

Witness Name: JAMES QUINAULT

Statement No.: WITN7755001

Exhibits: WITN7755002

Dated: 03.03.2025

INFECTED BLOOD INQUIRY

FIRST WRITTEN STATEMENT OF JAMES QUINAULT

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

I, JAMES QUINAULT, will say as follows:

Introduction:

1. I am a Director General in the Cabinet Office, responsible to the Minister for the Cabinet Office for work on the Government's response to the Infected Blood Inquiry, including work on designing and drafting legislation for the Infected Blood Compensation Scheme.
2. I took up responsibility for work in the Cabinet Office on Infected Blood in June 2023.

Section 1: Involvement of people infected and affected by the use of infected blood in decision-making and engagement

(a) I have been asked to describe the engagement and consultation which the Cabinet Office has carried out with the people infected and affected

and their representatives in relation to the infected blood compensation scheme.

3. The then Minister for the Cabinet Office, the Rt Hon John Glen MP, met 20 representatives of community groups on 7-8 May 2024, ahead of publishing proposals on a scheme, to seek their views.
4. In announcing the scheme on 21 May, the then Government asked Sir Robert Francis to engage and consult with the community on its terms before these were finalised in regulations.
5. Sir Robert saw 36 representative groups and received over 160 written submissions.
6. The present Minister for the Cabinet Office, the Rt Hon Nick Thomas-Symonds MP, held meetings with representatives of seven community groups on 6 August 2024 prior to the regulations being laid.
7. Further meetings took place between the Minister for the Cabinet Office and 27 representatives of community groups on 11-12 December 2024.
8. I held eight meetings involving 24 representatives of community groups on 17-22 January.
9. The Minister held five meetings with 26 community representatives on 30 January.
10. Alongside these meetings, the Cabinet Office has published documents setting out the rationale for the scheme and the evidence and recommendations of the Expert Group which underpin its proposals.
11. Between being appointed and the beginning of February 2025, the Minister for the Cabinet Office, Nick Thomas-Symonds MP, considered and responded to

177 letters and submissions from the community in response to these documents; officials responded to a further 148 letters and submissions.

12. This is alongside the engagement carried out by the Cabinet Office with the community on the detailed terms of the proposed unethical research award under the Scheme, in response to which the Cabinet Office received submissions from 14 respondents.

13. This engagement is separate from and in addition to engagement by the Infected Blood Compensation Authority (IBCA) with the community on the implementation of the Scheme.

(b) I have been asked what steps have the Cabinet Office taken to incorporate and implement any suggestions, proposals and comments from people infected and affected in relation to the infected blood compensation scheme.

14. Suggestions and proposals from the community have been reflected in the scheme set out in regulations and voted by Parliament.

15. The Government accepted 69 of the 74 recommendations made by Sir Robert Francis following his engagement with the community.

16. These recommendations were reflected in the first set of regulations to establish the scheme which passed into law on 23 August 2024.

17. Since then, the Government has made further changes in light of suggestions and proposals from the community.

18. These include changes to the proposed eligibility of siblings under the scheme and changes to the proposed award for victims of unethical research, following consultation with the community in December.

19. These changes were reflected in the second set of regulations to establish the scheme which the Government laid in draft on 12 February 2025.

(c) I have been asked what processes, if any, are in place to incorporate and implement such suggestions, proposals or comments.

20. Changes suggested by community representatives on the design of the scheme were incorporated into the second set of regulations, which the Government laid in draft before Parliament on 12 February.

21. Suggestions and proposals that relate to the operation of the scheme are being passed to IBCA for consideration.

(d) I have been asked what involvement and influence have people infected and affected had on the structure, establishment and operation of the infected blood compensation scheme.

22. The infected and affected communities have had a major influence on the design of the Scheme.

23. The whole aim of the Scheme is to deliver justice to people infected and affected.

24. The proposed design is intended to reflect the recommendations of the Inquiry itself and of the Compensation Study (RLIT0001129), which were themselves based on the testimony of infected and affected people.

25. Before setting the terms of the scheme in the first set of regulations the Government asked Sir Robert Francis to seek community views on it, and 69 of his 74 recommendations were adopted.

26. Further changes have been made to the scheme as a result of engagement with the community since, and as explained at paragraphs 15 to 19 above, have been set out in the second regulations.

