation that the first set of regulations had to be passed within three months.

That didn't really give us the time, and particularly given that we were in purdah due to the election, but also then Parliament went on its holidays so we couldn't be talking to our MPs to feed into this. In effect, there was a vacuum but those regulations were nevertheless -- the first set of regulations were passed in Government. So we're in a muddle.

MS RICHARDS: You have described in your statement your perception that that is imposing a further level of harm upon the harm that everybody has already experienced over decades?

WILLIAM WRIGHT: Well, I think if civil servants had actually really listened to the evidence presented to this Inquiry about the failures of previous civil servants, they would have actually frankly have learned from it. It doesn't appear that they have and one of the constants in all of this, despite the change politically of Government, has been the same officials have been involved going right back to the time of the Inquiry. So I look forward to hear what they have to say tomorrow.

But I fundamentally think that we're going to have to make a leap of faith on all sides and I'll talk at the end about how that might happen.

MS RICHARDS: Thank you. Alan, I'm going to turn to you next. You've told us in your statement about the details of a number of meetings you have attended in your capacity as representative of the Birchgrove group. I'm not asking you to talk to us about the detail of any individual meeting but what can you tell us about your assessment of the quality of the engagement, both with the Cabinet Office and with IBCA?

ALAN BURGESS: Well, unfortunately I'd like to say that they engaged with us, but they didn't. They talked down to us, they were condescending, they had scripted answers for everything we had. To be honest with you, it was almost a waste of time being there; you know, they weren't going to take any notice what we said. I said that -- I said people are really, really -- you know, their mental state is shocking at the moment, both the affected and the infected, and for them to be dragging this out and for us to be sitting here after 12 months I said to them: it's disgraceful, immoral, scandalous, contemptible. But they didn't take any notice and when I said: surely you should be doing it a lot quicker now, they said: it's not as simple as that. That's all they kept saying: not as simple as that.

I said: some people are -- the elderly are dying, I said the sickest are dying, a friend died the other week. It's people dying without seeing this compensation paid. I didn't expect any sympathy but we didn't even get any empathy. You know, it was -- yeah, a shocking meeting actually. I felt terrible after I -- you know, after attending.

So we can talk to them and you can call them and they can give evidence here, but whether they'll take any notice of us, I don't know, to be honest.

MS RICHARDS: You've described in your statement the experience of being talked at --

ALAN BURGESS: Yes.

MS RICHARDS: -- rather than talked to. Does that sum it up?

ALAN BURGESS: It does. My colleague sitting at the front there, Adrian, he'll say the same thing. We've heard it from other people as well, other groups. It comes across that they're doing this on purpose to drag it out, you know, that 11.5 billion is not going to be paid this year, we know that. They're going to drag it out to 2029 which itself is disgraceful. I just feel they have got a lot to answer for and answer to.

I mean, recently they've been led kicking and screaming to prioritise those most unwell, you know, and might only expected to live 12 months but that's wrong in itself. I mean, even the word "invitation" is wrong, you know, "I invite you to have your compensation", you know.

I'd like -- you know, it's difficult to talk to these people, it really is. I mean, they're not the arm's length body that should have been set out in the first place.

MS RICHARDS: One of the points you have made in your statement, Alan, is what you regard as the importance of having the recognised legal representatives who have represented not everybody but many people throughout the Inquiry, who know the issues, who know your individual stories, who may be better placed to grapple with the intricacies of the regulations and the scheme. You have talked about how important it would be to have them as part of the conversation in precisely the way Bill's described happened in Scotland. Is that --

ALAN BURGESS: Extremely important, extremely important, but we put that to them and believe it or not, you know, Sir Robert Francis turned round and said, "They're being too greedy" -- solicitors that is -- and they were determined to give us these case managers, which we don't want. I mean, solicitors know all about us, they know our details, they've got our medical notes and, to be honest, the amounts of money that you're talking about you need legal representation, you know, to take the advice that they give.

In my case, Ben, he is quite willing to give that advice and that should be the way forward. But, you know, in their infinite wisdom they have decided to pay out for these case officers and more money that could have come to us. They set up a PR firm because they knew that they were getting, you know, bad press.

I'll be honest with you, yeah, we need that legal

advice. We need the solicitors to be with us and, like I said, the majority of people are not happy with these case workers.

MS RICHARDS: You have spoken also in your statement, Alan, about the experience of waiting to be invited to reply and how life is essentially, therefore, on hold.

ALAN BURGESS: It's awful. They've made a bad situation terrible, really, because I'm sure a lot people in here can relate to this, it's almost like you are waiting for your lottery ticket to come up and when it doesn't come each month you go down and then you have to drag yourself up and then you think you get frightened because you might not live long enough to see this compensation come through. You know, I'm 67 now and, you know -- it's -- what they're doing with our mental health is extraordinary and I can't believe that they're quite happy to sit there and play with our mental health like that, which is what they do.

You know, every month that you're not called you think: oh, okay, when is it going to be my turn? Then the following month you're not called again and it's wrong. It's wrong on so many levels. As I say, it's disgraceful, you know? Immoral, as I say, scandalous contemptible. It's contemptible they went against Sir Brian arm's length body and things like that. They

don't seem to listen to anybody apart from themselves.

Civil servants, to be honest with you, they have been the bane of our lives right from the word go, shredding documents, things like that and giving bad advice to ministers. Here we are, we're being dictated to again by civil servants and to me that shouldn't have been -- that shouldn't have been, you know -- the IBCA, they should have been an arm's length body.

MS RICHARDS: I'm going to pick up with Andy next, if I may.

One of the themes that Alan's identified there, the impact of everything that's being described here whether it's the waiting and uncertainty and the delays or what Bill's described, the way the scheme's been set up, the lack of trust, how is that taking its toll in your perception on what I'm going to loosely describe as the community?

ANDREW EVANS: I'll start with a quote sent directly to me, if I may.

"This past year has not simply caused more psychological damage; it has brought a new and different layer of psychological pain, another layer I've had to endure, adapt to and fight every day to not let it take over my life. I have spent more than 30 years fighting trauma, exclusion and the constant struggle to keep my life together. I have fought every day to keep the

darkest thoughts from consuming me. What has happened since the compensation scheme was announced has pushed that fight to its absolute limit and now I am utterly exhausted. I can't keep going like this. I am on the brink of a mental health emergency. That's not exaggeration. The anguish is beyond words. I just want this over."

That was sent to me as part of a call -- sorry.

That was sent to me as part of a call for our members to explain the impact that the past year has had on them and what I've got written down here, what follows is more of their responses which I've tried to summarise from many, many pages worth of messages and comments. It's by no means exhaustive.

The full acceptance of responsibility, followed by promises of quick justice, have turned into defensiveness and stonewalling leaving victims feeling betrayed and disappointed.

We were told that we were due comprehensive compensation with the promise that "whatever it costs to deliver the scheme, we will pay it". People report that they have fallen ill watching that promise disappear, being unable to let it go.

It's a long-held feeling that Governments wish to the drag this scandal out that in order that the longer it goes on, the more people die, and the less compensation will need to be paid. When the Inquiry reported it was hoped that that line would be drawn under -- that it would be drawn under the sentiment. However, according to the feedback I've had, it's stronger than ever. People report that they were hopeful that they would be able to finally get the resources that are suitable for their needs and begin to enjoy a better quality of life for the time that remains to them.

Over the months, that hope has slowly dimmed to the point where people have given up on any expectation of receiving anything. Some have become so disillusioned that they refuse to talk about the future any more with their families. People say that they have lost hope of a fair outcome, while it seems that those who are guilty of knowing the dangers of infected blood will escape justice completely.

A significant number of people described the profound negative impact of the situation on their mental and emotional well-being, including anxiety, depression and trauma. As one person puts it:

"I'm a mess. I have very little hope in getting true redress or justice."

Another says:

"I have been forced to relive the grief, isolation and lack of recognition that have defined my experience since childhood. This prolonged injustice has disrupted by ability to function day to day. It has affected my work, my sleep and my ability to focus."

People express the daily uncertainty, the apparent moving of goalposts, the injustice, the sorrow and the sadness are almost impossible to bear. People brought to tears by relief of the publication of the Inquiry's Final Report have told me that the very next day when the Government responded, their world and hopes crumbled again. They say that since that day they felt nothing but despair; that they have lost all hope of ever getting justice.

Victims and campaigners, often one and the same, have reported feeling at their lowest ebb in the entire either the campaign for justice has been running. Those who work in mental health support for victims also report that this is the case.

From a campaigners' perspective and someone who supports victims, I've seen those who have stood firm for decades simply crumble under the weight of the community's feeling, often mirrored by their own, and watch them withdraw completely for the sake of their own health. It's left us feeling utterly powerless.

This has left those few of us who remain to carry the burden of those missing, the pressure to fight, both to fight to correct what's wrong with the scheme and to support those feeling the impact of those failings, is immense and of course leaves feelings of guilt in those who cannot cope any longer.

I have some issues here that people are worried about. Is it okay if I address those?

MS RICHARDS: Yes, we're doing fine on time; so yes, Andy.

ANDREW EVANS: So, according to feedback, there's confusion about how the scheme works and why some of the values are so low. People report that they feel their suffering and loss is not reflected in the figures available for compensation.

In particular, people feel strongly on these aspects of the scheme:

Estate payments value being significantly lower than those which would have been received had the person lived, thus seemingly punishing those who have paid the ultimate price.

A lack of access to the supplementary route for the affected who have suffered through their own financial loss, either through giving up work to become a carer, or through the impact of mental health problems caused by their loved one's infection.

The liver-centric assessment of damage in the scale of tariffs for hepatitis C, ignoring all other impacts of the virus and its treatments.

The fact that in order to receive meaningful compensation, those with hepatitis need to be very ill or dying, leaving them with no opportunity to make use of that compensation and enjoy what remains of their lives.

The removal of support payments to any partner bereaved after 31 March 2025, leaving those infected seeing themselves as worthless and igniting fears of leaving partners destitute.

The seeming coercion into remaining tied to the state that is the significant loss in total value, as much as 60 per cent, for both infected and bereaved partners if they choose the core route. Additionally, this lower value is applied by default if someone could not register with a support scheme or if an infected person dies after 31 March 2025.

The length of time of the roll-out of compensation is leaving people in fear that they won't live long enough to see justice. For some, that fear has already been realised, having been invited to claim but dying shortly afterwards. In the case of ill or elderly affected, they know that their claim dies with them, and that this is justice lost forever.

Many people have reported that they are worried that estates will be paid to the wrong people due to changes in family dynamics over many years since the death, as The Telegraph recently reported, in some cases, to absolute strangers to those who suffered alongside their infected relative.

But there is no recognition for being infected as a child, including that there is no chance of accessing the supplementary route for those people. The fact that despite how the legal wording might say otherwise, there is the perception that the arm's length body called IBCA is anything but with the Cabinet Office's noose-like grip on it and no leeway for any discretion whatsoever.

And the apparent lip service engagements with both of these organisations which lead to little or no changes.

In summary, I feel that many, if not all, of these issues might have been avoided had the community been given access to feed into the expert group. This didn't happen, and the scheme was effectively written in stone before we even laid eyes on it. Compounding this is the sheer frustration that we were told that compensation would have to wait until the Inquiry's Final Report, yet given the timing of the announcement of the scheme a day

after that report, it's clear there was no reason to have waited, and the Final Report bore no significance, no relevance to the scheme. Indeed, there was clearly no time to have read it, let alone to have devised a scheme as a result of it. It was done well in advance and should have included us during its formulation.

The way that this has been handled since the second Interim Report to date is, to my mind, the same line to take tactics defensiveness and lack of candour that we've been fighting for the past four decades. The Government's laudable announcement that they will work hard to rebuild trust has utterly failed.

To quote my friend and fellow campaigner Martin, "a vulnerable, sick and ageing community has had to revisit every part of the harm we experienced. The damage caused deserved its own compensation scheme".

MS RICHARDS: Thank you, Andy, and it won't surprise you to know that a number of those themes will be picked up with witnesses this afternoon and tomorrow.

I'm going to turn to Caz next, if I may. And, Caz, just before I ask you a little more generally, you've told us you were diagnosed following transfusion which took place after September 1991, so after the cut-off date that has to now and still under the existing schemes applies, even though it was fully

accepted by the English Infected Blood Support Scheme that your infection was caused by a transfusion.

You've also, I think, reminded us in your statement that, like so many others here or so many other loved ones here, you experienced the appalling effects of treatment with interferon, and you've described that to us previously as like falling into a deep and terrifying abyss of pain and despair.

So against that background about your own personal circumstances, can I ask you to talk first of all a little about the position of you and a number of others who have never received anything from any scheme thus far.

CAROLYN CHALLIS: Yes. It's six years and six days.

MS RICHARDS: Can I ask you to pull the microphone a little closer because I think those at the back might struggle.

CAROLYN CHALLIS: It's six years and six days since I gave evidence when the Infected Blood Inquiry first opened, and in that time, nothing has changed for me apart from the English Infected Blood Support Scheme accepting my clinician's evidence appeal and yet refusing to include me due to the cut-off dates. So I'm here really on behalf of all the excluded cohorts, such as people affected by the cut-off dates, self-clearers, those with lost, missing, destroyed records and the hepatitis B

community.

We have never had any support, we've never had a ha'penny, and it feels as if they're compounding the trauma. After Sir Brian's report -- after the April 2023 report, Sir Brian said the cut-off date should be removed without exception, and then after the Final Report, the NHS changed their guidelines to 1996, but EIBSS didn't. And although we're told the cut-off dates are gone, they appear not to be gone. Are the cut-off dates gone or not? And why are we still in limbo? We feel gas-lit, marginalised and abused by successive Governments that purport to care but evidently do not.

We're suffering from sustained trauma. We should not still be fighting. We've been re-traumatised again and again -- this is for all the excluded cohorts but the whole community, too -- by the state that infected us, which is now in control of the compensation as if they're actually marking their own homework.

I completely agree with Andy and Alan about the engagement sessions just being tick-box exercises where I find with IBCA that there is empathy and compassion, but most of the questions that we ask, it's: well, you'll have to take that back to the Cabinet Office, and there we get hitting our heads against a wall.

MS RICHARDS: Caz, I think it's right that not only have you and the others within the group you describe never received any money, either by way of support or compensation. Is it right you can't even access the psychological support schemes?

CAROLYN CHALLIS: Sorry?

MS RICHARDS: Is it right that you are not able to access even the psychological support --

CAROLYN CHALLIS: Not even the psychological support. Not a ha'penny, no psychological support. We're just marginalised, and -- I was infected the same as any other transfusion-infected person, just a few months after. The hepatitis B community affected by the wrong virus. I mean, I was infected at the wrong time. They were infected by the wrong virus. And the loss of the missing records is just inexcusable because the NHS destroyed all of the records.

So meanwhile we're in limbo with no support whatsoever. We've never had a penny or any psychological support. We have no idea when the new registration scheme will open up. We have no closure. We're constantly exhausted, anxious, demoralised, and we feel as if we're banging our heads against the wall. The Government is compounding the harms with its intransigence and delays.

They say they are testing the scheme overall but some cohorts are completely ignored. I want immediate registration for excluded living infected and I want interim payments for these cohorts who have been left out in the cold for so long. At the very least we should be included and registered as part of a beta testing phase as put forward by Scottish Infected Blood Forum and discussed several times with IBCA and Sir Robert Francis.

I also want us to have the option of support payments for life because we're excluded from that. Because EIBSS has closed and we've never had any support payments, now we won't have that option which is discrimination.

MS RICHARDS: That's the effect of the 31 March cut-off date?

CAROLYN CHALLIS: Yes.

MS RICHARDS: Because you weren't registered with the schemes before that, because the schemes couldn't register you by their own terms --

CAROLYN CHALLIS: Yes.

MS RICHARDS: -- you are now in a position that if and when compensation is finally paid, you and others in your position do not have the option of finally receiving support payments of a regular basis?

CAROLYN CHALLIS: We won't have the option of support payments. We'll only have the core route.

MS RICHARDS: You have, I think, flagged up in your statement, Caz, and we can see it in material from the Cabinet Office -- we don't need to put it on screen -- that in relation to those whose infection falls outside the cut-off date in September 1991 for Hep C, the Cabinet Office says or IBCA says you may need to give more evidence if you were infected after these dates. As I understand it, you've not been given any information about what evidence might be required or when you might be asked to provide it?

CAROLYN CHALLIS: We've had absolutely no information at all. We've had no timeline and, as I said, EIBSS accepted my clinician's evidence on appeal but I have no confidence that IBCA will. I may have to start jumping through all those hoops again which I've been doing since 2004. We're really concerned that the assessors who come in the future to assess the claims of so far excluded people, the new registrants, we're really concerned that they are properly trained and capable of making the decisions and that the balance of probability is weighted towards the infected person, not the other way round, as Sir Brian I believe recommended.

MS RICHARDS: Caz, I'm going to come back to you and others

later about in particular the approach to the hepatitis C bandings and I'm also going to pick that up with some of the other witnesses, but I'm just going to move on, if I may, for the moment. As I say, I want to come back to some of those points. I am going to move to Nigel.

Nigel, one of the issues that has come out most clearly in your statement is this question of delay, that the timescales that you've been told IBCA is working to within the scope of its agreement with the Cabinet Office talks about paying the first affected person by the end of 2025, the first affected person by the end of 2025, and then hoping to pay the bulk of infected claims by the end of 2027 and affected claims by the end of 2029. Everyone can do the maths; I don't need to do it.

Can you talk to us a little about that question of delay and how it's impacting upon those in Northern Ireland?

NIGEL HAMILTON: It's not only in Northern Ireland, Jenni, it actually impacts right across the board.

Sir Brian, in your recommendations, the outcome that has taken place is not how it was meant to be. The issue should be dealt with and should have been dealt with efficiently and in collaboration with victims.

That's how it should have been.

There's been a process of delay brought about by exclusion. There's been a process of delay brought about by excluding individuals or groups, as we've heard, and creating a victimhood tier. Those who are being treated in the future will be receiving; those who are not or those who die will not receive.

That creates a tier system. We have one group, we have another group.

But the big anxiety that people feel is that the opportunity to speed this process up through direct consultation, as Andy has indicated and others, Alan as well, is that we have not been in a situation where we have been treated equally or respected for where we have come from and what our experience is. There are a number of people within the lobbying community who have much to offer but whose opportunity to provide that involvement was excluded.

The opportunity for a stand-alone system, which was again a key recommendation, was abandoned initially, if that's the right term, or deliberately objected to, because there was an opportunity there for the establishment to set up a process which they could then dictate to the rest of us on. So we've been excluded from that process and that anxiety exists throughout the

community.

I cited in my statement -- and I'm just going to read from it, if that's okay. We've had several examples of the way we feel we've been treated. This perhaps is quite apt for me. It is quite apt so I hope you bear with on this one.

It's like the Indianapolis. You can imagine where the Indianapolis was a ship bringing the bomb, the Hiroshima bomb to be delivered. It was sunk by a U-boat -- sorry, by a Japanese submarine and because it was such a unique issue and it was so top secret, the information was hidden. Nothing was done for several days. Sailors went into the water, sharks came a-hunting. For me, the sharks are time. Victims don't know when they're going to be involved in this process, they have no indication of the timeline, they don't know how long it's going to take. Their anxiety rises, their fear and feeling of resentment and rejection rises. The impact is emotional; the impact is psychological; the impact is financial; the impact is cruel; and the torture continues.

We need to resolve this. The victimhood that we feel is not being properly addressed. People in Northern Ireland are really anxious. People in the UK are equally anxious. My own personal feeling, while

I have received compensation, is that it is critical that we widen the aperture of the funnel and get as many people in as possible to ensure that justice is done and that answers are given.

I want to raise one issue with you, if I can, and that is the issue that has been mentioned already but it's a very critical issue. There's this idea that if you are an affected victim and you don't get into the process, you've no rights. Your rights are wiped out. You didn't exist. I know many people who have complained to me in Northern Ireland about that anxiety and many of the older generation have just accepted, sadly, that they're not going to receive any recognition, because that's what it is, for what they have gone through, as parents primarily.

That saddens me because it creates that tier of victimhood which I think is immoral, corrupt and unacceptable.

There's one other issue, Jenni, if I can --

MS RICHARDS: Yes.

NIGEL HAMILTON: -- before you continue with me and that is the fact that the community has in our efforts as representatives been represented but it's been very difficult to actually address issues with people who don't want to listen and we have found ourselves in

a situation when we have met with Cabinet Office, they talk with us but they talk to us. They don't engage directly with us. That has slowly been improving but it's far too late, it's far too little and it is not giving us the opportunity to participate at the right time and that was whenever this process was being put in place.

