Witness Name: Benjamin Harrison
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INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF BENJAMIN HARRISON

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 13 March 2025.

I, Benjamin Harrison, will say as follows:

1. I am a solicitor and the Head of Public Law at Milners Solicitors. Since 2018, I have represented a number of infected and affected people who participated in the Infected Blood Inquiry; at the time of the publication of the Inquiry's report in May 2024, I represented 21 infected people and 17 affected people. All of the people I represented were infected by blood products (or by someone who had received blood products) or were affected by the infection of a loved one through the administration of blood products.

2. Between 2018 and 2024, my work was almost solely concerned with infected blood; I drafted the majority of the witness statements submitted on behalf of those represented by Milners Solicitors, I reviewed the majority of the evidence made available to Core Participants and Recognised Legal Representatives ("RLRs"), I attended almost all of the Inquiry's evidence sessions and I was deeply involved in the drafting of submissions on behalf of our clients.

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3. As a result of my involvement with the Inquiry over the last seven years, I consider that I have a high degree of knowledge about the circumstances giving rise to the infection of people via infected blood and blood products as well as a deep understanding of what infected and affected people would like to see by way of compensation and the manner in which it is delivered.

My interactions with the Cabinet Office and IBCA

4. I attended the unveiling of the Inquiry's Report on 20 May 2024 and witnessed the relief, vindication and happiness experienced by infected and affected people. There was a strong sense amongst those I spoke with on the day that a decades long fight had finally come to an end; the truth had emerged.

5. The happiness of those I represent would prove to be short lived when, on 21 May 2024, the Government published a policy paper titled "Infected Blood Compensation Scheme Proposal Summary" [WITN7752002]. I received a large number of calls and emails from my clients almost immediately. To the best of my recollection, there were three primary concerns:

    a) The drafting of the paper was impenetrable for many infected and affected people; beyond the tables setting out illustrative awards, they were unable to understand much of the detail.

    b) Page 17 of the document discusses the relationship between compensation payments and support payments under the Infected Blood Support Schemes ("IBSS"); it contains the line *"…people who receive IBSS payments will continue to receive payments until such time that their case is assessed under the new Scheme by the Infected Blood Compensation Authority (IBCA)."* This appeared to confirm that, contrary to the recommendations of both Sir Robert Francis and Sir Brian Langstaff, the IBSS would be scrapped.

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c) The tables detailing illustrative awards were devoid of any detail as to how those awards had been calculated which meant that people were only able to draw a straight comparison between headline figures for different categories. This inevitably led to no small degree of discontent on behalf of the HCV mono-infected community who felt shortchanged in comparison to the proposed awards for those infected with HIV.

Whilst I do have some criticism of the sums to be awarded to the mono-infected community (and particularly those classed as Stage 2 or chronically infected), I appreciate that these criticisms are beyond the scope of the Inquiry's investigation and I make this point because the manner in which the Government communicated its proposals to infected and affected people was ineffective and there has been little improvement in the quality of that communication since.

6. On 23 May 2024, the Cabinet Office held a virtual technical briefing on the scheme proposals set out on 21 May. I was not notified about this meeting by the Cabinet Office nor, to the best of my knowledge, were any of the other RLRs. Instead, campaigners and campaign groups were invited to the meeting, RLRs were informed of the meeting by those campaigners and were belatedly allowed to attend in "listening mode" only – we were not allowed to speak.

7. My recollection of the meeting on 23 May was that it descended into chaos and served no useful purpose other than to demonstrate to the Government the level of anger which was being directed at its proposals for the scheme. Immediately after the meeting, Danielle Holliday at Collins Solicitors sent an email to the Cabinet Office requesting a meeting between officials, the IBCA and the RLRs; I'm not sure what response she received (if any) but a meeting with RLRs did eventually happen on 24 June 2024.

8. During the course of the week commencing 17 June 2024, the IBCA held a series of meetings with campaigners; shortly prior to these meetings, the Government published a document titled "Infected Blood Compensation Scheme – Engagement Explainer" [WITN7752004]. This explainer document

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was useful to me in that it enabled me to begin to understand how to put together an individual's claim but whilst the drafting was perhaps necessarily complicated, it was not (to the best of my recollection) accompanied by a simpler document which was more accessible for campaigners themselves. This meant that in the run up to the meetings during the week of 17 June, I was fielding a large number of calls and emails from clients whilst myself trying to understand the implications of these more detailed proposals.

9. To the best of my recollection, I attended one or two of the meetings during the week of 17 June – again, in listening mode and unable to contribute to the discussion. My understanding of the meetings which took place during the course of that week is that campaigners spoke with one voice on two issues; (i) firstly that the IBSS must remain in place and support payments must continue; and (ii) that there should be access to legal advice for all who wanted it when making their claims.

10. On 19 June 2024, a virtual meeting took place between four of the RLRs – Milners Solicitors, Collins Solicitors, Watkins & Gunn and Leigh Day. We discussed the explainer document as well as our experiences of the meetings with campaigners which had taken place so far. We agreed where possible, to work together in our contact with the IBCA and to speak again on 24 June, ahead of our meeting with the IBCA.

11. I digress slightly at this point to make clear that at this juncture, it felt clearly to me as though our (the RLRs') input was not welcome by either the IBCA or Cabinet Office. There had been two technical publications (the May policy paper and the June explainer) which we had not been given prior sight of and which, in my case at least, I only received after being forwarded the documents by clients. On 29 June I had registered to join the mailing list for scheme updates, and, to this day, I still do not receive those updates.

12. The lack of engagement with RLRs struck me as incredible; between us, we knew and represented a vast number of infected and affected people – we were well placed to explain the implications of the Government's proposals to our

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clients but were unable to do so efficiently because of this lack of engagement. Moreover, the IBCA and Cabinet Office would have saved themselves considerable time and effort had they engaged with us and enabled us to explain the proposals to our clients rather than having to field what I presume to be an enormous number of emails from scared and angry future claimants.

13. Finally in this regard, the Cabinet Office and IBCA marked out the campaigners as their chosen go-between to transmit information to the wider infected and affected community. This placed an enormous burden on those campaigners, and it is a burden which they simply should not have had to bear at a time when many of them believed that they had come to the end of their fight.

14. Returning to the meeting between the Cabinet Office, IBCA and RLRs on 24 June, I was accompanied at the meeting by my paralegal, Jack Spark, who attended for the sole purpose of taking a detailed note of the discussion [**WITN7759002**]. The drafting of this note is a little rough – it was never intended to be seen beyond myself and my colleagues who work with me on infected blood matters, but it illustrates the content of the discussion which took place. The meeting was conducted under Chatham House Rules and as such, I am the only identified speaker in the note.

15. It can be seen that, after introductory remarks from Sir Robert and David Foley, I spoke first and highlighted the uncomfortable position I had found myself in over the previous weeks in trying to explain Government proposals to clients without having all of the information to do so effectively. I then raised the lack of any equivalent severity banding to recognise those infected people who were currently admitted to the Special Category Mechanism of the IBSS.