27. Involvement and influence on scheme operation is a matter for IBCA, but I am aware that IBCA is engaging members of the community in the design of its processes and is consulting the community on its operational decision-making, for example in what sequence IBCA should aim to open the scheme to different cohorts of claimants.

(2.) I have been asked to describe what consideration the Cabinet Office gave to Sir Brian Langstaff's recommendation in the Second Interim Report that the board of the compensation scheme should include beneficiaries of the scheme [p20, INQY0000453].

28. The Inquiry's Second Interim Report recommended that "the scheme should involve those potentially eligible and their representatives in a small advisory board" (Recommendation 14, p 98, INQY0000453).

29. The Government did not accept all aspects of Sir Brian Langstaff's recommendation on the governance of the compensation scheme, as it made clear at the time.

30. Instead of a sole decision-making Chair with an *advisory* board, the Victims and Prisoners Act 2024 established IBCA's Board as the legal personality of the Authority.

31. Under the Victims and Prisoners Act 2024, the Minister for the Cabinet Office appoints the Chair and makes the first three appointments of non-executive members of the IBCA Board; other Board appointments are for the Chair to make.

32. I understand the Chair intends to appoint beneficiaries of the scheme to a community advisory sub-committee of the Authority's full Board.

33. Potential beneficiaries of the scheme have also been appointed as user consultants working in IBCA; my understanding is that the intent of this is to help

the Authority shape all its processes with an understanding of community needs.

34. In the capacity of advisers, the user consultants attended IBCA's Board meeting on 21 January 2025.

(3.) I have been asked to set out what steps were taken by the Cabinet Office to engage and consult people infected and affected in relation to the matters encompassed within the Infected Blood Compensation Scheme Regulations 2024 (2024 No 872) in advance of those Regulations being laid before Parliament.

35. The then Minister for the Cabinet Office met community representatives in May 2024, as per paragraph 3 above, ahead of publishing proposals on a scheme to seek their views.

36. In announcing the scheme on 21 May, the Government asked Sir Robert Francis to engage and consult with the community on its terms before these were finalised in the regulations.

37. Time for this engagement was limited by the time required to prepare the regulations needed to set up the scheme by the deadline of 24 August set by Parliament.

38. Nonetheless, in the time available Sir Robert was able to see 36 groups and receive 160 written submissions.

39. Sir Robert made 74 recommendations based on this engagement with the community.

40. His recommendations were all accepted by the Government and reflected as appropriate in the scheme set out in the Scheme Regulations 2024 (RLIT0002479), with the exception of five where the Government considered that a different approach would be better for claimants.

41. The rationale for not accepting these five recommendations was set out for the community at the time.

(4.) I have been asked if the Cabinet Office proposes to engage and consult people infected and affected ahead of the second set of regulations, due to be in force by 31 March 2025. If they are, I have been asked to outline what is proposed and what processes will be in place to implement suggestions, proposals and comments arising from this engagement and consultation.

42. The Cabinet Office has already engaged with people infected and affected to seek their views ahead of the second set of regulations.

43. The Cabinet Office has been considering and responding to feedback and submissions since August when draft proposals for the full scheme were published.

44. Over December 2024, the Cabinet Office conducted a specific consultation on the terms of the proposed unethical research award.

45. The Minister for the Cabinet Office met community representatives in December 2024, to receive their views and again on 30 January 2025, prior to the regulations being laid in draft.

46. I and other officials met community representatives on 17–22 January 2025, to receive their feedback on changes already made and hear their outstanding issues and concerns and will meet them again after the draft regulations have been laid.

47. Suggestions and proposals arising from this ongoing engagement that relate to the design of the Scheme were reflected in the draft regulations as appropriate.

48. This includes changes to the eligibility of affected siblings under the scheme and to eligibility for the proposed award for victims of unethical research.

49. Suggestions and proposals that relate to the operation of the Scheme are being passed to IBCA for consideration.

Section 2: Infected Blood Compensation Authority independence

(6.) I have been asked to set out the Cabinet Office's understanding of the relevant roles and responsibilities of (a) Ministers, (b) civil servants within the Cabinet Office and (c) IBCA in relation to the infected blood compensation scheme.

50. The Cabinet Office's understanding of the roles and responsibilities of Ministers, civil servants and IBCA in relation to the scheme is as follows:

51. Ministers:

- It is the role of Ministers to make decisions on the design of the Scheme, and to put these to Parliament to be voted into law; and
- Ministers remain accountable to Parliament for the overall progress of the Scheme.

