

Infected Blood

Compensation Authority

IBCA Board Meeting

6 May 13:00 -15:00

AGENDA

TIME	ITEM	PRESENTER
PART A (PUBLIC)		
13:00 - 13:20 [20 minutes]	1. Welcome and Actions Approval of Minutes and Actions <i>Paper 1: February Minutes</i> <i>Actions</i> Declarations of Interest	Sir Robert Francis (Chair) Governance Lead Sir Robert Francis
13:20 - 13:55 [35 minutes]	2. CEO Update, Strategic Delivery and Risks <i>Paper 2: Strategic Delivery Report</i>	David Foley
13:55 - 14:00	BREAK	
14:00 -14:20 [20 minutes]	3. Business Planning <i>Verbal update</i>	Hannah Probert
14:20 - 14:35 [15 minutes]	4. Board Advisory Panel Update <i>Tim to introduce himself as the Community Advisory Panel Chair and provide a short update on the work of the Panel so far.</i> <i>Paper 4 - CAP Update</i>	Tim Green
14:35 - 14:50 [15 minutes]	5. Board Sub-Committees Updates and Terms of Reference Approvals <i>Audit, Risk and Assurance Committee (ARAC) [verbal]</i> <i>Quality, Finance and Performance Committee (QFPC)</i> <i>Paper 5a - QFPC ToR</i> <i>Remunerations Committee (REMCO)</i> <i>Paper 5b - Revised RemCo ToR</i>	Russell Frith Deborah Harris Helen Parker
PART B (PRIVATE)		
14:50 - 15:00 [10 minutes]	6. Any Other Business	Sir Robert Francis
15:00	CLOSE	

[UNCONFIRMED - formal Board approval on 05/05]

IBCA Board Minutes
3 February 2026, 13:00 - 15:00
BP7118, Benton Park View, Newcastle

Board Members:

1. Sir Robert Francis (SRF) - Chair
2. David Foley (DF) - Chief Executive Officer
3. Deborah Harris-Ugbomah (DHU) - Non-Executive Director
4. Helen Parker (HP) - Non-Executive Director
5. Sir Rob Behrens (SRB) - Non-Executive Director
6. Russell Frith (RF) - Non-Executive Director
7. Dan Hancock (DH) - Director, Corporate Services
8. Celine McLoughlin (CM) - Director, Digital
9. Sindy Skeldon (SS) - Director, Operations

Attendees:

1. Victoria Brock - IBCA General Counsel
2. James Quinault - Cabinet Office, Director General, Public Inquiry Response
3. Chair's Private Office
4. Governance Secretariat

Welcome, Actions and Matters Arising

- 1.1. The Chair welcomed everyone to the Board meeting.
- 1.2. The minutes were agreed.
- 1.3. No interests were declared.
- 1.4. [*Subsequent to the break*] The Board agreed to the updates in the IBCA action log.
- 1.5. HP highlighted that the Board had held a Strategy Away Day in January, and agreed that the strategy should be to ensure that the organisation was: 1) capable and dependable; 2) listening to community feedback; 3) maturing appropriately; 4) planning for the future. There would be an update to the Cabinet Office as the sponsor department, in line with the framework agreement.

2. CEO Update, Strategic Delivery

- 2.1. DF updated the Board on progress. Key highlights included:
 - 16,389 registrations;
 - 3,558 people had started the claim process;
 - £1.9 billion compensation payments made to date.

- 2.2. On service goals, the introduction of the digital service had been impacted owing to prioritisation of opening the service to new claim groups.
- 2.3. On legislation, the Government consultation on the fourth set of Regulations had closed recently and IBCA was awaiting the result, which would inform delivery.
- 2.4. On communications, the community had continued to raise concerns, including the amount of the award for unethical research and disparities in compensation amounts compared with other compensation schemes. IBCA had written to the Cabinet Office to convey those concerns and was now publishing a quarterly digest of concerns raised on the website.
- 2.5. In discussion, a question was raised about the difference in the number of claims started and offers made. DF explained that this related to the need for data provision by external organisations, for example the NHS. DF highlighted that once a claim had been finalised, a survey was sent to persons making a claim to ask about their experience, and satisfaction with the service was increasing. It was important to have a single Claim Manager from start to finish, which contributed to service user satisfaction.
- 2.6. On the digital service, the emphasis had been on making sure that this was high quality; in future everyone could have the opportunity to make an online claim as an alternative to the telephone. This would enable scale-up and efficiency.
- 2.7. On corporate matters, there was a March move-in date for the Glasgow office, and IBCA was participating in the Cabinet Office Matrix shared services project.
- 2.8. In discussion, the question arose as to whether or not it would be possible to scale up quickly following completion of the private beta testing phases. DF noted that there was a strong relationship with existing providers and that IBCA was ready to do this. On four of five priority projects being rated red, IBCA had agreed mitigating actions together with the Cabinet Office as the sponsoring department. IBCA would continue to update the Board on progress against these mitigating actions. In May IBCA would move to its new office in Newcastle, for which careful planning had been undertaken.
- 2.9. On data, DF noted that a large amount of compensation had been paid and IBCA continued to work hard to make progress on the more complex claims. For the first cohort in 2025, starting with small numbers had provided the necessary understanding that had subsequently enabled rapid scale-up.
- 2.10. In discussion of the feedback survey results, the question arose as to why some people were giving dissatisfied scores. The single largest reason identified was dissatisfaction with the scheme itself - specifically that it does not cover people's circumstances - rather than with the service they had received. There also appeared to be a drop in satisfaction scores relating to legal and financial support. A recurring factor was the gap between what people expected the financial advice to cover and what the provision actually is. The financial advice is there to help people make the right decision about whether to accept their payment, it is not intended to support broader financial planning for the future.

2.11. On quality assurance, there was extensive management information available, and the data team was now pulling this together into a dashboard to illustrate trends.

2.12. On engagement, DF outlined that there had been valuable sessions with the community in person and on social media, which would inform how the service should be opened up further. A drop-in event with persons making a claim had been held in Glasgow on 25th January. Future drop-in events would be in Birmingham, Cardiff, London and Manchester. Further, the first quarterly digest was published in late January.

2.13. DF noted that he would attend the Public and Constitutional Affairs Committee meeting on the Cabinet Office Annual Report and Accounts on 10 February, to answer any questions arising on the IBCA accounts 2024-25.

3. Service Delivery

3.1. CM presented the paper on progress in testing new categories of claim for the digital service (private betas). This included: 66 people living with infections who had never been compensated; 26 claims for the estates of the deceased infected; and 17 people in the affected category. Priority was being given to people near the end of their life.

3.2. In order to scale up, there was a need for identity verification to be as smooth as possible, and for support services to be available. There was also a focus on making sure Claim Managers could share information effectively. Feedback on elements that were helpful or unhelpful was being built into the approach.