16. The point which sticks in my mind most about the meeting was my exchange with Sir Robert on the impact of removing the support schemes. I explained that I had made a rough estimate (based on the explainer document) of the compensation to be awarded to a mono-infected person with chronic HCV and that such a person would receive nothing more than what they would have otherwise received through the support schemes, without the IBCA's existence.

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17. Sir Robert replied by saying that for a person registered with the IBSS, their support payments would represent their future financial losses; I distinctly remember being stunned at this response because it was at odds with everyone's understanding that (a) the support schemes would close; and (b) the Scheme's guarantee that nobody would be worse off applied to the totality of a person's claim as compared with the totality of their expected IBSS payments for the remainder of their life. I also clearly remember a Cabinet Office official shaking her head whilst Sir Robert was making this response.

18. The remainder of the meeting was taken up with discussion about other topics such as legal representation through the claims process but the standout development had been Sir Robert's comments which I interpreted to mean that the Scheme guarantee would operate not as against the totality of a person's claim but only as against their future financial losses which would mean that if the IBSS were to be closed, it might genuinely be said that our clients were no worse off as a result and would still be compensated beyond those IBSS support payments.

19. After the meeting on 24 June, written submissions were invited by Sir Robert focussed on what changes we thought ought to be made to the scheme proposals; the deadline for making these submissions was 30 June 2024 – six days after our meeting.

20. I knew from my experience in preparing submissions for the Inflected Blood Inquiry that there was no way in which I could produce a draft submission, circulate it to all clients, amend to incorporate their views and then submit within six days. I considered carefully whether I was professionally able to make a submission and decided that there were a number of points which could unquestionably be made, and which would benefit all of those whom I represented or at the very least, would have no negative impact on the position they might wish to advance individually. I did send the draft submission to all of my clients but noted that I was not inviting amendments and that if they wished to make any further points, they would need to write individually to Sir Robert.

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21. I sent my submission to the IBCA on 28 June 2024 [WITN7752005]; I will not rehearse the content within the body of this statement but I focussed on (i) ways in which the IBCA could build trust with the infected and affected community; (ii) the future of the IBSS; (iii) HCV severity bandings; (iv) evidence requirements; and (v) the provision of legal assistance. My comments on the future of the IBSS illustrate the confusion which arose following our meeting with the IBCA on 24 June 2024.

22. On 14 August 2024, I was sent Sir Robert's recommendations to the Government on their proposals for a compensation scheme. I was pleased to see recommendations that support payments should continue for those who wished to continue receiving them (and should be credited only as against future financial and care losses) and that legal support should be made available to those claimants who wished to avail themselves of it.

23. Through July and August 2024, it became ever more apparent to me that it was important to show a unified front when dealing with the IBCA and the Cabinet Office. Five of the RLRs, Milners, Collins, Leigh Day, Watkins & Gunn and Thompsons Solicitors Scotland had begun to speak on a fairly regular basis about the common issues and problems we and our clients were all experiencing.

24. On 16 August, our five firms wrote collectively for the first time, to the IBCA [**WITN7759003**], we offered to assist the IBCA with the development of operational procedures such as the appellate process and mechanisms for providing legal support. We asked to meet with the IBCA in September.

25. On 13 September, we still hadn't received a response from the IBCA and so I sent a chasing email which received a near instant response from David Foley confirming that he and Sir Robert would be happy to meet with us. A meeting was arranged for 1 October 2024.

26. In the meantime, on 17 September 2024, the IBCA replied to our letter of 16 August [**WITN7759004**]. For reasons which I find a little hard to articulate

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(and which may be unfair), I read the letter as further confirmation that the IBCA did not wish to involve the RLRs in any meaningful discussion about the formation of the compensation scheme. On the face of it, the letter of 17 September is perfectly reasonable but sentences such as *"This will allow the IBCA to hear first-hand the concerns and suggestions of those infected and affected, which we can use to shape and build the organisation"* read to me as intimating that the IBCA would proceed with its consultations with the community directly and would attach little (if any) weight to what the RLRs might have to say.

27. If I am perhaps being a little sensitive in my interpretation of the extract cited above, the conclusion of the letter is slightly less ambiguous where it is written that *"Unfortunately, IBCA cannot pay for your time during any of our engagements, and any discussions we have would be limited to you sharing feedback from your clients and yourselves regarding the practical considerations mentioned in your letter."*

28. Firstly, the RLRs had not (at least insofar as I am aware) sought payment for their engagement with the IBCA and it struck me as odd that the issue of payment was mentioned; I read this as an attempt to dissuade us from pursuing involvement in the design of the scheme.

29. Secondly, pre-emptively seeking to limit the remit of any discussion between the IBCA and RLRs hardly suggested to me that the IBCA wanted to work collaboratively with us going forward.

30. For the avoidance of any doubt, I don't make any complaint about the IBCA engaging with the infected and affected community directly in principle. My concern, as set out earlier in this statement was that (a) many of the campaigners with whom the IBCA sought to engage were tired, didn't want to engage and only did so out of a sense of obligation; and (b) the information provided to those campaigners by the IBCA was so dense and impenetrable that for the most part, they would send it to me for interpretation in the first instance in any event.

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31. The meeting scheduled for 1 October was ultimately moved to 2 October and I cannot locate any note I took of the meeting. Nevertheless, I believe that it was at this meeting that I raised the issue of user consultants. My recollection is that prior to the meeting, a job advertisement had appeared for a single user consultant, and I expressed my concern that it would be impossible to appoint a single person who would command the confidence of the entire infected and affected community. I felt that tabling the idea of user consultants betrayed a lack of appreciation for the history of the infected blood scandal.

32. On paper, I will readily accept that the concept of involving an infected and/or affected person in the IBCA's decision making is a good one but anyone familiar with the Alliance House Organisations will make an immediate comparison with the MFT's user trustees. I felt that this had at the very least, the potential to recall upsetting memories for many. Secondly, I think that those working with the Inquiry and infected and affected people on a daily basis saw that different factions of the infected and affected community did not always rub along together very smoothly. There are different (and at times, competing) interests amongst the community and I thought it quite naïve of the IBCA to consider that any one single person might be capable of commanding the acquiescence let alone the confidence of everyone.

33. I recall Sir Robert telling me that the idea was his and was based upon his experience with a previous scheme where he had found such consultants very useful. I don't doubt that in other circumstances, the concept would be entirely appropriate, but I remained of the opinion that the appointment of a single user consultant to the IBCA would be a source of unrest amongst those whom I represented.

34. Other than user consultants, we also discussed the internal review and appellate processes and how they might look and the RLR's collectively offered to work with the IBCA to design a legal support package for Claimants.

35. On the evening of 17 October, the IBCA sent out, via its mailing list, an update which confirmed that the first 20 applications to claim had been invited. I did not

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receive this update directly and it was instead forwarded to me by a number of clients. I was quite angry not only at not having received the update directly but also at the fact that insofar as I was aware, issues such as the appellate processes and legal support were still up in the air, yet it appeared that the IBCA had settled on processes because it had now begun to invite claims.