So I'm very anxious about that and I feel that those people who will not be here and we're losing people at two a week, which is a higher attrition rate than it previously was and that is because of age and health circumstances, et cetera, there isn't any direct urgency to process this. That's another anxiety that people suffer from. They just wonder where and when and how and what is the process? It needs to be open and transparent. We are the victims. We deserve to know. It shouldn't be hidden behind the closeted doors of Number 10 or the Cabinet Office.

MS RICHARDS: You have identified in your statement, Nigel, and a number of others have in their statements, not just from the panel here but statements that have come to us as well.

You have said this in your statement:

"I cannot understand why the process is that people are 'invited' to have their case considered, and the Case Manager starts off the case. Surely, it would have been far quicker for people to send in their applications with key information/documents. Those of us who were [core participants] in the Inquiry have lawyers who have to hand, our Inquiry evidence. If that process had been adopted, hundreds of us would now have had our cases 'in the system'."

You see that as a much more effective way?

NIGEL HAMILTON: We have an extremely adept, talented group of people. I'm not promoting solicitors or barristers, I'm making it quite clear they have worked with us tirelessly to produce evidence to help support us through this process and for the Government latterly to determine that there's a role for them is shameful.

We could have produced sufficient evidence early on and that would have provided the opportunity to widen the funnel. I think the key issue here is that and if you look at it case officers/claims managers, as they now are, the number of claims officers or claims managers divided into the number of cases is your timeline. They have managed to fall back on each of their commitments. 50 has become 40, if we get 40. That was to start back in January. It hasn't really started until April.

So we're way behind. The likelihood of affected

victims who are just equally involved in this whole process have the same experience and parallel experiences in relation to their kith and kin who were infected. They are on the long arm. 2029 isn't satisfactory. Where's the justice? They still have to wait. Are they still going to get their justice?

It's important that that recognition is taken on board. In my opinion the simple -- and I'm a simple man -- the simple issue here is the money was supposed to be provided. Put the money whether the mouth is and get it done.

MS RICHARDS: Thank you, Nigel.

I'm going to move to Gary, if I may. Gary, you've talked in your statement about the impact of having absolutely no idea where you are in the process, when your turn may come, your invitation may drop by email. Can you just tell us about that, please?

GARY WEBSTER: Yes. Well, it is a living nightmare, really. None of the Treloar boys or their families have any idea of when they are going to get invited. I think the word "invited" is wrong.

2027 is two years away; more than that, you know. People haven't the time to wait. Their lives are already destroyed. It is just terrible. I mean, I've asked around especially Treloar boys that are amongst us

now and their families and how they think the process is going and the words they come back with is despicable, distraught, hoodwinked, betrayed, hurt, forgotten. I mean, it's true. I mean, we've got no idea at all and this can't go on like this.

The way it's going, people will not get justice. People will not get their compensation and a lot of claims will die with them. It won't get passed on to families. Most of the families and parents of Treloar boys are very elderly now. If they have got to wait another four years, who knows what's going to happens I think it's absolutely disgraceful and as Nigel says, they've just got to get on with it.

MS RICHARDS: You've made the same point in your statement as I picked up with Nigel a moment ago. You, like many others, are represented by lawyers who have your records, who know the dates. You don't understand why there can't just be a system whereby the application is put together by those who have already got the information and sent off rather than waiting for an invitation from a claims manager.

GARY WEBSTER: We've been working with Collins and the lawyers six, seven years now. They know us. They have all our dates, all our details, all the viruses we've had. It would be quite easy for them -- and I know this

is fact because I've been told -- they have the information, just pass it up. It will speed things up. I mean, you're waiting for this email or letter to come through. No-one knows when it's coming. The lucky few get it, that's fine. But it's just too slow and people won't get the justice they deserve.

You know, the Treloar's lot -- I know I bang on about Treloar's, but I am representing them -- they were children, you know. 40/50 years of infection and, you know, it's awful.

MS RICHARDS: Gary, I know one issue that has been important to the Treloar's boys but is also important to a number of others is the unethical research award. I know you wanted to say something about that. So this is your opportunity to do so.

GARY WEBSTER: Yes. I mean, taking Treloar's, most boys went there for six, eight, ten years. Their experimentation and research wasn't a one-off. It happened daily, weekly for that period of time. Other haemophiliacs through the United Kingdom also suffered this, maybe not to the same extent, and I think the insult, and that's what it is, of £10,000 or £15,000 for that action they did to us is disgraceful.

I don't think I can put it any stronger than that. But, yeah, they really need to look at the tariff on that, amongst other tariffs, but that especially because it gets back to the parents who trusted Treloar's to look after their children, and they didn't.

MS RICHARDS: Gary, that's an issue I will pick up with the relevant witness either this afternoon or tomorrow afternoon.

I'm going to turn to Mary. Mary, I just wanted to ask you to tell us a little about your perspective of the position of widows and widowers and bereaved partners and the concerns you have about the limbo in which they find themselves.

MARY GRINDLEY: Can I just read from my statement, please?

MS RICHARDS: Of course.

MARY GRINDLEY: About trying to get a voice for the affected during the past year.

I've tried to get into several meetings, and I've been denied access to those meetings, and Lynne Kelly has also tried to get me into meetings. And so I feel that the affected have had very little voice with regards to the compensation issue.

Just to say that my understanding is that the engagement with the infected blood community has been very, very little, and where meetings have taken place, they have been short, and only the main campaign groups have been invited, and even some of the long-standing

campaign groups have had difficulty getting in and being included. As has been said, this indicates to me that the Government are only doing lip service to this engagement and, as has been said, it's just been a tick-box exercise so that they are seen to be doing something.

But, in reality, the decisions have been made behind closed doors. And can I just quote somebody -- I'm afraid I don't remember who -- but there was a meeting of -- the APPG meeting on 17 December last year, and somebody said they perceive us as the enemy, not really wanting a partnership with the community to try to resolve issues, and definitely the affected have not had a true voice. Well, everybody has just been knocking on the door, and they slam the door in our face, basically.

MS RICHARDS: Mary, you have rightly pointed out in your statement that, by the very nature of how many decades this has been going on for, many, probably most, of the widows, widowers, bereaved partners are elderly, many are not in good health, many are in financial difficulties, and they, you describe in your statement, simply have no real idea when and thus whether they will ever receive compensation.

MARY GRINDLEY: Yes. I mean, this timeline of 2009, well,

who knows really? I don't think -- they just want us all to die. You know, I'm 76. I might be -- you know, I might get money when I'm 80. I don't know. But also, what's happening about the estates of the deceased? We have very little knowledge about what's happening. We've had no timeline for that. No information as to what we need to claim.

You know, I know people in their 80s who are widows who are in dire straits who still have mortgages. There are widows who have died who will now get no compensation because of this ruling that they've made that the affected, if they die before their claim is met, then they will get nothing, and I think this is disgraceful.

MS RICHARDS: And you put it in your statement -- your statement talks about feeling as though you are in the dark and you cannot see any light at the end of the tunnel.

MARY GRINDLEY: No, I can't see any light at the end of the tunnel. I don't even know whether, as a widow, I'm going to have to make two claims at the same time or at different times or whether I'm going to get to be heard at all for a claim.

MS RICHARDS: Sir, I note the time. I'm going to move next to the three panel members who represent organisations,

but I'm conscious we've been going for a while and we've got a good long morning today so we do still have plenty of time, I can assure everybody. So I was wondering if we take our break now, if that's convenient, and then come back and I'm going to pick matters up with Samantha, Lynne and Kate.

SIR BRIAN LANGSTAFF: We'll take a break now until 11.40. Could you please be back by then, if you possibly can be. 11.40.

(11.11 am)

(A short break)

(11.45 am)

MS RICHARDS: Sam, I am going to turn to you next.

The Hepatitis C Trust supported people before the Inquiry, supported people throughout the Inquiry but you've told us in your statement that the distress and confusion that is being reported to you and your colleagues on a daily basis is like nothing we've heard or seen before; is that right? Do you want to speak closer into the microphone, Sam.

SIR BRIAN LANGSTAFF: I think you will have to try a bit closer again.

SAMANTHA MAY: Closer still?

MS RICHARDS: Perfect.

SAMANTHA MAY: Thank you. Absolutely, Jenni. It's been completely overwhelming. We had lots of peaks and troughs with calls over many years with the Inquiry.

But the surge from last May is absolutely overwhelming and still increasing. I was trying to think of a word to describe it for you: tsunami. I don't think that does it justice. We're usually on a hurricane level. At the moment it is presently stormy but I'm pretty sure it will pick up again after this.

MS RICHARDS: One of the areas of concern that has been reported to you, and in turn reported by you through your evidence to the Inquiry, amongst those infected with hepatitis C is concerns about how hepatitis C is treated under the scheme. Can you just tell us a little about what some of those concerns are?

SAMANTHA MAY: Absolutely. There's a complete lack of understanding from the community as to how they've arrived at such low payments for people with hepatitis C, a devastating disease in itself, not just a liver disease, and for those that have done the older treatments, the treatments for it can also have an incredible physical and mental health impact.

Those don't seem to have been included or thought of; perhaps no surprise, because the community wasn't really consulted in the structure of them. They didn't get that input. They didn't get the expertise of

organisations like ourselves.

MS RICHARDS: And one of the features of the scheme that has been flagged up by a number of people, including you in your statement, is how the burden of proof is going to work because it's not just that someone has to prove that they were infected with hepatitis C as a result of treatment with blood or blood products, they've to prove all sorts of other pieces of information to demonstrate which level or band they fall within, and you've had a number of concerns expressed to you, I think, as to how that's going to work.

SAMANTHA MAY: Absolutely. Again, the SCM category provided a place for people that had Hep C who didn't have severe advanced liver damage or some of the other limited range of conditions for stage 2 payments. It provided a space for them to make claims for the other physical and mental health impacts on them and was very much welcomed.

Now, that doesn't look like it's going to be included in any way. It's very narrow how they are judging it with the severe health award. People will have to provide very strong evidence. We know from most of the work we do is helping people to find bits of information from whichever year going back decades and decades. It's very difficult for them to do.

There's also sort of things like, you know, some people may have, for example, something like depression. They may have been diagnosed a long time ago with their hepatitis C infection. That's already has quite a big impact on people's mental health. They then may have gone on to do the interferon treatments which would have magnified any existing problems that they had with their mental health or possibly brought out underlying problems with their mental health or for the first time may have given them problems with their mental health.

I had a call recently from somebody who described this experience. She cleared a long time ago with her infection of Hep C. She didn't have severe liver damage. She was discharged back into the community. You are then left with nowhere to go. You can go to your GP, but they're not going to know anything about the hepatitis C infection, they're not going to know anything about the impacts of previous treatments, probably new ones as well.

She described how she had to sort of get on with her life after she had recovered from the treatment, a laborious process in itself, and time kind of went on and other problems were going on in her life which delayed her seeking access for that. She was just having to get on with it.

Then when you do go for help, for example, with mental health issues and you go to the GP, unless you are very fortunate, you will usually have a sort of brief discussion, perhaps things like antidepressants can be offered, they can be useful, they can, you know, be a contribution to managing that for some people. But really what you're wanting is referral to special mental health services and support.

If you do start to go down that route it's likely to take -- I mean, I can't even put a time on it. I think most people here will be familiar. It's a long, long journey, a long, long wait to have proper psychological and/or psychiatric help. You may be offered talking therapies, a brief set of sessions with a counsellor that is not of your choice and really is going to be very ill-equipped to support you with the wide range of mental health issues that may have presented themselves as a result of your infection, your diagnosis being infected by the state, essentially, and the treatments for it.

This leaves people where they were recognised with SCM there was an acknowledgement of those impacts there. I don't know how people are going to do that going forward, let alone for other health conditions that may have been caused or brought forward by the hepatitis C or the treatments for it.

MS RICHARDS: I don't know if you've seen it, Sam, but the Inquiry has seen a statement from psychologists at the Infected Blood Psychology Service expressing those very concerns about what it is the regulations require people to prove and how high a burden that's going to impose that most people won't be able to cross?

SAMANTHA MAY: Absolutely and, I mean, as other people have talked about earlier, not everyone, but the large majority of people in this community are getting older. They may have other health problems connected with or unconnected with their original infection. They have mobility issues. They may be socially isolated. They may not be on the internet for getting information. All of these sort of things contribute to put more and more barriers there for people getting the help that they need, and now to get payment for them to acknowledge that, to acknowledge what's happened to them, seems to be pretty much nigh on impossible with the burden of proof that's expected.

MS RICHARDS: Sam, I just want to get a sense of what the burden has been on the Hepatitis C Trust as an organisation which, as you know, one of the Inquiry's recommendations was a recommendation of funding -- and I'm going to pick that up with Kate shortly -- but you

have described those in your organisation having to work above and beyond anything they ever dreamt of to become, as it were, a substitute for what the scheme should be doing.

SAMANTHA MAY: Yes, Jenni. When I think back to when Sir Brian launched the report that day and we were all leaving, community campaigners, organisations, I'm sure Inquiry staff too, it was like being carried out on a wave out of the building of this sort of collective unburdening. There was something approaching joy and hope that carried us all out of here and as others have described already -- I won't labour it -- but very quickly there was the apology, there was the promise of compensation, "whatever it takes" from Rishi Sunak, and then there was a General Election. I mean, that was the starting point for people to -- I mean, I felt like I'd been slapped in the face. I can't imagine how it felt for the community when we had that brief moment of thinking things were moving, they were moving quickly with the guidance that Sir Brian and the Inquiry team had put together on how to deliver it, and as months have gone on, it just got worse.

Again, as others talked about here, the Cabinet Office held meetings. There were some sort of token engagements. As people have described, they didn't have

the time to talk, to explore some of the issues that were important to them. The way things started to emerge, as we heard about, the secret group, the secret expert group, who had clearly got it all wrapped up with a bow. There was no consultation and input into that. Why weren't there people like a haemophilia specialist as part of that group? Why weren't -- why wasn't the expertise of ourselves and Haemophilia Society, who have been working with this group, infected and affected, for decades, why weren't we part of that process? And why weren't the community part of that process?

Unfortunately, the way it kind of unravelled was, I think as Mary said earlier, some groups were chosen. I don't know how they were chosen. I don't know if it was another random selection, but some groups were chosen to come forward; some weren't. Why is that?

You can't speak to every single person in the community, but do you know what? That's what's such a shame because every single person in this community is an individual, and they have very individual experiences and physical and mental health impacts and viruses.

MS RICHARDS: Thank you, Sam.

I'm just going to pick up with Lynne a couple of those themes, if I may.

Lynne, you too have had experience as an

organisation representing Haemophilia Wales with the process of engagement. What's been your experience of that?

LYNNE KELLY: Well, the very first round of engagement meetings, Haemophilia Wales was excluded from them, so I did question that with the Cabinet Office as I thought they'd made just an error, but I was told that we weren't included. So, you know, that was quite shocking.

But there hasn't been any meaningful engagement as all the decisions relating to the eligibility criteria and the tariffs and the appeals have been made by Sir Jonathan Montgomery's secret expert group, as others have referred to, and the group was appointed by Lord Howe.

The Government has not followed the advice of the Infected Blood Inquiry's 71 experts and recommendations and has set about rewriting Sir Brian's recommendations as we in Wales see it.

Sir Jonathan Montgomery's appointment was announced on 8 February 2024, at which time John Glen confirmed that Earl Howe had met with Sir Jonathan to discuss the technical advice the expert group will provide.

The expert group's terms of reference precluded them from engagement with the community, so any engagement we had with the Cabinet Office or the IBCA was meaningless as the framework for compensation eligibility, criterion tariffs had already been set, and so none of the groups could influence the decision-making, and I think everybody has highlighted that really well.

The main issue raised by Haemophilia Wales and others at the meetings we had with the Cabinet Office -- and I won't go into what the meetings were like because I think everybody's done that where, basically, we were talked at. We were allowed to speak for three or four minutes, but whatever issues we had, it was just on deaf ears. Nobody took any notice of them, and any issues that were taken forward for answers from the Cabinet Office, we didn't really get any results from those.

So our main issue, Haemophilia Wales, and I know other campaigning groups said it because I've been in various meetings now, that Sir Brian's second Interim Report on compensation was not being implemented, and although the Cabinet Office kept denying that, that seems to be the case.

None of those remarks were ever recorded by the Cabinet Office officials, and I haven't seen any of the high-level summaries that have been circulated from the

engagement meetings stating that, but I can honestly say that I've always highlighted that. That's been my overarching issue. And I know I've been in meetings where various other groups have done that. But none of this has ever been recorded, and it was outside the remit of the IBCA and Robert Francis' meetings. So when it was raised with Robert Francis, he was very polite, but he said it was out of his remit. So that's the position we were in.

As Samantha has just mentioned, there's been no engagement, not only with the UKHCDO the haemophilia doctors' association, but our legal representatives who have been with us from before the Inquiry started.

So we just feel that it was just a setup really, where it was a ticking the box exercise to say that we've had engagement with these groups, that the outcomes were already decided. They probably decided that before they ever met any of us. And the high-level summary ... the high level summary, when I questioned that, it wasn't meant to be minutes; it was just a high-level summary. So if you ask for things to be included, sometimes they were, sometimes they weren't. But, you know, it's been totally ridiculous, really.

MS RICHARDS: And you describe it in your statement as essentially repeating the mistakes of the past. You put

it this way:

"Some of the fundamental failings of the state and, in particular the Civil Service and politicians, are being revisited on us all over again."

LYNNE KELLY: Yes and, again Sir Brian's Interim Report on compensation, 5 April 2023, that's over two years ago now, has been ignored by Government even though we hear in meetings that they say that they're following Sir Brian's recommendations and we know everybody here knows that's not the case.

Sir Jonathan Montgomery's appointment on 8 February at which time John Glen was the Paymaster General, this was before the Inquiry Final Report was announced John Glen confirmed that Lord Howe had met with Sir Jonathan to discuss the technical advice that the expert group will provide. Lord Howe most recently was congratulated by Baroness Neville-Rolf on 1 April 2025 and I quote:

"[He] is a master of the art of scrutiny in the most courteous and compelling way. When I arrived [in the Lords] he was a Health Minister and the person whom I and most others chose to model ourselves on -- effective at the Dispatch Box, in the tea rooms and in Whitehall. More recently, he steered the difficult legislation on infected blood through the House, working

across party to excellent effect."

Lord Howe is the shadow leader of the House now. So as the Government changed, Lord Howe is now the shadow leader of the House of Lords, has sat in Westminster for 40 years and in his role as Health Minister in the Lords blocked the Archer Inquiry recommendations of 2009, and nearly everybody here will remember the debates in the Lords between himself and Lord Archer and Lord Morris. He ignored Justice Holman's ruling of 16 April 2010 and continued with the Government line that the situation in Ireland was different.

He has been guiding the hand of the Government in denials and delays over the last four decades, consistently blocking Baroness Brinton's amendments to the Victims and Prisoners Bill, most recently in the Lords. He also blocked the Irish Health Amendment Cards which Lord Archer had recommended in 2009, giving priority access to infected blood patients and his comments in the Lords that everybody can see was that they may be jumping the organ donation queue if they were given priority to organ donations.

He also was responsible for the Haemophilia Alliance meetings and Lord Archer had recommended that those meetings not only included care, they included financial support, but by the time the meetings were set up by the Department of Health and the UKHCDO doctors and patient groups, financial support was outside the remit.

So every time that I brought up anything to do with financial support, I was told by the Department of Health: this is outside the remit.

MS RICHARDS: Lynne, can I just stop you there just for a moment. So that's you, as I understand it, really giving flesh to the bones of your concern that what's being seen now is essentially a repeat of that which the community has experienced over decades; is that a fair way of summarising it?

LYNNE KELLY: Yes, although it was the Cabinet Office we were dealing with, we now see the Cabinet Office shifting other responsibilities back on to the Department of Health? It was just in back in 2010 we were dealing with the Department of Health.

MS RICHARDS: Can I pick up one discrete point before I speak to Kate: in terms of the impact of the changes to what I'm going to call the Special Category Mechanism -- I know the Welsh equivalent has a different title -- you've I think expressed the view that certainly those who you know in Wales, many of them want the opportunity to take their lump sum payment --

LYNNE KELLY: Yes.

MS RICHARDS: -- and particularly those who are older, and get on with their lives.

LYNNE KELLY: Yes.

MS RICHARDS: Rather than be tied to support payments and so you have a concern that that choice is being taken away.

LYNNE KELLY: I do, yes, because we fought really hard in Wales not to get the SCM, or the Special Category Mechanism, adopted because we just felt that again people still had to produce quite a lot of evidence to support that. So we had more of a self-referral route where people could provide their own evidence of their own -- the psychological impact of being infected with contaminated blood.