52. Civil servants:

- It is the role of civil servants in the Cabinet Office to advise Ministers on the design of the Scheme and to prepare the regulations to enact this design; and
- The Cabinet Office Permanent Secretary remains the Principal Accounting Officer for IBCA, accountable to Parliament for the issue of grant-in-aid to IBCA.

53. IBCA

- It is for IBCA to implement the Scheme, deciding for itself how best to do so, consulting the Cabinet Office only where a decision would engage Ministers' accountability to Parliament for the overall progress of the Scheme, or the responsibilities of the Cabinet Office's Permanent Secretary to Parliament as Principal Accounting Officer; and

- It is for IBCA to make decisions on claims, determining and making payments to eligible people as set out by the regulations. Ministers and civil servants working in the Cabinet Office have no say in the decisions IBCA makes on individual claims.

54. The Minister's statutory powers in respect of IBCA are set out in the Victims and Prisoners Act 2024. These are to:

- Pay IBCA such sums as are required to meet payments made by IBCA under the Infected Blood Compensation Scheme, and such other sums the Minister considers are reasonably sufficient to enable IBCA to carry out its duties;
- Appoint the Chair and the first three non-executive members of IBCA;
- Determine the pay and related allowances for the Chair and non-executive members appointed by the Minister;
- Approve IBCA's determination as to the remuneration, pensions, allowances gratuities or compensation for its staff;
- Lay IBCA's annual report on the exercise of its functions, the statement of IBCA's accounts and certified statement before Parliament; and
- Make transfer schemes for the purpose of transferring to IBCA such property, rights and liabilities of a relevant person as considered appropriate for the purposes of enabling IBCA to carry out its functions under the Victims and Prisoners Act.

55. IBCA's powers and duties are set out in the Victims and Prisoners Act 2024, the Infected Blood Compensation Scheme Regulations 2024 and any following regulations related to the Infected Blood Compensation Scheme.

56. IBCA's statutory duties and functions in summary are to:

- Administer the Infected Blood Compensation Scheme and determine and make payments to eligible people as set out by the Infected Blood Compensation Scheme Regulations 2024 and any amendments to those regulations or additional regulations made under the Act;

- Decide whether a person applying to the Scheme is eligible for compensation under the regulations and inform the applicant of that decision;
- Review decisions taken under the Infected Blood Compensation Scheme and inform the applicant of the right to review and/or appeal decisions under the Scheme and the time period these rights must be exercised within;
- Keep proper records and provide the information and reports required by the Minister for the Cabinet Office;
- Retain any payments it recovers and use for the purposes of administering the Scheme or making compensation payments under the Scheme; and
- Have regard to the need to exercise its functions effectively, efficiently and economically.
- Require relevant persons (listed in the Victims and Prisoners Act) to cooperate with IBCA on any matter connected with the making of payments under the Scheme;
- Appoint employees, committees and subcommittees;
- Determine its own procedure and the procedure of any committees or sub-committees; and
- Delegate any of its functions to any member of the IBCA, member of the IBCA's staff authorised for that purpose, or any committee or subcommittee.

57. As is customary for Non-Departmental Public Bodies, the respective roles and responsibilities of the Cabinet Office as sponsor department and of IBCA will be set out in a public Framework document.

(a) I have been asked to set out how the Cabinet Office ensured that IBCA has guaranteed independence of judgement. In doing so, I will give consideration to its establishment and staffing, policy-making and decision-making processes and in particular explain when and how decisions are referred to the Cabinet Office or other Government departments.

58. IBCA has been set up by the Victims and Prisoners Act 2024 to have the operational freedom to make the necessary decisions to deliver compensation

in line with the Infected Blood Compensation Scheme Regulations 2024 and any further regulations related to the Infected Blood Compensation Scheme.

59. It is for IBCA to make decisions on claims, determining and making payments to eligible people as set out by the regulations.

60. Ministers or civil servants in the Cabinet Office have no say in the decisions IBCA makes on claims or in any reviews of decisions on claims.

61. Decisions on how best to implement the Scheme operationally are for IBCA, consulting the Cabinet Office only where a decision would engage Ministers' accountability to Parliament for the overall progress of the Scheme, or the responsibilities of the Cabinet Office's Permanent Secretary to Parliament as Principal Accounting Officer.