3.3. Board members then discussed the availability of trauma training for staff members dealing with people near the end of their lives. In response to questions on scaling up, CM noted that it was important to trial claims with different types of relationship in order to expand this further. On eligibility, no-one had yet had to be turned away from the service; any challenge had been on amount, not eligibility.

4. Board Sub-Committee Updates

4.1. As Chair of the Audit, Risk and Assurance Committee (ARAC) RF provided an update on recent items of discussion, which included lessons learned from the production of the 2024/25 accounts. The next ARAC would focus on the 2025/26 accounts.

4.2. As Chair of the Quality and Performance Committee (QPC), DHU noted that the QPC would be reviewing service quality. The terms of reference would be coming to a future Board meeting for approval **[Action]**.

4.3. As Chair of the Remunerations Committee (REMCO), HP stated that REMCO scrutinised matters such as senior pay, and pay for the panel of clinical advisers.

4.4. The Chair then closed the public meeting in order to conduct a private session for any other business.

Date of next meeting: 5 May 2026

Actions

Date	No.	Action	Action Owner	Due Date
03/02/26	163	Submit Quality and Performance Committee Terms of Reference to the Board for approval.	Deborah Harris-Ugbomah	03/03/26

Board Actions – May 2026

Date	Meeting	Ref	Action	Lead	Due date	Progress update	Status
18/11/2025	Board	IBCAB156	Use targeted communications to ensure awareness of registration.	Rachel Forster	6/5/2026	Pending results of registration research.	Open
18/11/2025	Board	IBCAB157	Conduct planning for wider communications to raise awareness of registration (in case it should be required).	Rachel Forster	6/5/2026	Pending results of registration research.	Open
16/12/2025	Board	IBCAB161	Conduct analysis on the challenges of providing appropriate evidence for the affected cohorts.	Hannah Probert	6/5/2026	To be circulated ahead of the May Board.	Open
16/12/2025	Board	IBCAB162	Provide ongoing training for the Executive Committee on addressing any grievances and concerns.	Jill Moore	6/5/2026	This will be facilitated by the IBCA HR Team, taking into account our policy, procedure and best practice based on lessons learned by HR colleagues. This will occur in April.	Open
03/02/2026	Board	IBCAB163	Submit Quality, Finance and Performance Committee Terms of Reference to the Board for approval.	Deborah Harris	6/5/2026	ToR will be presented on 6/5 for approval	Open

OFFICIAL SENSITIVE

IBCA Strategic Delivery Report

April 2026

Infected Blood
Compensation Authority



Overview

1. Service Goals and Projects Delivery Confidence
2. Business Team Updates
3. Communications & Engagement
4. Annex A - Q4 25/26 Highlights (for Public Board)

1. Service Goals and Projects Delivery Confidence

Milestone Plan - Service Goals

Jan Feb Mar Apr May Jun Jul Aug Sep Oct

Claims process is simple and effective

- ★ Release DVLA Password reset capability → ★
- ★ Commence PoC Person Centric Claims → ★
- ★ Enable ID Matching I&A specific → ★
- ★ Launch MAC[^] Deceased Infected- → ★
- ★ Launch MAC[^] single Affected claims → ★

Migrate website to new CMS to improve navigation & publishing

★ Move Website to CMS Platform → ★

Milestones post-May will be updated after May Board

Register intent to make a claim for deceased affected persons estate

★ Deceased Affected Registration → ★

Process a claim to Claim Managers & develop target solution architecture

- ★ Process a Claim ITHC Complete
- ★ First release of Process a Claim - Initiate/Assign/Review claim (Infected & LINC)

Ensure IBCA can apply the CPI uplift

★ CPI Uplift available to Claim Managers

[^]MAC(Make a Claim)

Achieved	★
On Track	★
At Risk	★
Missed/Delayed	★

Service Goals (1)

Goal	Delivery Confidence		Rationale / Progress Update	Top Risks
	Trend	RAG		
Iterate service in each private beta to learn, improve and support scaling			Cases progressing through each of the Private Betas with learning informing updates to guidance and correspondence. Model Offices gradually expanding.	<ul style="list-style-type: none"> • Claims progressing slowly as we tackle emerging issues and having to start foundational claims for prioritised affected claims • Balancing tensions to learn and improve the quality of the service with the need to scale as quickly as possible.
Migrate website to new content management system (CMS) to enable improvements to navigation and publishing process			Plan revised (from Mar) following need to accommodate planned publishing requirements. Currently planned for late April with work to confirm this linked to platform prioritisation.	<ul style="list-style-type: none"> • Federated publishing will increase risk of inconsistent content. • Publishing freeze while the migration takes place.
Enable people to make a claim online for multiple claim types			Work progressing for the online make a claim for deceased infected claims and in testing - now planned for May release (in planning with website changes). Affected journey has a technical dependency which has delayed progress and replanning underway to target a new date.	<ul style="list-style-type: none"> • Time to learn from insights before expanding • Clarity on Process a claim design to pull information through service
Enable people to register their intent to make a claim for a deceased affected persons estate			In testing prior to deployment, with release anticipated following website migration. However, delivery remains dependant on alignment with wider service changes.	<ul style="list-style-type: none"> • Data capture is not fully aligned with evolving service and policy requirements.

Service Goals (2)

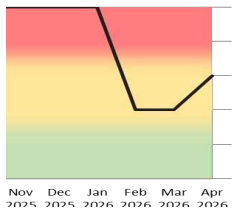

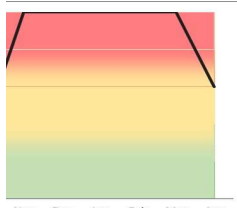

Goal	Delivery Confidence		Rationale	Top Risks
	Trend	RAG		
Introduce Digital Process a Claim to claim managers and develop target solution architecture			<p>The second release of Process a Claim service went live in March, with a small number of claims in the Living Infected Never Compensated Model Office. This enables Claim Managers to view, assign and edit claims and view and upload documents in the platform. Technical approach for future iterations agreed and detailed design and development work underway.</p>	<ul style="list-style-type: none"> • Complexity of design across multiple teams slows progress and impacts delivery timelines. • Misalignment between rapid delivery and development of a sustainable, person centred solution.
Develop delivery options approach for supplementary claims			<p>Discovery activity has been completed, with recommendations on information requirements and approach developed. Outputs are informing future prioritisation and planning discussions.</p>	
Ensure IBCA can apply the CPI uplift			<p>CPI uplift has been successfully implemented, with digital and operational processes in place.</p>	

Milestone Plan - Projects

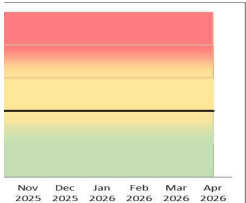
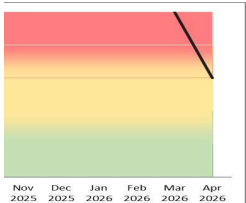