So it was very much we were asking for a more holistic approach than eligibility criteria that people would need to jump further hurdles to. That's worked out really well because we've actually got a psychological support service and a welfare and benefits advice service in Wales and that's not just open to the infected, that's open to the affected as well, which has been important because some of the haemophilia families haven't wanted to go back to the psychology service in the haemophilia centre.

So we feel all of that has now been undone

because, as we say, there's been various now obstacles put in the way where people will have to accept the ongoing payments rather than a lump some payment and if they don't do that, they won't get the level of support that has already been agreed back in 2017.

So we feel we're going backwards now to where we were when we were trying to get the Welsh Government not to adopt the SCM, because we didn't feel it was suitable in Wales. People wanted a much wider support system and that's what we hoped would come out of the Inquiry.

The thing that's really troubling now is that, you know, a year after Sir Brian's report, two years after the compensation report and when we talk about, you know, Earl Howe then meeting with Sir Jonathan to discuss the technical advice the expert group will provide, there were bound to be obstacles to any progress put in place and this is exactly what's happened because people are now having to prove further eligibility for compensation. They have to prove the date of their infection, they have to prove the date of progression of the disease which will be near to impossible because in most places in the UK, there weren't any consultant hepatologists. So people won't have been monitored and, you know, liver disease hepatitis C is a silent killer.

So many people might go along and they might not be -- they may not be categorised as having cirrhosis, either because they haven't been monitored or they haven't been tested or they haven't had a FibroScan or a biopsy, but also they won't -- they could just go along in a fibrosis stage and suddenly their livers will decompensate and they will suddenly be in end stage liver disease and they'll be admitted through A&E and we've seen that happen so many times in Wales.

That's why we campaigned and we had a ministerial Welsh task and finish group to look at this issue of the lack of monitoring and consultant hepatology support in Wales and we did manage to get a dedicated consultant hepatologist in Cardiff and in Swansea.

But there are various places in the UK and particularly in more, you know, outreach centres where the centres are very small, people will never have seen a hepatologist and they're looked after by a blood-borne viral lead who may not have the expertise in liver disease to be able to give a complete diagnosis.

Therefore they are not going to be able to prove the disease progression. They then have to provide the medical supporting evidence. Well, lots of people won't have been seen, so how will they do that?

You know, as regards prioritising end of life claims, I could go on about that for ages but I just think it's totally inappropriate that we're in the position now, where at such a late stage people are now getting letters about being end of life.

The main issue we have is that asking people who are already registered to a support scheme and have already received an interim compensation payment to now provide further evidence that the Inquiry has found in many cases has been destroyed or not readily available which is another delaying tactic repeating itself again. This has been consistently used by successive Governments. Applications for interim compensations for the previously unrecognised deaths have been rejected due to the lack of medical supporting evidence and their evidence to the Inquiry where -- you know, we know families that have been involved since before the Inquiry started. They came to us at the Welsh Assembly. They had nowhere else to go, they've been involved, they have given their evidence and they're still being ignored and rejected. This is not as Sir Brian intended in his second Interim Report on compensation two years ago when he recommended an interim compensation be made to alleviate immediate suffering and recognises deaths previously unrecognised.

We've now got people in that category in Wales, we

know we have 30 and we know that only 13 of those families have been paid and the other 17, they are now in the red tape scenario of the inheritance tax, you know, probate. They're changing the rules as they go along. We see updates where people are asked not just for the chain of representation, they've sent people off looking for other -- they need more proof. They are never going to get that proof but they're probably just going to be sent off again. The people particularly in the transfusion cohort who have never had their medical notes, all of those families will just be rejected even though we're told by IBCA we'll look at them again.

MS RICHARDS: Lynne, I'm going to stop you there, if I may. Those last points you've made, particularly important points to think about the evidential burden and how it is going to be discharged, are ones that we're definitely going to be picking up tomorrow morning with the IBCA witnesses.

LYNNE KELLY: Okay.

MS RICHARDS: I am just going to move, if I may, to Kate.

Kate, I think you are the only person on the panel not to have given live evidence to the Inquiry before. Your statement on behalf of the Haemophilia Society I think has echoed all of the themes and issues that we've heard voiced this morning. You've told us in your

statement your principal concern was the failure to involve the infected and affected, but you've also said this in your statement, that you've been repeatedly told by the Cabinet Office that those decisions won't be revisited.

Can you elaborate upon that for us, please.

KATE BURT: Well, I think it's just illustrative of everything that everybody on the panel has said this morning, that there is a completed disregard for the patient voice. There is no real attempt to engage. It's an exercise in political manipulation of the whole community, and it goes back to, as you know people have alluded, the secret panel meeting behind closed doors that made fundamental mistakes that meant on 21 May the charities and the campaign groups were overwhelmed with in calls from a distraught and despairing community which, as Sam said, only 24 hours before, there had been some hope and some joy. But for us -- for people with a bleeding disorder who have been mono infected with hepatitis C -- they call themselves that; that's not my phrase -- the deep injustice they feel about the way they are being treated has to be addressed.

The cruel and unusual punishment for bereaved partners of imposing a date of 31 March for: your partner dies before, you get the support schemes

for life; your partner dies after, nothing. The way the estate's been approached is a disgrace. And we have deep concerns from having worked with people who went through the interim process in the autumn that the complexity has been completely misunderstood and that when it gets to that stage, and let's hope it's not in another four years, the campaign groups and the charities will again be overwhelmed with trying to translate Government-speak into what will actually happen for them, and we're also deeply concerned that compensation for estates might actually not go to the people who have suffered the most.

MS RICHARDS: In terms of the position of the affected, and we've heard from Mary a little about the position of bereaved partners, the Inquiry has had many expressions of concern about how the scheme treats affected siblings, affected children whose parents were, infected, many died, and the parents who watched their children die.

Are those concerns the concerns of siblings, the concerns of children, concerns of parents? Is that something the society is also hearing?

KATE BURT: Yes. We've had many calls and messages from siblings who feel that they watched, in many cases, their brother die in the most horrendous of circumstances and their loss is not recognised because they weren't living in the house at the time.

For parents who've lost their children, for children who have lost their parents, it's just not good enough what is being proposed under the compensation scheme.

And, as Andy said, you know, somebody who died young, their parents are being financially discriminated against because they died young, because they didn't have a career, because the state infected them and they died.

MS RICHARDS: You know, as does Sam and all those who work for campaign groups and organisations, that one of the recommendations of the Inquiry was about the provision of funding for those organisations. And it won't surprise anyone here to know that you heard nothing on that for months, and then, by extraordinary coincidence, I believe you received a letter last Friday.

KATE BURT: Yes. Well, I'm mindful that I am in the room today, and listening and watching online are many people who are in complete limbo about when they might receive or be invited to apply for their compensation, but I think this is indicative of the way everybody's being treated with patronising contempt.

On 25 February, after months of badgering, we had

a meeting with two representatives from the DHSE who had come to talk to us about recommendation 10. We then, as did the Hep C Trust and Thalassaemia Society -- there was then radio silence in spite of us offering to come in and make presentations to them until -- now, this is an interesting date -- 9 April, the day the Inquiry hearings were reopened, when we received a letter from the department asking us to make the case for funding to support our work on advocacy and supporting the patient voice. We were given until 16 April to do that. We asked for an extension which was granted for another five days. We did a lot of work on presenting that, not for the Haemophilia Society, but because we feel that with more resources we can do more and better for the community who deserve so much more and so much better.

Again, radio silence until 4 pm on Friday of the bank holiday weekend when a letter was received by the Haemophilia Society, the Hep C Trust and the Thalassaemia Society with a funding offer and a request that we attend a meeting yesterday with department officials. We declined to attend that meeting.

MS RICHARDS: And as I understand it, the funding offer that's been made, you think but aren't certain that it's for one year only.

KATE BURT: Correct.

MS RICHARDS: And you, the Hep C Trust and the Thalassaemia Society have got to sort out amongst yourselves who gets what.

KATE BURT: Well, we're not entirely sure on that last point, but there was a sum of money -- I want to be transparent. The sum of money for one year, and one year only, was half million a pounds to be divided between three organisations. And if you think that the lifespan, as we understand it, of IBCA is at least six years -- and I think that's a gross underestimation -- the charities have to continue, and the campaign groups have to continue doing all of the work that, frankly, Government and IBCA should be doing to support the community adequately. And we, as our team, feel we don't give adequate support to the community because we just have such limited resources.

So the timing was -- let's be kind -- suspect, and the amount of money on offer in no way reflects the amount of work that we try to do to support the infected blood community and the whole community of people with bleeding disorders.

MS RICHARDS: I'm going to ask now for a general discussion on a couple of themes, and then I'm going to come to each of you because I want to make sure there's plenty of time for each of you to tell us what changes you

think ought to be made.

The first theme I want to ask about, and I'm going to go back to Bill to start this off, is a theme of accountability.

WILLIAM WRIGHT: Well, I will answer the question, but could I just pick up a point about that Lynne talked about about monitoring.

And this relates to several of the recommendations of the Inquiry are relevant to the compensation, the first recommendation. Monitoring is crucial to that. We've had a very difficult series of discussions within what's called the oversight and assurance committee in Scotland which was set up to implement and work on the recommendations of this Inquiry. That's the good bit. That's positive. That's Scottish Government taking the initiative.

However, during a meeting that I attended as a replacement for our chair, John Dearden, I found myself in an adversarial position with the Deputy Chief Medical Officer of Scotland because they had been advised by a group of hepatologists that once treated through direct acting antivirals, people with hepatitis, if they haven't actually reached scarring fibrosis, they don't have to worry, they don't need to waste their time going to clinics being monitored.

Our argument -- and he said that, well, basically the evidence points to that. And I said, well, there is wider evidence during the Inquiry, and that was taken into account, which is the psychological effect of all of this. Monitoring can be of benefit, and that should be a choice of the individual whether they want to go along and be checked.

And, of course, there are other co-morbidities that people who are infected have, such as being overweight or alcohol. But that's critical to the compensation element because there may well be a lot of people out there who have been infected then supposedly cured but still have either the psychological follow up to that.

And in relation to the tariffs, that's vitally important that they've got an up-to-date picture of where they're up to. I mean, I myself was diagnosed with liver cancer a year ago. That's through monitoring, so I got a warning, but -- sorry, coming back to your question about accountability.

We've got a real problem here because this Inquiry advised that an arm's length body report to Parliament in order to give us confidence that the Government couldn't get its grubby hands on IBCA.

We've had decades of not trusting Government, and

suddenly we have to trust a new Government, remarkably with an inexperienced minister who hadn't necessarily been involved in the story previously. Many of the MPs who were involved in the All Party Group lost their seats. Experience has been lost in Parliament to challenge Government. Governments being challenged is part of democracy, and one of the things that really scares me is recommendation 12 of this Inquiry basically said that the Parliamentary and Constitutional Affairs Committee of Parliament should be monitoring progress; in other words, holding ministers to account -- not just an All Party Group but actually a Parliamentary Committee. Where on earth today is the chairman of that committee? He's not here because he's got another more important meeting. What's more important to the people in this room than the question of progress on the biggest disaster in the history of the NHS?

MS RICHARDS: On that issue of accountability, is there anything -- Lynne.

LYNNE KELLY: So when I met with John Glen, the previous Paymaster General, on 2 May 2024 -- so a couple of weeks before the Inquiry reported -- I actually asked him. I said at the meeting, I highlighted the Inquiry's findings regarding the inadequacy of the previous schemes. This point was noted, and John Glen assured me

that as the new body -- these are my notes -- as the new body would be a statutory body, the mistakes of the past would not be repeated.

Now recommendation 14 of Sir Brian's report has not been adopted, I am reminded of the evidence of Nick Fish, the administrator of the old Skipton Fund and assistant to the CEO of the Macfarlane Trust and the Caxton Foundation. And he gave the evidence on 23 March 2021, and when he was questioned by yourself on the operational issues of Skipton, he reported that Skipton was an agent for the Department of Health providing services within the scope of resources, and only operational issues could be raised with the Department of Health. And to our understanding, from what we see, that's exactly what the IBCA is doing.

MS RICHARDS: Lynne, you are not alone, I think, to have raised that comparison with Skipton in terms of how this scheme feels.

Nigel, was there an observation you wanted to make?

NIGEL HAMILTON: Yes, there is. Thank you, Jenni.

I wanted to go back to a number of comments that have been made, reference recommendation 10.

I had an exchange with the minister on several occasions, and the chair of Haemophilia UK will know

that he and I have been jousting with the minister on this issue and also with James Quinault, the Director General. I explained to the minister that he had responsibility to provide equality for all victims and all victims' organisations. I advised him also -- and it was advice -- that it would be appropriate for him not to abrogate his responsibility by passing the role on to a Minister of Health in the regional areas. My Minister of Health is having problems putting tyres on ambulances. He's having problems cleaning bed linen. He is hardly going to look at the advocacy funding for organisations who have literally, across the board, been providing the service that the Department of Health and the Cabinet Minister under this Inquiry's requirements have allowed us to do without any support, any technical guidance, or any financial support.

So I explained to him at our last meeting, and I said openly if the decision is not to ensure parity for victims' organisations, and if in not allowing parity it doesn't allow proportionality -- they're not all the same size; we don't all have the same issues -- then it needs to be challenged, and challenged it will be.

I asked him to give us an endorsement to ensure that he would top up from the Exchequer as he had done in relation to ring-fencing interim payments through the Department of Health and out to victims. The same principle applies. It's worked with that. It can work with this issue.

But if we're going to continue for another five, six, seven, or eight years in providing a service that is really their responsibility but we're closer to our community than they will ever be, it is critical that we get the opportunity to be supported and to allow us to provide the best service that we can for those who need it. It's a reassurance for them, and it's a confidence builder that they know the *bona fides* have been proven and this will move forward to support them.

MS RICHARDS: I am reminded, when we are talking about the comparison with Skipton and the repeat themes of mistakes of the past, of an observation which I think, Alan, is in your statement. "The Macfarlane Trust on steroids" I think was your description, or you and your colleagues' description.

ALAN BURGESS: That's exactly how we describe it. I mean, if I can read parts of my statement out:

"Sir Robert sets out that the IBCA is an arm's length body as recommended by Sir Brian. He then went on to explain that some concern may have arisen because the staff and board of the IBCA are all civil servants,

but this problem will go away when the IBCA is able to employ staff directly. First, the IBCA may fulfil a technical definition of the ALB, but staffing it entirely with civil servants seconded from the Cabinet Office and Treasury does not suggest the kind of independence which the infected and affected community had hoped for and expected, nor does it have any regard for Sir Brian's recommendation that the board should not feature a majority of civil servants currently in post.

"It's unclear to us why we should expect the current board and staff of the IBCA to act independently of Government merely because of the technical change of the name of their employer from, say, the Cabinet Office to the IBCA.

"The IBCA has all but refused to actively engage with our legal representatives. They are usually consulted on topics after campaign groups and are not given advance sight or warning of proposals from the IBCA. Our own solicitor does not receive updates from the IBCA despite registering with them and having raised the concern with IBCA staff.

"Our solicitor has continued to support us since May 2024, despite not being paid by the IBCA to do so. We understand that other solicitors have continued to support their clients on a similar basis. This help has

been invaluable to us in understanding the main points of the scheme's regulations, as well as what proposals and developments will mean in practice for individual claimants.

"Our impression is (not least because of the most recent meeting with Sir Robert) was that the IBCA has consistently sought to minimise the role of legal representation. We can only presume this is because they thought the misguided view that they will save costs by doing so.

"We describe the view as misguided because it is our understanding that the IBCA is in the process of hiring 900 claims managers to effectively repeat tasks that will have been undertaken by our lawyers and in any event in order to adequately advise us. We have estimated that over the course of six years, the total cost of 900 case managers will be at least £400 million which seems somewhat wasteful considering that the same work can be undertaken by people who have known us, know all about us for the last seven years and whom we trust.

"It is of course right that the IBCA and the Cabinet Office should consult with the infected and affected community about the shape of the compensation scheme ...

"The IBCA have done a very good job of perfecting

the veneer of collaboration whilst proceeding to do precisely what it had planned before it entered into discussions with the infected and affected community.

"With the exception of written submissions which were made in summer 2024, we can't recall a single instance when IBCA have changed course because of something said to it or on behalf of the infected and affected community.

"From our first meeting with the IBCA in May 2024, we've always had the sense that their proposals are presented to us as a *fait accompli* and whilst they would like us to approve of those proposals, they aren't prepared to change course if we don't."

MS RICHARDS: Alan, sorry, can I stop you there if that's all right.

ALAN BURGESS: Of course.

MS RICHARDS: You, I think, have a particular experience to bring to bear on the issue of how compensation schemes or financial support schemes operate because you had previous involvement, and we've heard evidence from you about this before in the Macfarlane Trust.

ALAN BURGESS: Yes.

MS RICHARDS: You see, I think, this scheme as repeating what went wrong with the earlier schemes. Is that a fair account?

ALAN BURGESS: Definitely. I mean, they've even gone to the stage of employing so-called consultants now. I use the word "consultants". That would be you as the trustees of the Macfarlane Trust basically, except we were volunteers and the consultants are being paid. What they are being consulted on, I do not know because I can't see any good that's came from any of it really. And, like I say, they seem to be more intent on wasting money, wasting time, than actually delivering what they should do.

MS RICHARDS: That's, I think, the right moment for me to turn to the last part of our evidence session because I want to ensure everybody gets the opportunity to tell the chair about the changes or recommendations that each of you would most like to see given where things are now. So I'll start actually at the far end of the table, Alan, and just go down the table, if I may.

What is it, Alan, that -- given where we are today, what is it you would like to see changed?

ALAN BURGESS: Well, I'd like to see the speed in which this organisation is carrying out the so-called invites (which once again is an insult); I'd like to see a bit more empathy from them to realise what they are doing each month is just adding to the mental anguish of the affected and infected by having this so-called draw that

they do. You know, is your name going to be -- you know, is it going to be your month? They need to be held to account for that. They need to engage more with its solicitors.

I mean, I started campaigning 37 years ago. My children were young then. I've now got my grandchildren here now. I mean, this is ridiculous. I'm here again after a year from last year. We were all euphoric and all so pleased. But here we are again, and they are playing games with our mental health and our physical health. They've got to be made to realise what they're doing. I'm sure they do understand what they are doing because I'm sure they can't be that thick.

It is like trying to nail custard to a wall, you know. It's impossible almost. It's -- you can talk to them, but they don't seem to listen. And, as I say, they need to listen more, and they need to act more, and they need to make this happen a lot quicker than 2029 because that's bloody disgraceful, to be honest. That really is.

MS RICHARDS: Caz.

CAROLYN CHALLIS: I'd like to read out something that I wrote, if that's okay, and to thank Tommy for his help with this.

MS RICHARDS: Can you just speak a little closer to the

microphone, Caz? Thank you.

CAROLYN CHALLIS: Okay. What changes I want to see as a result of these hearings. The compensation scheme devised by the Cabinet Office is not fit for purpose. The "working at pace" lie peddled by officials and politicians is nigh on criminal. Government have been killing time while viruses have been killing us. Government should spend more time listening to their citizens than to their Cabinet Office officials. If they did, we would not be in the mess we're in just now.

To alleviate the detrimental impact on the community, the Government and IBCA need to start listening and responding to the concerns of the infected and affected people and to make the relevant changes. They should engage with greater transparency and genuine candour as promoted by the Prime Minister, Keir Starmer. There should be genuine consultation with the infected and affected community, rather than the tick-box engagement charities and campaigners have endured thus far, and the deeply flawed regulations should be amended accordingly. There will never be faith and trust in the process unless this is undertaken.

Cabinet and/or IBCA must register with haste all so far excluded living infected individuals. This should include those infected after the cut-off dates,

those infected with chronic HPV, and those with missing records and self-clearers. It is not our fault if we were infected a little too late or with the wrong virus, or if hospitals lost or destroyed medical notes. We are the living infected excluded from all current financial support and interim compensations now placed at the back of the queue for their compensation process to begin. These excluded living infected people should be paid interim compensation of £310,000 now, just like other living infected people, and we should be offered the choice of support payments for life, just like everyone else. To fail to do this is simply immoral.

The whole scheme should be simplified in order to speed up the roll-up of compensation. The complexities and impossible-to-jump-through hoops that the hepatitis community have been expected to deal with and which are causing extreme stress, anxiety and anger should be removed. People cannot be expected to be constantly retraumatised searching for evidence that is unlikely to exist just to prove how very ill they are.

There should be parity between the tariffs for the different killer viruses and the processes should be simple and streamlined as it is for the HIV infected.