36. I wrote to David Foley on 18 October [**WITN7759005**] highlighting the impossible position into which I felt I had been placed. I asked for details about the criteria for selecting the first 20 Claimants and asked why, insofar as I was aware (after a brief call around the other RLRs) none of those applicants appeared to be legally represented.

37. It would later transpire that two or three of the first 20 invitations were made to represented people but that the RLRs were not notified that their clients had been invited; this is an issue that I will return to later in this statement.

38. David replied to me immediately with a holding response which promised to add me to the IBCA mailing list [**WITN7759006**]. I received David's substantive response [**WITN7759007**] on 28 October and he explained that a range of infection types, severities and age groups had been selected from a group of people who had volunteered to trial the claims process. David went on to briefly set out the internal review and appeals processes as well as to express commitment to providing legal support to those claimants who wished to have it.

39. On 5 November 2024, I received an email from the IBCA Enquiries Mailbox with a confirmation that the IBCA and the Government had agreed to provide legal support for the first 250 claimants at two stages: (1) when they are confirming with the IBCA that the information collected about them is correct; and (2) when they are deciding whether to accept the IBCA's offer of compensation.

40. This email was swiftly followed by a further email from the same mailbox, inviting me to meet with Sir Robert and David Foley on 7 November to discuss the legal support to be offered to claimants.

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41. The meeting on 7 November was scheduled to begin at 4.45pm and at 2pm, I (as well as the other RLRs) received a document titled "Proposed Appointment of Law Firms to Advise Claimants: Key Commercial Principles" [**WITN7759008**]. The document proposed, amongst other things:

    a) A cab-rank system of referral for unrepresented claimants with an inability to refuse instruction on grounds other than capacity;

    b) Two stages of work: advising a claimant on the IBCA's decision as to their eligibility for compensation; and advising a claimant whether or not to accept an offer of compensation and, if they refuse the offer of compensation, supporting them through any internal review process.

    c) For each stage of work, a maximum fee of £1,100 + VAT was proposed meaning that we would be paid £2,200 + VAT per claim. Bills had to be calculated on a time-spent basis and could not exceed the cap for each stage of work.

    d) A prohibition on entering into any conditional fee agreement with claimants and a waiver to any entitlement under any such existing agreement as well as a general prohibition on charging any further fees to any claimant for any work related to IBCA compensation.

42. The RLRs had only a short amount of time to digest the proposals before the planned meeting though, as I recall, we collectively made the following points:

    a) We were happy to agree a cab-rank system of referral for unrepresented claimants, but we would need to be able to reject instructions on grounds other than capacity – for instance, if we had a conflict of interest. The IBCA's concern had been that firms might seek to cherry-pick certain types of claims, but they were content to accept our assurances that this would not be the case and that, for reasons of professional conduct, we may need to reject certain instructions even where we had capacity.

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b) The RLRs argued that the proposed fees were completely unworkable for a number of reasons:

i) A fee of £2,200 + VAT per claim was not commercially viable. Our firms are obliged to hold professional indemnity insurance policies and the risk of advising on claims ranging from £600,000 to £2.8m for such a small fee would make it impossible for us to do the work. By way of further illustration of this point, my firm is currently in the process of renewing its PII policy and I am told that of the policies being considered, there is an increase to our premium of around £60,000 solely and directly caused by our involvement in these cases – at a rate of £2,200 per case, we would need to run 28 claims just to recover the increased insurance cost.

ii) Payment of legal fees was to be made at the same time as payment of a claimant's compensation. We considered that this created a solicitor/own client conflict of interest because the proposal made it in our interest to advise a client to accept an offer (so that they would receive a payment, and our fees would be paid simultaneously) where it might not be in the interests of the claimant to accept that offer.

iii) The suggestion that fees had to be billed on a time-spent basis and evidenced by timesheets was ridiculous considering the sums involved. It seemed to us to be patently obvious that we would spend more than £2,200 worth of time on a claim and the administrative burden of producing itemised bills made the proposals even less commercially viable. We pointed out that the IBCA would presumably need to hire a law costs draftsman to assess the bills and there would need to be an assessment process which would increase the administrative burden for the IBCA as well.

c) I made the point strongly that I had no desire whatsoever to charge my clients anything for assisting them with their compensation claims nor did I

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believe, did my colleagues in the other RLRs. That said though, we could not commit to making no charge for any work connected to IBCA compensation in the round because that would encapsulate supplementary route claims for which we had no process descriptions or fee proposals from the IBCA.

43. After the meeting, the five RLRs met and discussed what amendments we might suggest, to make the IBCA's proposals workable. We settled on several amendments which are set out in our joint letter to the IBCA of 12 November [**WITN7759009**], which annexed amended proposed heads of terms [**WITN7759010**].

44. A further meeting took place between the RLRs and the IBCA on 14 November; as I recall, neither Sir Robert nor David Foley was present at this meeting and it was led by the IBCA's Finance Director; the IBCA also had their own solicitors present who, I understand, were providing procurement advice.

45. I remember the meeting being quite heated with the IBCA asserting that their offer of £2,200 per claim was generous and that they did not intend to move away from the concept of paying fees on a time spent basis.

46. It became apparent to me at this meeting that a core problem was that we had no process description for the core route, we had no way of understanding how much work was involved with a core route claim and as such, we had no means of estimating how much a reasonable fee would be. This point was made by one of the other RLRs and there was some discussion about treating the first claims as test cases where we could assess how much work was involved before a more permanent contract was agreed.

47. The following day, on 15 November, David Foley wrote to the RLRs with amended proposals [**WITN7759011**] which allowed for a fixed fee (rather than a capped fee evidenced by timesheets) in the increased sum of £4,500 + VAT per claim. The offer related only to the first 15 claims which were to be treated as a learning exercise for all parties. After a further exchange of

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correspondence [**WITN7759012** / **WITN7759013**] and some minor amendments, my firm entered into a contract with the IBCA on 2 December 2024.

48. After an exchange of correspondence through December and January 2025, my firm entered into a contract extension with the IBCA to provide legal support to the first 250 claimants on 29 January 2025. The terms of this extension were broadly the same as those for the initial contract of 2 December 2024. At the time of writing this statement, I have been asked to attend a meeting with the IBCA (along with other RLRs) on 2 April 2025 to *"review the provision of legal support for people claiming compensation and discuss next steps, following the first group of claims."*

49. By way of commentary on our exchanges of correspondence with the IBCA about the provision of legal services, it is easy with hindsight, to see that there was (a) a lack of understanding on the RLRs part about what the claims process would entail; and (b) a lack of understanding on the IBCAs part about the work we would need to undertake to satisfy our professional obligations to our clients.

50. A major stumbling block was the system adopted by the Cabinet Office and IBCA of utilising case managers to prepare a claimant's claim. I suspect that the IBCA thought our objections to claims managers were born out of a desire to secure as much work for ourselves as possible. For my part at least, my objection to the obligatory use of claims managers to prepare claims was that I believed they would bring delay to the process, I believed that they were effectively carrying out work which I would need to undertake in any event, and I had concerns about clients being forced to retell their stories again, against their wishes.