62. The circumstances under which the Cabinet Office will expect to be consulted by IBCA have been agreed between the department and the Authority's Board and will be set out in a public Framework document, which the Government expects to publish on gov.uk in the coming weeks. These are:

- Where there is a risk that IBCA will breach its administrative cost controls, or vary significantly from its agreed business plan;
- Where decisions on the administration of the scheme might require Accounting Officer approval as defined by Managing Public Money;
- If IBCA could be at risk of not meeting the public commitment to have begun payments to the affected in 2025, or other objectives for the Scheme which IBCA may subsequently agree with Ministers; and/or
- Where decisions on the administration of compensation are likely to result in significant changes to the expected profile of compensation spend agreed between IBCA, the Cabinet Office and HM Treasury. This was published in the 2024 Autumn Statement. This profile assumes that the bulk of payments to the infected are completed by no later than 2027, and the bulk of payments to the affected are completed by no later than 2029.

7. I have been asked to what extent, if any, has the Cabinet Office had involvement and influence over IBCA's establishment, staffing, policy-making and decision-making and what continuing involvement does the Cabinet Office have in these respects.

63. Cabinet Office officials drafted, and Ministers approved, the regulations subsequently voted by Parliament which established IBCA and set the framework for its operation.

64. On staffing, Cabinet Office HR are currently supporting IBCA with recruitment as at present IBCA staff are being temporarily employed by the Cabinet Office until IBCA becomes an employer in its own right (see below the answer to question 8 at paragraphs 69-70).

65. In due course the Cabinet Office will be involved in the appointment of a permanent Chair of the Authority.

66. On policy-making, as noted in paragraph 61 above, the Cabinet Office has agreed with the IBCA Board that it should be consulted where a decision by IBCA about how best to implement the Scheme would engage Ministers' accountability to Parliament for the overall progress of the Scheme, or the responsibilities of the Cabinet Office's Permanent Secretary to Parliament as Principal Accounting Officer.

67. Otherwise IBCA sets its operational policy independently.

68. Decision-making on individual claims under the framework of the regulations is entirely for IBCA, and Ministers and civil servants working in the Cabinet Office have no say in the decisions on claims made by IBCA.

(8.) I have been asked if it is correct that IBCA's senior leadership team (including the Interim Chief Executive) is comprised of civil servants.

69. It is correct that for the present and temporarily, IBCA's interim leadership team including the interim Chief Executive is made up of civil servants on loan to the Authority.

70. This will change as soon as IBCA becomes an employer in its own right, which it expects to do by the summer at the latest: at that point its staff will cease to be civil servants.

(9.) Given the importance of IBCA being both completely independent and being seen to be independent of Government [p18, INQY0000453], I have been asked what measures are in place to ensure that IBCA takes decisions and operates with complete independence from Government.

71. IBCA's status as an arm's length, independent Non-Departmental Public Body is set by the Victims and Prisoners Act 2024 and the Infected Blood Compensation Scheme regulations.

72. Under the regulations, IBCA takes decisions on claims completely independently: the Cabinet Office has no role in decisions on claims or in reviews of those decisions.

73. As set out above in paragraphs 58-62, IBCA's Board also determines its general operational policy independently, consulting the Cabinet Office only where a decision about how best to deliver the Scheme would engage Ministers' accountability to Parliament for the overall progress of the Scheme, or the responsibilities of the Cabinet Office's Permanent Secretary to Parliament as Principal Accounting Officer.

74. IBCA's relationship with the Cabinet Office on operational policy is governed by a Framework Document, as is customary for Non-Departmental Public Bodies, and this document will be published on gov.uk in the coming weeks.

Section 3: Expert Advisory Group

(10.) I have been asked to explain, to the best of my knowledge, the following:

a. When and how the Expert Advisory Group was recruited, including the appointment of Professor Sir Jonathan Montgomery as the Chair and what consideration was given to the independence of the Expert Advisory Group?

75. The Expert Group was appointed on 22 January 2024, with additional members added on 23 April 2024.

76. Its membership was selected for their legal, clinical or actuarial expertise in areas relevant to the scope of the compensation scheme as recommended by the Inquiry.

77. The clinical members have extensive experience of treating persons infected with HBV, HCV and HIV.

78. Professor Sir Jonathan Montgomery was selected for his expertise in public bioethics and long experience of chairing commissions in this field.

79. The Group was set up to provide expert advice to Government on the design of a scheme.

80. The independence of its advice was ensured by publishing the Expert Group's advice alongside the Government proposals which it informed, so that the public could see the advice provided and the extent Government had accepted or departed from it and could judge the Group's work for itself.

