

Infected Blood

Compensation Authority

IBCA Board (Extraordinary) - Note and Actions

2 December 2025, 16:30-17:15

Online

Board Members:

1. Sir Robert Francis - Interim Chair
2. Deborah Harris-Ugbomah - interim Non-Executive Director
3. Sir Rob Behrens - interim Non-Executive Director
4. David Foley - Interim CEO
5. Celine McLoughlin - Director of Digital

Other Attendees:

1. Hannah Probert - Deputy Director, Strategy and Governance
2. Victoria Brock - General Counsel

Apologies:

1. Helen Parker - Non-Executive Director
2. Russell Frith - Non-Executive Director
3. John Kelly - Director of Data
4. Rachel Forster - Director of Communications
5. Sindy Skeldon - Director of Operations [*for reasons of quoracy*]
6. James Quinault - Director-General, Public Inquiries Response Unit
7. Caroline Patterson - CO Chief Financial Officer (CFO) / Acting Interim IBCA CFO

Welcome

- 1.1. The Chair welcomed everyone to the extraordinary meeting of the Board, convened to cover urgent policy matters.

2. Evidencing a Chronic Hepatitis B Infection

- 2.1. CM presented the policy paper as the Director responsible for the Operational Policy Forum, recommending a change of position.
- 2.2. The discussion covered testing and the need to minimise re-traumatisation, at the same time as accounting for the fact that hepatitis B is a relatively common infection. The length of time to get a test would be key, and it could be necessary to have accreditation of private tests, although at present this was within the remit of the Department for Health and Social Care (DHSC) rather than the Infected Blood Compensation Authority (IBCA).

- 2.3. The Chair proposed the addition of a clause requiring IBCA approval of a testing source. It was noted that once positive test results had been obtained, it could be possible to share these with a clinician for support and follow-up, with the tested person's consent.
- 2.4. The discussion moved on to the fact that there should be a clear position communicated publicly to enable progress with ongoing cases, as well as a process of continuous reflection to ensure the appropriateness of the policy, with a formal review after the completion of the private beta phase. The updated policy was more inclusive than the former policy.
- 2.5. The Board approved the updated policy, subject to revision according to the discussion **[Action]**.

3. Publishing Guidance for Fibrosis and Cirrhosis

- 3.1. CM presented the policy paper and explained how IBCA considered fibroscan scores.
- 3.2. The discussion covered the fact that levels were a contested area in which there was a range of views. It could be possible to publish input on this and the IBCA decision. There was no consensus between medical advisers in relation to scores. The diagnostic tool was influenced by a number of factors relating to the individual's overall condition. A position which supported the community on the balance of probabilities could be helpful.
- 3.3. The Board then discussed the rationality of IBCA's policy position in relation to the intent of the Regulations, given that this was a long-running issue. This was the first of a number of important discussions that raised questions about evidentiary requirements and the level of expenditure. Taking this into account, IBCA could consider the advice of an expert panel.
- 3.4. CM undertook to review the policy paper to take into account the nuances and to refer to medical advice.
- 3.5. The Board approved the policy, subject to revision according to the discussion **[Action]**.

4. Any Other Business

- 4.1. The Chair ended the meeting.

Date of next meeting: 16 December 2025