I actually -- I want to thank Glen and CBC for the flow chart that they've just produced which shows the difference and the chart for Hep C is like a complicated Underground map, whereas the simple process for HIV, which they absolutely -- you know, I'm not saying the HIV community don't deserve every penny but everybody does and there shouldn't be any division.

So there should be parity between the tariffs for the different killer viruses and the process should be simple and streamlined as it is for HIV infected. They could begin by removing the ridiculous 40 per cent reduction on financial losses and recognise that most of us were too ill to work.

If this happened, the hepatitis community would feel their lives were worth the same as others. The Government should dispense with the muddle of the complicated severity bandings which focus on existing liver damage and ignore all other extra-hepatic consequences and the limited and the very selective severe health condition criteria of the supplementary route which has not been informed by the lived experiences of the infected or by the science and was created behind closed doors in secret by the Government's own so-called expert group.

Instead, they should offer parity with HIV tariffs. This would speed things up and mean that many will not have to resort to court proceedings.

There are living infected who are not yet registered. There are bereaved spouses, bereaved parents and bereaved children who are suffering immeasurably whose lives have been destroyed and have been waiting for decades for justice for their loved ones. They cannot find any peace until they get closure. There's a strong call from many widows that IBCA stop using the term "infected estates" and instead refer to their loved ones who paid the ultimate price of death as the infected deceased.

Those who died need to be prioritised, as the living infected are. There should be also higher payments for affected children, some of whom lived with a dying or very ill parent, many of whom witnessed their parent die in a horrible way, traumatising them for life. This disaster and its reach is unprecedented. For many affected people, some who are elderly and ill themselves, like widows/widowers, parents of deceased children, they should be allowed to have the compensation they are due in their own right to be paid to their estates should they themselves die before finalising their compensation. Under the existing regulations their compensation will die with them should they die before their compensation is finalised. This is not natural justice for such an unprecedented

disaster. Many such people are dying and the rate of death will only increase month by month.

These deaths will save the Treasury a lot of money. Immorality does have a price, it seems.

Rather than spending money on PR, the Government needs to fix the issues that we have been complaining about for months. We need proper financial and legal support and a clear timeline for when payments will be made to all infected and affected.

Last but not least, there should be proper funding to the various charities and support groups who have been holding the community together with no support from Government. This funding should be backdated to when the Inquiry published its Final Report in May last year. It's the campaign leads who are carrying the heaviest burden and they are utterly exhausted and burned out now.

Many have been doing this with no funding. They need respect, but most importantly they need commensurate financial grants at least until IBCA completes its work.

In conclusion there should be parity and fairness in the tariffs across the community and more speed, genuine engagement candour and transparency in the roll-out of compensation. We don't have time on our

side or the energy to keep fighting for justice.

MS RICHARDS: Thank you, Caz.

Andy.

ANDREW EVANS: Before I begin with my recommendations I just wanted to say that this community has had very few friends over the years. We were made to feel dirty. We were told that this didn't happen to us. That changed on 20 May last year and so I'd like to say thank you to Sir Brian, Jenni and the entire Inquiry for having the compassion, the understanding, the friendship and the foresight to keep this Inquiry open.

Thank you, Sir Brian.

As Caz just pointed out, we're very tired. We can't be doing this for much longer. Stress levels of campaigners have been at their highest levels since I can remember. None of us want to be here again. I hope that this is the beginning of the end now for sure and with that I've got -- given where we are with the compensation scheme at the moment these are practical suggestions that I feel could be implemented straight away to help fix the problem that we've identified.

First of all, estates of the deceased should not be punished because their loved ones died early. There must be some recognition for years not lived. Open up a supplementary route for financial loss to the affected who have had to give up work due to caring or their own personal mental health.

Re-evaluate the tariffs for hepatitis C. Get rid of the complexity. Take into account non liver-centric effects and the damage of interferon treatment and significantly increase those tariffs.

Immediately reinstate support payments to partners and bereaved after 31 March 2025 until such time as they receive compensation and have the continuing payments as an option in their compensation package.

Address the disparity between the core and adjusted or IBSS routes equalising it to the value of the adjusted route over a lifetime.

Enable the estates of affected people to be claimed if they die before they are called for compensation.

Examine the options concerning ensuring that estate payments are made to the correct people.

Allow children who have never achieved earning capability due to their infections to claim supplementary financial loss for lost potential.

Re-examine the arm's length body status of IBCA. It must be both High Court judge led and crucially answerable to Parliament, not to Government.

Assess the true value of past engagements with the Cabinet Office and ensure that it is fully open to changing the scheme moving forward due to the lack of engagement by the expert group.

Recognise within the scheme that people with bleeding disorders were infected multiple times with multiple pathogens with accumulative effects as part of deliberate acts of negligence and add a tariff accordingly.

Recognise that all people with bleeding disorders were the subject of unethical trials, as were their sexual partners and increase the additional payment for this considerably to account for the physical and psychological harm that this has caused.

Finally, either do not discount regular support payments paid after 31 March 2025 from the compensation value or add lost interest due to payments on compensation from that date.

Thank you.

MS RICHARDS: Thank you Andy. Mary.

MARY GRINDLEY: Before I give my recommendations I'd like to just say something that hasn't been touched on.

The perception by the general public of what's happening with us. I had to cancel something so I could come here today and I had to explain to people why I had

to come here and the general public don't know what's happening here. I mean, people are saying to me: oh isn't that done and dusted now? You know: why hasn't it been done and dusted? Have you got to really come back here now and fight again? You know. This is really because this has been under-reported by the press and I'm looking at the press now and saying: please, please will you report properly on what's happening?

SIR BRIAN LANGSTAFF: Mary, can you just repeat that last bit. There was so much clapping, we missed it.

MARY GRINDLEY: I'm sorry. I'm looking that press now and saying: will you please report properly on this because it's been very under-reported and people, the general public, don't understand what's happening.

As to my recommendations, I think some of these things have been touched on. Please, we want the registration of the affected who are not on schemes already as quickly as possible. We know who those people are in the main. We can give those names with, of course, permission to be put forward. We could have done this, you know, years ago and it hasn't happened.

We would like a timeline for the payments to estates because we don't know -- we haven't been given any timeline with that. It's as though the people who have died have been totally forgotten.

The next point, the memorial. Somebody has asked me to speak. We were promised a memorial but we don't -- as far as I know, we don't know any more about it so please can we know a bit more about the memorial.

One very important point for me personally is not just the money, it's the justice and I really want to know what we are being compensated for. We actually do know but they're not telling us what they're compensating us for, and as far as I'm concerned if they don't do that in a written letter, then it's just another *ex gratia* payment.

The very last thing I want to say is I think it's been touched on: the psychological support because I think this is so important that, you know, even after we received the compensation, we all still need this psychological support and I've asked IBCA about it and they don't seem to know what's happening. They tell me they don't know and that's it. So we need that. I think that's --

MS RICHARDS: Mary, just tying together briefly before I turn to Nigel, two of the points you have just made about the media and about compensation not only being about the finance but being about the recognition of injustice. I'm happy to say the BBC this morning at 6.15 were absolutely reporting a woman saying exactly that. So the point you've made I know is one that's shared by many who are here and many who are listening.

Nigel.

NIGEL HAMILTON: Thanks, Jenni.

Sir Brian, I just want to make reference primarily to the Act, the Victims and Prisoners Act, and I quote from it:

"The Act also empowers the Secretary of State or Minister for the Cabinet Office to make such arrangements as they consider appropriate for the provision of support and assistance to applicants or potential applicants for compensation under the Infected Blood Compensation Scheme."

But I also reference the fact that yourself and in this briefing document that has been issued, it highlights also that very substantial delay in the receipt of compensation could be brought about by considerable change to the existing process.

With that in mind, I'm offering more observations than I am recommendations but these are directly geared or pointed at the Cabinet Minister at the Director General, at Sir Robert Francis and also at David Foley.

You all have power over the process but the Paymaster has the authority. Personally I don't see systematic change but what I do see is a need to see

effective proactive determination to demonstrate impactful change. I am fed up being blind-sided as every other member in here is. No more blind-siding. There is an inordinate amount of time spent in trying to get this process to move forward based on principles of the recommendations of this Inquiry. That has to change. I've already referenced how that might change in a generic sense: spend the money. It's effectively causing devastation to a number of lives.

More case officers or claims managers, or whatever the mantra is, into the cases so we get a reasonable timeline that people can accommodate and come to terms with which will give us a degree of justice.

Afford all victims the equality that they deserve. Stop the victimhood tiers. We've heard examples on stage and people know where they lie in relation to this, whether they are currently recognised as victims or are not yet time recognised and I'm hoping they will be after this process. Every victim has rights. The rights must not be ignored. They must have been given -- they must not have been excluded, nor those who are about to die or who are too old as affected victims to see this process through.

I say to the Cabinet Minister -- and it's appropriate because he's coming in after us, he's the

afternoon session: work with us like never before and ensure that we are not just listened to, but we are also heard.

MS RICHARDS: Thank you Nigel. Gary.

GARY WEBSTER: I'd like to echo everything that everyone has said here but I think it is most important that we do look at tariffs again at the unethical research. I think this is just -- I was personally told it was a token gesture, so you can make your own decision over that.

I also think there's a problem with psychotherapists and psychiatrists. A lot of haemophilia centres do not have psychiatrists. They only have psychotherapists and by all accounts this will not be taken as evidence and I think it really should be looked at again.

I think there should be more support for the families and estates of lost Treloar boys; but everyone. That's basically all I've got.

MS RICHARDS: Thank you Gary. Bill.

WILLIAM WRIGHT: I have six points and they largely relate to the big picture here.

We have to fix this. The question is: how do we fix it?

I think there's a test today actually because the

minister will probably be watching this in advance of this afternoon. He can do one of two things. He can get on to his press officers in terms of managing the negative media that will emanate from this morning. This Inquiry in its own report right at the beginning talks about this, about how successive governments have perceived the need to be on the right side of the media probably more important to us. Frankly, I remain, 25 years on, haunted by a statement from the office of the then health minister in Scotland when the First Minister said: just remember, asking a question might cost a penny or two and the response back from the health minister was: don't worry, it's a PR exercise in terms of talking to us. 25 years on, we're here.

So recommendation 1: any decent human being of a minister, having heard what we say here, what we've said here today on the panel, instead of instructing his press officers to deal with this should be knocking on our doors to see how we move this forward. I'm sure all the panel will agree.

Recommendation 2: we need to inhabit IBCA from the top to the bottom, not sort of three user consultants or whatever they are some way down the food chain. This Inquiry recommended for an arm's length body, involvement of representatives of us. There's massive expertise in this room on the board of IBCA and that way we've got an opportunity to shape better what it does.

We need in the third point flexibility in the way that IBCA develops in terms of developing its own policies rather than being told by the Government what to do rather than following the recommendations of this Inquiry if they've clearly gone against.

Our expectation is that the recommendations that the Inquiry are followed to the full. It's perfectly reasonable for us to feel that after all these years.

A friend and member of Haemophilia Scotland said to me that he thought that the approach that's been taken so far by IBCA has been patchwork. IBCA needs to develop a very clear strategy and plan on the way how it feels they are going to move forward and that the needs to happen extremely quickly because one of the biggest problems we have here is that families, for example, feel they have no foothold in this process, that they're going to have to wait four years. That needs to change in terms of setting out how they are going to be supported and when.

The fourth recommendation is we have a wealth of expertise sitting just behind you there, Jenni. They have the knowledge and ability very quickly to revisit the tariffs that we've all talked about and come up with

something more effective. It happened when we had the financial review in Scotland. It could be done very quickly.

Now, it can be done one of two ways: either a collaborative approach such as I talked about earlier, or at least the people sitting behind you are able to test the tariffs. That opportunity has never been arisen. Normally in a medical damages claim situation there would be an adversarial approach where there would be pursuers -- just -- you would be the pursuers the Government or its agencies like the NHS would be the defenders and very often you would find that amounts are reached. That could be done with these tariffs with the expertise sitting behind you with the RLRs.

Finally, we need accountability and I was critical earlier of the Parliament and Constitutional Affairs Committee. We've ended up here today because we came back to the Inquiry because we felt we had got nowhere else to go.

The All Party Group there are a few survivors from the All Party Group that met prior to the election last year but its influence has been, I'm afraid, much diminished here. So we've ended up back here and I would echo what Andy said in our thanks to the Inquiry, to you, Sir Brian, for at least giving us this

opportunity to try and turn the corner and find a new way forward.

MS RICHARDS: Thank you Bill. Kate?

KATE BURT: I just want to endorse what everybody on this panel has said in their recommendations and I don't want to repeat them because they've been said very articulately, but I would like to add, as Bill said, every recommendation of this Inquiry needs to be implemented and not least recommendation 5: ending the defensive nature or culture of the Civil Service and the Government.

Infected Blood, Hillsborough, Grenfell, the Post Office, the Veterans of Nuclear Testing, the list goes on and on. When is Government going to learn they are the servants of the people, not the other way round?

MS RICHARDS: Thank you, Kate. Lynne?

LYNNE KELLY: The first points I would like to make is that no-one should have to wait to be invited for compensation after 40 years. The Government need to pay all of the people who are currently registered to the schemes, pay them, pay them now, and then they need to register and this could easily be done with the help of our legal representatives starting off the claim, register everybody then who is making a claim so that includes the affected, the estates and the new

applicants to the scheme; we'll call them the unregistered currently. So that's Hep B, new claims, those infected after 91 cut-off date, natural clearers, and those already in the schemes have already pre-qualified. So there's no reason why they can't just be paid.

So the 4,631 who are currently registered to the UK schemes, they can be paid now and then -- and all those with recognised legal representatives, they could start their claims to ensure that the process runs smoothly. When the Government say that they are continuing to employ more case workers, we think it's self-evident that the additional questions people are having to answer to make a claim are designed to slow the process down with the scheme that's designed to minimise payments and maximise bureaucracy and the paradox is of course the scaling-up that is envisaged by the IBCA and the Cabinet Office is the scaling-up of the employment of case workers and civil servants to send those already eligible on a register who are entitled to compensation almost looking for further proof that doesn't exist.

This in turn is creating a bigger burden on the NHS because all the doctors -- I know for a fact the UKHCDO has caused a huge amount of work for them but the transfusion cases they don't even have a consultant, they don't know where to start. As Samantha said they have to go to the GP and nobody understands what's happening.

So the difficulty I see if they continue in the way they are doing, like we had an email last night saying they had made offers or they'd started applications or invited more people, but all those people would get stuck in the system because the eligibility criteria is so high.

So they might get people in through the door but they will all be stuck and we're seeing that by the amount of actual payments that are made. Sorry, the last figures I had were from the week before but we got an email last night, so apologies. I think some more people have been invited but of the 137 offers that have been made, only 77 were paid. So all those -- the 77 to the 137, I'm not very good at maths, but they are all stuck in a system and that system's just going to get more and more stuck if they continue with this process of waiting for people to be invited.

Whereas -- sorry -- the current scheme, the devolved schemes, the existing schemes, provided the money comes from the Treasury those payments could be made to the infected and affected bereaved. The

affected should be quite straightforward in most cases because they are connected to the affected -- sorry, the estate claims would be easy in most cases because they are connected to the affected or the infected and then that would give these case workers less of them, but more time to look at the rest of the people who aren't already registered, but they have to involve our legal representatives because they've got all the evidence needed to start off the claim.

I think what happens, which I'm concerned about, I was actually just speaking to somebody at break time I'd met them on the tube, we'd never met before and she's somebody who doesn't have a legal representative, and what concerns me is that people go online and they Google it and you see lawyers who haven't previously been involved. And this person was under the understanding that she might have to pay for legal support and it was only through a conversation over coffee, you know. I said, "Well, if you register with one of the legal representatives. You won't need to do that". So we'll have all these people who don't know where to turn, you know, but if it's clearly conveyed to them people will know what to do.

But I think obviously this has all been part of the Government's plan to minimise claims, obviously, and

the cost of everything, and this just isn't in the spirit of openness and transparency and candour as Sir Brian intended.

MS RICHARDS: Thank you, Lynne. Sam.

SAMANTHA MAY: Thanks, Jenni. If I may first read out on behalf of Nicola Leahey who should have joined us on the panel today.

MS RICHARDS: Yes, of course.

SAMANTHA MAY: "I said in my closing statement two years ago that the community have been let down and we have lost our faith and trust in the Government and the country's institutions that should be supporting us and that we needed that faith and trust restored. But now, yet again, we've been let down, treated with disrespect and further traumatised.

"I want the compensation to be governed and administered by a professionally-led service that we can trust, i.e. professionally trained people that do not breach confidentiality by adding our contact numbers in letters to other beneficiaries. I want to trust their calculations so they don't have to admit mistakes and pay an additional amount for the miscalculation. So this actually begs the question that if they can arrange supplementary payments to cover for their mistakes, why can't they arrange to pay lost interest because of the

time delay?

"I want our compensation awards paid with fairness and speed, as was described at the beginning of the process.

"I want the SCM recognised and reinstated.

"I want the Infected Blood Psychology Service securely financed and launched with enough staff to support the needy, psychologically damaged community.

"I want the extra-hepatic manifestations acknowledged and awarded for.

"I want the effects of the horrifically physical and psychologically damaging interferon and ribavirin treatments acknowledged and awarded for.

"I want to suggest that the affected payment awards be addressed at the same time as those of that of the infected. It would be logical to link the affected to a living infected award claim, therefore utilising one claim manager dealing with one family, one lot of documents and detail.

"I want the affected person's claims not to die with them if not awarded and accepted. "We are an ageing population and that affected person may have had to give up work and therefore the money lost would have been part of their estate. I want the cut-off date excluded victims recognised quickly."

MS RICHARDS: Can we thank Nicola for that in her absence.

SAMANTHA MAY: Yes. Thank you, Nicola.

Before I go into the Trust's asks, I just want to pick up a little on what Lynne was mentioning there about how vital it is for people going through this process, whatever it may look like -- hopefully it will look a lot better in the future than how it does presently -- but how vital it is that people have support, guidance, someone independent to talk that through with. Absolutely the legal representatives are a vital part of that. They are available for some. It is difficult.

I'd like to again echo, I think it was you, Lynne, who said about how people are going unfortunately to a telephone book and picking out, you know, no win no fee people that know nothing about this situation and, you know, it's absolutely vital that they hear an independent voice, someone like ourselves and Haemophilia Society, who are dealing with the community to make sure at the start of their claims they've got the information they need.

We have heard of people going through the claims process. To be fair, to be balanced, some of them have got through it, they've found it fairly straightforward and they've been satisfied with it. We've heard from

others where it's still unfortunately ongoing. We've heard from others where various problems have come up along the way that perhaps haven't been accounted for.

It's great to hear that claim managers will be supportive and guide people through the process, but I think it's absolutely vital for this community to have proper legal representation with that and absolutely friendly advice, support and guidance from organisations like ourselves.

Rather as Kate said, I would agree with everything that's been brought up so far. My memory doesn't go back that far for all of them, so I'm sorry if there's some repetition here, but these are the things that the Hepatitis C Trust would particularly like to see.

There must be discretion with IBCA to deal with unique cases. We need a medical panel and an appeal system. As I said earlier, no two people are the same.

One example is a caller we have who went blind as a result of his interferon treatment. He doesn't stand to benefit anything extra from the awards as they currently are, which is just ridiculous. That's an extreme example. As I was talking about earlier, there may be mental health problems and other physical problems that are going to be difficult for people to demonstrate, but everybody needs to be approached as an

individual.

The Severe Health Award must be reviewed. Those on SCM should be honoured as it is. They've been accepted already. That should just transfer. There shouldn't be any additional burden.

There should be a review of the parity for awards for people on the schemes and those that are not, staying on the schemes and taking a lump sum. For some people that may work well; for others, not so much. There must be fairness for people with hepatitis B and post '91. They should have the choice whether to stay on the schemes or not but the problem with that is the ongoing relationship over time with -- I know Andy's referred to it elsewhere as, sort of, ongoing abuse -- ongoing contact with the abusers. It would be much better for the payments to be sorted out in a better way.

Any and all revisions and tweaks/ideas have to come with consultation from the community. Everybody here has a voice. Everybody here has a very individual situation and something to bring to the table. There are organisations, like ourselves and Haemophilia, who have long experience of talking to thousands of you. At the Hep C trust just since May last year we've spoken to 10,000 people. I mean, an incredible amount of

knowledge is gained from those conversations and I feel we have a lot that we can do to support you going forwards. It's very important.

And, lastly, everybody alive now or since the end of the Inquiry should absolutely be eligible to claim. The Government should not profit from delaying any further.

MS RICHARDS: Thank you, Sam.

Sir Brian, that ends our evidence session for this morning.