81. In fulfilment of this an Interim Summary Report (RLIT0002478) from the Group was published alongside the Government's draft proposals for a scheme on 21 May 2024, and a Final Report (RLIT0002474) alongside the regulations in

August 2024, giving the Group's advice on changes to the proposed scheme following Sir Robert Francis's engagement with the community.

82. Since 24 August 2024, the Expert Group has continued to advise on issues arising in engagement with the infected blood community and as the second regulations are drafted.

83. An Addendum Report (RLIT0002480) covering the matters on which the Group has provided advice since 24 August 2024 was published on 12 February.

a. I have been asked about the reasons that the terms of reference did not allow engagement with the infected and affected community and what consideration the Expert Advisory Group gave to the evidence gathered by the Infected Blood Inquiry.

84. The purpose of the Expert Group was to assist the Government to develop the proposals for a scheme, on which Government would then seek views from the infected and affected community.

85. This was done through Sir Robert Francis's engagement with the community.

86. At the time of the engagement, the Expert Group had prepared an Interim Summary Report (RLIT0002478).

87. The Chair of the Expert Group attended Sir Robert's engagement meetings with the community.

88. As a result of this engagement and Sir Robert's recommendations, the Expert Group revised its advice, and this revised advice was published in the Group's Final Report (RLIT0002474).

89. In carrying out its work, the Expert Group had already had the benefit of the report and recommendations from the Inquiry on compensation, itself based on evidence from the infected and affected community.

90. The Terms of Reference of the Expert Group required it to consider this evidence ("evidence submitted to and made public by the Inquiry").

91. The Expert Group's Final Report (RLIT0002474) sets out how they used evidence from the Inquiry in validating and sense-checking their proposals.

92. The Expert Group commented in its Final Report (p5, RLIT0002474) of 16 August 2024:

"In his Second Interim Report, Sir Brian Langstaff set clear expectations for the scope and shape of the compensation scheme that described who should be eligible and the categories of loss that should be reflected in the awards. We have aimed at all times to follow that structure and advise on how it can effectively be implemented. We have used the recommendations as our starting point and used the text of his report to guide our understanding of the rationale behind them".

a. I have been asked what consideration the Government gave to the evidence gathered by the Infected Blood Inquiry in deciding on the terms of the scheme and the categories and rates of the awards.

93. The terms of the proposed scheme were entirely based on the recommendations of the Infected Blood Inquiry.

94. The proposed scheme is tariff-based as recommended by the Inquiry.

95. The proposed five categories of awards are as recommended by the Inquiry.

96. Eligibility for infected persons was as recommended by the Inquiry, with compensation in their own right for the affected again as recommended.

97. The Inquiry recommended severity bands but did not define them, so the Government looked to the Expert Group to propose definitions of these based on their clinical expertise and the evidence gathered by the Inquiry.

98. Rates were proposed by the Expert Group through a process set out in their Final Report (RLIT0002474), into which evidence from contributors to the Infected Blood Inquiry was an essential input.

a. I have been asked why the decision was taken to tender for legal expertise from a single firm.

99. The Government considered that a single firm with deep experience in the matters covered by the Group's terms of reference, and which could call on expertise across all UK legal jurisdictions, was sufficient for the task.

(11.) The Expert Advisory Group provided advice to Ministers regarding levels of payments and awards. I have been asked what engagement and consultation with people infected and affected was undertaken by the Cabinet Office/the Government, following the receipt of that advice, before decisions were taken by Government as to the levels of payments and tariffs that would be included within the scheme.

100. The then Government published proposals for a scheme on 21 May 2024, alongside publishing the Expert Group's Interim Report (RLIT0002478) on which those proposals were based.

101. In announcing the proposals, the Government made clear that it wished to seek views on the proposals before they were finalised in regulations, and asked Sir Robert Francis to engage and consult with the community on them.

102. Sir Robert saw 36 representative groups and received over 160 written submissions.

103. As set out at paragraphs 6 -7 above, the Minister for the Cabinet Office also met representative groups before the Government responded.

104. The Government accepted almost all of Sir Robert's recommendations and significant changes were made to the scheme before the regulations were laid.

Section 4: Procedural Issues

(12.) IBCA has elected to utilise claim managers to process applications and administer payments to applicants.

a. I have been asked what involvement has the Cabinet Office had in this decision?

