

INFECTED BLOOD INQUIRY

SUBMISSIONS ON EVIDENCE IN W/C 24 JULY 2023 ON COMPENSATION

ON BEHALF OF THE HAEMOPHILIA SOCIETY

INTRODUCTION

1. This submission is made by the Haemophilia Society (“the Society”) on its own behalf and on behalf of its members, to include those designated with Core Participant status in the Infected Blood Inquiry (“the Inquiry”) and represented by Eversheds Sutherland (International) LLP. This submission is about evidence given at hearings in the week of 24 July 2023, at which the Prime Minister (Rt Hon Rishi Sunak MP); three other senior ministers (Penny Mordaunt MP, Former Paymaster General; Jeremy Quin MP, Paymaster General and Minister for the Cabinet Office; and Jeremy Hunt, Chancellor of the Exchequer); and one senior civil servant (Shona Dunn, Second Permanent Secretary, Department for Health and Social Care) gave evidence about the government’s response to the issue of compensation.

LACK OF PROGRESS BY GOVERNMENT

2. In April 2023, Sir Brian published his second interim report on compensation (“Sir Brian’s second interim report”) in which he recommended that ‘*a compensation scheme should be set up now and should begin work this year*’.¹ Sir Brian said that ‘*wrongs were done at individual, collective and systemic levels*’² and stressed that ‘*no time must be wasted*’ in delivering redress.³ Since publication of the report, there has been no substantive response from government, except assurances that work was continuing behind the scenes, ‘*at pace*’⁴ (which was described by Counsel to the Inquiry as a term many of those listening found ‘*frustratingly nebulous*’,⁵ an observation with which the Society agrees). The Society is disappointed with the lack of progress by government with respect to compensation, which was illuminated

¹ INQY0000453/4 and 93

² INQY0000453/12

³ INQY0000453/12

⁴ Transcript of evidence of Jeremy Hunt MP to the Infected Blood Inquiry, 28 July 2023, T11:4-11

⁵ Transcript of evidence of Jeremy Hunt MP to the Infected Blood Inquiry, 28 July 2023, T11:7

during the recent hearings and reiterates the words of its Chief Executive, Kate Burt said at the time of publication that Sir Brian's second interim report: *'[Sir Brian's second interim report] highlights the significant damage caused not only from HIV and hepatitis infections, but also from the inadequate response of government over many years. Wrong has been done, and Sir Brian makes clear that now is the time to put it right. There must be no further delay in establishing a fair compensation scheme...'*⁶ There was no substantive response given by government at the time of publication of Sir Brian's second interim report, and there continues to be a lack of clarity around the final decision on compensation; and any potential interim payments to be made to those who have not yet received them.

3. The Society hoped that there might be an announcement made in June 2023, when there was a debate in the House of Commons about the Infected Blood Inquiry and the progress made by the UK government on the matter of compensation. Despite hearing moving speeches by MPs from all parties sharing experiences on behalf of their constituents of the damage the contaminated blood scandal has had on their lives, Mr Quin said the government had *'not made a final decision'* on compensation.⁷ The Society re-iterates comments made by its Chief Executive after the debate: *'MPs reflected the huge emotional, financial and physical toll that this delay is causing to their constituents who have already been so badly damaged by the contaminated blood scandal. The government's deeply disappointing refusal to provide any details about what a future compensation scheme will look like means their appalling suffering continues. We urge the government to honour the Infected Blood Inquiry's work and put in place a compensation scheme now.'*⁸
4. Evidence given during hearings in the week of 24 July 2023 once again confirmed the government's unsatisfactory lack of progress. Prime Minister Rishi Sunak's evidence that his government would not make a decision on compensation payments until after its final report has been published⁹ is hugely disappointing. This is particularly so given his acknowledgement that, *'this appalling scandal has gone on for decades, people*

⁶ https://haemophilia.org.uk/pi_posts/compensation-scheme-should-begin-this-year/

⁷ <https://hansard.parliament.uk/commons/2023-06-22/debates/74953E15-8BB6-4966-9A83-72DC0B9D6E92/InfectedBloodInquiry>

⁸ https://haemophilia.org.uk/pi_posts/compensation-response-not-good-enough/

⁹ Transcript of evidence of Rishi Sunak MP to the Infected Blood Inquiry, 26 July 2023, T20:24-25; T27:17-19

