

Witness Name: Rt Hon Nick Thomas-
Symonds MP

Statement No.: WITN7753001

Exhibits: TBC

Dated: 28 January 2025

INFECTED BLOOD INQUIRY

FIRST WRITTEN STATEMENT OF Rt Hon NICK THOMAS-SYMONDS MP

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 7 January 2025.

I, Nick Thomas-Symonds, will say as follows:

Section1: Introduction

1. I was appointed Paymaster General and Minister for the Cabinet Office (Minister for the Constitution and European Union Relations) at the Cabinet Office on 7 July 2024.
2. In this role, I have responsibility for the Government response to the Infected Blood Inquiry, including establishing the Infected Blood Compensation Scheme under the Victims and Prisoners Act 2024. In this role I have:
 - a. Made a statement to Parliament on the Government's progress in responding to the Infected Blood Inquiry (26 July 2024);
 - b. Met with members of the infected blood community ahead of finalising the Government's approach to the Infected Blood Compensation Scheme (15 August 2024);

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- c. Laid regulations to establish the Infected Blood Compensation Scheme and published Sir Robert Francis' recommendations to Government alongside the Government's policy intention for the Scheme (23 August 2024);
- d. Opened applications for interim payments to the estates of deceased infected people registered with the Infected Blood Support Schemes (24 October 2024);
- e. Led a general debate on the Infected Blood Inquiry report in Parliament (19 November 2024);
- f. Held further engagements with the infected blood community (11 - 12 December 2024); and
- g. Published the Government response to the Infected Blood Inquiry and extended the eligibility of siblings under the Scheme (17 December 2024).

3. This is my first statement request to the Infected Blood Inquiry.

Section 2

- 4. **I have been asked about the steps I have taken to ensure that people infected and affected experience a change in culture in the way they experience the actions of the Government and in particular in the way they experience the actions of the Government in relation to the infected blood compensation scheme.**
- 5. A change in culture is absolutely critical in making the Government's response to the Infected Blood Inquiry meaningful.
- 6. My intention for the Infected Blood Compensation Scheme is to prioritise care for victims, transparency and clarity in our communication.
- 7. On 17 December, I laid in Parliament the Government's Response to the Infected Blood Inquiry.
- 8. I will be providing a further update to Parliament in May 2025.

9. The Government accepted all the recommendations made by the Inquiry, in full or in principle, including recommendations regarding cultural change in the health services and in Government.
10. The steps which are being taken to implement these recommendations include establishing IBCA at arms-length from Government.
11. The organisation values both independence and transparency highly and I support its aim of beginning to rebuild trust with the infected blood community.
12. Additionally, the development of legislation to introduce a statutory duty of candour, updating the Ministerial code and work across the UK and Devolved Governments, particularly among responsible health bodies to bring together learning and share lessons such as through working groups or consultations.
13. The detailed response to each recommendation is set out in the Government Response to the Infected Blood Inquiry.
14. In my oral statement to Parliament on 2nd September (p1, RLIT0002464), I gave recognition to the concern the Inquiry raised that the voices of people who are infected and have been affected have gone unheard for far too long:

"The infected blood scandal is a shameful mark on the British state, and those who have been impacted have waited far too long to receive financial redress and true recognition of their suffering. The inquiry's report shed light on the trauma inflicted on thousands of people across the country. The voices of people who are infected and have been affected have gone unheard for far too long, which has compounded the trauma. The devastating findings of the report bear repeating: victims were used as objects of unethical research, and people were misled about the treatments they needed and received. As Sir Brian Langstaff KC put it, there was a "cover-up" that was "more subtle, more pervasive and more chilling" than an "orchestrated conspiracy to mislead". It is a shameful part of our state's recent history"

15. I am acutely aware of the need to recognise the impact of this and take steps to avoid replicating these mistakes.
16. I place value on listening to the concerns of the community, through the evidence of the Inquiry and the Compensation Study, engagements and correspondence.
17. I am committed to driving forward changes in the experience a person impacted by the infected blood scandal has when interacting with the Government by approaching the engagements and correspondence I undertake with empathy and clarity in my, and my officials, communications.
18. I absolutely recognise that the scandal should not have happened, and I am taking steps to address the Inquiry's recommendations.
19. At the heart of our actions is the Inquiry's words that "If a scheme works too slowly it will not necessarily deliver justice". (page 16, INQY0000453)
20. In addition to dealing with correspondence and regular engagements led by both the Cabinet Office and by IBCA, I have also made a number of changes to the Infected Blood Compensation Scheme that was proposed under the previous administration in response to the engagements with the infected and affected community.
21. In August 2024, I as the relevant Minister, accepted 69 of the 74 recommendations made by Sir Robert Francis, informed by his engagement with the community, and made the relevant changes to the Scheme.
22. These changes included ensuring the continuation of the Infected Blood Support Scheme payments, increasing the amount of compensation available in some areas, offering more compensation routes to those impacted by the scandal, and increasing the compensation to those who underwent unethical testing.