Achieved	★
On Track	★
At Risk	★
Missed/Delayed	★

Projects (1)

Priority	Delivery confidence		Progress Update	Path to Green
	Trend	RAG		
Professional Support Services (Legal Support) - Secure independent legal support for the LINC and eligible individuals in the deceased and affected cohorts.		 A/R	Interim legal support arrangements have been temporarily extended , pending agreement on approach to longer term procurement. IBCA, Cabinet Office and HMT are working together for Business Case timeline for full structured procurement of secure legal support.	<ul style="list-style-type: none"> ● Agreed long term delivery model and procurement approach ● Confirm approach and timeline required for Business Case ● Establish clear governance, performance measures and escalation routes ● Clarify outstanding policy positions with Cabinet Office
Professional Support Services (Financial Support) - Secure a independent financial advisers for the LINC and eligible individuals in the deceased and affected cohorts.		 A/R	Ongoing work to understand timing of private beta expansion and supplier capacity required to respond . Further interim solution required until full structured procurement is in place.	<ul style="list-style-type: none"> ● Confirm approach and timeline required for Business Case ● Decision and timeline for mini procurement or mini competition (Apr 26)

Projects (2)

Priority	Delivery confidence		Progress Update	Path to Green
	Trend	RAG		
<p>Estates- Secure suitable office space in Newcastle and Glasgow which offers flexible capacity for future demand, and delivers value for money.</p>		<p>↔ A</p>	<p>We continue to work with the landlord at Bank House, Newcastle to finalise the move to the building.</p> <p>IBCA will also be securing a new site for Newcastle, to be confirmed</p>	<ul style="list-style-type: none"> ● Finalise building moves. ● Confirm all locations for colleagues and within buildings.
<p>IBSS Transfer -Transfer the 4 Infected Blood Support Schemes (IBSS) into IBCA ensuring a smooth transition which meets transfer dates set out in regulations</p>		<p>↑ A/R</p>	<p>Feedback from IBSS schemes and CO (Mar) is that IBCA is not moving fast enough on planning for the transfer because we have prioritised building the claim service to bring in claims, and more needs to be done to give confidence to the schemes that the transfers will happen.</p> <p>Refreshed IBCA project approach with central project team and named workstream leads; alongside defined governance forums and roles & responsibilities.</p> <p>Internal cross functional planning workshop will be held on 16 April.</p> <p>All day workshop with CO, IBSS Schemes and DAs on 20/04 to build relationships, seek feedback on draft plan, discuss risks and agree MVP.</p>	<p>(Route to Amber)</p> <ul style="list-style-type: none"> ● Detailed IBCA plans presented for feedback to increase confidence (Apr 26) ● Agreed cross functional IBCA plan updated with CO, DA and IBSS Scheme feedback (Apr 26) ● Agreed joint outcomes / MVP (May 26) ● Agreed cross organisation roles and responsibilities (Apr 26) ● Demonstrate progress through delivery of agreed milestones and improved stakeholder confidence (Q1 26/27)

Projects (3)

Project	Delivery confidence		Progress Update	Path to Green
	Trend	RAG		
<p>Matrix - Provide new strategic HR, Payroll, and Finance ERP solution to IBCA as part of the Matrix Programme.</p>	n/a	N/A	<p>The MyCO board agreed to retain a RED Delivery Confidence Assessment.</p> <p>The Matrix programme has been delayed from its original July 2026 go-live target. To safeguard business continuity, the MyCo Board has formally approved an extension to the current contract from October 2026 to April 2027 and is being finalised.</p> <p>A new plan is expected to be agreed upon in May 2026.</p>	<ul style="list-style-type: none"> • IBCA Project schedule, Gap Analysis and continuous resource demand analysis aligned to May 2026 re-baselining (May 26). • Develop IBCA Comms strategy and change management approach aligned to May 2026 re-baselining (Jun 26).

IBCA Delivery Confidence Key

RAG	Delivery Confidence Definition
G	Successful delivery of the project/programme to time, cost and quality appears highly likely(achiveable) and there are no major outstanding issues that at this stage appear to threaten delivery.
A/G	Successful delivery appears probable. However, constant attention will be needed to ensure risks do not materialise into major issues threatening delivery.
A	Successful delivery appears feasible but significant issues already exist requiring management attention. These appear resolvable at this stage and, if addressed promptly, should not present a cost/schedule overrun.
A/R	Successful delivery of the project/programme is in doubt with major risks or issues apparent in a number of key areas. Urgent action is needed to ensure these are addressed, and establish whether resolution is feasible.
R	Successful delivery of the project/programme appears to be unachievable. There are major issues which at this stage do not appear to be manageable or resolvable. The project/ programme may need rescoping and/or overall viability re-assessed.
C	Project/programme has moved into closure stage,due to either successful delivery or early termination and is progressing to the required steps to complete formal closure.

RAG Trend Key	
↑	RAG rating has improved (towards Green)
↓	RAG rating has worsened (towards Red)
↔	RAG has remained unchanged

Service releases and changes

Website	Service	Technical	Correspondence & Guidance
Infected Blood Community survey results	Process A Claim (View, edit & upload)	Encryption of EBS Volumes	Language of Correspondence Deceased infected
A new page about the Community Advisory Panel	CPI Uplift	One Login Key Rotation	Update Legal Guidance and letters
Information on the Birmingham, Manchester and London drop-in sessions	Freshservice (service management software),	Enable AWS Security Hub on all AWS prod accounts	Remove reviews email address from Review correspondence
Updated external statistics	Secure Documents (SDX) document types		Edits to EIBSS guidance
Update that IBCA has now paid £2 billion in compensation	Emergency incident releases (login to process a claim)		Update guidance relating to Financial Support.
Updated information on how compensation payments are calculated			Guidance - Review Call Guide Introductory Info for LINC, Affected and DI
Information on "no win, no fee" agreements			

In March there were **37** releases consisting of

- **6** Service releases (Features/hotfixes that impact people claiming and claim managers/IBCA Users)
- **10** Technical releases (Security, performance, resilience, reliability, efficiency and scalability)
- **9** website releases
- **12** Correspondence and guidance changes
- Example releases include **(not full exhaustive list)**

2. Business Team Updates

Official sensitive

Infected Blood
Compensation Authority

17

Activity Landscape (initial version)

