Witness Name: Stuart Mclean
Statement No.:WITN0653028
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Dated: 6 February 2025

INFECTED BLOOD INQUIRY

SECOND WRITTEN STATEMENT OF STUART MCLEAN

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 16 January 2025.

I, Stuart Mclean, will say as follows:

1. Following the publication of the Inquiry's Report in May 2024, I have been involved in a number of meetings with the Cabinet Office and Infected Blood Compensation Authority ("IBCA") around the design and implementation of the Infected Blood Compensation Scheme ("IBCA"). I have attended these meetings on behalf of the small group of misdiagnosed victims of the infected blood scandal.

2. With the first publication issued by the Cabinet Office which contained the Scheme proposals, I immediately became concerned that the government was not following all the recommendations made by Sir Robert Francis and Sir Brian Langstaff. We believed Sir Brian's recommendations had set out the principles that should be followed in order to pay compensation to our community fairly, but the summary already raised red flags because, amongst other things, there was (i) no commitment to maintain the Infected Blood Support Schemes ("IBSS"); (ii) no mention of access to legal advice; and (iii) insufficient recognition of the serious concomitant conditions which can arise with and from chronic HCV infection.

3. These initial concerns that I had turned out to be correct – as at May 2024, there was an intention to scrap the IBSS, there was no provision for legal support and there was (and remains) a lack of recognition of the serious and debilitating conditions which can arise as part and parcel of HCV infection which are not necessary obvious as resulting from liver damage.

4. Over the past eight months, I recall being involved in the following meetings and conversations:

   a) On 23 May 2024, I attended a government briefing Teams meeting which was intended to explain the government's Scheme proposals but which descended into madness because of both the lack of clarity as to the proposals and the large number of people who had been invited to attend.

b) On 19 June 2024, I attended a smaller group meeting with Sir Robert Francis and David Foley as well as some civil servants. The purpose of this meeting was to discuss (i) severity bandings; (ii) the future of the IBSS; (iii) care and financial loss awards; and (iv) evidence requirements. To the best of my recollection, only severity bandings and the future of the IBSS were actually discussed. There was unanimity amongst the attendees that the support schemes should not be scrapped and universal disappointment at the severity bandings which had been proposed. Some thought that there should be no severity bandings, and that HCV should be assessed in a similar way to HIV whilst others felt that there should be additional severity bandings to account for the Special Category Mechanism feature of the IBSS.

c) I met with Sir Robert again on 2 October, along with two other misdiagnosed victims. Amongst other things, we discussed the large discrepancy between the manner in which chronic HCV and HIV infections were to be treated by the Scheme and again brought up the lack of recognition of those on the SCM of the IBSS.

d) On 11 December I met with the Cabinet Office Minister, Nick Thomas Symonds, along with other campaigners. In the days leading up to the meeting, we were told that we would only have four minutes each to address the minister; I used my four minutes to raise the issue of the SCM uplift, asking why it had been left to the supplementary route rather than (as seems logical) simply adding a severity category to the core route, and asking what would be the eligibility criteria.

e) On 27 January 2025, I visited the IBCA's offices in Newcastle to see how they worked and learn how they were progressing claims on a day-to-day basis.

5. Despite my engagement with the Cabinet Office, IBCA and the Government, I have had little success in actually bringing about any change. I would describe attempts to communicate as like "banging our heads against a wall" because the IBCA is quite happy to sit in a meeting with campaigners but they aren't actually listening to, or acting upon what we have to say.

6. I am not satisfied that we had sufficient involvement in the decision-making process. While we were given the opportunity to attend meetings, these were usually short and failed to engage with us meaningfully, I have always been left with the feeling that decisions had already been made and that the consultation was just for show.

7. As I have noted above, the total amount of time we were given to speak to the Minister, Nick Thomas Symonds MP, was four minutes. This of itself demonstrated to me that the engagement with the community was superficial. I felt it showed a disregard verging on the contemptuous towards those infected

and affected by the blood scandal. Despite us all suffering significant emotional and physical pain over five decades, we were only allowed to speak for four minutes.

8. Despite only being given four minutes to speak, I was able to ask two questions. They were:

    a. Do you think that even though 60% of the infected are infected with SCM Hepatitis C, is it fair that we have to relive our stories twice to get compensation, once for the core route and once for the supplementary route.

    b. Why wasn't the SCM category sorted as with the other groups, despite the rumour that SCM will be upgraded to a higher payment in the cirrhosis banding?

9. Robin Healy, a senior civil servant, stopped the minister from answering both my questions. It made me concerned that a civil servant appeared to be exercising more power than a government minister, or alternatively the Minister himself was not fully on top of his brief. The Inquiry's report specifically highlighted the need for independence, yet the very people in the Cabinet Office that caused all this damage are still, in my opinion, pulling the strings. This meeting made me particularly concerned that HCV mono-infected victims are being disregarded due to the government's unwillingness to answer questions specifically related to our group, and led me to feel that earlier mistakes were essentially being repeated with the compensation scheme looking ever more like an Alliance House Organisation.