*have been let down for decades by successive Governments, people raised concerns, they were batted away and told nothing was wrong, nothing to see here. That wasn't right. ... So I think over a succession of not just years but decades, justice has been denied to people...*¹⁰ The delay caused by the government's lack of progress on the issue continues to deny justice to people infected and affected. The delay and lack of information is having a serious impact on people's mental health and further undermining trust in a government that said it would pay compensation if the Inquiry recommended it. Indeed, Mr Hunt accepted that the delays to implementing any compensation framework inevitably compounds the suffering and injustice that the infected and affected have already experienced.¹¹

5. Mr Hunt told Sir Brian that *'potentially very large sums of money'* were involved in the decisions about compensation and, accordingly, he supported the decision to wait until his final report was published to make final decision on how compensation will work because it was *'responsible and right to the taxpayers who are funding this... to see the full context of the horrific scandal'*.¹²
6. The Society submits that for a number of reasons, Mr Hunt's response is simply not good enough. First, as to the potential for very large sums of money to be required properly to compensate the infected and affected, the government cannot have failed to have been aware of that potential when it decided, many years ago now, that a statutory public inquiry required to be held. Second, if – which is highly unlikely – it did not realise the potential for very large sums of money to be involved when it first set up the Inquiry, it must have identified that potential on receipt of Sir Robert Francis' Compensation Framework Study report, published on 7 June 2022 – over a year before Mr Hunt gave his evidence, at the very latest.
7. As to Mr Hunt's second point, that it is reasonable for the government to delay a decision on compensation until publication of the Inquiry's final report so that taxpayers funding compensation can see the full context, the Society makes two points. First, the significant national media coverage of evidence given to the Inquiry that there

¹⁰ Transcript of evidence of Rishi Sunak MP to the Infected Blood Inquiry, 26 July 2023, T7:12-22

¹¹ Transcript of evidence of Jeremy Hunt MP to the Infected Blood Inquiry, 28 July, T37:7-T38:8

¹² Transcript of evidence of Jeremy Hunt MP to the Infected Blood Inquiry, 28 July 2023, T46:1-25

has been during the course of the Inquiry means that taxpayers are already well informed about the horrific scandal, and the appalling suffering it has visited on thousands of innocent NHS patients. Further or alternatively, Sir Brian's second interim report, and Sir Robert's Compensation Framework Study report, provide such additional context that taxpayers require to understand why it is appropriate for very large sums of taxpayers' money to be paid to the infected and affected.

8. Mr Quin confirmed that the need for details to be worked out did not prevent the government from taking a decision on the issue of principle in relation to the first round of interim payments.¹³ Sir Brian's proposals are based on the Compensation and Framework Study conducted by Sir Robert Francis KC, which was commissioned by the Cabinet Office and, as already highlighted, dated 7 June 2022. The government has had his report since at least the date of publication. There is still no adequate explanation for its inability to respond substantively to Sir Robert's detailed proposals, for which he provides ample factual, legal and moral justification and context.
9. Sir Robert provided written and oral evidence to the Inquiry, based on what he had read and what he was told by the infected and affected when he met with them, that there was a moral case for the interim payments he recommended. Further, he stressed the urgency of the unmet need and thus the urgent need for interim payments to be made. Not for the first time, the Inquiry Chair highlighted in his July 2022 invitation, that for the infected and affected, *'time is not on their side'*. The urgency of the situation is incontrovertible, considering the age of many of the people affected and infected.
10. As well as acknowledging the need for speed with respect to making final decisions on compensation¹⁴, all ministers giving evidence were keen to reassure Sir Brian that progress was taking place across government.¹⁵ The problem is that whatever progress

¹³ Transcript of evidence of Jeremy Quin MP to the Infected Blood Inquiry, 25 July, T15:1-10

¹⁴ Transcript of evidence of Jeremy Quin MP to the Infected Blood Inquiry, 25 July, T24:13-T25:25 and T45:11-T46:19; Transcript of evidence of Shona Dunn to the Infected Blood Inquiry, 25 July, T128:10-16; Transcript of evidence of Rishi Sunak MP to the Infected Blood Inquiry, 26 July 2023, T31:19-T33:4; Transcript of evidence of Jeremy Hunt MP to the Infected Blood Inquiry, 28 July 2023, T37:7-T38:8

¹⁵ Transcript of evidence of Penny Mordaunt MP to the Infected Blood Inquiry, 24 July 2023, T6:2-T7:12; Transcript of evidence of Jeremy Quin MP to the Infected Blood Inquiry, 25 July, T73:24-T74:13 and T76:20-T77:13; Transcript of evidence of Shona Dunn to the Infected Blood Inquiry, 25 July, T107:11-TT108:18 and

is taking place, it is taking place in a way that is both untransparent and excluding of the infected and affected. As to the lack of transparency, there is no communication as to what is being discussed; what is being done; what is not being done; and the reasons for any decision. The opacity, which borders on the secretive, increases the already high level of distrust in government experienced by many of the infected and affected.