	Mar	Apr	May	Jun	Q2 26/27	
Business Planning		★ Community Advisory Panel Discussion (14/04)	★ Seek approval Public Board (06/05)			Ongoing work to develop IBCA's first Business Plan for 2026-27, including how we prioritise the scale up of the service (inc tools, people and finances)
2e Mechanism (Community Concerns)		★ MCO launches 2e mechanism (14/04)		★ Initial feedback ExCo/Service Delivery (Jun)	★ Thematic Report Public Board (07/07)	Working with Cabinet Office to develop a mechanism to enable the community to raise concerns on the infected blood compensation scheme
Fraud						Working with Public Sector Fraud Authority's Risk Portfolio committee and GIAA on latest reports. Bespoke fraud training content agreed and train the trainer session held.
Safeguarding						Policy now to be published internally with a statement included on IBCA website.
Quality Assurance		★ Safeguarding policy published				Adapted QA approach in development - all Tier 1 checks done by QA Team and Team Leaders to focus on call listening and coaching. Reviews of Decisions processes continues.
Pay & Benefits		★ Complaints transferring to SI&I				RemCo endorsed proposals for harder to fill roles and we are now progressing to implementation phase. First IBCA annual pay award expected late summer.
Employee Engagement & Experience	★ RemCo endorsed Pay strategy	★ New employee benefits provider launched			★ Pay Award Update	The new employee engagement strategy is being implemented with senior ExCo sponsor for each strategy pillar. An employee support pack has been developed for office moves.
Workforce Capacity and Capability						The first Glasgow Claim Manager recruitment campaign completed. New bespoke line manager and leadership learning has launched with excellent feedback from staff.
Next Generation of Payment System						Work continues to plan for the next generation of payment system as we offboard current platform. The commercial and Digital teams are collaborating to understand requirements, review options and design a procurement strategy.
Information Technology - Strategic Delivery Partnership						CO Digital have extended contracts to allow IBCA to have enhanced service levels until the end of Sep '26. Work has begun on planning to exit this agreement and procure a stand alone strategic Digital Delivery Partner for the next three to five years.
Falcon						Move from Google to Microsoft technology
Digital Delivery Partner	★ Agree additional route to market commercial option (Bloom)		★ Commence AI Commercial tool testing			Team currently defining requirements for the Digital Delivery Partner (DDP) to replace SDP as offboarding begins this year. (Business Case required?)
Letter of Acknowledgement						Working with CO to understand who is leading on community engagement. Work ongoing to operationalise.
Finance					★ Final Draft of Annual report	Final Draft of Annual Report ready for approvals

3. Comms & Engagement

Comms & Engagement

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
Community Events	★ Glasgow (TBC)		★ Manchester & Birmingham	★ London (29/04)	★ Liverpool (12/05)	★ Belfast (04/06)	★ Cardiff (30/06)			
Newsletters										
Monthly Calls			★ Monthly calls with a range of community groups and stakeholders							
Policy & Guidance		★ Official policy guidance for chronic Hepatitis B claims	★ Publish £2 billion compensation update							

Timeline - Work in progress

March Progress Update
 IBCA hosted community drop-in sessions in Birmingham and Manchester, each drawing about 150 attendees.
 A new email platform was launched for the community update newsletter, achieving a 65% open rate (above industry average)

Internal communications focused on office moves and a new staff wellbeing pilot.

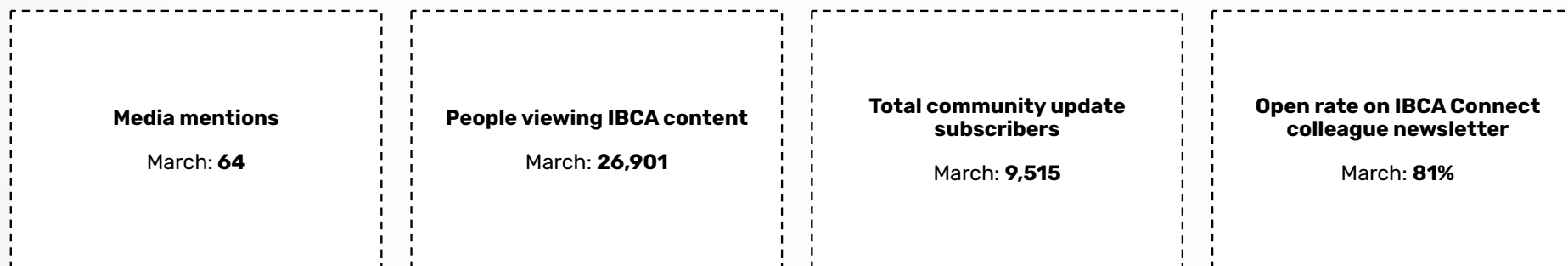
Targeted communications were issued regarding 'no win, no fee' solicitors, signposting eligible persons making a claim to free independent legal support and reaching over 5,800 people online.

Digital engagement performance metrics

In March:

- **27,019** people viewed IBCA social content, down **15%** from February.
- **212** comments and replies on IBCA social media posts, down **39%** from February.
- **71,953** post impressions were tracked in March, down **33%** from February.
- **4,061** clicks were seen on links in IBCA social media posts, up **6%** from February.
- IBCA published **30** posts, down from **34** in February.
- IBCA social media posts (Facebook only) reached **20,521** unique people, down **19%** from February.
- IBCA posts had **294** reactions and likes, down **35%** from February.
- Average post engagement rate was **21.16%**, up **18%** from February.

Communications and Engagement



Of the **64** media mentions:

- **9%** were local
- **9%** were regional
- **64%** were national

Annex A - Key Highlights (January to March 2026)

Summary Slides (1)

Area	Key Highlights (for the period of January-March 2026)
Service Delivery	<p>Continuing to progress our 3 model offices taking in claims from those who are deceased infected, living infected never compensated and registered affected, with a multi functional team approach; working across operations, digital and data.</p> <p>Second iteration of the Process a Claim service (the Claim Manager Platform) was released in March with a small number of claims in the Living Infected Never Compensated Model Office. This enables Claim Managers to view, assign and edit claims and view and upload documents in the platform. We plan to iterate this based on learning from moving claims through and expand it firstly to cover the whole end to end claim process and then by making it available to other claim types.</p> <p>The functionality to uplift recurring payments in line with CPI (Consumer Price Index) was released ensuring people receive accurate payments.</p> <p>Teams have successfully used the Data Platform to identify people with multiple claims and claims dependent on other claims. Work is underway for Q1 to extract this intelligence and ensure it is available for operational planning and processing of expanding claims in the private betas.</p> <p>Review of all claims previously paid (circa 3000) to determine those that may be entitled to further compensation due to 3rd regulation changes.</p> <p>Implementation of the NHS triage team, improving stakeholder relationships and improve response time.</p>
Service Integrity and Improvements	<p>Close work with Public Sector Fraud Authority and Government Internal Audit Agency to assess and further enhance fraud controls. Training is been delivered to Claim Managers and work is underway with University of Coventry to provide further fraud training support. Delivering the identity verification service for people who cannot use the One Log In service.</p> <p>New Safeguarding service in place and supporting both Claim Managers and people making a claim with expert and experienced support. Policy agreed and published internally - with statements to be provided on the website. Further Safeguarding training provided to Claim Managers.</p> <p>An enhanced approach to handling complaints has been agreed with some associated organisational changes which will enhance the service provided. Part of wider focus on Continuous Improvement. Some changes in the SI&I organisational structure to maximise focus on protecting the integrity of the service and prepare for the future.</p>
Professional Support Services	<p>Following the successful implementation of Legal and Financial support services agreements in December which enabled cohorts 3 & 4, planning continues to build requirements and procurement strategy for the next generation of strategic Legal and Financial partners, with ongoing work to understand options and approach that outline financial services mini competition and legal services options.</p> <p>Formal update to HMT/CO officials regarding the approval processes to sustain direct awards pending an agreed way forward on future procurement.</p>