105. It is for IBCA to decide how best to organise its work to deliver the Scheme, but it was not a surprise to the Cabinet Office that the Authority has elected to employ dedicated claims managers to support claimants to make applications and administer payments.

106. The Cabinet Office's own modelling of the potential administrative costs of the Scheme, before IBCA was established, assumed that significant numbers of dedicated case managers would be required to process claims and make payments.

b. I have been asked what if any consideration has been given by the Cabinet Office to allowing applicants the option of making their own applications, assisted by legal representatives who may already have a detailed understanding of their clients' circumstances.

107. Claimants to the Scheme are, in fact, making their own applications: the role of claim managers is to assist them to do so, and to ensure a claim is processed by the Authority swiftly, supportively and responsively.

108. The Scheme has been designed with the aim of being simple enough that claimants can make an application under the Core route without having to rely on the support of lawyers if they do not wish it.

109. However, IBCA will be funding independent legal support for all claimants that do wish it.

Section 5: Interim compensation payments to estates

(13.) On 17 December 2024, the Government published an announcement which said “We regret the confusion caused for applicants with a valid chain of representation” and issued updated guidance. [p2, RLIT0002473]. I have been asked to say what, if any, involvement did the Cabinet Office have in this change.

110. Interim compensation payments to estates are being administered by the relevant Infected Blood Support Scheme in England, Wales, Scotland and Northern Ireland.

111. The Cabinet Office is in regular touch with the Schemes to ensure that the processing of claims is proceeding smoothly and to identify any problems.

112. Through this contact, it came to the Cabinet Office’s attention that the Schemes in error had approved some cases without a full valid ‘chain of representation’.

113. Without a valid chain, the claimants would not have been legally entitled to receive the funds or distribute them.

114. The Cabinet Office issued guidance to the Schemes to make clear that in cases where the original executor had died a valid chain is needed before a claim can be approved, and to set out the process for securing one.

115. All claimants in this position who had already applied to the scheme, were contacted by telephone and letter to inform them of the position and explain what they needed to do to progress their claims.

116. The Cabinet Office worked with the Haemophilia Society, the Hepatitis C Trust and the Terrence Higgins Trust to develop guidance for affected people who might not yet have applied and who were concerned: claims are now progressing.

(14.) The Inquiry is aware of concerns expressed by affected people as to the practical difficulties in obtaining probate (in many cases, this will be years after the death of the person infected) [pp1-2, HSOC0029916]. I have been asked what steps have been taken, or will be taken, by the Cabinet Office/Government to provide assistance and support to people in this position to enable any practical difficulties to be addressed and overcome.

117. The Cabinet Office has worked with HMRC and probate services across the UK to provide a streamlined service for affected people who need a grant of probate or another document to complete their claim.

118. The Government is paying for legal support for applicants to help them put together their claim; applicants whose claims are approved can claim for the cost of legal advice up to a value of £1,500, on top of the cost of probate application fees.

119. The Cabinet Office has worked with community groups to provide advice in specific cases where individuals have experienced difficulties.

120. We will continue to do this if new issues arise.

(15.) 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” [p5, RLIT0002472].

a. I have been asked to confirm how many people have been informed that their compensation applications are rejected because of probate issues.

121. As of 24 January 2025, 242 claims had been paid, 85 had been approved and were awaiting payment, 122 applications were in progress with the Infected Blood Support Schemes, and 44 applications had been rejected:

- 6 because the deceased individual was not registered with an infected blood support scheme, or Alliance House Organisation, on or before 17 April 2024;
- 24 because an interim payment had already been made either to the infected person when they were alive, or their bereaved partner; and
- 14 because the applicant was not authorised to be the executor.

b. I have been asked to describe the kinds of probate issues which are leading to applications being rejected.

122. As of 24 January, 14 cases had been *rejected* because the applicant was not authorised to be the executor.

123. However there have been other cases where applicants have needed to be asked to supply further documents to prove that they are authorised.

124. In most cases this is because the original executor has died, and more documents are needed to complete the chain of representation and show that the claimant is the executor of the executor and entitled to apply on behalf of the estate.

c. I have been asked to set out whether the Cabinet Office (or Government more widely) intends to take any further steps to address, resolve or overcome probate issues, so that people can receive compensation, and if so what steps.

125. As set out in paragraphs 117-120 above, the Cabinet Office has worked with HMRC and probate services across the UK to provide a streamlined service for affected people who need a grant of probate or other documents to complete their claim.