11. In addition, the lack of consultation with and involvement of the infected and affected means that the “*product*” of the work that witnesses told the Inquiry is being done, is likely to be poorer in quality than it would have been if the key stakeholders – the infected and affected – had been included. Their exclusion from the process increases the risk of dissatisfaction with the compensation offer than the government eventually makes. The need for involving people infected and affected in decisions about any new mechanism for redress is an important point which has repeatedly been raised in public. A few select examples from the recent debate in June 2023 in the House of Commons¹⁶ include:

- a. Dame Diana Johnson, Labour Party MP for Kingston upon Hull North questioning whether the Minister would ‘*ensure that people who were infected with contaminated blood and blood products are meaningfully consulted and involved in the process of establishing the new mechanisms for redress*’;
- b. Dr Phillipa Whitford, Scottish National Party MP for Central Ayrshire saying, ‘*On behalf of all victims, whether infected or affected, we need to know when the chair of the independent compensation body will be appointed. We also need a commitment that victims and their representatives will be included in its development*’; and
- c. Kevin Foster, Conservative MP for Torbay saying, ‘*the Government should be appointing a chair to lead this body, in consultation with infected and affected people and their representatives. I urge the Minister not to wait in doing that*’

T110:6-T111:6; Transcript of evidence of Rishi Sunak MP to the Infected Blood Inquiry, 26 July 2023, T31:19-T33:4; Transcript of evidence of Jeremy Hunt MP to the Infected Blood Inquiry, 28 July 2023, T12:8-T14:12

¹⁶ <https://hansard.parliament.uk/commons/2023-06-22/debates/74953E15-8BB6-4966-9A83-72DC0B9D6E92/InfectedBloodInquiry>

12. This was also raised in a “*Briefing for Members of the APPG on Haemophilia and Contaminated Blood for debate on the Infected Blood Inquiry*”, which has been shared alongside this submission, which states:

Nothing about us without us

The contaminated blood community is a diverse and complex group of individuals with a wide range of experiences and different needs. A one size fits all approach is not appropriate. It is not reasonable for decision makers to expect a unified voice from a community which is so diverse. Expecting that would deny the voice of minority groups.

People infected and affected by contaminated blood products often say that no decision about their future should be taken without their input. Any decision making or consultation with patient groups and campaign groups must respect that diversity. The Government and other bodies should work with patient groups and campaigners but people infected and affected must also be supported and encouraged to speak for themselves.

13. The Society submits that it is appropriate for Sir Brian to urge the government to invite participation of the infected and affected in the work that it is currently undertaking. Alternatively, if there are good reasons why such participation cannot be accommodated at this stage, to urge government to provide regular, clear bulletins on what decisions are being made, what actions are being taken, and the anticipated time frame for the inception of the compensation framework.
14. Mr Hunt said the government’s acceptance of the moral case for compensation should offer some ‘*comfort*’¹⁷ to those who he acknowledged had a ‘*very, very high degree of suspicion*’ about whether the government would deliver compensation.¹⁸ Mr Quin said that he had ‘*no doubt*’ a compensation scheme would be introduced.¹⁹ While the Society welcomes this certainty, it submits that the compensation scheme needs to be

¹⁷ Transcript of evidence of Jeremy Hunt MP to the Infected Blood Inquiry, 28 July 2023, T8:1-7

¹⁸ Transcript of evidence of Jeremy Hunt MP to the Infected Blood Inquiry, 28 July 2023, T39:17-18

¹⁹ Transcript of evidence to the Infected Blood Inquiry of Jeremy Quin MP, 25 July, T72:23-T74:1

introduced now and repeats the words of its current Chief Executive, made following the conclusion of the hearings:

Those looking for reassurance that Rishi Sunak's government would not pass the financial buck on compensation remain in limbo. While we welcome the additional detail Jeremy Hunt provided, his evidence stopped short of providing the answers our community expected.