Summary Slides (2)

Area	Key Highlights (for the period of January - March 2026)
Estates	<p>Building works commenced at Bank House, with the creation of server environments so external connectivity works can begin. Confirmation received for extension of occupation in BPV to end of March 2027. Work to confirm St Vincent Plaza longer term ongoing.</p> <p>Initial start to main fit out works to Bank House begins.</p>
Communications	<p>Face-to-face community drop-in sessions across locations. Attendees reported increased trust in IBCA, and reassurance on concerns raised. Released a video explaining what to expect at regional drop-in events.</p> <p>Published the first detailed breakdown of registration figures.</p> <p>In February, the team live-streamed the first public Board meeting, reaching over 1,000 viewers. The team published official policy guidance for chronic Hepatitis B claims.</p> <p>In March, IBCA shared the milestone of paying over £2 billion in compensation to encourage eligible people to register.</p>

Summary Slides (3)

Area	Key Highlights (for the period of January - March 2026)
Digital and Data	We have created the new data and digital directorate bringing together the data and digital teams into one area. Initial opportunities with the single directorate have been assessed and initial transformation plans have been agreed.
Strategy	<p>Ongoing cross-IBCA work to develop the organisation's first Business Plan. We have run sessions with the Board and ExCo to determine our focus for 2026-27, including how we prioritise the scale up of the service.</p> <p>Working with Cabinet Office colleagues to implement a mechanism that will enable the community to raise concerns with the infected blood compensation scheme, responding to recommendation 2E from the Infected Blood Inquiry's Additional Report.</p> <p>CEO's appearance in front of the Public Administration and Constitutional Affairs Committee on 3 March</p>
Human Resources	<p>Pay and benefits - we have undertaken a review of our existing pay strategy and analysed harder to fill roles in digital, data and finance. RemCo endorsed proposals at the end of March and we are now progressing to a second phase of the work to implement recommendations and prepare for the first IBCA annual pay award. A new employee benefits provider launched on 1 April.</p> <p>Employee engagement and experience - the new employee engagement strategy is being implemented with senior Executive Committee sponsor for each strategy pillar. An employee support pack has been developed for office moves.</p> <p>Workforce Capacity - a second successful employee transfer took place on 1 January, the first Glasgow Claim Manager recruitment campaign completed and we have concluded the final Director recruitment campaign.</p> <p>Capability - new bespoke line manager and leadership learning has launched with feedback from staff.</p>
Information Technology	Work continues with Cabinet Office Digital to improve the hardware provision issues with agreed plans and contacts in place moving forward and orders being placed further in advance where feasible.



Infected Blood

Compensation Authority

IBCA Public Board 6 May 2026: agenda item 4

Subject:	Community Advisory Panel (CAP) Update	
Actions:	IBCA Board is asked to: 1. Review the recommendations of the CAP; 2. Agree a timeline for responding to the recommendations.	
Issue:	The purpose of the Community Advisory Panel is to provide informed, independent insight to the Board, grounded in the lived experiences and perspectives of the community. In doing so, the Panel seeks to ensure that the voices of those impacted remain at the forefront of IBCA's work.	
Submitted by:	Tim Green (Panel Chair)	
Cleared By:	Hannah Probert	Date: 16/04/2026

Infected Blood

Compensation Authority

Please note: this document is produced by the Community Advisory Panel and not IBCA employees.

Summary Statement

The purpose of the Community Advisory Panel is to provide informed, independent insight to the Board, grounded in the lived experiences and perspectives of the community. In doing so, the Panel seeks to ensure that the voices of those impacted remain at the forefront of IBCA's work.

While the focus of this particular Panel meeting was to review the 'test and learn' approach and the operation of the model office, the discussions naturally extended more widely. The Panel's views and recommendations therefore reflect not only those specific areas, but also broader themes relating to pace, communication, fairness, and overall delivery.

The observations and recommendations set out in this paper are intended to support the Board in shaping the design and delivery of the scheme, with a clear focus on fairness, accessibility, pace, and trust. Throughout its discussions, the Panel has been guided by the principle that processes and decisions should reflect not only operational effectiveness, but also the real-world impact on individuals and families.

The Panel recognises the strength of feeling within the community and is concerned that this is likely to intensify. Recent announcements in Parliament, including further changes to the scheme, are likely to increase expectations while also heightening anxiety across the community.

There are affected individuals who are not estate beneficiaries and, as a result, have never received compensation. This includes carers, siblings, and former partners, many of whom are themselves elderly or frail. Under the current design of the legislation, entitlement for this group is dependent on the progression of estate claims, meaning they are unable to access recognition or support until those processes are completed.

The effect is that this particularly vulnerable cohort is required to wait longer, despite having received no prior compensation, recognition, or interim payments. This reinforces the importance of progressing estate claims as a matter of urgency.

More broadly, there remain many infected and affected individuals who meet the Inquiry's prioritisation criteria but are still waiting to begin their claims. Delays across all cohorts are creating significant distress, and the cumulative effect of delay, uncertainty, and perceived gaps in recognition is contributing to a growing sense of injustice.

Infected Blood

Compensation Authority

The Panel is clear that, without visible progress and clearer recognition of these groups, this position will continue to deteriorate.

It is recognised that some of the issues raised - particularly those relating to eligibility and the recognition of certain groups - are matters of government policy and therefore sit outside IBCA's direct control. However, IBCA still has an important role to play in influencing these areas through the evidence it gathers, the insights it provides to ministers, and the way it acknowledges and communicates the experiences of those impacted.

The Panel offers this feedback constructively, with the shared aim of helping IBCA deliver compensation as effectively, transparently, and compassionately as possible. It asks that the Board carefully considers this feedback and, importantly, communicates back to the Panel - and the wider community - on what it has heard and how it intends to respond.

Supporting the Community to Prepare for Claims

The Panel discussed at length the need for clearer, more practical guidance to help individuals prepare for their claim. While there is existing information on the IBCA website, members felt strongly that this does not yet go far enough in providing the level of specificity the community needs.

In particular, the Panel recommends that IBCA is much more explicit about the types of evidence that may be required, and what individuals can reasonably begin to gather ahead of time. This should include clear, accessible examples of evidence, alongside guidance on what is helpful, what is essential, and where there is flexibility.