10. The Minister followed up the meeting on 11 December with a letter to me **[WITN0653029]** on 18 December 2024 setting out that the second set of regulations would include provision for a SCM equivalency but worryingly also noting that the provision would cover *"rare conditions"* which resulted in *"long term severe disability"*. I suspected that the words "rare" and "severe" indicated an intention to redraw the IBSS' definition of the SCM in a more restrictive fashion.

11. After the disappointment caused by the meeting on 11 December, I was assured that a further meeting would be held with all 28 campaign groups and the Minister. However, they ended up only inviting five groups to that meeting; to the best of my knowledge, none of these five groups represented HCV mono-infected victims. I phoned the Cabinet Office to complain about our treatment. I subsequently put my feelings in a post on Twitter.

12. The Tweet I posted complained about the fact that contrary to the Minister's promise, we had not been invited to a further meeting and that the Cabinet Office was seemingly refusing now to communicate with me. **GRO-D**

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13. I find the fact that Sir Robert Francis openly admitted that he and Sir Jonathan Montgomery did not have sufficient time to look at the dangers of Hepatitis C, due to the time spent considering HIV, both disconcerting and concerning to say the least. Having been wrongly diagnosed and then infected, I feel strongly that significant and equal consideration should be given to every person infected and affected by this tragedy. I also feel that Sir Robert Francis's comments on legal advice for the infected and affected as not being "crucial" and "not really needed," disturbing. This cannot and should not be allowed to happen. After five decades of hurt and sickness, leading to the biggest scandal in British history and a lack of trust in our public institutions, I was surprised to hear that Sir Robert would dare suggest this. I was totally appalled, particularly as the only real support we received was from our solicitors, Milners. The government, IBCA and Cabinet Office, have refused to communicate at times with our legal teams, often leaving us in the dark. The IBCA has not offered to help with any other external support either. This has had a massive impact on our mental health, leaving us feeling alone and vulnerable.

14. At the same meeting with Sir Robert, I tried to ask him whether he and/or the government agreed that the lack of time spent on considering evidence on Hepatitis C was fair - I did not receive an answer to my question.

15. Ultimately the meetings that I attended led to my concern that the compensation scheme is not being run by IBCA independently of the government, but is being led by the Cabinet Office. I do not believe that the Cabinet Office will allow victims to be involved significantly nor do I think they have much interest in fairly compensating victims. Their response to the concerns we have raised as a group has been inadequate. The slow speed that people are receiving compensation and the government's inability to have an open and honest dialogue with us, has resulted in a significant lack of trust. Communication from the IBCA has been challenging and conflicting, with Sir Robert Francis and David Foley both saying they are responsible for delivery of compensation but not decision making. However, when we make enquiries to the Cabinet Office, we are ignored or told that the IBCA is responsible for responding to our query.

16. I feel like neither the IBCA, Cabinet Office nor the Government have listened to us or heard our concerns. GRO-D GRO-D GRO-D While we hear "all the talk" from them through the press and on the TV, the reality is the complete opposite. In reality we ask questions that are not answered or entirely ignored, and they continue to harm a vulnerable group of people by being disingenuous and opaque. I feel their engagement is just for show, lacking substance or a desire for genuine consultation.

17. I find this dismissive approach extremely cruel. They have failed to grasp the severity of HCV as a life-threatening condition. For example, my good friend

Pete Burney, despite clearing HCV and undergoing a liver transplant, still died fighting for justice; his case shows that clearing the virus doesn’t mean that you are not at risk. I do not believe that having Hepatitis C for over 30 years and the harm that this causes individuals is being recognised by the compensation scheme. Those qualifying for the IBSS’ SCM should not have to go through the core and supplementary routes separately to prove again their additional health troubles: this increases the amount of stress and trauma inflicted on us.

18. They need to consider the serious health consequences to our community. If you were to catch HCV today, you would be treated with safe and effective drugs and likely cured within 6 months. However, when we were infected as children, we were either treated with drugs that were experimental and had damaging side effects, or our infections were hidden from us for decades, making the damage done now irreparable. This has not been considered. I was unhappy with the decision to award fixed sums of £15,000 to the former pupils of Treloars, along with the £10,000 being awarded to people who received “treatment” at a limited number of hospitals during a certain time period. This I believe is too restrictive and does not recognise the extensive amounts of research that was carried out on Haemophiliacs and people misdiagnosed with haemophilia across the country. There should be a way outside of the fixed parameters of this award, for individuals to prove that they were the subject of unethical research.

19. I have reached the regrettable conclusion that the IBCA, Government and Cabinet Office has deliberately set out to play down the seriousness of Hepatitis C. I have lost faith in our institutions; from being wrongly diagnosed with haemophilia, to receiving infected blood products, followed by decades of lying and coverups, I truly believed the Inquiry Report would put an end to the trauma I have experienced. But it didn’t. We need open and transparent meetings face to face with the Cabinet Office where they actually take note of what we are saying. I do not believe that a four-minute zoom meeting is acceptable. They need to lose the institutional defensiveness that still runs rife through the civil service. The IBCA needs to be independent not just in theory, but in reality. Only then compensation can be delivered fairly.

Statement of Truth

I believe that the facts stated in this witness statement are true.

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Signed ____________________
Stuart McLean

Dated__18 February 2025_____