23. Following these changes, the Government committed £11.8 billion to fund the Infected Blood Compensation Scheme in the 2024 Autumn Budget.
24. In December 2024, I extended the eligibility of siblings under the Scheme to ensure that siblings, regardless of age, can claim compensation.
25. The Government has also considered the feedback from the written engagement on the Unethical Research Award and changes have subsequently been made to the policy, which will be set out in the Infected Blood Compensation Scheme Regulations 2025.
- 26. I have been asked how and to what extent has my approach been informed by the lessons identified by the Inquiry, including that people affected by decisions need to be involved in them?**
27. The Infected Blood Inquiry's findings and recommendations have underpinned the entirety of the Government's response.
28. The principles of the Inquiry's recommendations and the recommendations of Sir Robert Francis KC's Compensation Study have informed the development of the Infected Blood Compensation Scheme.
29. As the Inquiry will be aware, both the Inquiry recommendations and Sir Robert's Compensation Study were based on extensive engagement with the Infected Blood Community.
30. Informed by the lessons of the Inquiry, the Government has undertaken targeted engagement on specific decisions, and this has informed the development of the Infected Blood Compensation Scheme.
31. This targeted engagement included Sir Robert Francis' engagement exercise - which the Government committed to under the previous administration - carried out in June 2024.

32. Sir Robert held discussions with 36 representative groups and received over 120 written submissions from the infected blood community.
33. This exercise ensured that progress on the Scheme's development and engagement with the infected blood community continued during the pre-election period.
34. When I was appointed, I sought to advance this work as quickly as possible to inform the development of regulations and minimise any unnecessary delays in paying compensation.
35. I received Sir Robert's report, and I reviewed his recommendations and, with advice from officials and the Expert Group, accepted 69 of the 74 recommendations.
36. Following this, my officials progressed the drafting of the regulations and development of the Government's policy for the Infected Blood Compensation Scheme.
37. I also met with health ministers, Karin Symth MP (DHSC) Minister of State for Health, Jenni Minto MSP (Scottish Government) Minister for Public Health and Women's Health, Mike Nesbitt MLA (Northern Ireland Executive) Minister of Health and Mark Drakeford MS (Welsh Government) then Cabinet Secretary for Health and Social Care ahead of announcing the policy of the Infected Blood Compensation Scheme and laying the regulations on 23 August 2024.
38. In the process to develop the design of the Infected Blood Compensation Scheme, the Government wished to build on the work undertaken by Sir Robert and the Inquiry to develop the Scheme.
39. The Infected Blood Inquiry Response Expert Group was established to draw in specialist clinical, legal, actuarial and social care expertise to inform decision making.

40. The Expert Group's Terms of Reference required the Group to consider evidence submitted to, and made public by the Inquiry, to inform its considerations.
41. The Chair of the Expert Group and policy officials also attended Sir Robert Francis' engagement meetings to assist in the development of the Infected Blood Compensation Scheme following the initial proposals published on 21 May, continuing to listen and note all concerns.
42. When taking decisions, the Government must also consider wider factors including deliverability and the impact on public finances.
43. It is therefore appropriate that there are stages of policy development and decision making which - based on consultations or engagements with stakeholders - take place internally to Government, until a collective position is reached and is then shared with public stakeholders.
44. Once the Government reached its proposed position, the provisions in the Victims and Prisoners Act 2024 and the Infected Blood Compensation Scheme Regulations 2024 were also reviewed and approved by Parliament.
45. The Victims and Prisoners Act 2024 placed a statutory obligation on the Government to establish the Infected Blood Compensation Scheme by 24 August 2024, within 3 months of the Bill's passing.
46. This statutory obligation meant engagement was undertaken to a condensed timeline to prioritise speed of delivery.
47. Inevitably, I have had to strike a balance between speed of delivery and extensive engagement on the Scheme design. I have endeavoured to strike this balance and always put these two factors at the heart of our ways of working.