The Panel also emphasised that this guidance must recognise the varied circumstances of applicants. Some individuals will already have access to relevant records or documentation, while others will not, or may only have partial evidence. It is therefore important that IBCA clearly communicates that a lack of complete evidence should not be a barrier to engagement. Where evidence is missing or incomplete, IBCA should set out how it will work with individuals to obtain or reconstruct this information.

There was a strong view that IBCA should do more to proactively support people in this preparation phase. Providing clearer guidance upfront would give individuals a greater sense of control and reassurance - that they are doing everything possible to be ready when their claim is considered - while also helping to improve the efficiency and speed of the overall process.

The Panel also expects that the approach to evidence gathering and claim

Infected Blood

Compensation Authority

preparation is explicitly aligned to trauma-informed principles. This includes minimising unnecessary burden on applicants and avoiding repeated requests for information where it is already held or could reasonably be inferred.

Panel members also suggested that IBCA should better explain the context around evidence gathering, particularly in relation to NHS records. The process of retrieving these records can be complex and time-consuming, and this is not always well understood by the community. IBCA should acknowledge these challenges more openly, explain what it is doing to support access to records, and set realistic expectations.

In terms of delivery, the Panel suggested that this guidance could be communicated through a combination of improved website content, simple and accessible guides to the regulations, and regular updates such as newsletters. These guides should clearly explain why IBCA is requesting certain types of evidence, and how its requirements may differ from previous support schemes.

Overall, the Panel believes that clearer, more practical, and more empathetic communication in this area would not only improve trust and confidence, but also materially support both applicants and IBCA in progressing claims more effectively.

Reviewing Risk Appetite and Evidence Thresholds

The Panel considered the current approach to risk within the claims process, particularly in relation to the thresholds set for proving identity and eligibility. From the model office activity, these areas are clear 'pain points' and are contributing to delays in progressing claims and scaling up.

While the Panel recognises the importance of managing fraud risk, it noted that levels of detected possible fraud to date appear to be extremely low. There is concern that the current approach may be overly risk averse, with evidence thresholds set at a level that is disproportionate to the risk observed, and which may be slowing the ability to scale up and process claims efficiently.

The Panel also noted previous assurances from the Paymaster General that, in the context of IBCA, a different level of risk tolerance may be appropriate to accelerate compensation payments. It is therefore important that the current operational approach reflects that intent.

The Panel believes there is a clear case to rebalance the current position, placing greater emphasis on timely delivery while maintaining proportionate safeguards.

The Panel therefore recommends that the Board reviews and satisfies itself that its risk appetite is set at the right level, specifically in relation to identity and eligibility

Infected Blood

Compensation Authority

checks. This should include a reassessment of whether the current evidence thresholds are proportionate to the level of risk, and whether there is scope to simplify or streamline these requirements without materially increasing exposure to fraud.

The Panel is also concerned that the current risk-averse approach is contributing to delays that are, in themselves, compounding trauma for individuals and families who have yet to receive compensation.

Accelerating Delivery and Building Confidence in the Process

The Panel considered whether there is a faster way for IBCA to reach scale across the different cohorts of claims. While it understands the rationale behind the current 'test and learn' approach through private betas, it is not yet persuaded that this is the quickest route to delivering compensation at the pace expected by the community.

The Panel highlighted the significant anxiety within the community, driven by slow progress and low volumes, creating what has been described as a 'pressure cooker' environment. While IBCA is understandably seeking to avoid repeatedly going back to individuals for further information - recognising the anxiety and trauma this can cause - the Panel believes that delaying more straightforward claims is itself contributing to that same anxiety.

The Panel considers that the current approach appears to treat all claims as requiring a similar level of intervention. In practice, this is unlikely to reflect the true complexity of the caseload.

The Panel recommends introducing a more explicit triage model, where claims are categorised at the point of receipt based on complexity and evidence requirements. This would provide a clear and practical route to increasing pace and throughput, enabling simpler cases to be progressed alongside more complex ones, while still adhering to the Infected Blood Inquiry's prioritisation principles (for example, end of life cases). This approach would also allow claims to be allocated to appropriately skilled case managers, ensuring that more complex cases receive the level of expertise required, while more straightforward claims can be progressed more quickly and efficiently.

The Panel also wishes to highlight estates of the deceased as a specific area of urgency. While some cases are inherently complex, there is a strong view that many estate claims are likely to be more straightforward and could be progressed more quickly through a differentiated approach. Given that no estate claims have yet been fully resolved, prioritising this cohort - where appropriate - could both increase throughput and demonstrate visible progress.

The Panel also notes that particular consideration should be given to estates that

Infected Blood

Compensation Authority

have already received one or both interim payments. In these cases, a level of eligibility has already been established and there is a clear record of a claim.

The Panel considers that these cases should be progressed to full and final settlement without undue delay. Outside of the defined priority cohorts, it is not clear why such cases would not be progressed more quickly. Prioritising these claims could provide a further opportunity to increase pace and demonstrate tangible progress.

The Panel also recognises the position of affected individuals who are not estate beneficiaries, including family members such as siblings and former partners, whose lives were significantly impacted but who currently have no clear route to recognition or support. The absence of progress on estate claims has the unintended consequence of further excluding these groups, many of whom report significant ongoing distress.

The Panel recognises that IBCA may not currently hold sufficient information to do this at scale, but encourages consideration of whether gathering key information earlier in the process could support a more efficient flow of claims overall.

More broadly, the Panel encourages IBCA to be bolder in its approach - both operationally and in how it communicates with the community. Being more open about how claims are being prioritised and progressed could help build trust, even where difficult trade-offs are required.

Several Panel members welcomed the opportunity to support and be involved in the development of this approach going forward.

Given the intense interest in this issue from the community and wider public, IBCA should also make the reasons for its conclusions publicly available.

Strengthening Communication with the Community

The Panel welcomes IBCA's efforts to communicate with the community and recognises the importance of increasing the frequency and clarity of updates. It believes that more communication would be beneficial, particularly where it helps individuals to prepare for their claim and better understand the challenges within the process, and how IBCA is working to address them.

The Panel feels there is an opportunity to be more open and explanatory about the key issues affecting delivery - for example, the practical difficulties in obtaining evidence, system constraints, or process complexities - and the steps being taken to overcome them. Providing this context would help to build understanding, manage expectations, and strengthen trust.

Infected Blood

Compensation Authority

The Panel also reflected on the current format of public updates, particularly those focused on relatively low volumes of completed claims alongside highly detailed monetary figures. It felt that, in isolation, these updates are not always helpful to the community and can risk increasing frustration rather than reassurance.

The Panel recommends that the Board reviews how it communicates progress. This should include providing a clearer narrative around what is happening behind the scenes, what has improved, what remains challenging, and what people can expect next. Consideration should also be given to presenting progress in a way that is more meaningful to the community - for example, through clearer milestones, forward-looking indicators, and practical guidance - rather than focusing primarily on detailed financial totals at an early stage of delivery.