51. I hope that following the IBCA's experiences with the RLRs during the claims process, their concerns may have been alleviated. For my part, and for reasons set out later in this statement, I do not have the same level of concern that I initially had about claims managers though, as I will describe later, I do think that there are ways in which the claims process could be refined.

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52. Finally, in relation to the totality of my interactions with the IBCA, it might be easy to conclude from that which I have written above that my relationship with the IBCA has been a difficult one. The true position is actually more nuanced.

53. There is a juxtaposition between my opinion of some of the IBCA's actions as an organisation (which at times I am sure, may be directed by the Cabinet Office) and my experience of the individuals who work with and for the IBCA. It will be noted that the vast majority of my contact with the IBCA between August and December 2024 was with David Foley and I have always and without exception, found him to be thoroughly pleasant, decent and polite and I believe, motivated through a genuine desire to produce a well-functioning compensation scheme.

My experience of advising Claimants to the IBCS

54. At the time of writing this statement I have been instructed to deal with five claims to the IBCA. Two of the claims have completed and the claimants have received their compensation payments, one of the claims has reached the calculation stage and the final two claims are new instructions and are in the pre-declaration stage.

55. For ease of reading, I will briefly set out my understanding of the claims process and my understanding of my role within that process:

    a) A claimant is invited by the IBCA to make their claim for core route compensation; they are allocated a Claim Manager, and the Claim Manager holds an initial meeting with the claimant which, from what I have seen, is an introduction and an opportunity for the claimant to explain their circumstances to the Claim Manager.

    b) Evidence is collected by the Claim Manager: there is an automatic transfer of IBSS records to the IBCA, the Claimant is able to contribute any records they hold, and the Claim Manager is able to demand information and documents from other bodies such as NHS Trusts.

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c) Once sufficient information is collected, the relevant parts of it are entered into a declaration form – this form records the date of a person's infection(s), the date of their diagnosis, the dates of any severity changes and the severity level of the infection at the time of making the claim. In essence, the form contains all of the information required to carry out a core route calculation. The claimant signs the declaration form to confirm that the contents are correct.

d) The Claim Manager takes away the declaration form and calculates the claimant's compensation entitlement; two offers are made to an IBSS registered claimant – one larger lump sum offer which, if accepted, would entail the claimant de-registering from the IBSS and one smaller lump sum which, if accepted would allow the person to continue to receive IBSS payments for the remainder of their lives.

e) My role in this process is to:

   i) Ensure that the content of the declaration form is accurate and accords with the evidence available. Where no evidence is available, to ensure that the Regulations are correctly applied to infer appropriate dates at which any severity changes can be implied.

   ii) Ensure that the calculation(s) of core route compensation entitlement accord with the Regulations.

   iii) Where I have concerns that a claim is not being progressed in accordance with the Regulations, to advise the claimant to seek internal review and to support them through that process.

   iv) My role is not to advise the claimant about which offer they should accept; this is a decision for the claimant, hopefully with the benefit of independent financial advice.

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56. In practice, I have found that the more involvement I have had at the pre-declaration stage, the quicker the claim has progressed. The first two claims that I dealt with were for clients who I had represented throughout the Infected Blood Inquiry, I held full copies of their medical records, and I was able to transfer these records to the Claim Manager. In both of these cases, I think that it would be fair to say that neither myself nor the Claim Managers found the IBSS records to be of any real use.

57. In the first of these claims, I produced a PDF bundle of the entirety of the client's medical records which I then bookmarked to show the relevant entries which established the date of infection and severity changes.

58. In the second claim, I was conscious that I had sent a lot of irrelevant material in the first claim albeit, I had flagged the relevant parts. This time, I selected from the client's medical records the relevant documents which demonstrated infection dates and changes in severity and sent them alone with a short narrative document explaining the relevance of each. I will discuss this claim further in the later parts of this statement, but I felt that the approach I took in this second claim worked well.

59. In the remaining three claims which I am dealing with, these have all been referrals to me by the IBCA. I do not have the same advantage in these claims of already being in possession of the client's medical records albeit, the Claim Managers in each of them are doing all they can to procure any surviving medical records.

60. I have dealt with four different Claims Managers at the time of writing this statement and I have found them all to be courteous, professional and empathetic. My own view is that they have been well trained in how to speak with infected people in a manner which is likely to put them at ease. Following the second claim which I dealt with, I wrote to David Foley and, amongst other things, praised the manner in which the Claims Managers had handled the two claims.

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61. I have enjoyed a collaborative relationship with the Claims Managers in each of the claims which I have handled and have found the process to be relatively smooth – particularly considering that we are still essentially in a test phase of the claims process.

62. I do think that there is some refinement which could be made to the process, and I discuss this below.

63. It goes without saying that my experience so far is of the core route and with claimants who are existing IBSS registrants and therefore, have already established their eligibility to claim. In this sense, the claims we have dealt with so far are the simplest that we will come across.

My concerns about the Scheme and potential remedies

64. My concerns about the Scheme as it currently stands can be divided into two broad categories: (1) operational concerns which it is within the gift of the IBCA to remedy; and (2) policy concerns where the IBCA is acting entirely in accordance with the Regulations (as it must do) but where the Regulations produce results which are not in keeping with my/my clients expectations of the Scheme.

Operational Concerns

65. The single biggest source of anger and anxiety amongst the infected and affected community is the length of time which it is taking to ramp up capacity within the IBCA. My experience with my clients has been that they are more anxious now than at any other time during the Inquiry process – my view is that knowing that they may be tantalisingly close to the end of their fight for justice is making it extremely difficult for them to deal with waiting in line to be invited to make a claim.

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66. I can entirely appreciate that it will take time for the IBCA to recruit the correct people and adequately train them to process claims. I do not however, believe that this is a barrier to increasing the IBCA's capacity to deal with claims.

67. I previously mentioned the second claim to the Scheme which I had dealt with; I felt that this claim had been progressed extremely efficiently; an invitation to claim had been issued on 15 January 2025 and acceptance of the IBCA's offer was communicated on 7 February – a period of only 23 days.

68. I believe that one reason for this efficiency was that I was immediately notified of the invitation to claim by the client and was able to begin preparing an evidence bundle with them – this meant that the Claim Manager did not need to spend copious amounts of time seeking out records from third parties or sifting through irrelevant documents. When I say that the process was efficient, I mean that it was efficient for the client in terms of how long it took them to receive their compensation but also an efficient use of the Claim Manager's time.

69. As I noted above, I wrote to David Foley at the conclusion of this claim [**WITN7759014**]; amongst other things, I recommended that he review the file related to this claim and look at it as a precedent for how the Claim Managers and RLRs can work together collaboratively to reduce the time taken to process a claim and free up Claims Managers' time to deal with more matters at once.

70. My impression is that Claim Managers have been trained to notify claimants of the legal support available once they are at the declaration stage. If this is the case then in one sense, it is difficult to criticise the IBCA for this approach because it is a reflection of the contractual position between the IBCA and the RLRs – contractually, our first involvement is in assessing the accuracy of the declaration form.