48. I fully endorse and support the "community first approach" the Infected Blood Compensation Authority (IBCA) is taking to operational decision making.

49. I am confident that IBCA's approach will support putting the people who are most impacted by the operation of the Scheme at the centre of decision making.

50. I have been informed that the Inquiry has received correspondence expressing concern that there has been a lack of engagement between the Government and the infected and affected communities or their representatives, with the view being expressed that the Government "is in danger of failing this community completely if it continues to avoid contact with those whose duty it is to serve, support and represent. We and our members are becoming frustrated and angry at the government's misguided belief that it knows best, and we can see the results of this lack of engagement in flawed, ill-informed decision-making" [p1, HSOC0029916]. I have been asked if I accept the depth of the concerns expressed in this letter. I have also been asked if I have considered what steps could be taken by me/the Government to address these concerns and/or provide clear reassurance to the infected and affected?

51. I sympathise with the views of the infected blood community, and I do not wish to minimise the concerns they have raised.

52. I continue to take on board feedback from people who are infected and affected by the infected blood scandal and I will continually review the approach I am taking to engagement.

53. For instance, my officials undertook engagement on the Unethical Research Award, which resulted in an amended approach to the regulations.

54. In addition, due to the short timeframe and need to ensure I met the deadline of laying the regulations by 24 August, I met with a smaller group of stakeholders.
55. However, I listened to the feedback from the community about ensuring a wider diversity of stakeholder groups, and in December I expanded the groups with whom I engaged.
56. From the engagement in December, I listened to the feedback from the community that further time was required to have more fulsome discussions and in January, facilitated longer meetings.
57. Additionally, following feedback from these meetings, I have asked my officials to carefully consider how published documents can be simplified or made clearer to understand moving forward.
58. However, I do not agree that the Government has avoided engagement with the infected blood community or that its approach to engagement has detrimentally impacted decision making on the Infected Blood Compensation Scheme.
59. As I have set out in paragraphs 27-49 above, the Infected Blood Compensation Scheme has been developed with clear consideration given to the views of those who would access the Scheme.
60. This consideration was balanced with advice from the Infected Blood Inquiry Response Expert Group, who provided the clinical, legal, actuarial and social care expertise necessary to develop a scheme of this nature, and operational deliverability.
61. The Expert Group's advice was based on the Inquiry's recommendation that the Compensation Scheme should be based on a tariff approach and that it should be characterised by speed of provision, simplicity of process, accessibility, fairness and efficiency.

62. I am taking steps to seek to reassure the community regarding the Government's actions in response to the Inquiry.

63. These steps include:

- a) Engagements with the community at official and Ministerial level. Between 7 July 2024 and 27 January 2025, I have answered 179 pieces of correspondence on the matter of Infected Blood and I have engaged at Ministerial level in August 2024, December 2024 and will be engaging in January 2025. My officials engage regularly with members of the infected blood community, and between 7 July 2024 and 27 January 2025, have answered 148 pieces of correspondence and have held official engagement sessions in December 2024 and January 2025.
- b) Publication of documents clarifying the Government's intentions and rationale for decision making. Cabinet Office has published an explainer setting out the parameters of the compensation scheme and guidance for interim payments, the reports of the expert group, alongside publishing the regulations, explanatory memorandum and the equalities impact assessment through the National Archives.
- c) Updated Parliament through two oral statements on the 26 July and 2 September, 3 written statements on the 10 October, 24 October and 17 December, a debate on the regulations on 23 October, a general debate on the Inquiry's report on 19 November, and five departmental Oral Parliamentary Questions, and a number of written answers to Parliamentary Questions since I was appointed. Parliament has approved all of the Government's proposals for the Infected Blood Compensation Scheme.

64. The time available to engage with the infected blood community between my appointment and the statutory deadline to make the regulations (23 August) was limited.