The Panel also welcomed IBCA's programme of open days taking place across the country, providing opportunities for the community to engage directly and share their experiences and views. However, it emphasised that these sessions must be genuinely two-way. It is important that they are not perceived as opportunities where feedback is heard but does not meaningfully influence decisions.

The community needs to feel that their input is not only listened to, but actively shapes the development of policy and process. The Panel recommends that IBCA is clear and transparent about how feedback from these sessions is being used, including visibly closing the loop by demonstrating what has been heard, what has changed as a result, and where suggestions have not been taken forward, explaining why.

In conclusion, the Panel believes that more transparent, contextual, and forward-looking communication would better support the community and reinforce confidence in the process.

Infected Blood

Compensation Authority

IBCA Public Board 6 May 2026: agenda item 5

Subject:	Quality, Finance and Performance Committee (QFPC) Terms of Reference (ToR)	
Actions:	IBCA Board is asked to: <ul style="list-style-type: none">• Approve the ToR for the QFPC	
Issue:	As IBCA moves from mobilisation to delivery at scale, the Board has established the Quality, Finance and Performance Committee to provide focused, evidence-based scrutiny of service performance, delivery quality and financial stewardship. The Committee provides the Board with a clear line of sight from strategic intent to service delivery.	
Submitted by:	Head of Governance	
Cleared By:	Hannah Probert	Date: 16/04/2026

Quality, Finance and Performance Committee (QFPC)

Terms of Reference

These Terms of Reference are made under the authority of the IBCA Board and are consistent with IBCA's obligations as a non-departmental public body. They should be read alongside the following documents, which together constitute the governance framework within which the QFP Committee operates:

Victims and Prisoners Act 2024

IBCA's statutory powers and duties, including the administration of the Infected Blood Compensation Scheme, are set out in Part 3 and Schedule 1 of the Victims and Prisoners Act 2024 and the Infected Blood Compensation Scheme Regulations 2024.

IBCA Framework Document

The [Framework Document](#) is the agreement between the Cabinet Office and IBCA, approved by HM Treasury in accordance with Managing Public Money (MPM). It sets out IBCA's governance, accountability and financial management obligations. Sections of particular relevance to this Committee are:

- Section 14 — Accounting Officer responsibilities: The Accounting Officer is personally responsible for the propriety, regularity, value for money and feasibility of public funds. The QFP Committee supports the Accounting Officer in discharging these responsibilities in respect of operational and scheme financial performance;
- Section 15 — Board and Board committees: The QFP Committee is a Board committee;
- Section 29 — Reporting performance to the Cabinet Office: IBCA is required to report financial and non-financial performance to the Cabinet Office regularly, including performance against agreed targets. The QFP Committee's scrutiny of performance reporting directly supports this obligation; and
- Section 30 — Information sharing: The Framework Document requires IBCA to provide the Cabinet Office with regular, evidence-based forecasts of anticipated compensation costs on at least a five-year horizon, and to share performance data at Board level. The QFP Committee provides the Board-level assurance that underpins this reporting.

Corporate Governance Code for Central Government Departments

IBCA is required to comply with the Code so far as practicable and to explain any non-compliance in its annual report. These Terms of Reference are drafted consistently with the Code's requirements for Board committees.

Managing Public Money (MPM)

The Committee's scrutiny of financial performance, value for money and scheme fund stewardship reflects IBCA's obligations under MPM, including requirements for economy, efficiency and effectiveness in the use of public resources.

1. Background

The IBCA is responsible for administering and delivering the Infected Blood Compensation Scheme, established to provide fair, timely and consistent compensation to those infected and affected by contaminated blood and blood products. IBCA is accountable for ensuring that the scheme is implemented in accordance with legislation and policy requirements, and that claimants receive a high quality, accessible and supportive service.

As IBCA moves from mobilisation to delivery at scale, the Board has established the Quality, Finance and Performance Committee to provide focused, evidence-based scrutiny of service performance, delivery quality and financial stewardship. The Committee provides the Board with a clear line of sight from strategic intent to service delivery.

2. Purpose

The Board has established the Quality, Finance and Performance Committee (QFPC) as a committee of the Board, chaired by a Non-Executive Director, to provide scrutiny and assurance on the performance of the compensation service at the centre of IBCA responsibilities.

The QFPC provides visibility and challenges the Board in its duty to hold the executive to account for the performance of the organisation, and in fulfilling their responsibilities for delivery of the corporate strategic objectives ("SO"), namely:

- Service delivery performance and pace (SO 1 "Pace");
- Operational quality, fraud and error control (SO2 - Fraud & Error);
- Person making a claim experience and process efficiency (SO3, SO4 - Effort and Support);
- Workforce capability and organisational effectiveness (SO5, SO7 - Support-IBCA and Great Place to Work);
- Partnerships and commissioned services (SO6 - Partners);
- Public trust, scheme awareness and engagement (SO8 - Trust);

- Value for money and financial performance - supporting all strategic objectives.

The Committee's work is expressly framed by IBCA's eight strategic objectives. All areas of scrutiny and all performance reporting and all recommendations made by the Committee should be considered in the context of the extent to which they support the achievement of those objectives.

In addition, in line with the IBCA dynamic operating model aims, the committee work will empower review of performance, pace and quality delivery by supporting discussion about the service, understanding resourcing organised around the service, recognising areas still maturing within the organisation for the service delivery longer term

3. Scope

The QFPC focuses on all aspects of service delivery and person making a claim facing processes, which may include:

- Performance management and case progression (SO1);
- Quality assurance and decision making (SO2);
- Process efficiency and person making a claim effort (SO3);
- Person making a claim experience and support (SO4);
- Workforce capability and operational capacity (SO5, SO7);
- Partner and contractor performance (SO6).
- Scheme awareness and outreach (SO8); and
- Financial performance and value for money

The Committee does not duplicate the functions of the Audit and Risk Assurance Committee (ARAC) or the Remuneration Committee (RemCo). The respective areas of responsibility of all three committees are delineated as follows:

QFPC	ARAC	RemCo
Service delivery, service quality, scheme financial performance and person making a claim outcomes	Internal controls, counter-fraud, cyber security, risk management, internal and external audit, annual accounts	Workforce strategy, remuneration, senior succession planning, organisational design and culture

4. Responsibilities

The QFPC shall advise the Board on the following themed areas, ensuring alignment with IBCAs Strategic Objectives (SO): The Committee's scrutiny is not confined to quantitative

metrics; qualitative assessment of delivery, culture and community trust is equally within its remit.