71. However, taking a more practical approach, in order for me to advise on the accuracy of a declaration form, I first need to go through the available evidence to satisfy myself that the dates recorded in the form are an accurate reflection

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of the evidence. It causes me no extra work or effort to be doing this from the outset rather than at a point at which the Claim Manager has spent a large amount of time sifting through documents which they are not familiar with.

72. In certain cases, there will inevitably be a need for the Claim Manager to exercise the IBCA's power to demand evidence. These cases will inevitably take up more of the Claim Manager's time but there are also thousands of claims, particularly on behalf of those with bleeding disorders, where the RLRs already hold all of the relevant records and where we could quickly prepare short bundles for the Claim Manager setting out only the relevant evidence. I can see no reason why the RLRs cannot work collaboratively with the Claim Managers in these cases to free up time amongst the limited number of Claim Managers currently employed so as to enable them to handle more cases.

73. For the avoidance of any confusion, I highlight the availability of records in bleeding disorder cases for the simple reason that medical records for these patients (though whilst in many cases incomplete) tend to exist to a greater degree than whole blood recipients who not uncommonly, weren't aware of their infections until after their records had been destroyed.

74. I think that a simple first step which could be taken to facilitate the kind of collaboration I have described is for the Claim Managers to be instructed to detail the availability of legal support when they send out the invitation to claim and to ask the claimant if they already have legal representation. Where the RLRs already hold medical records for a claimant, this will potentially free up the Claim Manager's time to deal with more claims.

75. If and when the IBCA opens up to applications without invitation, it might consider taking applications from legally represented people as declaration forms supported by a concise bundle of evidence. This would seem to me to be the most efficient method for progressing the largest number of claims.

76. A second problem, parasitic of the primary issue of the speed at which capacity to accept claims is being increased, is the issue of the order of priority in which invitations to make claims should be delivered.

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77. For reasons which I struggle to fathom, the IBCA began consulting with campaigners in Autumn 2024 on the order of priority in which claims should be invited. I struggled to fathom the reasons for this consultation because it seemed patently obvious that every campaign group representing infected people would naturally and understandably – perhaps even necessarily – advocate that their cohort should receive priority.

78. In my opinion, this consultation did little other than cause further anxiety and anger amongst the infected community and served only to pit groups of infected people against one another whilst hinting that it may yet be some considerable time before applications without invitation would be accepted.

79. I am not aware that any decision has been taken as to the order of priority in which future invitations will be issued but to my mind, the only objectively fair way of prioritising people would be to take the list of infected scheme registrants, order them from oldest to youngest and start at the top with some mechanism to expedite invitations to people who are very ill.

80. A major contributing factor to the distress caused by this consultation is the fact that we still do not know if or when the scheme will open to applications without invitation. I suspect that if people knew that they would be able to make their application for compensation this year at least, there would have been far less emotion about the order of priority in which claims were currently being invited.

81. This hints at another issue which has been a persistent problem with the IBCA since its inception and that is the quality of its communications and, in my opinion, its lack of transparency.

82. Dealing first with the quality of the IBCA's communications, I have concerns both about the IBCA's written communications and about the manner in which they engage with campaigners in the meetings which are held fairly regularly.

83. The updates which the IBCA provides to campaigners can be rather dense and, as I have said previously, impenetrable to a number of infected and affected

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people who contact me for interpretation. I have some sympathy for the IBCA in this regard because many of the updates, particularly those concerning the Regulations, are attempting to convey extremely complicated information which I can appreciate may be difficult to simplify to the requisite extent.

84. However, many of the IBCA's written communications often appear tone-deaf. A prime example is the regular updates that the IBCA has provided since December about the number of claims which have been invited, the number of offers of compensation which have been made and the total amount which has been paid out.

85. Some of my clients have reported to me that they perceive these updates as self-congratulatory in tone which they consider to be wildly inappropriate given the lack of any apparent significant increase in the rate at which claims are being accepted by the IBCA.

86. Other clients have taken issue with the statistics presented – firstly, the figures until recently, only included claims where people had accepted the larger lump sums and de-registered from the IBSS – the figures were therefore incomplete. Secondly, concerns have been expressed to me that the updates as presented set unrealistic expectations of what some people might receive by way of compensation. As an example, an update from the IBCA on 19 March noted that 63 offers of compensation have been made totalling £73,037,056.66 and that 40 of those offers had been accepted leading to £44,835,807.18 being paid to claimants. Both of these statistics suggest that claims will be on average around £1.1m+ and this is certainly not likely to be the case for people mono-infected with stage 2 chronic HCV.

87. As I have already noted, a number of engagement meetings have taken place between the IBCA and campaigners. Those of my clients who have attended these meetings have reported back a feeling that the meetings are a waste of time, are conducted for appearances sake and so that the IBCA can say that it has consulted with the community – they say that no change ever arises from them.

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88. One client told me that it seems as though the meetings exist so that the IBCA can cherry pick a comment from the meetings to attach in support of something which it already planned to do. In other words, in terms of consultation, the cart is put before the horse – the IBCA decides on a course it wishes to pursue, then holds consultations a) so that it can say it has consulted with the community and b) in order to try to find some voice of support for its pre-selected course of action.

89. This leads into the widely held view that the IBCA is not transparent. My own perception is that the IBCA is deliberately ambiguous about certain points; I suspect this is born of well-meaning intentions and that the IBCA does not, for example, want to raise expectations on a certain issue until it is certain. Nevertheless, the impact of the IBCA not acting frankly is that seeds of mistrust, anger and fear are sown. The following examples spring to mind:

    a) The IBCA's line about starting small and working up capacity to accept claims is a line which has been used for a number of months now and one which is wearing extremely thin with those I represent. I do not accept that the IBCA is aimlessly sending out invitations without any plan or timescale as to how those numbers of invitations might be increased.

    My view is that the community would be far more understanding of delays if the IBCA were to say "this is our plan and anticipated timescale for working up to accepting applications without invitation." Where delays occur, if the IBCA explains the reasons for those delays and what remedial action is being taken, I think that the community would be far more accepting.

    The present position, of being given the same line for months whilst being updated only about the relatively small numbers of claims which are being progressed, is intolerable for many.

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b) The manner in which claims are currently being invited is far from clear. It will be noted from David Foley's letter to me of 28 October 2024 that he offered some explanation of how candidate claimants had been selected. It is unclear to me as I write this statement whether the IBCA is still drawing from a pool of volunteers or whether some other mechanism is now at work.

In any event, the information vacuum which exists over the issue of how people are being chosen to make their claims, has given rise to theories amongst the community which have taken root. By way of example, I know that some co-infected people have come to believe that they will not be invited to make a claim until the new financial year because their claims are likely to be large and there is some unknown Treasury constraint at play.

I also know that some people believe they are being held to the back of the queue as punishment for being outspoken in meetings with the Cabinet Office and IBCA. Finally, I know many people who believe that the IBCA's pace of processing claims is designed deliberately to ensure that the maximum number of people die before they are able to claim – an estate claim is significantly less valuable than a living infected claim and an affected claim dies with the affected person.