The government's frustrating and evasive refusal to make a commitment to pay full compensation to all those who have suffered as a result of the biggest treatment disaster in the NHS's history has left many in our community angry and concerned.

*If compensation is truly a priority for this government, then it will need to match its words with actions and move swiftly to allay the acute anxiety its delays are causing.*²⁰

INTERIM COMPENSATION

15. The Society supports Sir Brian's comments urging the Prime Minister to do more, and to provide 'tangible reassurance' to those waiting for a decision on compensation;²¹ and his comment to Mr Hunt to think again about an interim payment for bereaved parents and children, telling him that 'delay is corrosive'.²² The Society welcomed the announcement by government in August 2022 that payments would be made to those who have been infected and bereaved partners in England, Scotland, Wales and Northern Ireland.²³ If a compensation scheme is not immediately implemented by government, then interim compensation should also be made to bereaved children and parents. Those who have lost children and parents still have received no compensation. The Society echoes Sir Brian's closing remarks to Rishi Sunak that:

²⁰ https://haemophilia.org.uk/pi_posts/no-compensation-decision/

²¹ Transcript of evidence of Rishi Sunak MP to the Infected Blood Inquiry, 26 July 2023, T84:9-T86:18

²² Transcript of evidence of Jeremy Hunt MP to the Infected Blood Inquiry, 28 July 2023, T73:7-T74:14

²³ <https://www.gov.uk/government/news/infected-blood-victims-to-receive-100000-interim-compensation-payment>

If there is anything that you can in the interim do to reassure them, preferably by actions rather than by words, but either will do --actions preferably -- that there will be the compensation which is just and fair and it will be delivered as soon as possible. Because if it troubles my conscience I would think it would trouble the conscience of a caring Government and you have said that's what you would wish to be.²⁴

EDUCATION FOR CIVIL SERVANTS AND PSYCHOLOGICAL SUPPORT

16. In his second interim report, Sir Brian repeats that those infected and affected have not been offered satisfactory counselling or psychological support.²⁵ He recommends that steps be taken urgently to provide a bespoke psychological service in England.²⁶ During the recent hearings, Counsel to the Inquiry asked Shona Dunn, Second Permanent Secretary, Department for Health and Social Care (“DHSC”), how the government is progressing with considering the recommendation for a bespoke psychological service for victims of infected blood in England, that would be similar to the services in Wales, Scotland and Northern Ireland. Ms Dunn said that the DHSC had, in recognition of the issue, commissioned research into this in 2022; the research was time consuming, but has now concluded; and that she expected it to be published by the second week of August 2023. She said that the research looked at existing services, the experiences of the infected and affected, and the experiences of clinicians offering the services that are out there at the moment and what more or different is required.²⁷ Ms Dunn confirmed that the decision to commission a bespoke service would be taken at a ministerial level. At the time of giving evidence, a time scale had not been determined for taking this decision.²⁸
17. On 15 August 2023, the Society received links to psychological information resources that went live on the English Infected Blood website including “*Talking Therapy support*” and a “*Psychological Information Resource*” (which has since been taken down from the website but which has been supplied alongside this submission). With

²⁴ Transcript of evidence of Rishi Sunak MP to the Infected Blood Inquiry, 26 July 2023, T86:4-12

²⁵ INQY0000453/ 62-78

²⁶ INQY0000453/14

²⁷ Transcript of evidence of Shona Dunn to the Infected Blood Inquiry, 25 July 2023, T129: 24-T130:11

²⁸ Transcript of evidence of Shona Dunn to the Infected Blood Inquiry, 25 July 2023, T130:16-T131:4

respect to the “*Psychological Information Resource*”, the Society was not consulted to provide comment on this resource. It was disappointed by the many factual inaccuracies and some of the insensitive language used in the resource such as references to people ‘*receiving blood or blood products unknowingly*’ containing Hepatitis C and/or HIV.²⁹ Needless to say, few people would have become ‘*knowingly*’ infected with blood products and the use the word ‘*unknowingly*’ is offensive and connotes a complete lack of understanding of and empathy with how the scandal arose. The Society is at a loss to understand how such words are continuing to be included in resources targeted at helping health care professional understand the infected and affected community better. The Society questions how it can trust a government that conveys messages which are insensitive as well as inaccurate in tone and content.