126. The Government is paying for legal support for applicants to help them put together their claim; applicants whose claims are approved can claim for the cost of legal advice up to a value of £1,500, on top of the cost of probate application fees they need to pay.

127. The Cabinet Office has worked with community groups to provide advice in specific cases where individuals have experienced difficulties: we will continue to do this if new issues arise.

Section 6: Funding of legal representation and support services

(16.) In the Second Interim Report, Sir Brian Langstaff recommended that the compensation scheme should include the provision of support services including, “advice and advocacy service, supplemented where necessary by discretionary access to independent legal advice and representation, where necessary and within a pre-authorised budget, to assist and advise applicants” and “a financial, insurance and benefits advice and support service, to assist recipients in accessing financial and insurance services and obtaining any relevant benefits” [pp 98-99,

INQY0000453]. 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.

a. I have been asked to describe the steps the Cabinet Office has taken to implement this recommendation.

128. The Minister for the Cabinet Office has asked IBCA to make provision for legal support and independent financial advice to applicants.

129. IBCA has contracted for the provision of legal support for the first 250 claimants in 'private beta'.

130. IBCA is now considering how best to contract for support to claimants as the service for infected persons scales up and the Scheme opens for applications from other cohorts of claimants.

b. I have been asked what support and assistance is being, or will be, provided by (i) IBCA and (ii) externally to assist applicants in making their applications.

131. Internally, IBCA is providing dedicated claim managers to support applicants to make their applications.

132. All claimants will have access to independent external legal and financial advice before deciding whether to accept an offer of compensation.

133. IBCA has contracted for legal support for the first 250 claimants and is now considering how best to contract for support to all claimants as the service for infected persons scales up and the Scheme opens for applications from other cohorts of claimants.

(17.) On 16 August 2024, Sir Robert Francis recommended that “funding should be provided for legal support to assist eligible people with their applications” and “a legal advice service for those without legal representatives to assist with the compensation process” [p9, RLIT0002468]. The Government accepted this recommendation [p6, RLIT0002469]; [p2, RLIT0002470].

a. I have been asked to set out what funding is available to applicants in respect of legal support and advice and the reasons underpinning the decisions regarding funding.

134. For the first 250 claimants to the Infected Blood Compensation Scheme in private beta, IBCA has contracted for legal support up to the value of £4,500 (plus VAT) per claim.

135. These figures were set in contractual negotiation with the legal firms providing the service and are intended to be sufficient to ensure that this first group of claimants have access, if they want it, to appropriate independent legal advice on their claim, at no cost to themselves, before deciding to accept an offer of compensation.

136. I understand from IBCA that not all claimants in the first group have chosen to take up the offer of legal support.

137. For interim payments to estates, claimants whose claim is successful can claim back the cost of legal support for probate matters to the value of £1,500, on top of the costs of probate application fees.

b. I have been asked to explain the reasons funding for legal support is only available for probate matters where compensation applications are successful.

138. In the Government's view it is reasonable that the taxpayer should not have to fund legal support for claims from applicants that do not have a right to compensation.

c. I have been asked to set out the respective roles and responsibilities of (i) Ministers, (ii) civil servants within the Cabinet Office and (iii) IBCA in deciding what legal advice and support will be funded.

139. For claims for interim payments for estates it was Cabinet Office Ministers who decided the framework of what legal support would be funded, advised by civil servants in the Cabinet Office.

140. Individual claims for legal support under this framework are being processed and approved by the Infected Blood Support Schemes alongside processing and approving the interim payments themselves.

141. Under section 55 of the Victims and Prisoners Act 2024 it is for the Minister for the Cabinet Office to make such arrangements as they deem appropriate for the support of claimants to the full Infected Blood Compensation Scheme: The Minister for the Cabinet Office has asked IBCA to organise the provision of legal support to claimants.

142. IBCA has contracted with legal firms to provide support for the first 250 claimants: IBCA was supported and advised in this contractual negotiation by Cabinet Office civil servants in the Government Procurement profession; the proposed arrangement was approved by Cabinet Office and Treasury Ministers.

143. IBCA is working now on the provision of legal support for future cohorts of claimants.

144. A business case for the proposed arrangements will need to be approved by the Minister for the Cabinet Office, on Cabinet Office officials' advice, and by the Chief Secretary to the Treasury.