In one sense, whether these theories are true or not is irrelevant. The fact that these theories have taken root is testament to the IBCA's failure to adequately communicate with the infected and affected community.

Finally in this regard, I repeat that I firmly believe people would care far less about the order in which claims were being invited if they had some idea of when they themselves would be able to make their own claims and that it was going to be sometime in the near future.

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Policy Concerns

90. I have two major concerns with the Infected Blood Compensation Scheme Regulations in both their 2024 and 2025 iterations. My complaints in this regard are directed toward the Cabinet Office and the Government – the IBCA can only administer the Scheme in accordance with the rules which are set for it by the Regulations. In both instances, I feel that the regulations run contrary to what was either explicitly or implicitly promised to infected people.

91. My first concern relates to Regulation 25 of the 2024 Regulations and Regulation 7 of the 2025 iteration. The two regulations are different but achieve the same goal of providing a calculation for establishing an infected persons past financial losses. The calculation is somewhat complex, but it yields a figure of less than 1 which is then used to multiply a person's total financial loss. I have attempted to illustrate the effect of this calculation in a fictional example, set out below.

Mr Smith was born in 1960 with a bleeding disorder, he was infected with Hepatitis C through the use of FVIII in 1976. In 1998, he was diagnosed with cirrhosis and in 2004, he received a liver transplant. Mr Smith is expected to retire in 2026 and to live until 2046. He is accepted by the IBCA as eligible to claim at HCV Stage 4 and invited to make his claim in December 2024.

I establish Mr Smith's total additional financial losses as follows:

1976-1998	*Level 2 Infection, pre-effective treatments = 22 x £11,863*	*£260,986.00*
1998-2004	*Level 3 Infection, pre-effective treatments = 6 x £23,726*	*£142,356*
2004-2024	*Level 4 Infection to present day = 20 x £29,657*	*£593,140*

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2024-2026	*Level 4 Infection present to retirement = 2 x £29,657*	*£59,314*
2026-2046	*Level 4 Infection through retirement = 20 x £14,828.50*	*£296,570*
	Total Additional Financial Loss	***£1,352,366***

92. In this example, it can be seen that Mr Smith's past financial losses can easily be worked out by adding together the three periods between 1976 and 2024 to arrive at a figure of £996,482.00. The Regulations do not however, permit past financial losses to be calculated in this way.

93. Instead, we must apply a calculation to the total financial loss figure to arrive at what the Regulations say, should be Mr Smith's past financial loss figure. I will attempt to continue the example below using the 2025 Regulation equation (I will explain the reason for using this calculation thereafter).

Regulation 7 provides that we must apply to the total financial loss award, the equation $x \times ((Y_2 + 0.25) \div Y_1) \times T$.

In Mr Smith's case, Y1 = 71 – this is calculated by counting the number of years through his lifetime that Mr Smith has been infected.

Y2 = 49 – this figure is calculated by counting the number of years since Mr Smith's infection to 2024.

Because we are dealing with a financial loss rather than a care award, X = 1 and is therefore of no consequence to the equation.

So for Mr Smith the calculation is ((49+0.25) ÷ 71) = 0.693661971830986 we then multiply this figure by T, which is the total additional financial loss award, to arrive at a total past financial loss of £938,084.87

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94. It will be noted that the calculation produces a past financial loss figure which is £58,397.13 less than that which is arrived at through simply counting up the appropriately rated years between Mr Smith's infection and 2024.

95. In my experience, the equation always delivers a figure less than one would arrive at by a simple count up; I believe that this is a result of the inclusion of retirement years (paid at half rates) within the calculation. The discrepancy between the two methods of establishing past financial losses increases, the younger a claimant is.

96. In short, my complaint here is why is it even necessary to have an equation which calculates past financial losses when they can be so easily established in the manner which I employed at the outset of my fictional example?

97. To my mind, the existence of this calculation runs contrary to the Government's commitments made in response to Sir Robert's August 2024 recommendations on 16 August 2024, where it was said clearly and unambiguously that:

"Support scheme payments will not be taken into account when assessing an applicant's 'injury', 'social impact', or 'autonomy' awards, or in relation to past financial loss or care awards. Applicants will be able to access these parts of their compensation as a lump sum or periodical payment."

98. The existence of the past financial loss calculation is, to my mind, the clear breaking of a promise made to the infected community because the application of the past financial loss equation results in a deduction from a past financial loss award to a person who chooses to remain registered with the IBSS.

99. Before moving on, I noted above that I was using the equation provided by the 2025 Regulations rather than that provided in the 2024 Regulations. The reason for this is that there is an error in the 2024 equation which caused a slight unintended weighting of losses from past to future. This in turn meant that people's offers to remain on the IBSS were slightly less than they should have

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been – from what I have seen, this has typically made a few thousand pounds of difference.

100. To the Cabinet Office and IBCA's credit, upon becoming aware of the problem, they notified claimants and the RLRs and have made (or will make) top-up payments to claimants who were affected by the mistake.

101. Finally in relation to the calculation of past sums, I will add that in contrast to financial losses, there probably was a need to have an equation to calculate past care costs – these cannot be established from the same system of totting up which enables the easy calculation of past financial losses and which is a necessary part of carrying out a compensation calculation in any event.

102. That said, I think that the equation which has been arrived at weights too much of the award to future care costs and is not generous enough in relation to past care costs. In my experience, the equation typically yields past care awards of less than 50% of what the total award would be. To my mind, this is unlikely to reflect the reality for many and I think particularly here of people who have suffered HIV infections and who had lengthy periods of extreme ill health prior to the advent of effective treatments to control their infections. I also think of people who endured the first treatments for HCV and who told the Inquiry about the severe impact of these treatments on their ability to carry out the simplest daily tasks.

103. My second concern about the regulations relates to Regulation 19(6) of the 2024 Regulations and Regulation 20(7) of the 2025 Regulations. Both versions set out a method for establishing the dates when changes in the level of severity of an infection are deemed to occur in the absence of evidence.

104. The regulations provide that where a person is, on the "Relevant Date", at level 4 (liver cancer/transplant) then they will be considered to have been at level 4 for the preceding four years, then level 3 for the six years prior to that and level 2 for the remainder of the time that they have been infected.

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105. I have no complaint about these deemed periods of time, I presume that they were informed by the Cabinet Office's expert advisory group, and I presume that they reflect a typical progression from infection through to cirrhosis and ultimately to liver cancer.

106. The problem with the drafting is that the Relevant Date is defined as the date at which the Claimant's application for compensation is made. This produces perverse results.

107. If we return to Mr Smith's fictional example above and imagine that he instead received a whole blood transfusion in 1976, knew nothing about his infection until he progressed to liver failure in 2004 and was swiftly given a transplant in 2004, then all we know from the evidence is that he was infected in 1976 and was certainly at level 4 in 2004.

108. It would be remarkable to suggest that Mr Smith went to sleep on 31 December 2003 with a level 2 chronic infection featuring no significant liver disease and then woke up on 1 January 2004 with liver failure and in urgent need of transplant. This is precisely what the regulations as drafted, expect us to believe.