SIR BRIAN LANGSTAFF: Well, I have no questions of my own but it does remain for me to say this collectively to all of you. Individual as you may be (you've made the point that you need to be treated as individuals), it would take too long to thank you each for your contributions. But I would say this, that in what you have said on paper, and sometimes orally, you've told us how the sheer weight of the campaigns which you have done has made it -- has imposed an almost impossible burden upon you. And yet here you are yet again shouldering that burden, and I can well understand why everyone here would be really very grateful and thankful for you being prepared to do that, tough as it is today. Thank you.

Well, that speaks for itself. We will take a break. You might want some lunch and we'll come back at no later, please, than 2.30 which is the earliest that the minister can be here to give his evidence. So no later than 2.30.

(1.25 pm)

(Luncheon Adjournment)

(2.32 pm)

SIR BRIAN LANGSTAFF: Mary will ask you to take the oath.

Rt Hon NICK THOMAS-SYMONDS (sworn)

Questions by MS RICHARDS

SIR BRIAN LANGSTAFF: Ms Richards will ask you the questions.

MS RICHARDS: Minister, you were appointed Paymaster General and Minister for the Cabinet Office on 8 July 2024.

A. Thank you very much for that question. Before I answer, I want to take the opportunity to make a very brief opening statement.

Q. Of course.

A. Throughout these past ten months, it has been a solemn privilege to have the opportunity to listen to the infected blood community, and I know many people before me will have suffered unimaginably because of this scandal. I would like to acknowledge that the Government has failed you over decades, and on behalf of the State, I am sorry.

I was appointed to the role of Paymaster General and Minister for the Cabinet Office actually on 7 July 2024, but my involvement in this issue began when I was given responsibility for it in Opposition in September 2023. In December 2023, the Opposition supported the amendment in the name of Dame Diana Johnson to the Victims and Prisoners Bill that brought forward a legal duty for a compensation scheme to be established within three months of the bill receiving Royal Assent. The then Government lost the vote on the amendment.

The Bill progressed to the House of Lords where it became clear that the then Government did not wish to be bound by the strict three-month timeline and sought to come to a compromise. I, as principal Opposition spokesperson, refused to compromise on this, and the three-month deadline remained in the Bill.

The snap general election being called on 22 May meant the Victims and Prisoners Bill received Royal Assent on 24 May, and the three-month period expired on 24 August 2024.

Thus, in my first days in office, I was confronted with a statutory deadline I had myself insisted upon in Opposition, and I was unequivocal that the system had to be driven throughout the summer to meet that deadline,

and it was.

I took on board feedback from the community through Sir Robert Francis' engagement exercise during the General Election campaign accepting 64 of his 74 -- sorry, 69 of his 74 recommendations.

Indeed, I've made other changes including the widening of eligibility for siblings on hepatitis B reactivation, the scope of the unethical research award, on IBCA not having to recoup monies paid in error, the position regarding the estates of affected people and producing a user-friendly explainer.

However, I did not think, given the work of Sir Jonathan Montgomery and his expert panel on tariffs that seeking to repeat that exercise to expect different results was in the interests of victims whose compensation payments would then be subject to even further delay.

I was also confronted with a situation where the money had not been allocated to the scheme by the previous Government. It was imperative that I secured the money from the Treasury and I did this with the Chancellor announcing £11.8 billion in the October budget. Payments to the infected then began by the end of 2024.

I'm restless for further progress on payments and

I look forward to the chance to contribute this afternoon.

Q. Thank you. Some of those issues we'll obviously be coming back to in more detail.

Just so that that chronology of events is clear, when you took up the role on 7 July -- and I think Wikipedia might need amending in that regard --

A. It was announced on 8 July.

Q. -- the Victims and Prisoners Act had passed, as you've explained, the expert group had already been appointed and reported to the Cabinet Office, a scheme had been formulated by the Cabinet Office and Sir Robert Francis had undertaken that compressed engagement exercise in June, and those all happened under the previous Government before you took up your post?

A. That's correct.

Q. When you became Paymaster General or indeed when you took up your Shadow role perhaps the previous autumn, what was your knowledge and understanding of the Infected Blood Scandal?

A. So back to September 23, I obviously knew the broad outlines of what had happened because of the media coverage, and I was actually in the Parliament, the 2017 to 19 Parliament, which is the Parliament when the Inquiry that Sir Brian led was actually brought into being. I think it was under the premiership of Theresa May. So I knew obviously the outlines of the scandal from that time. I'd read the journalist Caroline Wheeler's book, Death in the Blood, but in terms of my ministerial or in that case Shadow ministerial responsibility, that was the first time there had been any direct responsibility in that sense.

Q. When you took up your role in July, what did you understand was wrong about the culture of Government that had been experienced by infected and affected?

A. So I think there's a number of issues with culture that was -- that were in issue here, and I'm sure we'll come on to proposed statutory duty of candour in due course.

But in terms of Government and looking back at Government over the decades of this scandal, there were clearly issues with transparency, but there were also issues, frankly, with that concept of candour. And one of the pledges that I was elected on as a Labour Member of Parliament in that election was the introduction of -- you know, we call it a Hillsborough Law, but obviously Hillsborough is only one of the many tragedies and state cover-ups that we're actually dealing with.

I think it was described in Sir Brian's report of last year as not so much an open conspiracy but something that Sir Brian described as ever more

pervasive that actually what it was, was culture of institutional defensiveness. Public servants putting their own personal reputations, or indeed the reputation of the organisation or institution to which they belong, above the public interest. So that was what I had in my mind, and of course, just -- I think it was literally two days before the general election was called, Sir Brian -- I think it was 20 May of last year, we had had the report that set that out.

So the idea of lack of transparency, lack of candour was already in my mind because of my knowledge of previous scandals, going back to Hillsborough and others, but what was immediately in my mind was that conception that was in Sir Brian's report from 20 May last year.

Q. Is this Government committed to principles of transparency, openness and candour?

A. Yes.

Q. Now, the Government's manifesto committed to the introduction of a statutory duty of candour. That was repeated, I think, in the response to the King's speech.

A. Yes.

Q. It was repeated at the party conference. It was described by the Prime Minister as a duty owed not to the Hillsborough '97 but owed also to, amongst others,

the victims of infected blood.

The deadline that the Government set itself for introducing that statutory duty of candour has passed (that was the Hillsborough anniversary in April) with no Bill or Act yet on the scene. Are you able to tell us when we're going to see that?

A. Well, I can't give a precise date for introduction at the moment, but what I can say is that, firstly, the Government remains committed to introducing a statutory duty of candour that is a general duty that will include criminal sanctions. That is to deal with not just the situation at Hillsborough, where clearly there was not just the changing of witness statements by South Yorkshire police officers, but also the way in which the false narrative was subsequently embedded as well.

Also to deal with the situation, as I've described it, as to what happened with the infected blood scandal, which is not so much an overt conspiracy but that pervasive culture that Sir Brian described. What the Government is looking to do is to work with the families and other groups to ensure that we have a Bill before Parliament that is actually tackling that culture, that is actually dealing with what went wrong in the past.

Now, myself and the Lord Chancellor, Shabana Mahmood, wrote in the couple of weeks before the

deadline that you mention of 15 April to the Hillsborough families setting out that we would be redoubling our efforts to speak to them and to work with them and to bring forward a Bill that truly does seek to do all it can to prevent these kind of state cover-ups, these pervasive cultures from taking root again.

Q. Just a couple of follow-up questions on that, if I may, before I turn more directly to issues of compensation.

I want to press as to whether there's any idea of timescale, and I mention it for this reason: your colleague Lucy Powell, in her capacity as Leader of the House of Commons, told Parliament on 3 April that the Government was working on the Bill at pace. And everyone in this room will recognise that phrase because it's the phrase the previous Government repeated about the compensation scheme.

Is there any end point? Has the Government set itself an end point? Anything you can tell us that gives a degree of reassurance about speed?

A. As I said in my first answer, I can't give a date for the introduction of the Bill. What I can say is that the work with the Hillsborough families and indeed other groups as well, for example, I attended a day of listening only back in February, listened to many other groups including of course Post Office Horizon victims, those victims of Grenfell Tower; this is a Bill of wide application. But what we will continue to do, it is a landmark Bill for the Government and we will continue that work to get it right to make sure that it is not a Bill that has unintended consequences, that it is a Bill that is actually tackling those things that we, and the families of these scandals, actually want to do our best to prevent from happening in the future.

So I'm sorry I can't give a definition of at pace or a precise date but the work is most certainly ongoing.

Q. Are you able to give an assurance that whatever the Government puts forward will encompass civil servants and the actions of Central Government?

A. Yes.

Q. I want to then touch next on the position of the previous Government, now I'm going to pick up the question of why certain decisions were made with Mr Quinault tomorrow because he was the Director General at the relevant time within the Cabinet Office. You were not in post until July of last year.

Just, as it were, to give a basis before we move forward, the previous Government said that it was required to wait for the Final Report of this Inquiry before it could progress the question of compensation.

Given that the Government's detailed plans were revealed on 21 May, the day after the very lengthy report was published, do you agree that the previous Government clearly did not need the Final Report in order to work out a compensation scheme?

A. No, they didn't, and that was a point that I was making as Opposition spokesperson. I was urging from the Opposition bench for it to be done more quickly. There was obviously an interim report of Sir Brian's that was at an earlier stage that had actually spoken about starting this work at an earlier point and that is what I believe the previous Government should have done.

Q. It has been suggested to the Inquiry by many within the infected community that they were misled by the previous Government. Do you agree?

A. I can completely understand why people felt like that. I also felt, and I choose my words carefully because obviously there's a particular -- you know, misleading for the House of Commons is something that has particular consequences. But in terms of the public being misled as to the speed with which the previous Government was setting up the scheme, I would agree.

Q. I understand and I wasn't asking about the question of misleading Parliament for the reason that attracts something called Parliamentary privilege and there are

legal issues there.

I want to come next to the extent of the involvement of infected and affected people in the design and development of the scheme and that requires me to start before you came into office but then come to the period since you've been in office.

I'm doing this in part so there is absolute clarity for those listening because you will appreciate the events of the last year or more have been very difficult for many people to follow.

So first of all, it's correct, isn't it, that there was no involvement of infected and affected people in the previous Government's decision to establish the expert group?

A. Again, I'm commenting on what I've heard about. I was obviously not directly a part of that process so, you know, in terms of whether there was work, communication, letters between the community and then civil servants that's obviously a question best put to Mr Quinault but it's certainly the case victims felt that way.

Q. What will do then is I am going to put this as a series of statements from me and then build up from those rather than asking you and then I can pick it up with Mr Quinault.

So I am going to suggest, and the Inquiry has

heard ample evidence to demonstrate this, that there was no involvement of infected and affected people in the decision of the previous Government to establish the expert group; there was no involvement of them in decision-making regarding the remit of that group or its terms of reference; there was no involvement of them in relation to the membership of that group, and they weren't even allowed to know who was on it other than Sir Jonathan Montgomery; and there was no consultation with them regarding the scheme which was put together by the previous Government, and then we get to the engagement process undertaken by Sir Robert Francis.

That's the point at which you come in, minister, because Sir Robert's report dated I think 12 July, effectively comes across your desk --

A. That's right.

Q. -- within a few days of you taking office. Now, I think it's right that beyond that engagement exercise undertaken by Sir Robert, there was no consultation on the draft regulations, on the scheme itself as envisaged by the 2024 regulations, no doubt because of that three-month time limit; is that right?

A. There was no formal consultation because to -- precisely. Although it was a three-month time limit, that is true, obviously a significant number of weeks had already passed of that three months by the time that I got into office on Sunday 7 July. So what I actually had was a period of, you know, six/seven weeks to 24 August, which was the statutory deadline. But it's true to say there was no formal consultation already done.

Q. Understanding as we do those time constraints, it's right, isn't it also, that there has been no consultation on the scheme as set out in the 2025 regulations?

A. No formal consultation. Just to make this point clear, it is because of the need to push forward as quickly as possible. And with the consultation -- let me just take that earlier period. I came into office. I have at that point a scheme that has no money allocated to it. So it was obviously an absolute priority of mine to secure that money from the Treasury because without the money there is no scheme at all. So that was obviously a huge thing in those early days.

Second, I wanted to drive the system to produce that first set of regulations by 24 August because I thought that it was absolutely critical, and I felt that if that deadline was to be missed, we just have yet more drift, yet more problems of delay. So I felt that they were the absolutely fundamental things that

had to be done in that period to ensure that not just we met the deadline but, obviously, you had then the legal basis of the compensation scheme, at least for the core route having been established.

Q. That I understand, Minister. So I understand why you get to late August 2024 with the regulations being late absolutely because of that statutory deadline, and you've come in to post halfway through that period, or roughly.

But my question is about where we are now, 31 March, the 2025 regulations. I said to you, no consultation. There was a limited consultation on the unethical research award. Put that to one side.

On the rest of it, I know there have been meetings, but there's been no real consultation.

A. Well, there's been no formal consultation, but let me just take the point about hearing the voice of victims because, firstly, with the earlier period I obviously had on my desk waiting the product, the report of not just an exercise of consultation by Sir Robert Francis but a set of 75 recommendations. It wasn't just there had been consultation; there were then a series of recommendations that -- so I felt that coming in to office, in a sense, the voice of the victims was on my desk, in terms of these changes that were required, and

I accepted 69 of the 75 recommendations at the scheme.

In terms of then moving forward and hearing the voice of victims in the design of the scheme, I then have a second set of regulations that are needed. Again, I pushed the system to get a deadline of saying: I want these on to the statute book by 31 March 2025.

Now, that autumn of -- the last autumn of 2024, I obviously signed off some interim payments to the estates of the deceased infected. I wanted IBCA obviously to make the first payments by -- to be established and make the first payments by the end of the year, but there was also the end of year deadline for the interim updates on Sir Brian's wider recommendations.

Now, prior to the first set of regulations being announced, I met seven, I think it was, representative bodies, but that was more, you know, a courtesy of the announcement the next day. I felt that the voice of victims was already on my desk from Sir Robert Francis' consultation.

That autumn, then, I was always concerned of not holding meetings for the sake of it, not just holding meetings to tick a box when what was going to be happening was there would clearly be Government work in the autumn but, you know, the decisions would be working

their up to me as a minister later in the year, into the early part of 2025.

So I obviously held meetings -- this is me personally. That was at the start of December, other meetings at the end of January, and I most recently held another set at the start of April. But also alongside that autumn, I was obviously hearing from Members of Parliament on behalf of victims in their constituencies where we had a general debate, I made three statements, I was answering numerous written and oral questions as well, but also, you know, letters. I'm sure you can imagine I get, quite rightly, a lot of correspondence and also, of course, people telephoning civil servants at the Cabinet Office.

So I felt very strongly, in terms of decisions that I was making, that the voice of victims was coming through very, very strongly in those different ways.

Q. Whatever the understanding back in August of last year, over the subsequent months it must have become obvious to you, and if not, will have been made the evident through the statements that this Inquiry has obtained and published, that there is deep and profound unhappiness with significant aspects of the structure and design of the scheme.

What, if anything, does this Government intend to do about that?

A. So as I indicated in my opening statement, there were some aspects of the scheme that have been changed. For example, there's the issue of sibling eligibility and the original design of the scene had that exclusion essentially of adult siblings which has been changed and about which Sir Brian wrote to me in terms of clarifying intentions from the original report. For example, in the Sir Robert Francis consultation, one of the major changes I made was the continuation of the support schemes, which is another example. Around, for example, the unethical research award and its scope but I should also just be very open here as well. When I -- it is abundantly clear to me that there was unhappiness with the tariffs and the differential tariffs that are in Sir Jonathan Montgomery's report, but the issue I faced some months later was again that that dilemma you are constantly facing between on the one hand pushing forward the payments and the speed, or doing things that are going to create an even greater delay.

Now, when I came into office I looked of course at Sir Jonathan Montgomery's tariff scheme very, very carefully. It wasn't something that I had ordered as a minister but it was what I had inherited and of course you could as a minister have another group. You could

do it in a different way, set it up perhaps in a different way. But number one, I think you are highly unlikely there wouldn't be some form of differentiated tariffs in another version of the scheme. But secondly, to try to go back and disturb that, my judgment was that would have created an even greater delay than the one we face already and that has been the dilemma throughout.

I have made, as I indicated in my opening, a number of changes to the scheme clearly because of the voice of victims being heard but it is also the case there are changes this Government hasn't made and it is because of this dilemma constantly being faced of not wanting to create even greater problems, even further delay.

You know, I would also point on that the reason the three-month deadline even existed is because when I was the principle opposition spokesperson I refused to compromise on it. Now, I had no idea at that time that there was going to be -- neither did any of us -- a General Election called on 24 May but it did put a deadline into the system that otherwise wouldn't have been there.

Q. Isn't the answer to the dilemma you describe, given where things are now, that you allow, indeed encourage, IBCA to continue processing claims under the current

scheme so that there is no -- there's no suspension of the scheme, thereby avoiding further delay, but in parallel -- and this wouldn't interrupt the work of IBCA at all because as we know all the tariffs set by the Government, in parallel the Government undertakes a consultation process, a formal consultation process, with those infected and affected on the key aspects of the scheme and its design that have caused so much unhappiness, anger and distress, and then the product of that can then be fed back into. So all those who will have had their claims assessed under the existing scheme, if they are entitled to more, then there can be a supplementary payment to them.

But it's not a binary decision is it, minister?

A. Well, I think it depends very much on which aspect of the scheme we are now going to consult on because at the moment the situation is that the scheme in a legal sense is on the statute book we met the 31 March deadline.

Of course there are things like take, for example, the scope of the unethical research award. That is something that I or indeed any other minister could go back and make some changes, could make changes, they could add, for example, a particular centre if further evidence came to light, but if it is seeking to disturb the whole basis of the scheme in the sense that we

require more legislation to go through Parliament, the period you know as I've discovered myself as a minister I've twice pushed the system very hard to get those regulations onto the statute book in the ten months that I've been in office.

What would concern me about the scenario that's being mentioned is that it would put -- I appreciate the point that's being made about parallel lines, but I would worry very, very much that something that made fundamental changes would cause that undue delay if it required going back to change the legal base of the scheme.

Q. So is the answer to my question what, if anything, does this Government propose to do in relation to the various respects in which deep unhappiness, anger and distress has been expressed about key aspects of the scheme, the answer to that question is: the Government doesn't intend to do anything?

A. No, the role that I see now for myself as minister going forward is twofold. I think firstly and in relation to IBCA, IBCA is operationally independent, it has a framework document that we follow, but I still see my role in two senses. Firstly, to hold IBCA to account on the speed of payments because whilst there is that operational independence, I will nonetheless quite rightly be the minister held to account by Parliament for the speed of the payments quite rightly. That's how our democracy works.

But I think that is important that I am questioning, pushing, asking, pressing forward on the speed of payments and to make just -- and I'll come to the second point in a moment -- but on this point, and I know I appreciate the Inquiry here will be hearing from David Foley and Robert Francis tomorrow so I'm not seeking to anticipate their evidence, but what I've always been reassured of is the test and learn approach and what the test and learn approach means is there is that smaller number of cases. There was the objective of 250 offers by 31 March.

What going through those cases would mean is there would then be an opportunity to speed up the payments. What I mean by that is if you looked at a graph of time and number of offers made it -- let's call it offers -- that there will be a very steep part of that curve. That is the purpose of using the test and learn approach.

So what I will be pushing forward very strongly now is when we get to that steeper curve on that graph of a lot more offers being made.

The second point is whilst of course recognising

IBCA's operational independence to also be on hand to provide what is required. If they come back, for example, they need more people actually working on these cases, if they come back, there are issues of procurement, for example, so I really do see the role going forward and I'm not, as I say, ruling out changes, some changes, I've talked about unethical research, for example. What I wouldn't wish to do is to make changes that cause further undue delay.

But I certainly see the role now as doing our very best to push forward IBCA's speed of payments whilst respecting IBCA's operational independence.

Q. I'm going to ask the question again, Minister, because what you've answered anticipates later questions I have about the issue of delay, and you are absolutely right to identify that as a very important issue.

But my question is about the fundamental unhappiness there is with key parts of the scheme itself. I infer from your answer that this Government currently, leaving aside the possibility of perhaps a change to the unethical research award, this Government currently has no plans to consult on and consider making changes to that architecture of the scheme. Is there a yes or no answer to that?

A. The current position is: we are not proposing a further

consultation on the fundamental design of the scheme for the reason that disturbing its fundamental design, we believe, would lead to the need for, you know, further laws to be going through Parliament that would simply create even greater delay.

Now, I'm not ruling out -- I've made the unethical research award example -- changes you could make without causing delay and without causing that sort of fundamental difference that would lead to a delay in payments. So the answer to the question is that what we're not prepared to do -- to do things that would cause even further delay going forward.