65. I therefore prioritised utilising Sir Robert's carefully considered report for the first set of regulations and have undertaken targeted engagement where time has allowed it with the second set of regulations.
66. It is also important that IBCA, as an independent arms-length body, establishes trust with the infected blood community and the Cabinet Office support the steps they are taking to do so.
67. When I visited IBCA on 22 January, I was grateful to meet with the user consultants and hear more about how their experience will support IBCA's work.
- 68. Before the Government issued a press release on 12 December 2024 stating that ten people had been offered compensation totalling over £13 million, I have been asked what consideration did I give to the potential impact on people infected of the likely inference that people would receive on average £1 million, in particular those who might well fear being subject to predatory financial pressures and those who keep the infection(s) private due to stigma?**
69. The stigma that people who are infected and affected as a result of the infected blood scandal have faced already is unimaginable and I am acutely aware of the importance of not perpetuating or furthering the stigma or trauma individuals have faced as a result of their, or their loved ones' infections.
70. Indeed, the Infected Blood Compensation Scheme provides financial recognition of this stigma through the Social Impact Award - offered both to people who are infected and affected.
49. On 13 December 2024, I issued a press statement on the progress IBCA is making to deliver the Infected Blood Compensation Scheme.
50. This included that 10 people had been offered compensation totalling over £13 million and addressed requests from the infected blood community,

Parliament and media, to be open and transparent about the progress made to meet the public commitment I made in Parliament of the first compensation payments beginning by the end of 2024.

51. All identifiable information and individual compensation offers were kept private. I absolutely would not condone the sharing of information which may make any individual person's infection public knowledge.
52. There are compensation tariffs and illustrative case studies of compensation offers publicly available on gov.uk which mirror the amounts of compensation named in the announcement in December 2024.
53. The Government takes its duty to protect its citizens from fraud or financial predatory pressures seriously and I am committed to supporting IBCA in its goal to deliver a compensation scheme that is simple to use, easy to access and securely pays out money as quickly as possible.
54. I have encouraged IBCA to ensure people have access to financial advice to claimants to ensure they are protected against predatory financial pressures.
55. I understand that both financial and legal support has been offered to the first claimants under the Infected Blood Compensation Scheme.
56. As Minister responsible to Parliament for the Infected Blood Compensation Scheme, and the Infected Blood Compensation Authority, I have a duty to Parliament and the taxpayer to be transparent about expenditure of public funds.
57. I am committed to performing this duty whilst taking all the necessary steps to protect the individual identities and safeguarding anyone who is claiming compensation under the Scheme.

58. On 1 December I said: "I am concerned that families who have already suffered so much have received conflicting assessments of their position. I have instructed officials to work as quickly as possible with the infected blood community and representatives of the probate services to ensure people are able to access the money to which they are entitled as soon as possible." [p2, RLIT0002465]. The Sunday Times on 5 January 2025 reported that "At least 30 family members of victims expected an interim payment of £100,000 on December 7, but were told that their compensation applications had been rejected because of probate issues. They include a mother whose two sons were infected and died with AIDS as children. She has been told that she will receive interim compensation for one son but not the other because of an "administrative error on a probate document" [p4, RLIT0002472. I have been asked when did I first learn that people who had been informed that they were to receive interim payments in recognition of deaths not yet recognised would not in fact receive those payments and what steps did you take? I have also been asked if I am satisfied with the actions taken subsequently and the engagement with those affected?

59. I became aware of the issues around those with a chain of representation (where the original executor of the deceased infected person has died, and executorship is passed to their executor) accessing interim payments following the press release from the Haemophilia Society on Wednesday 27 November 2024.

60. A number of MPs also contacted me to raise their constituents had also experienced issues with accessing the payments.

61. I asked my officials for information on what the issue identified was, and the solution that was being developed.

62. My officials provided me with advice, setting out that the Infected Blood Support Schemes, who administer the interim payment scheme in each nation

of the United Kingdom, had made them aware of a small number of applicants who were unable to meet the evidence requirements under the Scheme.

63. My officials provided the Support Schemes with guidance on how to proceed in these circumstances, which consisted of contacting the impacted applicants and letting them know their application was paused while my officials worked to find a way for them to evidence their claim.

64. It is unfortunate however, that some of these applicants had already been told by the English and Northern Irish Infected Blood Support Schemes, in error, that their claim was approved, before then having their application placed on hold.

65. I understand the distress this would have caused the applicants who had been told conflicting information.

66. I instructed my officials to find a solution as quickly as possible.

67. My officials met with key community representatives on 5 December from the Haemophilia Society, Terrence Higgins Trust and Hepatitis C Trust, to set out the solution for applicants and to seek their input on the communications materials Cabinet Office was seeking to publish on gov.uk.