109. Because the drafting only allows us to count back from the relevant date i.e. the date of application, the time periods for severity changes which are to be inferred, become irrelevant unless the claimant happens to have progressed to level 4 during the same year in which they are making their application.

110. In Mr Smith's case, the regulations would tell us that he progressed to level 3 in 2014 and to level 4 in 2020, but they become inapplicable because we know from the evidence that he actually progressed to level 4 at some time before 2004.

111. It strikes me that the purpose of the regulations here is to ensure that a person is not undercompensated for want of evidence. It seems to me that the Government must have sought guidance as to the natural progression to liver

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failure to cater for just such a circumstance. Yet the manner in which the regulations are drafted, renders them almost entirely irrelevant.

112. I will add that I have not arrived at this view merely from having read the regulations and having identified a potential problem. I have dealt with a claim to the IBCA with circumstances which are somewhat similar to the fictional example given and it was confirmed to me that the Claimant would be treated as having progressed immediately from level 2 to level 4 infection.

113. In response, I wrote to the Cabinet Office via their IBIResponse mailing address on 10 March 2025 identifying the problem [**WITN7759015**] though, at the point of making this statement, I have received no reply.

Note: as I was about to submit this statement, I did receive a holding response from the Cabinet Office on 26 March; as matters stand, I have not received a substantive response.

114. I believe that this will likely prove a significant problem for those claimants who were the recipients of whole blood transfusions. I say this because whilst fully acknowledging that those with bleeding disorders frequently have incomplete medical records, there was a tendency amongst haemophilia doctors to monitor their patients' liver health (whether they told their patients or not) and there further tends to be more by way of medical records for those with bleeding disorders because of different record keeping requirements.

115. I suspect that there will be a number of whole blood recipients with circumstances similar to the fictional claimant detailed above, who knew nothing about their infections until they began to experience the consequences of severe liver damage.

116. For any claimant who is unable to adequately evidence the dates at which the severity of their infections changed, I fear that it is an almost certainty that their financial losses will be undercompensated.

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Changes which might address these problems

117. The Infected Blood Compensation Scheme is imperfect but it was always going to be given the short amount of time within which it was constructed; it might be argued that a tariff based scheme will always be imperfect because it will never accurately assess the loss and damage caused to each individual who passes through it – this is the price which is paid for swifter justice.

118. We might lament the time wasted by the previous administration during which they had accepted the case for paying compensation yet had made little visible progress in preparing for a compensation scheme. The fact of the matter is however, that there are thousands of desperately needy infected and affected people for whom the wait for compensation has become utterly intolerable.

119. We have a compensation scheme which must be made to work effectively and efficiently, for the benefit of those people.

120. I believe that the following changes may help to address the operational concerns which I detailed earlier in this statement:

a) A wholesale reset of the manner in which the IBCA communicates with infected and affected people. The IBCA needs to be entirely frank with people about the anticipated timescales for opening up the scheme to general applications. It needs to be frank about risks to its ability to adhere to those timescales and it needs to be frank and honest when a problem emerges which risks causing delay.

   Had the IBCA operated in this manner from the outset then I believe that a lot of anguish amongst the community would have been spared.

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As I noted previously, those at the IBCA might reasonably hold the view that they don't want to make promises that they can't keep or set expectations only to dash them. What the IBCA needs to appreciate is that they are dealing with a group of people who have come to a deep mistrust of the state after decades of abuse. Anything other than complete transparency on the part of the IBCA, will lead to feelings amongst the community of "here we go again".

b) I have often felt, and I think to a degree, it is obvious from the correspondence between the RLRs and the IBCA, that the IBCA regards the RLRs with a degree of suspicion. It seems clear to me that the IBCA considers our involvement unnecessary and unwanted whether that be through the summer of 2024 when the 2024 Regulations were being prepared, whether that be in relation to issues such as the design of legal support services in Autumn 2024 or even, whether in relation to assisting people to make their claims to the IBCA full stop.

The IBCA prefacing much of their correspondence to the RLRs with a note that they will be unable to pay for our time hints perhaps, at one reason for their reluctance to meaningfully engage with us. If the IBCA's fear is the cost of our involvement in engagement, then that fear is misplaced.

Since May 2024, it is no exaggeration to say that I have spent hundreds of hours pro-bono, working to support existing clients and attempting to engage with the IBCA. I do not recall that I have ever sought any payment for this engagement work beyond a small fee in the summer of 2024, which was offered by the Cabinet Office.

I have undertaken this work because of the very deep responsibility I have towards the people that I represented throughout the Inquiry process. In many ways, the Infected Blood Inquiry was a case like no other for the RLRs, we have worked shoulder to shoulder with our clients

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for seven years now and I consider many of them to be friends. To me, it would be unconscionable to walk away from that responsibility now.

I would like an open and trusting relationship with the IBCA where they fully utilise the RLRs to assist in overcoming the challenges that the Scheme faces. In the first instance, I would like the IBCA to allow the RLRs to prepare declaration forms on behalf of their clients. To me, it is a senseless waste of the IBCA's currently limited resources, for Claim Managers to be spending weeks trying to locate and interpret evidence whilst for represented people, the RLRs hold much of that evidence already and are in a position to quickly produce the relevant parts of it.

121. Turning to the policy concerns which I previously identified:

a) The Government must explain why an equation is needed to calculate a person's past financial losses when it appears entirely unnecessary given that it can be accurately established during the process of calculating a person's total additional financial losses. If the Government has no good explanation (and I cannot think of one) then it should amend the Regulations to remove the use of the equation in this particular calculation.

b) It seems plain to me that Regulation 20(7) of the 2025 Regulations does not operate as it must have been intended to. There would have been no sense in establishing deemed severity progression dates if they were not capable of being utilised in all cases in which they were required. The Regulations must be amended to allow for these deemed dates to be applied from the relevant dates taken from the evidence rather than from the date of a claimant's compensation application.

For absolute clarity, for a person to qualify as stage 3 they must, at some point, have had a diagnosis of fibrosis or cirrhosis; for a person to qualify as stage 4 then they must have had a diagnosis of

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decompensated cirrhosis or liver cancer or must have had a transplant. These events must have been recorded in the evidence in order for that person to qualify as being at that particular stage and it is from these dates which the deemed severity changes should be calculated.

Other relevant matters

122. In preparing this statement, I have had the opportunity to consider some of the other written statements collected by the Inquiry in the early part of 2025. I have something to say about some of those statements.

123. I have read the statement of James Quinault [**WITN7755001**] and have the following thoughts:

a) Mr Quinault says, at paragraph 22 [**WITN7755_0004**] of his statement that *"The infected and affected communities have had a major influence on the design of the Scheme"*. This is not a position that I recognise nor is it one which I believe that the majority of the infected and affected community would agree with.