Q. Has it occurred to you and your officials that there are changes that could be made that would meet the concerns of some, which were voiced very clearly this morning, that might speed the process up ultimately, that you will be aware of the profound unhappiness there is about the tariffs in relation to hepatitis awards?

A. Yes.

Q. And you will be aware that the scheme is currently structured, involves people producing piece of evidence after piece of evidence after piece of evidence to show not just that they were infected with hepatitis C in around 1984 but to show, through medical evidence, the different stages at which they went through the

different levels in circumstances where many of them will never have that evidence, either because they were never under the care of a hepatologist, or because their medical records have been lost or destroyed.

So simplifying the tariffs would actually speed up the process of assessing the claims and making payments. Has that been considered by the Cabinet Office?

A. We've considered a range of things. I've considered -- let's just take that issue of whether you as a minister start intervening and changing particular tariff bands or simplifications. There's two points there.

On the first point, I don't think it would be for me arbitrarily, and I don't think it would be rational, I don't think it would be sensible, to victims as a non-expert minister in this field to start disturbing different aspect of the tariffs.

The alternative to that, which is something I did absolutely consider when I came into office, was whether or not something could be done that was subsequent to Jonathan Montgomery's original tariff design, whether you can ask him or indeed somebody else to produce something different. And the Government's judgment was that you -- firstly, if you did that, I still think you would end up with differentiated tariffs. I don't think you would end up in a situation where every tariff would be the same.

But the second point is, I do think that that would lead to undue delay.

To your second and I think, you know, really important point around level of evidence, that is something that's been a deep concern to me throughout the process, and I think that is for two reasons. I think, firstly, because so many of these things happened so long ago but, secondly, because Sir Brian's report identified deliberate document destruction, so it isn't just sometimes that documents weren't available and I've always emphasised the need for an enabling culture at IBCA so that it isn't just that evidence is demanded from people, but more that there is a pointing towards where such evidence can be obtained.

And, you know, I visited IBCA only a few months ago, and again, Sir Robert Francis and David Foley will, I'm sure, talk about the culture they're seeking to embed. But I was struck by speaking to different case workers of the need for that more compassionate, enabling culture.

Q. Can we just examine -- I hope shortly because I don't think this is controversial -- the extent to which the scheme that we have differs from the scheme recommended by this Inquiry, and that's a major concern and theme

from this morning's evidence.

So the Inquiry's recommendation was a scheme, and I'm using that word deliberately --

A. Yes.

Q. -- but must be completely independent of Government and must be seen to be.

Now, I'm going to suggest to you that the scheme as established is the opposite of completely independent from Government for two essential reasons. The first is the tariffs, the amounts people actually get and the criteria that they have to satisfy to get them, have been determined solely by Government, not by the body set up to administrator the scheme. That's right, isn't it?

A. It is correct, the tariffs were determined -- they were advised to Government by Sir Jonathan Montgomery. That is true.

Q. And that's not what this Inquiry recommended.

A. No. And just on the issue of that just for a moment, again, that is something that I inherited coming in to office and made a judgment about, in terms of whether I went back and redid the exercise, and obviously --

SIR BRIAN LANGSTAFF: Just bear with me one moment, please. I hope everyone will remember what I said at the start of today, that every witness must be allowed to give

evidence to the best of their ability. And whatever their views, I would hope that you would respect the answers which they may be giving.

I don't expect to avoid the intake of breath if there is one, but please bear that in mind, would you. I'm sorry. Would you like to start again?

A. Thank you.

Just to emphasise that that was the position that was there when I took office, and I had to make a judgment as to whether or not going back to redo that was going to cause undue delay or not, and our judgment was that it would have done.

MS RICHARDS: You have referred to the role of the expert group, and it would seem apparent both from your answers but from everything else we've seen, that that expert group has played a central role in the shape of the scheme and the nature of the tariffs that we have; is that right?

A. Yes.

Q. The way in which that expert group operated, and, again, I absolutely accept it's commissioned under the predecessor Government and your predecessor. Again, that was completely contrary to this Inquiry's recommendations as to how there should be a clinical group and a legal group and, fundamentally, the

engagement of the infected and affected in that process.

So that didn't happen, did it? Not your decision, I know. But that didn't happen, and that's contrary to these Inquiry's recommendations.

A. That's correct.

Q. In the interests of transparency, are you able now -- will you -- make available publicly the documents that record the decision-making process of the Government, previous and current, in determining those tariffs, in devising the IBCA structure, and in drafting the regulations and any documents which record this Government's decision essentially not to go back and revisit that substantively?

A. I'm certainly willing. You will understand, I'm sure, that there are certain laws around the conduct of Government, how Government operates, but I am perfectly willing to take back that suggestion subject to those other laws, which I know you will be very aware of, to see about whether I can push further transparency. I'm more than happy to do that.

In respect of the expert group, I was given a series of decisions to take last summer about openness regarding their decisions, and I've always pushed towards transparency. But I'm sure you will understand there are particular rules and laws about the conduct of

Government. I couldn't just simply offer that but I can certainly go back and look at whether I can push at the transparency on it.

Q. This Inquiry can certainly assist of providing a description of documents, and obviously this Inquiry has the power to compel --

A. I understand.

Q. -- but my request was for voluntarily making that available.

Can I just touch on a topic of IBCA's lack of autonomy, its lack of discretion under the scheme.

So, again, I think this is uncontroversial but not necessarily well understood.

IBCA itself has no power to decide what people should be compensated for, or how rare cases should be compensated, or how much compensation people should receive. Its role is limited to an assessment of applying the rules that have been determined by the Government, effectively, to an individual's circumstances.

A. Applying the scheme to the individual's circumstances.

Q. So IBCA has been set up effectively to have no discretion over the central issue of how to approach the payment of compensation.

A. So I accept that it is IBCA operating within the scheme

or within its rules. That is entirely correct. But also just to come back to this fundamental point because there is, again, a balance to be struck on the scheme because, as you mentioned in your opening question on this particular issue about a compensation scheme and, you know, its complete independence of Government, but it is a balance between the trusteeship of money that is going into the scheme. You know, it's -- I stand corrected, but to be correct -- but I think it is, quite rightly, the largest compensation scheme in British history. It's got £11.8 billion allocation, and clearly the Government has to account, as I have to account as a minister to Parliament, for that money and the spending of that amount of money as you would fully expect.

But you are right, then, to say that within the scheme as designed, it is then for IBCA to apply the rules as it sees fit to individual cases.

Q. Mr Quinault in his statement, and for anyone's reference, it's paragraph 170 of his second statement, has suggested it would be unlawful for IBCA to be granted any wide discretion by the regulations. And we can put it up on screen if necessary, but there's a Cabinet Office fact sheet from January of this year which says this, and I will just read it out:

"Because of the way the Victims and Prisoners Act works,

the scheme has to be set out in law. This law has to provide IBCA with all of the precise details it needs to assess claims and make payments."

Now, I'm not going to debate with you even -- I know you are a barrister, Minister, but I am not going to debate with you the construction, the correct construction of the 2024 Act. I think I've detected the statutory provision that Mr Quinault may be referring to, but I certainly can see scope for an alternative view.

Again, in the interests of transparency but also to allow others, including this Inquiry, to, if appropriate, advance an alternative view, are you able to agree to disclose the legal or other advice on which the Cabinet Office has formed the view set out in the fact sheet?

A. Again, because as you will know, Government legal advice is subject to a particular convention about confidentiality, I would again -- I note the request, and I'm perfectly willing to look at whether that is possible, but you will be aware of the convention that all governments have adhered to, save in very exceptional circumstances about legal advice.

Q. I am a great fan of considering conventions and then departing from them, Minister.

A. I am sure you are.

Q. We have touched on the question of delay and the timescales, and I just want to put the figures out, the most up-to-date figures out into the public domain -- we will obviously be hearing more on this tomorrow morning -- and ask you a couple of questions in relation to that.

So nearly a year after the Inquiry's report, over two years since the Inquiry's report on compensation, over three years since Sir Robert Francis delivered his compensation framework study to the Government, according to the figures published I think yesterday, 106 people have been paid compensation.

Now, in fairness, there's an additional I think 54 who have received offers, and the total figure for those who have started the claim -- and there's been a sharp increase in the last ten days or so -- is 432, but that's a profoundly unsatisfactory state of affairs, isn't it?

A. It absolutely is, and I'm never going to think this is satisfactory until everybody has received the compensation they are due.

Q. Now, we've got the timescales that IBCA are working to set out in the framework agreement with the Cabinet Office, and Mr Foley's referred to them in his statement. And, again, just so that everyone can follow, he says what they are working to is to pay the first infected person by the end of 2024 -- obviously that has happened; to pay the first affected person -- first affected person -- by the end of 2025; to pay the bulk of infected persons by the end of 2027 -- that's two and a half years from now; and to pay the bulk of affected persons by the end of 2029 -- that's four and a half years from now.

Just before you respond, Minister, I should add, he says IBCA's working to try and deliver ahead of those dates.

A. I do not regard those as targets. I regard those as backstops. The objective should be absolutely to pay as soon as possible.

Q. It's a reality, though, isn't it, that people, both infected and affected, are going to die without ever receiving compensation.

A. Yes.

SIR BRIAN LANGSTAFF: May I just ask this: I think it is paragraph 52 if I remember correctly from Mr Foley's statement where he deals with these dates and timescales. He says those are the timescales agreed with the Cabinet Office. The expression "the bulk of" means not all.

So does it follow that the timescales agreed with the Cabinet Office, albeit that they would try to go faster, mean that some people who are affected will not be paid until 2030, if then?

A. Well, the reason for that word "bulk" is because there may well be people who hadn't come forward, who hadn't identified themselves. So that's why that -- and I'm sure, Sir Brian, that can be put as well to witnesses tomorrow. But that is my understanding that this still remains a possibility. I take, for example, the point about infected people being paid. There may still be people who come forward, and I wouldn't want the door to be closed on those people.

But the point I would make around the infected and the living infected, when I spoke earlier about the idea of the graph of time elapsed and number of people to whom offers had been made, I would fully expect that group to be a real priority going forward for precisely the reason that you are putting to me, that people are dying every few days.

MS RICHARDS: And people affected --

A. Yes.

Q. -- parents who watched their kids die of AIDS --

A. Yes, absolutely.

Q. -- widows and widowers who nursed their partners --

A. You are absolutely right.

Q. You said one of your goals is to keep the momentum on to push IBCA. What can you tell us about any practical concrete steps being taken by the Government by the Cabinet Office to try and speed the process up?

A. So I obviously have discussions -- I'm sure David Foley and Sir Robert Francis will be able to say to you tomorrow -- but what I am saying to IBCA is: what is it that we have to do to speed up this process? One thing, for example, is what I would describe as appetite for risk, taking more risks, that in another Government compensation scheme somewhere else there would obviously be things around fraud that, very appropriately, governments do bear in mind when they are making out huge payments.

Here particularly, for example, with the living infected who are registered we absolutely know who they are and I've been saying can we take you know less of a -- we have more appetite for risk than would ordinarily be the case to prioritise this.

I'm also questioning what is it in terms of procurement, for example, that we can do to speed this up, what can we do in terms of additional people, additional case workers what are the steps? These are questions that I am asking IBCA and I stand ready to

support going forward in terms of what's required.

Q. In relation to that first question you posed about appetite for risk you said you have asked those questions of IBCA. What answer has IBCA given you?

A. IBCA will obviously be able to speak for themselves tomorrow but their position, as I understand it, is that they will be in a position to take that greater risk. We are currently, as I've talked here to you today, going through precisely what that is going to look like, but that's something we're driving at the moment.

Q. Is there a commitment from this Government to provide, to give IBCA with all reasonable resources necessary to make payments as soon as possible?

A. Yes.

Q. Is there a restriction on the amount of money available to IBCA each year that the Government's budget allocation that you've referred to -- as I understand it, the 11.8 billion -- is over the spending review period. I understand that questions have been asked by individuals, I think certainly of IBCA, to which the answer has not been as unequivocally clear as people might like.

So is there any restriction? Is there any cap on what IBCA can pay out in compensation on an annual basis?

A. No.

Q. Before we move off from the question of delay, I want to ask what if any consideration has been given by the Government to ameliorating the effect of delay, given that it will be a number of years before some people receive their compensation, either through introducing an uplift to the awards on an annual basis, or through the payment of interest.

Just before I ask you to answer, the idea of regular uplifts to awards is not an unknown, unprecedented one. It happens with a range of different categories of awards across the law.

So what's the answer to that, please?

A. So with regard to your second point and the accrual of interest in terms of the point at which the payment is made, we've obviously given consideration to that, but the view we've taken is that this is a broad tariff-based scheme, and we have to look at fairness across the totality of the scheme.

So, for example, if you looked at past care awards and you had a claim before a civil court, you would obviously take -- you know, the way it's calculated before the civil courts, you would have the rate, the particular commercial rate. It's usually discounted for the care being offered. It's called in law gratuitous

care, but obviously it's care being provided by someone free of charge.

Now, before a civil court, if you had individual legal claims going on here, you would look at the period the care was provided, take the rates, then update them.

Now, this scheme actually takes rates from the early 2020s which is obviously a lot more generous than it would be before the civil courts. Now it is the case on the other side that there is no provision or interest to be paid across the piece if, for example, somebody is paid at a later stage but it is looking at the totality of the scheme in terms of its fairness which is why that hasn't been done.

Q. What about uplifts?

A. The same view is taken on, you know, uplifts and I appreciate the point you are making in terms of uplifts, you could do it in a broader way, but the view has been taken that it is about the totality of the scheme and there are some parts of the scheme that are more generous than would be the case if there were individual legal cases before the civil courts. So it's taking a broad review but also a sense that this is a broad-based tariff scheme.

It isn't going to have the precision of thousands of individual cases before the civil courts. So

inevitably there are some things in the scheme that are taken broadly and this issue is one of them.

Q. Then the position of affected individuals' estates?

A. Yes.

Q. The current position, and you would no doubt want to point out that this reflects what the Inquiry itself had said, is that if an affected person dies, their claim dies with them unless they've got to the stage of they formally accepted the compensation offer and die before receiving it.

Now, given what is now known which wasn't I think previously anticipated, that it's going to be a number of years before probably many affected people would have their claims assessed, will the Government consider or has the Government considered changing that either to allow the affected person's claim to pass to their estate, or at least to move to a system where the claims of the affected person can be registered with the scheme and if they then die, their claim passes to the estate?

A. So I did consider a number of different options of what to do with the affected estates because again it was something coming through very strongly. There was concern about including, you know, the point of registration which you have just mentioned. Sir Brian's report obviously was stating that to allow affected

estate claims would be to draw the circle too widely. So that's the starting point.

What I then looked at is where, you know, to draw the line because that is what has to happen and you are entirely right to say that where it was drawn was the point at which there had been an offer and an acceptance. So if there had been an acceptance and the affected person were then sadly to pass away after it, then that is a debt the tot affected person's estate.

With regard to the point of when affected people are going to be paid, the Government -- the position that we would expect affected people to start being paid by the end of this calendar year.

Q. There's something terribly arbitrary, isn't there, about the idea that if a person happens to die, and many are going to die, at that point where they have accepted the offer but before the money is actually been paid into their bank account, you could have someone who has gone through the entirety of the application process, has had their claim assessed has said verbally yes, that all sounds great, I will take that, thank you, at last and they die before the form is emailed to their recognised legal representative for them to sign. That doesn't feel fair?

A. It's an attempt to be fair, but I think to your broader point I think where you draw the line is to a certain extent always going to be something that is arbitrary. It was trying to be that particular decision was trying to be fair to Sir Brian's recommendation about drawing the circle too widely to include all affected estates. It's seeking to find a point but you are entirely correct you could put the point in other places. You could conceivably not include affected estates at all either on the other side of the ledger, but I think between all of them being included and none of them being included I think where you draw the line is always to a certain extent unfortunately going to be arbitrary.

Q. In terms of dates and cut-off dates, 31 March of this year is a date that assumes particular significance.

A. Yes.

Q. It has a number of consequences but the particular one I want to ask you about is this. The regulations provide that if an infected person dies after 31 March, their widow of widower will not be entitled to the continuation of the support scheme payments that these families may have depended on for years and which they had previously understood to be for life.

So somebody who dies on 30 March, their widow or widower will continue to get those payments, someone who dies on 2 April, their widow or widower will not.

Now it's no answer, is it, to say: well, you'll finally get compensation when your claim is assessed in 2029 because there are going to be people in profound financial difficulty, anxiety, distress because those support payments have been cut off as at that date. Will the Government look at that again?

A. Well, certainly the point about the gap I am going to suggest is obviously an issue of concern, but let me just explain: the point of the date is that within the scheme you do need past loss and you need future loss and there does need to be a date that is the cut-off between those things for the integrity of the scheme.

But to the broader point that if it was a consequence and there are people who are in difficulty for the reason that you suggest, then obviously that is something is that we would be willing to go back and look at.

Q. You will be aware from the meetings you've attended and from what you have read and what has been shown to you there is considerable anger and distress about the scheme amongst the children, siblings and parents of people who were infected. Many of whom watched their loved one die in the most horrific circumstances, because of the limited and fixed redress which the scheme offers them. I hope, minister, you have had an

opportunity to look at a document we've called the presentation but which summarises the evidence?

A. Yes.

Q. And you'll know this some very, very powerful evidence from a mother whose child died, from a child whose parent died, from siblings whose brothers or sisters died. I just want to, before I ask you that, I'm going to quote you from an email that the Inquiry received in a last few days. This was from a sibling."

"We feel forgotten. Our lives were destroyed by this scandal losing our siblings and parents and we see no hope of ever seeing justice. We have received no compensation, not an interim payment, even though we've suffered immeasurable loss. Our life paths have been turned upside down which is not reflected in our treatment."

Now one answer, one solution, to that could be to create a new supplementary route for the affected. So for people who can show that above and beyond the immeasurable grief and distress of losing a loved one that they themselves suffered mental illness or they themselves suffered impairment to their education and their employment or they themselves lost the home that was over their heads because their parent could no longer get life in insurance or a mortgage, whatever it

might be.

Will the Government consider creating a supplementary route for the affected?

A. Of course I'd be willing to look at something like that within the context of where we are provided -- and my test for this is always the same in terms of the decisions I have faced as a minister since last July and that is that I don't do things that would cause even greater delay for justice. That is always the test that I place on these matters.

But in terms of the description you've just given I've read not just evidence in preparation for the hearing today, but I've heard extraordinarily powerful testimony from affected people who lost loved ones whose lives have been completely and utterly turned upside down and devastated by what has happened. I don't think anybody could be but moved by reading what has happened.

Q. Do I understand from your evidence that that possibility of creating a supplementary route for the affected is something that you will go away and consider?

A. I am more than happy to go and consider it subject, as I say, to the test of not wanting to create even more delay than we currently have.

Q. I will just leave you with this thought before I move to my next topic.

I would suggest it is implausible to think that that would create further delay given where we are with affected claims.

I'm going to deal now with a couple of issues, important issues about this regulations themselves. The first is the question of people who were infected with HIV prior to 1 January 1982 and the second is the question of what I'm going to call the Special Category Mechanism or equivalent.

So if we start with the position of those infected with HIV before 1 January 82, Laurence, could we have on the screen please, DHOL000003.

Now, this is a recent email from an IBCA claims manager to an individual making an application through the scheme and to his recognised legal representative. I'm just going to pick up first of all the second paragraph says:

"The HIV liability window under the ... Scheme begins on 1 January 1982, even though there is evidence that some individuals may have contracted HIV from blood or blood products prior to this date.

"The cut-off is not a reflection of whether infections happened before 1982 -- we fully acknowledge that they did. Rather, it reflects the point at which, based on current legal advice, it is considered that the

UK Government and health authorities should reasonably have foreseen the risk of HIV transmission is through blood and blood products and taken precautionary action."

Then if we skip over the next paragraph which provides more detail of that. Then it says:

"The legal test for liability focuses on what the Government knew or ought to have known, and whether it failed to act on that knowledge in a way that could have prevented harm. Therefore, infections that occurred before 1 January 1982 fall outside the liability window because -- based on current legal advice -- it is not accepted that the risk was reasonably foreseeable by UK authorities prior to that date nor that they were under a legal duty to act differently."

Then the last sentence of this email refers to the legal framework set by the regulations.

I think that may be a reference to and I'm not suggesting we put it on screen, Regulation 3 of the 2025 regulations.

Now, I'm sure this is a position that's not been formulated by the individual claims manager and the reference to legal advice and the position here set out what is said to be the position of the UK Government I'm taking it, but please correct me if I'm wrong, that this

reflects the view of the Cabinet Office; is that correct?