18. Furthermore, the Inquiry has established that it was clear at the time, to both the DHSC and to the clinicians treating people with haemophilia, that the blood products used by the NHS in the 1970s and 1980s, both imported and domestically produced, were capable of infecting patients with hepatitis and other viruses. The government’s reference to people being ‘*unknowingly*’ infected, sits uncomfortably alongside the evidence before this Inquiry about the knowledge that the DHSC itself so clearly had about the risk of infection.
19. To avoid continuing language of this nature, the Society submits that civil servants working on issues related to the infected blood scandal should be required to meet with people who were infected and affected to fully understand the sensitivities around their experience. The Society repeats the submission made in its closing submissions that a recommendation is made that the contaminated blood scandal is part of core teaching of all healthcare professionals, all NHS managers, all non-medical staff in NHS leadership roles and all civil servants in leadership roles at the DHSC so that the lessons to be learned from this Inquiry, not only in relation to delay in implementation of the patient safety centred government policy of self-sufficiency with its many catastrophic consequences, but also subsequent lack of communication with patients and patient

²⁹ This is referenced at page 2 of the resource in the sentence, “*In the 1970s and 1980s a significant number of people with haemophilia (or other bleeding disorders), or who had blood transfusions, acquired Hepatitis C and/or HIV because of receiving blood or blood products unknowingly containing these.*”

advocacy groups, lack of candour and cover-up within the NHS, the civil service and government are embedded now and in the future.³⁰

20. Further, the Society is concerned about the lack of engagement by the DHSC with respect to psychological support for people infected and affected. The abovementioned *“Psychological Information Resource”* does not make any reference to the final report of a study that the Society understands was published on the same day in August 2023, titled *“Psychological support for individuals historically infected with HIV and/or hepatitis C as a result of NHS-supplied blood transfusions and blood products, and for affected families”*³¹ This study was published by the Policy Innovation and Evaluation Research Unit (“PIRU”) and funded by the National Institute for Health Research (“NIHR”). The Society would expect that this study would be referenced in the government’s *“Psychological Information Resource”* given the cross-over in subject matter. Although the study states that the views in the report are *‘those of the authors and are not necessarily those of the NIHR or the [DHSC]’*, it would expect that the DHSC should be aware of the study, given that the purpose of PIRU (as stated at page 66 of the study) is to *‘help to optimise policy implementation across the [DHSC’S] responsibilities.’* The Society submits that there should be better engagement and communication between government and organisations that are working on matters related to psychological support for infected and affected people.
21. In support of the submission above, the Society reminds the Inquiry of evidence given by Mr Hunt in 2022 about the level of direct engagement he had with patients or campaigning organisations in his role as Secretary of State for Health. He recalled that five months into the job, he reflected that he had never received a single letter from a patient or member of the public in the whole time he had been in the role of Secretary of State. He subsequently enquired about this and was told, presumably by a government official, that *‘there was an army of 150 officials whose job it was to respond to letters from the public and, in some ways, to shield ministers from those letters and I thought that was wrong.’* He said he would like to see at least one letter

³⁰ SUBS0000065/212

³¹ <https://piru.ac.uk/assets/files/0/PIRU%202023-29%20Psychological%20support%20for%20people%20affected%20by%20contaminated%20blood%20Final%20Report.pdf>

every day from a member of the public and that he would like to reply personally to that letter. He said, *'I asked for that to happen, and nothing happened, and I discovered later that there'd been meetings behind the scenes -- perhaps they were a bit Sir Humphrey-like -- wondering how they could dissuade the Secretary of State from this thoroughly bad idea.'* After chasing, he received a letter that said, *'I'm just writing to thank you, Secretary of State, for the brilliant care that I've had from the NHS'.* Mr Hunt reflected, *'...And that was probably the biggest single thing that made me appreciate that there is a massive institutional reluctance in the NHS to listen to the stories of ordinary people when things have gone wrong'.*³² The Society submits that the government should learn from this and reinforces its submission about the need for civil servants working on issues related to the infected blood scandal to meet with people who are infected and affected to fully understand the sensitivities around their experience.

More broadly with respect to psychological services, as the Society noted in its closing submissions, the continuing lack of a proper structure under which enduring psychological support can be made readily accessible has led and will continue to lead until resolved to long term mental health issues for a significant proportion of the infected and affected community. As the Inquiry will be painfully aware, people infected with contaminated blood products have complex and increasing care needs, and the Society submits that these have not been fully recognised, let alone met. The Society submits that it is vital that these undeserved consequences are acknowledged and addressed within the Inquiry's report and recommendations.³³ The Society submits that it is imperative that government officials work at speed to implement the actions from Sir Brian's second interim report; and that ample resources are made available for the level of support that this community needs.