From my perspective, and I believe, from that of my clients, the scheme was largely presented as a *fait accompli* in May 2024 and I can think of three significant changes to the initial proposals which have arisen from engagement with the community: (1) the acceptance of legal support for claimants; (2) the retention of the IBSS (or equivalent provision); and (3) the acceptance in principle of creating an SCM equivalency severity banding. These changes were recommended by Sir Robert Francis in the summer of 2024.

b) I do not consider that the changes made to the eligibility of siblings under the scheme arose as a result of community engagement, as Mr Quinault suggests at paragraphs 17 and 18 of his statement. In my opinion, that change was caused solely by Sir Brian's intervention with his letter of 13

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November 2024 and indeed, it is evident from the content of Sir Brian's letter that affected people felt ignored and were facing an interpretation of his recommendation which was not what he intended.

c) At paragraph 118 of his statement, Mr Quinault says *"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."* He repeats the assertion at paragraph 126.

My understanding is that this is not entirely accurate. The Government has agreed to reimburse up to £1,500 plus probate fees for the procurement of a grant of probate or letters of administration as appropriate, but it has not agreed to pay anything for the assistance of applicants with the preparation of their applications.

124. In relation to David Foley's written statement [**WITN7757001**]:

a) David describes the core route claims process at paragraph 27 of his statement and I agree with his description; it largely matches my experiences of the scheme. David notes at 27(a) that the first step involves the assignment of a claims manager who reviews all of the information available to the IBCA. Insofar as I am aware, David is referring here to the claimant's IBSS records which, in my experience so far, have contained little by way of relevant information, suitable for inclusion in a declaration form.

b) As David notes at 27(b), legal representatives are included within initial calls, but this only happens, from what I have seen so far, where an infected person already has legal representation and proactively asks for that representative to be included. Insofar as I am aware, applicants are not alerted to the availability of legal support in the initial contact from the claims manager. And indeed, I have seen cases (and am aware of other RLRs dealing with cases) where applicants are not put in touch with legal advisers until after a declaration form has been signed.

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c) With regard to paragraph 27(e) of the statement, it is noted that *"Importantly for the way we operate and in line with feedback from the community IBCA tries, wherever possible, to reduce the burden on those claiming by finding the information ourselves."* On the face of it, it is very difficult to disagree with the sentiment – it is of course right that all that can be done to alleviate the burden on claimants, ought to be done.

Nevertheless, my perception is that the IBCA in some cases, takes its understanding of its responsibility to procure evidence, too far. The IBCA seems to have a preference for seeking out evidence itself before first asking whether it might be easier to obtain that evidence from other sources. The IBCA's powers to obtain evidence are an important tool but not one which should necessarily be used as a default option. As I have set out previously, if applicants were alerted to the availability of legal support in the claim managers initial contact, then, certainly for those already represented, the IBCA would be in receipt of the relevant information far quicker, the claim would progress more swiftly and there would be a more efficient use of the IBCA's resources.

d) At paragraph 28 of his statement, David writes that *"…The strong consensus in the feedback was that it was important for people to receive personal, consistent support from a single human point of contact…"* My recollection of the engagement sessions I attended is that a similar sentiment was indeed expressed albeit as I recall, it might be more accurately articulated as *"our lawyers have our documents and know our stories, why can't they make our applications."* It is certainly true that the community feared having to deal with an anonymous call centre, but I am not aware of any infected or affected person who pursued the appointment of claim managers.

I don't make this point as a challenge to the claim manager system; as I've noted previously there is no sensible discussion to be had on root and branch reform of the Scheme, my experience of claim managers has been

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positive, and I believe that claim managers have an important role to play in the operation of the Scheme. Rather, the point I want to make is that we would all get further quicker, by working closely, transparently and collaboratively.

125. Finally in relation to the evidence which the Inquiry recently published, I will turn briefly to the written statement made on behalf of the Birchgrove Group [**WITN7752001**] and begin by noting that I assisted W1387 and Alan Burgess with its preparation. With regard to paragraph 27(a) of that statement:

a) It is noted that at a meeting with Sir Robert on 8 January this year, W1387 and Mr Burgess recalled Sir Robert saying something to the effect of *"The solicitors are basically being greedy and asking for too much money."* I was not at this meeting and I did not hear Sir Robert say this albeit, I have no reason to doubt my clients' recollection of events.

b) If Sir Robert did say the words attributed to him then I would be disappointed. As matters stood on 8 January, my firm had not been paid a penny by the Cabinet Office or IBCA for work connected to the Scheme; it is true that we had been permitted to invoice up to £2,200 + VAT in August 2024, for work on Sir Robert's initial engagement, but that invoice had remained unpaid.

c) Moreover, by 8 January, my firm, together with other RLRs had agreed an interim contract with the Cabinet Office which I have outlined in the earlier parts of this statement, so to suggest that there was some kind of ongoing negotiation or dispute as to what fees should be paid for legal support, was plainly wrong.

d) I deal with this matter in this statement for the sole reason that it seems to me to add some weight to my perception (which I have already described) that the IBCA would prefer to keep the RLRs at a distance.

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Concluding remarks

126. Whilst writing this statement, I received a call from a campaigner who said to me that he could not remember community members ever being at such a low and that some had even reported feeling suicidal. This is remarkable when one thinks of what the community has had to endure over the past decades.

127. For me, this call highlighted a simple and obvious truth: that whatever the Government and IBCA are doing to increase the speed at which claims are being processed, it is not enough.

128. For those of us who have been involved in the Inquiry's work over the last seven years (and I include the Inquiry's Chair and staff) we have a very raw and unfiltered knowledge of how desperately our infected and affected friends need their compensation payments. It isn't simply about alleviating financial hardship (important as that is), it is about allowing people to close an enormously painful chapter of their lives and perhaps, hopefully, enjoy what remains of the time they have.

Statement of Truth

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

Signed GRO-C

Dated 2 April 2025

Table of exhibits:

Date	Notes/ Description	Exhibit number

WITN7759001_0038

21/05/2024	Policy Paper titled "Infected Blood Compensation Scheme Proposal Summary"	WITN7752002
June 2024	Infected Blood Compensation Scheme Engagement Explainer	WITN7752004
24/06/2024	Note of meeting between Cabinet Office, IBCA and RLRs	WITN7759002
28/06/2024	Milners' submission to IBCA/Sir Robert Francis	WITN7752005
16/08/2024	Letter from five RLRs to IBCA	WITN7759003
17/09/2024	Letter from IBCA to RLRs	WITN7759004
18/10/2024	Email from BH to David Foley	WITN7759005
18/10/2024	Letter from David Foley to BH	WITN7759006
28/10/2024	Letter from David Foley to BH	WITN7759007
07/11/2024	Proposed Appointment of Law Firms to Advise Claimants: Key Commercial Principles	WITN7759008
12/11/2024	RLR letter to IBCA	WITN7759009
12/11/2024	RLR amended heads of terms	WITN7759010
15/11/2024	Letter from David Foley to RLRs	WITN7759011
24/11/2024	Letter from RLRs to David Foley	WITN7759012
22/11/2024 (sent 25/11/2024)	Letter from David Foley to RLRs	WITN7759013
07/02/2025	Email from Ben Harrison to David Foley	WITN7759014
10/03/2025	Email from Ben Harrison to Cabinet Office's IBIResponse mailbox	WITN7759015

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