A. Yes.

Q. So a person infected with HIV from infected blood or infected blood products receives nothing for that infection?

A. So you mean if it falls outside the liability window?

Q. If they were infected before 1 January 1982?

A. That is the consequence of that.

Q. So a boy at Treloar's infected with HIV, because he was experimented on without consent or knowledge, would not be eligible?

A. No but, just to finish the sentence, my understanding of this and I would -- I think putting this to Mr Quinault is important tomorrow in terms of details --

Q. I will --

A. I didn't finish the first sentence. That is the liability window where if you show the infection in that window and in the date then there's an automaticity to it, but my understanding is if there was an infection before that date the automaticity isn't there but there's greater evidence requirements in terms of showing in that period.

Q. That's not what this says.

A. That's why I answered in the way that I did because that

is the -- that's why I said that this consequence of what was being read because it is the liability point.

But just to take that on your point, because I understand precisely the point you are putting to me I say to the Inquiry that I am more than happy to take that point away because I understand exactly what are referring to.

Q. I am grateful if I can just add, to help I hope with your consideration of the issue, first of all I am certainly aware, leaving aside the case that this was concerned with of a category of cases to which this might apply. So the mild haemophiliac treated in December 1981 and infected, not then treated at any point because they are a mild haemophiliac during that window, would fall outside the scheme and be wholly ineligible on this --

A. I am more than happy to go away and look at that situation. I can say today I am willing to.

Q. I am grateful. Can I then just add this for that additional consideration.

There's a fundamental flaw I would suggest to you in the thinking that so far has informed this, which is the idea that what matters is when the Government knew about the risk of HIV.

A. Yes, I understand that and that is the basis of what the liability window is talking about here. But I understand perfectly what you're highlighting to me. My undertaking to you is I'm more than happy to go back and look at that.

MS RICHARDS: I'm very grateful.

Sir, I think I'm at quarter to 4; is that right? I can't actually read the clock in the distance I with my terrible eyesight.

I've got probably another 20 minutes/half-an-hour of my own questions and then obviously we need to afford core participants the opportunity so we may I think have to take two breaks this afternoon and take one now because of the stenographers?

SIR BRIAN LANGSTAFF: Well, let me just ask you, minister, what you would prefer to do. I suspect given the degree of attention there is in the hall that most people here might be happy to continue, if you were, for 20 minutes or so, and then you could field questions such as they arise from the evidence that is being given during the break, which will then follow.

It means having one break later, perhaps five or ten minutes longer than it might otherwise be, but only have the one break or one break now, come back, 20 minutes, come back have another break.

A. If people here are content I am happy to continue now

and have the one break, if that's okay with people here.

SIR BRIAN LANGSTAFF: I think that's very kind of you and I see people nodding, so shall we continue?

MS RICHARDS: I will just ask that check is made with the stenographers. I will see how I get on, but as you know, minister, barristers are absolutely terrible with their time estimates.

SIR BRIAN LANGSTAFF: Well, no pressure, Ms Richards.

MS RICHARDS: I am not going to rush the next topic because I know it is important, the Special Category Mechanism and its equivalents and I am going to say "SCM" because it is quicker.

There are a number of documents potentially to look at in relation to this but I am going to start, if I may, by putting some general points to you because we may not need to go to all the documents if what I suggest is agreed.

The banding that was put forward in May of last year -- so before you took up your office -- didn't include anything in relation to the Special Category Mechanism or equivalent; that's right, isn't it?

A. Yes.

Q. And it was then identified by Sir Robert Francis in his report which then came across your desk as an omission and I'm going to paraphrase what he said and see whether

you accept this as accurate and if not, we'll put it on the screen.

So for anyone following, the reference is RLIT0002466, page 31. So in his report, Sir Robert set out to you his understanding from the June engagement that the expert group and gone away and looked at this and intended to advise that there should be an award reflecting the SCM criteria and Sir Robert recommended that the advice of the expert group in that regard be followed.

A. Yes, without seeing it on screen ...

Q. I'll show you then what the expert group said because I do think this is important. So it's RLIT0002474 please, Laurence and if we go to the bottom of page 7 first of all. Yes, we can see -- thank you -- it says:

"Following the Engagement Events we reflected on the feedback that insufficient recognition was given to the impact that some victims experienced."

So a number or additional categories were set out and the penultimate category on that, so the penultimate bullet point on that page:

"Other hepatitis C associated extra hepatic disorders resulting in long-term severe disability (including those on current support scheme enhanced payments)."

A. Yes.

Q. That's SCM or equivalent. If we go to bottom of page 30 we can see here set out, and this is all part of the expert report, we can see they've listed, bottom half of the page, effectively what the criteria were under the four national schemes and recommended that that effectively be introduced as part of the new scheme?

A. Yes, and I'm sure we could continue, but obviously in terms of the some of the detail, I'm sure you would want to put to Mr Quinault on some of the bits here, yes.

Q. I will be returning to the topic but I'm trying to do this in broad stages.

A. Yes.

Q. So if we then go to what the Government said, so your Government, at WITN7760006, this is the Government update on 16 August and if we turn to page 6 it's made clear there in the second paragraph under the heading.

"Additional compensation routes and payments":

"Following the recommendations of Sir Robert and advice from the ... Expert Group, the scheme will now include a 'health impact' supplementary route to compensation ... this will include impacts currently recognised under the '... Special Category Mechanism' (or equivalent UK-wide bands)."

So that was the Government's decision and in fact and if we need to show you go to the document we can, when you published the Compensation Scheme Summary on 23 August, that also encompassed hepatitis B, didn't it?

A. Again I think -- if you are referring to the table if that's the case?

Q. I am.

A. Yes.

Q. And on 2 September -- we can take that down, thank you -- you told Parliament and you have already referred to it that Government was accepting 69 of the 74 recommendations and this was one of the 69 that you were accepting; is that right?

A. Yes.

Q. So it's absolutely clear that as a response to engagement from the infected and affected both Sir Robert Francis and the expert group advised and you decided that the scheme would include the SCM or equivalent?

A. Yes, that there was going to be a supplementary health route, that is absolutely true. If I just to pick up the point here because I think what also happened here is that there were certain conditions that meant that people were on the Special Category Mechanism in the support schemes that were already taken into account in the core route. So an example of that would be

something like chronic fatigue, for example, which clearly would affect people's ability to work.

So that was something that was taken into account in the core route. So that's why there isn't that perfect cross-over in the scheme between Special Category Mechanism conditions into the supplemental health route.

Q. Let's get the point in time right because this chronological development is important.

As at 2 September, you published --

A. Yes.

Q. -- something which said that in the scheme there would be criteria that were the same as the SCM and equivalent schemes?

A. That's exactly what was published.

Q. We then get to January of this year. If we could look, please, at a fact sheet produced by the Cabinet Office in January WITN6392300 and if we could go to pages 627 of the internal pagination. Next page. No, it is that page, thank you, Laurence. Could we zoom in on the bottom half of the page. Thank you.

So what we see here, and I'm going to suggest to you it is not as clearly set out as it could be, is now something called the Severe Health Condition Award, it said it's going to be eligible to people who have

suffered from a specified rare severe health condition and we've seen the examples of those that are listed in the regulations.

It's asserted that this has been developed following advice from the expert group and then in the last part of that second paragraph:

"The Scheme will therefore have different thresholds and eligibility requirements to the Infected Blood Support Schemes for the Severe Health Condition Awards."

Then the next paragraph says:

"The eligibility criteria ... will not change the value of support schemes that a beneficiary will continue to receive as part of their compensation package, if that is the option they choose. That means that EIBSS beneficiaries will continue to receive the SCM ... without providing further evidence ... "

But all applicants:

"... will need to show IBCA that they have one of the qualifying listed health conditions to be eligible for the Severe Health Condition Award through the Scheme's own supplementary routes."

Now this, I'm going to suggest to you, minister, is the first indication that the Government's position as previously determined in August and communicated do

you through Parliament saying the recommendations have been accepted had changed. That's right, isn't it?

A. With one qualifier to that, which is that in the Government document, which I think is 23 August, it did set out that there would be evidence requirements for the qualification for the Supplemental Health Award.

That is because that supplementary award, the Severe Health Condition Award, although of course it would refer to people who were already receiving money under the Special Category Mechanism, it would also encompass, for example, Hep B sufferers who wouldn't be on the EIBSS scheme but who still would have a way of qualifying for a Severe Health Condition Award.

So there is that point made about the requirement of the evidence that is in the 23 August document but in terms of that level of clarity, yes.

Q. It's a wholesale change of position, isn't it, which means that anyone not registered with the support schemes, and that will include obviously people infected with hepatitis B, it will include those infected after 1 September 1991, it may include people who are newly discovering that they were infected and we know that those people are being identified, it means that they are not eligible to receive anything in terms of the Special Category Mechanism or equivalent; that's right, isn't it?

A. Yes, and just to pick up this point, though, with regard to the supplemental route and that is what was added to that scheme in the summer, the Government document 23 August did actually set out, as I say, there would be evidential requirements. What it didn't publicly say and I accept is that there would not be an automatic cross-over. So in terms of your point about clarity, I do accept that.

Q. Minister, forgive me, it's not that what was set out in August didn't make clear what is now the position; it's that what is set out in August is fundamentally different from what is now the position?

A. And the difference is that there were conditions under the Special Category Mechanism that are accounted for in the core route. I'm just explaining the difference and that is I gave the example of someone with chronic fatigue, for example. That would be taken into account in the core route and that is this reason behind that.

But I accept entirely your point about the clarity of the communication.

Q. But if that's right why did the expert group and Sir Robert recommend what they recommended in August of last year, and why did you accept it?

A. Well, obviously you have to ask them the reason for why they recommended things.

What has happened, though, is that there has been that look at the scheme at what is included in the core route and what is included in the supplemental route which is what has happened.

Q. The effect of this, as well as excluding those who are not registered and in receipt of SCM or equivalent currently, is that those who are registered, whilst they can continue to receive those payments, they are forced effectively to go down the regular payment route and not the lump sum route. The lump sum route's been closed off to them.

A. Well, in terms of -- first of all I think they can continue with the support schemes because that's a change that's been made to the scheme last summer.

Q. I want to look at one further document on this issue which is the document which seems to have been the basis for the Government's decision. It's the 12 February addendum report from the Expert Group WITN7762015. If we could go to the bottom of page 4 -- sorry, next page. So you will see the bottom of that page Severe Health Condition Awards and if can go over to the next page, you will see what -- no, sorry, can we go ... thank you. Can we just go back to the previous page. My apologies I think I've got the wrong reference.

A. There is the bit about conditions being taken into account.

Q. No, it's -- let's get -- sorry, page 15.

So we see it says here:

"The Expert Group has reviewed the criteria used in existing Infected Blood Support Schemes for 'enhanced' 'advanced' or 'special category' payments ..."

Just pausing there, there is reference I think in the earlier part, in the page I can't locate, to the Government having invited the Expert Group expressly to provide further detailed advice on this issue. Is that correct?

A. I don't recall specifically, but yes.

Q. So having been asked by the Government to look at it again we see that the Expert Group does so and then it says this:

"The Expert Group has identified the following additional ... Hepatitis-associated disorders that can result in long-term severe disability."

And that's the list of very rare conditions that now appear in the regulations. And then this:

"As the Compensation Scheme is based on clinical markers that will be accessible, assessable and verifiable, the Group does not think it appropriate or proportionate to require applicants to make personal life impact statements."

So pausing there, one of the bases, if not the basis, for the group's *volt-face* (its reversal of its previous advice) appears to be that it doesn't think applicants should be required to describe the impact of their condition on them and it's reached that view without asking a single applicant what they think about that proposition.

That's right, isn't it?

A. As far as I'm aware, yes.

Q. Why?

A. Well, again you would have to ask the group why that is the case.

Q. Forgive me, minister, I'm not going to ask -- we're not calling the group. You have commissioned and you have accepted this advice.

A. Yes. I appreciate that but I can read the advice on the page. What I can't comment on is particular, you know, motivations, as I'm sure you understand. But, you know, the point here is that the broad point is around the clinical markers point and that is because there are obviously the group of victims who are receiving money under the Special Category Mechanism but there's also another group of victims who wouldn't have been part of the support schemes but who would also qualify for this.

So my recollection of this is that the clinical markers point was for fairness across both those groups and for the integrity of the scheme.

Q. Surely those who didn't currently receive the SCM or equivalent, but who might well want to because for the first time they are allowed to be registered with the scheme, fairness is ensured by giving them the same opportunity that those already registered with the schemes have had?

A. But the point being here that there is a -- the clinical markers is a single qualifier across both groups. That's how I read that.

Q. Were you aware that the SCM and its equivalents had been very hard fought for by the community?

A. I was, yes.

Q. And they had greatly valued it and one of the reasons they valued it is for the very reason the expert group disparages. It's because they were able to say for the first time to somebody in authority: let me tell you how this disease takes its toll on my life. In Scotland and I think in Wales there was a process of self-assessment which, as Sir Robert Francis has previously told this Inquiry, was successful. It did not result in fraudulent claims.

So the decision that's been taken takes away one of the few successful and welcomed features of the previous schemes.

Again, why?

A. Well, I didn't read that as disparaging on the printed page but certainly your point about the great battle that so many people through around Special Category Mechanism I absolutely recognise. But the logic behind it, as I say, is to have that single qualifying standard of clinical markers across those registered and those not. That is the purpose behind it.

But in terms of the battle people went through for that recognition, I agree 100 per cent.

Q. The group goes on to say in this report or to suggest that people won't be disadvantaged by the approach.

Now that's not true, is it, because people cannot go through the lump sum route without relinquishing those payments and it's obviously not true for people who are currently not yet registered with the schemes.

A. I understand precisely the point you are making. I read that sentence in the context of fairness across the two groups. But -- I understand the broader point that you are saying.

Q. Given that the Government has, and the group has, done a U-turn and taken back that which was given in the

summer and autumn of last year expressly in response to feedback from the infected and affected, and given that you must know, minister, that this is a topic which has caused enormous anxiety, anger, distress and incomprehension, you've said in your statement you place value on listening to the concerns of the community. You told Parliament on 2 September that the infected and affected have gone unheard for far too long, which has compounded the trauma.

Surely this is one issue, if nothing else, that the Government should reconsider urgently?

A. Again as I hear entirely what you are saying and I say to the Inquiry today, as I have on other issues that have been put to me today, that I'm more than willing to go back and look at precisely that.

Q. Thank you.

I think I've got about ten minutes but I'm looking for anyone who can tell me the position of the stenographers. Is it okay to continue? It is, great.

Unethical research awards. First of all, you will know that for those who do qualify many regard the sum as insultingly low and the Inquiry heard this morning from Gary, on behalf of himself and other Treloar's survivors, who regard it as disgraceful and an insult.

Do you have any comments on that?

A. Well, on this firstly let there be no doubt as to the unethical research that victims are subject to is a disgrace and an absolute stain on our country, frankly. So let there be no doubt or ambiguity about that.

In terms of the amounts, what I accepted from Sir Robert Francis were obviously not those figures in isolation with nothing else. What I accepted were recommendations about uplift and uplift to the autonomy award. So say, for example, take the mid-point of around £50,000 on the autonomy -- I stand to be corrected on the figures but that's the figure I have in my head, clearly the 10,000 in respect of the unethical research that isn't Treloar's would be an uplift to that. The 15,000 would then be an uplift to that if it's in relation to someone who was at Treloar's.

Now, I accepted those uplifts as they were put to me and they were recommended to me. What I didn't do was -- and I don't think it would be wise -- proportionate or reasonable for me to start inserting arbitrary figures instead, but I certainly accepted them as an uplift to the autonomy award in the very awful circumstances that people find themselves in.

Q. And you will understand I know, minister, that arbitrary is exactly what people think of it; arbitrary and tokenistic?

A. Of course I understand.

Q. That is another matter I know those sitting here will urge you to go away and reflect on.

The other aspect of the unethical research awards is that the regulations identify which centres they apply to and also those who were subject to the Dr John Craske's research.

Now, my understanding of your position, and I think it's also set out in a Parliamentary written answer over the last few weeks, is that the Government is able through further secondary legislation to add additional centres or studies to the list if new evidence is presented?

A. That's right. That's correct.

Q. And I flag this in particular because we know that there are those here who do not understand that the non-inclusion of Belfast, of the associate centres associated with Cardiff, of Alder Hey, of Birmingham Children's, and so on.

However, it does seem a big ask for people to have to persuade Government to legislate when the scheme could create a power within IBCA to consider evidence on an individual basis. And we know of one example, but this is just one example of what we know happened more widely. It's someone who is referred to in the written

presentation -- you will have their details -- of someone essentially treated experimentally as a PUP or virgin haemophiliac, to use that dreadful phrase.

A. Awful, yes.

Q. If that person has evidence that they were subjected to something which falls within the parameters of this award, wouldn't it be an awful lot quicker, bearing in mind that's your yardstick, you've told us, if they could go to IBCA and say: look. Look at my records. Look at what this doctor said or did. Grant me that award.

A. Again, I am more than happy to look at that. The yardstick I use is: does that cause undue delay in the generality of the scheme?

Q. Is there any reason why this -- for those who do fall within the existing scheme, why that can't simply be paid as part of the core award? If someone else -- if someone doesn't have any further supplementary award and the only part of the supplementary award route they are entitled to is this, it would be an awful lot easier, wouldn't it, and quicker for that to be paid --

A. Again, speed is always the criterion I use to judge.

Q. Legal support. Your statement, paragraph 78 through to 81, suggested this. You said:

"The scheme is tariff-based, but this means

individuals do not need to provide a detailed account of losses. Therefore, it's not expected that an individual would require legal support to apply. However, I will continue to endorse the provision of support to applicants to the scheme where it's appropriate and in line with proper use of public funds."

A. Yes.

Q. Now, you are a barrister. I'm a barrister. I've read the regulations several times. There are parts of it that I find frankly incomprehensible that would take me days to sit down and work through.

It's not realistic or fair, is it, that any individual should be without legal support in the appropriate degree of preparation of and advice in relation to their claim if they want it?

A. That is why I have signed off both legal support and also financial advice as well, and that's what I had in mind.

Again, I just highlight again the balance that there is to be struck here, because clearly the purpose of having a broad-based tariff scheme to which victims can go means that you do not have the thousands of civil claims before our courts. That's what the idea is behind having a broad-based tariff scheme.

But the second thing that I also have in my mind,

and before I say this, this is not a comment in any sense on the lawyers who are working extremely hard supporting victims here, but I also have in my mind experience of previous Government compensation schemes. I guess an example would be the miners' compensation scheme when the debate many years later was not about the victims received but the amount of money that lawyers received. And that's not a comment, I hasten to add, on the lawyers that are working very hard here. It really isn't. It's just a general point about learning from previous compensation schemes.

Absolutely agree on the access to legal advice. That's why I've signed off the support that I have. But the balance to be struck is not to have a situation in times in the future where people actually look back on what the lawyers made from the scheme not the victims which is where the money is meant to go.

Q. Funding for the charitable organisations, recommendation 10 in the Inquiry's report. In the Government's December 2024 response to that recommendation, it was to say that scoping work was underway, by spring there would be a clearer picture.

You will have read of the appalling toll --

A. Yes.

Q. -- on both the organisations like the Hepatitis C Trust and the Haemophilia Society but also on organisations such Haemophilia Northern Ireland, Haemophilia Wales and a number of the other groups that are providing invaluable and necessary support to people during this time.

I don't want to be unduly cynical, but it was last Friday that the Department of Health finally made an offer to the Haemophilia Society, Hepatitis C Trust and Thalassaemia Society.

It's difficult to avoid the inference that that is action that has been accelerated, shall we say, by the fact that there's a minister appearing before the Inquiry today.

A. Well, just to say, I make no apology at all for using -- there were two imminent deadlines here. One was, yes, absolutely, this Inquiry. The second is obviously that with -- and I'm just hesitating to commit, Sir Brian, to next week because I need the permission of the House of Commons Speaker, but I would obviously hope to make a statement to Parliament in the very near future on progress on Sir Brian's recommendations for last year.

So I make no apology at all for using those deadlines to drive the system. But what I would say as well is that there have been two public health ministers in this period. I wrote, and it was in the meeting that

I had back in December with victims, to the Department of Health urging progress on this matter. There was then a change due to circumstances I don't need to go into before this Inquiry but Public Health Minister resigns and there's a replacement.

I obviously gave a small period for that minister to get up to speed but then was immediately again pressing for this announcement to be made. I understand there was an introductory meeting with the Department of Health and Social Care officials and the charities some weeks ago now.