145. Once contracts are agreed it will be for IBCA to approve and pay claims for legal support under the contracts.

(18.) On 16 December 2024, the Government issued its response to the report of the Infected Blood Inquiry which noted that “the IBCA aims to ensure that appropriate advice and support is available to assist people awarded compensation to manage their compensation awards, access financial services, and access benefits advice where relevant” [p23, RLIT0002471] and that the recommendations that the patient voice be enabled and empowered are accepted in principle and that “work is underway in DHSC to review the support being offered to relevant charities to the infected and affected community in England. Similar work has been scoped by the Devolved Governments (Scotland and Wales), whilst stakeholder engagement has been initiated in Northern Ireland and will seek to draw a clearer local picture. By Spring 2025, we will have a clearer picture of activity in this space across the UK and options to provide further support” [pp58-59, RLIT0002471]. I have been asked to set out what, if any, funding is being provided to charities and third sector organisations providing advocacy and support to applicants.

146. The Government has accepted the Inquiry’s recommendation in principle and is looking at what support can be provided for charities and community organisations providing support to applicants.

Section 7: Delay

(19.) In the Second Interim Report, Sir Brian Langstaff stated that, “Once it is accepted, as it has been, that compensation should be paid, then it should plainly be paid as soon as possible” [p2, INQY0000453] to avoid further harm and suffering. By the end of 2024 10 offers of compensation had been made. Given how long victims have already been waiting for compensation, I have been asked whether the Cabinet Office has considered whether there is anything which it could do to

prevent further unnecessary delays in the provision of compensation, and if so what was the outcome of that consideration?

147. The Cabinet Office is constantly considering whether anything further can be done to prevent further unnecessary delays in the provision of compensation.

148. The two most important things the Cabinet Office is doing now to prevent further delay are: to ensure that there is no delay in laying the second set of regulations, which give IBCA the powers to make payments under the supplementary route and to the affected; and to ensure that IBCA continues to have all the resources and support it needs to develop and scale up its services as rapidly as possible.

Section 8: Appeals

(20.) Section 52 of the Victims and Prisoners Act 2024 provides that regulations must confer a right of appeal to the First-tier Tribunal against a decision taken under the scheme, and Regulation 42 of the 2024 Regulations provides for that right of appeal.

a. I have been asked if that is intended to be a full right of appeal which allows the First-tier Tribunal to take its own decision, or a right of appeal which is limited to errors of law, or limited in other respects?

149. Claimants can appeal to the First-tier Tribunal decisions by IBCA on the following:

- i. Their eligibility for the Scheme;
- ii. The amount of compensation awarded to them; and
- iii. The person to whom the compensation is awarded.

150. IBCA's decision can be set aside by the Tribunal, for IBCA to make again, or IBCA's decision can be upheld.

151. Following the hearing at the First-tier Tribunal, the person appealing IBCA's decision can appeal onwards to the Upper Tribunal (Administrative Appeals Chamber).

152. Such an appeal can only be if they think the decision was wrong for a legal reason, for example, if the Tribunal did not:

- i. Give proper reasons for its decision, or back up the decision with evidence, and/or;
- ii. Apply the law properly.

b. I have been asked what if any support (including funding for legal support) will be offered to applicants in relation to appeals to the First-tier Tribunal?

153. Funding from IBCA for legal support will not be available for appeals to the First-tier Tribunal.

Statement of Truth

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

Signed:

GRO-C

Dated 3/03/2025

Table of exhibits:

Date	Notes/ Description	Exhibit number
05/04/2023	Second Interim Report, Compensation, by Sir Brian Langstaff, Infected Blood Inquiry	INQY0000453
2024	The Infected Blood Compensation Scheme Regulations 2024	RLIT0002479
07/06/2022	Infected Blood Compensation Study, 'Compensation and Redress for the Victims of Infected Blood- Recommendations for a Framework' by Sir Robert Francis QC	RLIT0001129
18/10/2024	IBCA Report detailing Sir Robert Francis' KC recommendations to the government on the proposals for a compensation scheme	RLIT0002466
16/08/2024	Government report from the expert group which advised on compensation for infected and affected individuals	RLIT0002467

23/08/2024	Infected Blood Inquiry Response Expert Group Interim Report	RLIT0002478
16/08/2024	Infected Blood Inquiry Response Expert Group Final Report	RLIT0002474
2025	Framework Document – IBCA and the Cabinet Office	WITN7755002
12/02/2025	Infected Blood Inquiry Response Expert Group Addendum Report	RLIT0002480