³² Transcript of evidence of Jeremy Hunt MP to the Infected Blood Inquiry, 27 July 2022, T17:9-T18:23

³³ SUBS0000065/190

PREVIOUS SUBMISSIONS ON COMPENSATION

22. Given the government's lack of progress on the issue of compensation, the Society has little more to say than what it says above and to re-iterate the previous submissions it has made to this Inquiry on the issue.
23. The Society reiterates comments made in The Haemophilia Society's submission on compensation to Sir Robert Francis' Compensation Framework Study, dated December 2021, which was attached to its closing submission to this Inquiry at Appendix 1.
24. The Society repeats, in summary, what the Society called for in its December 2021 submission in relation to any compensation scheme that is established:
 - a. anyone who has been significantly affected by the contaminated blood scandal has the right to make a claim;
 - b. to continue existing support schemes alongside any compensation scheme;
 - c. compensation must be sufficiently personalised to ensure that it reflects the loss and damage suffered by an individual, but the framework should include set tariffs to allow a faster yet robust system;
 - d. to fast-track an emergency payment for those in urgent need to alleviate their suffering;
 - e. an up-front lump sum to be paid to the infected and affected community in advance of the full amount;
 - f. a clear, straightforward process which is easy to use;
 - g. to provide specialist support for people making applications, particularly where evidence has been lost or destroyed. These claims should be approved on the balance of probabilities;
 - h. to ensure total parity across the devolved nations;
 - i. any compensation package to be funded by the Westminster government in recognition that this scandal happened before devolution;
 - j. to maintain a system which allows transfer of information from support administrators to compensation schemes to reduce burden on claimants to provide information;

- k. a transparent appeals system;
 - l. to ensure that previous payments should not be taken into consideration; inclusion of non-financial elements in the compensation package, such as psychological support, health passporting and government-underwritten life insurance;
 - m. free independent financial advice to be available to all receiving compensation;
 - n. any individual assessment to be made by a judge-led panel but must include representation from the infected/affected community;
 - o. to widen eligibility to include impact from viruses or exposure to viruses currently outside support schemes, such as hepatitis B, and the impact of vCJD.³⁴
25. On 25 July 2022, the Society welcomed the opportunity to make submissions on interim payments,³⁵ following the publication of Sir Robert's Infected Blood Compensation Study report on 7 June 2022.³⁶ The Society submits that the general principles on the recommendations laid out by Sir Robert Francis should be accepted. The Society would like to emphasise that it is imperative that any compensation scheme includes input from the community of infected and affected.
26. The Society reiterates the commentary made in its closing statement about Sir Robert's Infected Blood Compensation Study report.³⁷

CONCLUSION

27. In closing, the Society repeats comments it made, along with some of the UK's leading campaign groups, in a letter sent to the Prime Minister on 1 July 2023³⁸ before he gave evidence to the Inquiry later that month:

³⁴ SUBS0000065/228-229

³⁵ SUBS0000024

³⁶ RLIT0001129

³⁷ SUBS0000065/214-219

³⁸ <https://haemophilia.org.uk/resources/members-stories/public-inquiry/letter-to-the-prime-minister-june-2023/>

It is now almost three months since Sir Brian Langstaff, Chair of the Infected Blood Inquiry, published his report on compensation in which he recommended that a compensation scheme be set up now and begin its work this year. The compensation study that Sir Brian based his recommendation on has been in the hands of government for over a year and we would therefore have expected substantial work to have already been underway before the recommendations were made.

Instead, there has been no significant response to his report, other than assurances that work is happening behind the scenes. The people we represent have very little trust in government promises, after decades of being ignored and let down. They need to see tangible evidence that the government will honour the findings of the inquiry...

Thousands of people have shared their harrowing experiences with the public inquiry over the last four years, often at great personal expense, in the expectation that government would honour Sir Brian's findings. At this eleventh hour, we call on you to demonstrate that government can be trusted to deliver justice by accepting Sir Brian's recommendations in full and taking immediate steps to get compensation done now.

KATIE GOLLOP KC

Serjeants' Inn Chambers

EVERSHEDS SUTHERLAND (INTERNATIONAL) LLP

25 August 2023