The money -- I haven't got the letter in front of me -- but I think it's over half a million pounds.

Q. It's half a million.

A. Yes, half a million pounds with memory within the DHSC budget. There was, I think, meant to be some additional meetings -- I think it was this week, may even have been yesterday -- and then there will be that grant bid so the charity is able to bid into that money.

But to go back to the original principle, you are absolutely right. There's been extraordinary efforts by charities, patient advocates, over decades in this space providing remarkable support to victims and also quite extraordinary advocacy as well.

But just to be absolutely clear, I have been

pushing for months for that money.

Q. Just before I ask you a short number of final round-up, perhaps reflective, questions, just while we're on the Inquiry's recommendations -- and it may be that you will be addressing this when you give your updates to Parliament, in which case please say so -- but one of the recommendations was that there be a formal Parliamentary mechanism for Parliament to review progress towards the implementation of the recommendations of public inquiries, and this Inquiry suggested a particular Parliamentary Committee might be the right one.

A. Yes.

Q. Are you able to either give us any update or, if not, answer this question: will this Government commit to providing at least the opportunity for Parliament to express a view and, if appropriate, take action on this issue?

A. So just to distinguish two points here. It's obviously a matter for Parliament if Parliament wants one of its Select Committees that exists to monitor the implementation or otherwise of recommendations by public inquiries. So it's a matter for Parliament.

In terms of the Government's position, the Government is looking at wider inquiries reform. One of

the things I have been doing is to actually get publicly on to the Government website looking at public inquiries as to what the position is in terms of implementation of the recommendations.

I also in the interests of transparency, the Government is also looking more widely at public inquiries, how they proceed, how they can best obviously fulfil the really important crucial role they have in our society of getting to truth, but also providing justice for victims, but also delivering recommendations that can be implemented in a timely manner as well. So that is a broader piece of work that is currently ongoing.

Q. Just a handful of further questions before we break and I invite questions from core participants.

On 20 May of last year the then Prime Minister gave what he described as a solemn promise to pay comprehensive compensation to those infected and those affected by this scandal, accepting the principles recommended by the Inquiry which builds on the work of Sir Robert Francis. Whatever it costs to deliver the scheme we will pay it.

Of course, two days later he called a general election but, leaving that aside, does that also reflect the position of this Government?

A. Yes.

Q. Secondly, I know you weren't able to be here for this morning's evidence. Can I invite you -- and I know how busy you must be -- but can I invite you, on behalf of everyone here, and on behalf of the panel who gave evidence, not just to read the transcript of that evidence but to watch the full morning's evidence because you will see and hear the issues there raised. And can I invite you not just to watch and listen but, to quote from the panel participants, to "hear"; in other words, to give serious consideration to all the points that have been made by our panel this morning.

A. Yes.

MS RICHARDS: Sir, I think that's probably the ideal moment for me to say my questions are largely done, but I now need to give the opportunity to others to put forward further questions. Can I ask for 20 minutes for that?

SIR BRIAN LANGSTAFF: Do you have any idea from any such information as you may have received from remotely how long you might need?

MS RICHARDS: Sir, I'm good but I can't work out what emails I've had in the course of the afternoon, so I've no idea, but based upon previous experience can I say can I have 20 minutes?

SIR BRIAN LANGSTAFF: Right. Well, that's very impressive

if you can do it. If we need more time, you will simply ask and we'll tell you. But you can be sure, minister, that Ms Richards will work at pace.

(4.21 pm)

(A short break)

(5.00 pm)

MS RICHARDS: Minister, my last questions are going to dot around a bit from topic to topic because they come from individual and separate sources, rather than being thematic.

So, first of all, and this goes back to your evidence about trying to push IBCA on a greater appetite for risk. Why do you think IBCA may not have sufficient appetite for risk? Is that a defensive mindset due to being staffed by civil servants, or a fear of Cabinet Office repercussions, or both?

A. I don't think it's either of those things. I think -- and, again, you know, I'm sure that can be put directly to Sir Robert Francis and David Foley tomorrow, but my sense is that they tried to combine stewardship of public money with moving as quickly as possible on the compensation scheme.

Q. Has the Government's duty of candour bill consultation thus far included the infected blood community?

A. So there hasn't been a formal consultation on the duty

of candour bill, but obviously there was a recommendation from -- it's one of Sir Brian's recommendations in, fact of, the 12. I attended a victims' day, obviously, back in February when there were a range of groups present.

So the answer to your question is: there hasn't been a formal consultation, but is the -- are the infected blood community and the recommendations of Sir Brian Langstaff central to that bill? Obviously that is the case.

Q. If there is any form of engagement or consultation that involves victims or families, can you give the assurance that that will include victims and families, through whatever appropriate means, from the infected blood community?

A. Yes. I can't give a guarantee on a formal consultation. That would cause delay. But, certainly, in terms of going across different -- and just to be absolutely clear, although it is called a Hillsborough law, and obviously the Hillsborough families are at the forefront of our minds, there are a number of other victims here, including, obviously, the infected blood community.

But the straight answer to your question is yes, but it would be -- just to be absolutely clear, it is across a range of people. Whether its Post Office

Horizon victims, Grenfell Tower, there is a series, unfortunately, of people who have been victims of these scandals.

Q. Are you, as the Cabinet Office, under pressure from the Treasury not to agree to make changes on or consult upon tariffs within the scheme?

A. No.

Q. On the question of delayed compensation, if there's no uplift or interest, do you accept that those who receive compensation later in the process will, as well as having had to wait longer, will be likely to be financially worse off?

A. Well, clearly, if you are paid later, inflation will obviously mean that there is an erosion of the value of the money over that period.

As I said in my earlier evidence, it's a broad-based tariff scheme. It's about the totality of fairness within that scheme, and I gave the example earlier in my evidence about the care award, for example, being more generous than would be the case if you ran individual civil claims before the courts.

Q. We looked earlier at that piece of advice regarding HIV and the date 1 January 1982.

A. Yes.

Q. You have understood the points being put and have agreed that you are going to take that away.

A. Yes.

Q. Was that advice reflective of an approach recommended by the expert group and/or the solicitors who were the sole appointees to the panel which the Government set up?

A. I don't recall speaking to them about that particular date. I would obviously at some stage in the last ten months that -- you know, we call them a sort of sub that appears up to ministers for decision. It undoubtedly would have appeared in one of those.

Q. Well, it may be I can pick that up with Mr Quinault who may have a more granular knowledge.

A. Yes.

Q. Was the change in relation to the SCM because the Treasury said no to what had been introduced?

A. No.

Q. When I was asking you about the SCM issue and the expert group's thinking and the reference to the expert group not thinking it appropriate for applicants to describe the impact of the condition on them, are you aware that claims managers in fact actively encouraged people to describe the impact of infections upon them when they are invited to claim?

A. Yes. This is something -- when I visited IBCA earlier in the year, this is, I know, part of the approach and

the training, quite rightly, to take a compassionate, enabling approach. And, of course, nobody can put themselves in the shoes of victims and fully understand the awfulness of what people have gone through, but I do think that that process of explaining impact is very important.

Q. And that perhaps further undermines the basis of the expert group's advice; would you agree?

A. Well, the point that -- as I say, reading that page which I read -- I don't need to see it again, but reading it again in isolation, I didn't read it as disparaging, but I totally understand the context in which that would be understood.

Q. There are a number of points you have agreed to go away and look at today.

A. Yes.

Q. Would you accept that had the Government engaged better with the community and heard what was being said over the last weeks and months, you would have started reconsidering these matters months ago?

A. Look, I don't come here to offer a counsel of perfection, of course, and I think there's always an argument that if you take in particular steps they might have had different results. On the other hand, particular steps might have had more negative results.

But I don't come here to offer a counsel of perfection. I come here in the spirit of construction. Whereas I think everybody has the same objective here of wanting to make the compensation payments more quickly.

Q. You've talked about a very important yardstick for you being avoiding further delay.

In circumstances where it could be said it's the Government's failure to listen, hear, engage with the community -- and I'm including the previous Government very much in this -- that's caused delay, is it fair that that effectively should be visited now upon the community by not embarking upon a fresh look at some of their concerns?

A. Well, I don't -- it isn't -- it's where we are as of today, and it is simply the test that what I think everybody collectively wants to do is to ensure people get their money as soon as possible and to do something, now that's the test I set out earlier that would cause undue delay and that obviously would make everybody think twice.

Q. Just on the sum offered to the three advocacy charities last Friday by the Department of Health, do you know if -- because that's expressed to be I think for one year only --

A. Yes.

Q. Do you know if it is a one-off or if it's something which may be a repeat grant?

A. So I would want that to continue into the future. Obviously, what's happened, it's obviously to do with -- you know, and, again, I hesitate to tread into this because it's not direct knowledge, just to make that absolutely clear, but I think it's probably unsurprising that it is one year only because it's money that's coming out of the DHSC budget for that year. So it's not surprising I think it is for one year.

But, clearly, I would want to come back and revisit that, in terms of where the charities are going to be at the end of this 12 months.

Q. I've been asked to ask the same question completely separately by two of the charities involved, and that was a degree of confusion about the reference you made, I think, to some kind of bidding process.

A. Well, again, just to be absolutely clear the way I understood, and I think I read the letter from Minister Dalton -- I've not seen Mr Dalton since last Friday, but the reason I used that phrasing is I read about -- I think I read the word grants, so that's why I was using that particular language.

Q. So would it be fair to say if either of the organisations or we the Inquiry need further clarification on that, it might be best to go directly to the DHSC?

A. In terms of direct clarification, I would suggest, yes.

Q. On the question of allowing affected people to register now, is that something that's down to IBCA to decide, or is that something that Cabinet Office decides?

A. So it would be down to IBCA to decide on registration, and obviously they then take a judgment, obviously, as to, you know, their capacity, as it were, to deal with particular claims.

In terms of that, probably in terms of their invitations to people, their capacity, I think that's something probably for Sir Robert Francis and David Foley to comment on, but it's IBCA's decision on that.

Q. If affected people register now, if that were what IBCA did, so it opened up the scheme for registration, in terms of allowing compensation to be paid even if the affected individual then dies before the process is completed, would that be something that the Cabinet Office has to determine rather than IBCA?

A. So who applies when is obviously for IBCA. At the moment, as I indicated in my earlier evidence, in terms of the payment to the affected estate, that has obviously been determined in the scheme.

So if someone passed away very sadly before there

had been an offer and acceptance, there obviously isn't an IBCA discretion there because the point has been set at offer and acceptance, so they wouldn't have. So you could have somebody registered at the moment, but that point about the point at which compensation is payable to the estate is still as it is set in the rules.

Q. I think I understood from your earlier evidence that the question -- the possibility of a supplemental route being opened for affected people, children, siblings, and so on was something that you would go away and consider?

A. That's exactly it, and I think, as I indicated, you know, on a number of occasions on my earlier evidence, the test that I use is about whether that causes even greater delay.

Q. On the question of legal support, and you said that you signed off on the provision of legal support, and just so that there's no confusion amongst -- I'm thinking more about media reporting here, because you referenced issues in other schemes about lawyers and large sums of money. These are not fees which ever become payable by the individual; they are paid by the Government. And they are paid on a set rate that's been negotiated and agreed by Government.

A. Yes. It's a set amount that I've signed of and, yes,

it's not paid by the individuals.

Q. And, as I understand it, what's currently been agreed is something that's applicable to the core route. Will legal support, and I'm not asking you to commit to a specific sum, but will, in principle, legal support be available for supplementary route claims given their extraordinary complexity?

A. Yes.

Q. Why, in the interests of expedience and avoiding delay, can IBCA simply not be permitted to make the unethical research award to all recipients of blood products?

A. Well, look, I think, again, there was a line drawn in the scheme in terms of specific tests. I'm sure Mr Quinault will be able to help with this tomorrow in terms of the specific nature of the research that was going on and then the particular centres. I think as we discussed and I agreed to take away looking at IBCA in relation to this to make the situation easier going forward, which I think I said I would do in previous evidence.

Q. Just on the question of funding and you said you had been pushing for funding for organisations, does this include funding directly for not as well as the three organisations covered by that letter other organisations such as Haemophilia Scotland, The Scottish Infected

Blood Forum, Haemophilia Northern Ireland, Haemophilia Wales and others?

A. So this is -- you put your finger on a very pertinent issue here because of course one of the features of this terrible scandal is that the importation of the blood and the blood products is in the pre-devolution age. So one of the issues that we're dealing with in terms of Sir Brian's recommendations, both in terms of the funding of charities but also in terms of some of the health elements, is that as of today some of the responsibility for implementation lies not with Westminster but it lies now with the devolved administrations and one thing that I've always been clear about with officials is working with the devolved administrations where there are -- and there are specific groups in Wales, Scotland and Northern Ireland as well.

So to be absolutely clear what the Department of Health and Social Care is dealing with is obviously the situation in England, but alongside that as a minister we do work with the devolved administrations as well and that's going to be an important aspect as well in terms of not just the support going to the charities, but also for some of the implementations in relation to the National Health Service.

Q. Will your update to Parliament in the course of this month as I understand it's anticipated to be address that issue? I'm not asking you for the answer to it now, if you are going to give it to Parliament, but will it include addressing the recommendations that were made by this Inquiry about funding more broadly to those organisations?

A. Yes. Just one qualifier, as I say, I do need permission of the House of Commons Speaker to give a statement so I wouldn't definitively say I would assume that permission but the objective is to update Parliament and in direct answer to your question, as you can imagine I say this particularly as a Welsh Member of Parliament, the devolved administrations are very much uppermost in my mind and that point about the scandal being a pre-devolution scandal in large part is something that of course I would want to address. Believe me, if I didn't address it, the MPs from Scotland, Wales and Northern Ireland would ask about it, quite rightly.

Q. I'm sure we will await the update with great anticipation.

What do you intend to do about the concerns expressed by witnesses this morning but voiced by everybody who has communicated with the Inquiry which characterises the attitude of Government as involving them being talked at by Government rather than talked to, not heard and paying only lip service to their concerns?

A. So in the first instance as I indicated in the earlier part of my evidence, I will over, you know, the next few days, go back and listen. I listened to the whole Inquiry but I will in particular listen, as I was requested very fairly to do, to what was said this morning and I will of course reflect upon that going forward. I hope that people have seen as well in the course of my evidence here that my mind is not closed on issues that have been put to me very strongly, which I will secondly go away and look at.

Then, thirdly, also as I was indicating earlier I then obviously will look at my role in relation to IBCA because the real powerful sense we all have of the quickening of the payments and I will be both as I said doing two things in relation to that: holding IBCA to account first of all in terms of getting into this steep curve of the increase in offers and subsequently payments made; but, secondly, standing ready as well for that additional support as is required for IBCA to move forward too.

Q. As part of your commitment to transparency, can you agree to between regular communication and publication of what you, the Government, have done or are doing in response to the concerns and issues raised by the community so as to show people that what you are doing is more than lip service?

A. I can certainly agree to that regularity of communication. I'm happy to reflect on best form, most effective, most useful form that that might take.

Q. Last question -- and I should just add both for the benefit of people here and those listening some of the questions I have been asked to consider relate to issues I'm going to pick up with witnesses tomorrow. So last question for you, minister, and you will hear this when you watch this morning's evidence, one of the witnesses this morning issued a challenge to you. He said you have two choices: go to the Cabinet Office press offices and try and spin that the Government is doing everything it can or reasonably should, or knock on the doors of the community and try to get them on board, use their expertise and start the work of building the sorely lacking trust between the Government and the infected and affected.

Do you accept that challenge?

A. Yes, and, listen, I fully accept the need to continue to try to build that confidence going forward and I would say, because I appreciate that's the last question by way of closing, I hope people have seen today that rather than come along to this Inquiry and not try to take a constructive approach in terms of points that have been put to me, I will absolutely take a constructive approach, take it away and look at the issues that have been put to me. But thank you and thank you to Sir Brian for the opportunity to come along and give this evidence this afternoon.

MS RICHARDS: Thank you. There are no questions from Mr Maxwell-Scott who represents the minister.

Questions by SIR BRIAN LANGSTAFF

SIR BRIAN LANGSTAFF: I have a couple of questions of my own.

The first is this: we are told in Mr Foley's statement that the timescales that we talked about earlier on were agreed with the Cabinet Office. Assuming that to be the case, when you understood that the bulk of, but not necessarily all, the payments to those affected may not be made until 2029, did you say, "Oh my goodness, that's far too long"?

A. I absolutely said that -- when I saw the 2027 date for the infected, I saw the 2029 date for the affected, that was my immediate response. And the point I made and the point I was reassured on is the point I made in my earlier evidence, Sir Brian, which is these are backstops and the logic for that, which I set out this morning, was that there may well be people who haven't come forward at this stage we wouldn't want to close the scheme to but I never been anything but clear that they are absolute backstops. I expect there to be the speeding up, as I've described in my evidence.

SIR BRIAN LANGSTAFF: So if that is the case, do you actually have a date for your expectation?

A. So what I haven't done yet is to agree a date for expectation for the conversations that I am currently having with IBCA. They are around the matters I put forward this morning, around the greater appetite for risk, what additional support the Cabinet Office can give in terms of the structure of IBCA and, indeed, support.

But just to be absolutely clear, Sir Brian, I am not ruling out for a moment pushing the system again and pushing expectations in terms of payment, particularly because, as I indicated this morning, in terms of those living infected people who are registered, number 1, they are dying every few days which is the urgency but, secondly, those people are known and, in my view, that is something that pushes towards doing this even more quickly.

SIR BRIAN LANGSTAFF: The second question or line of

questions is this: did I understand your evidence earlier to be saying that the deadlines in effect of 20 May when you make your statement to Parliament about progress on the recommendations, and the imminence of this two days of hearings, were what gave impetus to the question of funding offers being made to the Hepatitis C Trust, the Haemophilia Society and the Thalassaemia Society?

A. In terms of the impetus for DHSC, obviously you would have to ask them. But, from my point of view, did I quite openly say that there is a real urgency to this and point out those two dates, absolutely I did.

SIR BRIAN LANGSTAFF: So if you hadn't pressed, that might not have happened?

A. Well, you can never say, I guess, that if -- you know, and I've been pushing this since December in terms of the money for the charities. I wouldn't be able to say, you know, my intervention is the critical one. That's unfair on a lot of other people who have worked constructively at DHSC as well, not least the ministers there. So I wouldn't necessarily draw that conclusion. But, as I said, Sir Brian, I make no apology at all in trying to push the system with deadlines.

SIR BRIAN LANGSTAFF: Thank you very much. That's all that I have to ask. I don't know if any questions arise out

of that?

In which case, it remains for me to thank you very much for coming to give this evidence, particularly given that you will be very busy, no doubt, not least now having to watch the whole of this morning's proceedings and prepare for your statement on 20 May, quite apart from whatever other duties you have as Cabinet Office Minister. That is much appreciated.

You have also, I think, given us evidence of two things or two issues, the first relating to the design of the scheme, the second relating to the process. As to process, you have made it clear in your evidence, as I understood it, that you are ready to support going forward in terms of what is required to speed up the process and, in the same vein, that you are very conscious of the need for speed. You have said that if as far as the design of the scheme is concerned, that provided there is no significant delay to the payment, you will be prepared to consider the design of the scheme, in particular, as I understood you to say, in respect of the question of whether widows and widowers might continue to have the support of the support schemes, that you would look at the question of whether there should be a supplementary route by which children, parents and siblings could obtain further compensation.

You will be happy to look again at the question of whether there is a cut-off date in terms of the HIV infection of 1 January 1982, you would look at the question of whether the SCM scheme should be revisited with a view to ensuring there is no anomaly there, and you would be happy to look again at giving IBCA the power to accept claims for supplementary payments on unethical research on a one-by-one basis.

You have given all those assurances to us. I hope and feel sure that you must realise that you have, by those undertakings, given hope to those people who are here listening to what you have to say and that you are aware when you leave today that you will have the trust of this community in your hands and it would be in part by what you consider the right answer should be whether that trust is acknowledged as rebuilt so far as they are concerned or jettisoned on the other hand.

I would like to thank you for putting yourself in that vulnerable position and I hope that you will again add to the undertakings you have given. But if you do reject whatever recommendations the Inquiry makes on those issues, and I hope on others, that you will give a fully reasoned decision why that is being rejected, if it is. I hope of course they won't be.

MS RICHARDS: Sir, that completes today. Tomorrow at 10.00

we will be hearing from our IBCA witnesses (so Sir Robert Francis and David Foley) and then in the afternoon we will be back with the Cabinet Office, hearing from James Quinault.

SIR BRIAN LANGSTAFF: So tomorrow 10.00 and we start with Sir Robert Francis.

(5.28 pm)

(Adjourned until 10.00 am the following day)

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