- User Experience (SO3, SO4, SO8);
- Volume, Flows and Performance (SO1, SO3);
- Service Planning and Improvement (SO1, SO3, SO5);
- Complaints, Reviews and Appeals (SO2, SO4, SO8);
- Quality and Error Management (SO2);
- Scheme Awareness and Outreach (SO3, SO8);
- Financial, Commercial and Professional Services (SO2, SO3, SO6), and
- Workforce and Culture (SO5, SO7)

Note: KPIs, performance targets and specific reporting formats within each area below are subject to ongoing development by the Executive. The Committee is working with IBCA Executive Committee (ExCo) to agree what can be reported now, what will be developed for future reporting, and how targets already achieved can be recognised. The areas of responsibility below represent the Committee's scrutiny mandate, not a fixed reporting specification.

5. Authority

The QFPC is authorised by the Board to investigate any activity within its remit and to request any information it deems necessary to fulfil its responsibilities. The Committee may commission work, request reports from any part of the organisation and invite additional attendees as required.

The Committee does not have delegated authority to make decisions on behalf of the Board. Its role is to provide assurance, scrutiny and recommendations.

6. Membership, Quorum and Attendees

The members of the QFPC shall be non-executive directors of the board. The Board Chair shall confirm up to three members in total, one of whom shall be confirmed as Chair of the committee.

The Committee will be attended by:

- IBCA's Chief Executive (Accounting Officer);
- IBCA's Chief Operating Officer
- IBCA's Chief Financial Officer
- Other Executive Directors or heads of relevant functions as appropriate to the agenda.

The Committee Chair may invite other individuals to attend for specific agenda items. All Non-Executive Directors of the Board will be invited to attend as observers.

The quorum for meetings shall be two members.

7. Meetings

Following inauguration, the Committee will operate an initial meeting cycle of one meeting every four weeks, for no more than six months, to match the monthly reporting cycle. Following this initial period, the Committee will review the frequency of its meetings and will meet no less than once quarterly. Additional meetings may be convened as required.

The Committee secretariat will be provided by the IBCA Governance Team. Papers will be circulated at least five working days in advance of each meeting.

8. Information Requirements

For each meeting, reports will, where appropriate, demonstrate performance against the strategic objectives. The Committee recognises that reporting capability is being developed iteratively. The information below represents the intended full suite of reporting; the Committee will work with the Executive to agree what is provided at each stage of development. The Committee will receive:

- Performance report (including KPIs against strategic objectives, where available);
- Quality assurance and fraud error report;
- Person making a claim experience report;
- Equality, diversity and inclusion (EDI) report;
- Complaints, reviews and appeals report;
- Scheme awareness and outreach report;
- Financial and commercial performance report;
- Compensation scheme fund performance and forecasting report;
- Contractor and partner performance report;
- Professional services report;
- Workforce metrics report
- Risk and incident updates.

The Committee will also receive, as required, the performance information that IBCA is obliged to share with the Cabinet Office under section 29 of the Framework Document, to enable it to satisfy itself that such reporting is accurate, complete and consistent with the picture presented to the Board.

9. Reporting

Following each meeting, the Chair shall report to the Board on:

- Key performance insights against strategic objectives;
- Assurances received;
- Risks and issues identified;
- Recommendations for action.

The Committee will escalate to the Board any significant concerns about operational performance, service quality, financial stewardship or scheme fund management that require Board-level attention or intervention.

The Committee Chair will report annually to the Board on the overall effectiveness of the Committee's scrutiny and on the maturity of IBCA's performance reporting arrangements.

10. Effectiveness Review

The effectiveness of the Committee will be reviewed at least annually, by the Board to ensure it is meeting its objectives and operating in line with these Terms of Reference. The review will consider the quality of assurance provided, the relevance of the Committee's remit and the maturity of performance reporting.

11. Review

These Terms of Reference will be reviewed annually or following significant organisational or legislative changes. Any material amendments require Board approval. Minor amendments may be agreed by the Committee Chair in consultation with the Board Chair and reported to the Board.

Infected Blood

Compensation Authority

Remuneration Committee Draft Terms of Reference

The Board has established a Remuneration Committee (REMCO) as a committee of the IBCA board. Schedule 1, Para 7(5)(a) of the Victims and Prisoners Act 2024 states that matters of appointment, staffing arrangements and remuneration are ‘determined by the Chair’ of IBCA if they relate to an executive member. The role of REMCO is, primarily, to advise the Chair on discharging this duty.

The Remuneration committee will also advise the Board on remuneration, benefits and allowances and review annually.

Framework

As noted in IBCA’s Framework, IBCA’s staff are subject to levels of remuneration and terms and conditions of service (including pensions) within the general pay structure approved by the Cabinet Office and the Treasury. IBCA has no delegated power to amend these terms and conditions.

Membership

REMCO is a Non Executive committee whose membership comprises 3 Non Executive members of the IBCA Board.

IBCA’s Chair will be in attendance when required.

IBCA’s Chief Executive Office and Director of HR will be standing attendees, on the understanding that they will recuse themselves for items where there is, or it may be perceived there is, a conflict of interest. This will be determined by the Chair.

Reporting

REMCO will update the Board after each meeting, and will maintain the confidentiality of advice where necessary.

Responsibilities

The role of the committee is to:

- Review the process and make recommendations in advice to the IBCA Chair in relation to the appointment of Executive management team roles.
- Scrutinise effectiveness of Executive recruitment practices for the Chief Executive and the Executive management team to achieve diversity and inclusion targets.
- Provide assurance to the Chair and Board that IBCA has an effective appraisal process in place for the Chief Executive and Executive management team.

Infected Blood

Compensation Authority

- Review overall, high level appraisals data and associated compensation of the Chief Executive Officer and Executive management team
- Review the remuneration, benefits and allowances of the Chief Executive Officer and Executive management team as part of the annual pay cycle (including the frameworks, strategies and policies which underpin them) and provide advice to the Chair.
- Provide assurance to the Board that robust plans are in place for Executive roles across the organisation. This will include review of talent management and succession planning for the Chief Executive Officer and Executive management team.

Secretariat

The secretariat function is provided by the IBCA Governance Team. The Secretariat will be responsible for:

- Working with the Chair to ensure a quality forward plan of work.
- Setting the agenda using the forward plan of work.
- Organising meeting logistics (room, video-conferencing, refreshments, etc).
- Ensuring calendar invites are sent to members in a timely manner.
- Circulating agenda and papers in advance of a meeting, allowing sufficient time for preparation.
- Taking and circulating minutes and actions in a timely manner.

Meeting Frequency

- The committee will meet at least **three times a year**, provisionally;
 - **April** - to consider year-end remuneration decisions, statutory reporting, and pre-pay remit discussion.
 - **July** - for final sign off following Trade Union negotiations.
 - **October** - to review mid-year workforce, pay and performance information; following Q2 reporting cycle.
- Other meetings to follow up on areas of discussion and to respond to emerging issues will be agreed with members as necessary.

Quorum

- A minimum of two members including the Chair must be in attendance for the meeting to be quorate.

Review

- These terms of reference were accepted (with revisions to responsibilities) on December 4, 2025.
- These terms of reference, including membership, will be reviewed annually.