68. In the week following this meeting, the gov.uk guidance pages were updated setting out what information applicants would need to provide to evidence a chain of representation claim as well as an apology from the Cabinet Office as to the confusion caused.

69. Those with outstanding applications were contacted directly by the Support Schemes to let them know what information they needed to provide to continue with their application.

70. I am confident that with the solution now in place payments have begun to those where a valid chain of representation has been successfully established.
71. My officials and I will continue to work with the community and stakeholders to make sure that those who are eligible for interim compensation are able to get it.
- 72. Section 55 of the Victims and Prisoners Act 2024 empowers the 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. I have been asked to describe the steps that I have taken, or have decided to take, as Minister for the Cabinet Office to exercise this power.**
73. I fully support the principle of providing support and assistance to applicants to the Infected Blood Compensation Scheme.
74. In my time as Minister for the Cabinet Office I made resources and support available to the IBCA to ensure it can set up quickly and begin delivering compensation to victims as soon as possible.
75. For this reason, I included under the key responsibilities of the interim Chair of IBCA, the responsibility to provide and signpost support for service users.
76. I also accepted Sir Robert Francis' recommendations for IBCA to provide legal support for people at certain points when making a claim and to provide or direct people to financial advice.
77. I also ensured people who successfully applied for the interim compensation payments on behalf of an estate were able to claim back up to £1500 to support in the application process and the administrative costs of obtaining grants of probate.

78. The Infected Blood Compensation Scheme has been designed with the principle of accessibility in mind.
79. The scheme is tariff-based, this means that individuals do not need to provide a detailed account of losses.
80. Therefore, it is not expected that an individual would require legal support to apply.
81. However, I will continue to endorse the provision of support to applicants to the scheme, where it is appropriate and in line with proper use of public funds.
82. The first claimants under the scheme were provided with access to both legal and financial support when accepting their offer of compensation.
- 83. Bearing in mind IBCA's position (as set out on its website) is that it is aiming to reach around 250 claims in early 2025, I have been asked to comment on what is my expectation as to when the majority of applicants will receive compensation offers? What if any target has been set by the Government to IBCA?**
84. IBCA and the Government have a shared ambition to deliver compensation as swiftly as possible to victims for whom justice is so long overdue.
85. I have met regularly with IBCA's interim Chair and interim Chief Executive and impressed upon them the Government's expectation that payments will be delivered as swiftly as the organisation is operationally able to do so.
86. I have a shared understanding with IBCA that the ultimate priority is to provide compensation to victims of the Infected Blood Scandal as soon as possible.
87. I have made resources available to IBCA to deliver this, setting up the compensation service as quickly and independently as possible.

88. The Cabinet Office has been clear that its expectation is that payments to people who are infected should begin in 2024 and payments to people who are affected should begin in 2025.

89. IBCA met the expectation to begin payments in 2024 and subject to Parliamentary approval, I am aiming for the second set of Regulations to be in place by 31st March.

90. As agreed by Parliament through the Victims and Prisoners Act 2024, IBCA has been established as an arms-length body with responsibility for delivering the Infected Blood Compensation Scheme.

91. It is an independent non-departmental public body.

92. Therefore, IBCA will be responsible for setting its own key performance indicators and delivery targets - such as the commitment to reach 250 claims in early 2025.

93. It is right that these operational decisions are a matter for IBCA. The Cabinet Office will continue to support IBCA in a sponsorship capacity, including supporting the organisation's independence in taking decisions on issues such as the scheduling and roll-out of payments.

Statement of Truth

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

Signed

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Dated

26th February, 2025

Table of exhibits:

Date	Notes/ Description	Exhibit number
02/09/2024	Script of a debate on the Infected Blood Compensation Scheme	RLIT0002464
29/11/2024	Letter from Haemophilia Society, Tainted Blood, Haemophilia Northern Ireland, Haemophilia Scotland, The Hepatitis C Trust and BTMK Solicitors Limited to Sir Brian Langstaff re: Infected Blood Compensation Authority	HSOC0029916
01/12/2024	BBC News article, titled 'Anger as some infected blood payouts put on hold'	RLIT0002465
05/01/2025	Newspaper article from the Sunday Times relating to compensation payments for infected and affected individuals	RLIT0002472
05/04/2023	IBI's Second Interim Report	INQY0000453