

OFFICIAL
Infected Blood
 Compensation Authority



IBCA Board Meeting
 7 July 2026, 13:00 - 16:00
 BP7118, Benton Park View, Newcastle

TIME	ITEM	PRESENTER
PART A (PUBLIC)		
13:00 - 13:10 [10 minutes]	1. Welcome Approval of May Board Minutes <i>Paper 1.1. - May Minutes</i> <i>Paper 1.2. - Action Log</i>	Sir Robert Francis (Chair)
13:10 - 13:40 [30 minutes]	2. CEO Update <i>Paper 2 - Strategic Delivery Report</i>	David Foley
13:40 - 14:10 [30 minutes]	3. Business Planning <i>Paper 3.1. - Business Planning</i> <i>Paper 3.2. - Annex A</i>	Hannah Probert
14:10- 14:30 [20 minutes]	4. Ethics Advisory Panel <i>Paper 4 - Ethics Panel</i>	Hannah Probert
14:30 - 14:40 [10 minutes]	BREAK	
14:40 - 15:10 [30 minutes]	5. Community Advisory Panel Update <i>Paper 5 - CAP Update</i>	Mohammad El-Gendi

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15:10 - 15:40 <i>[30 minutes]</i>	6. Feedback and Concerns Mechanism <i>Paper 6 - Community Feedback Themes</i>	David Foley
PART B (PRIVATE)		
15:40 - 16:00 <i>[20 minutes]</i>	Confidential Items	
16:00	CLOSE	

[UNCONFIRMED - formal Board approval on 07/07]

IBCA Board Minutes
6 May 2026, 13:00 - 15:00
BP7118, Benton Park View,
Newcastle

Board Members:

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

Attendees:

1. Hannah Probert (HPr) - Director, Strategy and Policy
2. Victoria Brock - IBCA, General Counsel
3. James Quinault - Cabinet Office, Director General, Public Inquiry Response Unit
4. Tim Green (TG) - Chair, Community Advisory Panel
5. Governance Secretariat

Welcome, Actions and Matters Arising

- 1.1. The Chair welcomed everyone to the Board meeting.
- 1.2. The minutes from the February meeting were agreed - these will be published and replace the previous version.
- 1.3. No new declarations of interest were made by Board members.
- 1.4. The Board reviewed and agreed to the updates in the IBCA action log.

2. CEO Update, Strategic Delivery

- 2.1. DF updated the board on the strategic delivery report and compensation data, noting that we expect some of the figures quoted to increase with the new set of data published on 7th May. DF noted a steady increase in living infected compensation claims asked to begin, with more increases expected in the following weeks.

On claims registered:

- 18,039 registrations of intent have been received
- 1,220 registrations of intent from a living infected person, or their representative (this does not include those claiming to be living with infection and registered with a support scheme, as they should already have been contacted beforehand)
- 2,560 registrations of intent from people acting on behalf of a deceased infected person
- 14,183 registrations of intent from a living affected person, or their representative
- 346 registrations of intent relating to a living infected and affected person, or their representative.
- Registrations are now open for deceased affected claims following regulations being laid in Parliament.

2.2 A total of 4,004 people have been asked to start their claim. This includes:

- 3,626 living infected people registered with an existing support scheme;
- 192 living infected people who have never been compensated;
- 96 people acting on behalf of a deceased infected person;
- 90 affected people.

Of this number, 3,789 have started the claim process. This includes:

- 3,485 living infected people registered with an existing support scheme;
- 145 living infected people who have never been compensated;
- 82 people acting on behalf of a deceased infected person;
- 77 affected people.

2.3 Of those that have received an offer:

- 3,304 people have received an offer, totalling over £2.6 billion.
- 3,201 people have been paid, totalling just under £2.1 billion.
- Just over 200 claims are awaiting resolution - of these awaiting resolution, the majority are awaiting information from one of the national health services.

2.4 Claims accelerated from 244 claims in action in March 2025 to more than 3,000 claims paid by December 2025. IBCA expects a similar acceleration in claim progression this year.

2.5 Key learnings from the test and learn phase include:

- Affected Claims: Understanding the evidence needed to prove a relationship with the foundational claim (e.g., mother, father, spouse, carer).
- Deceased Infected Claims: Gaining knowledge on probate, representatives, and evidence for cases involving Hepatitis B.
- Assisted Digital: A higher number of people than anticipated are being taken through assisted digital services.

2.6 The board discussed community concerns regarding the high level of ID verification for those raising a claim. SS confirmed the current high confidence level is necessary for handling substantial public funds and sensitive information, citing validation from the Public Sector Fraud Authority. The organisation is reviewing the process and developing alternative methods to achieve similar confidence for people unable to meet the standard journey.

2.7 DF addressed the statutory transfer of the Infected Blood Support Schemes into IBCA, which demands joined-up delivery and collaboration with the Cabinet Office (CO). IBCA will provide an update on this work to the board in July, though SRF suggested this update should be a standing item for every Board meeting. **[ACTION]**

2.8. On the fourth regulations, CO published its response to the consultation on the fourth regulations (including updates to core and supplementary awards), with the government intending to formally lay the regulations later this year. IBCA is committed to reviewing the impact on all claims and developing plans for supplementary payments, using its experience from implementing the third set of regulations.

2.9 On finances, the provisional full-year outturn for 2025/26 was a total spend of £126 million against a budget of £136 million, resulting in an underspend of around 7%. The underspend was mainly in operational and legal costs, offset by an overspend in pre-agreed technical development costs.

2.10 Key changes to the executive leadership team were announced; these changes were noted as being designed to ensure IBCA's leadership structure is directly aligned with the evolving strategic priorities and the needs of the stakeholders.

- John Kelly, Director of Data, has resigned to take up another role in government.
- Sindy Skeldon has been appointed Chief Operating Officer.
- Celine McLoughlin will lead a single unified digital and data team as Chief Digital and Information Officer.
- Rachel Forster, Director of Communications and Engagement, will be taking a short leave of absence for a medical procedure, and an interim Director is being recruited.

2.11 DF's final update was on Community Driven Development and Engagement. A new route for the public to raise concerns with the Infected Blood Compensation Scheme was announced by the Minister for the Cabinet Office on April 14. IBCA has established a tracking system for all feedback and concerns and will confirm and publish indicative response times for acknowledging receipt and providing information on how issues are being addressed.

2.12 IBCA worked with the community to ensure this mechanism met the needs of the community, and through Community Driven Development Sessions held in March, drew out the following Key Themes and Actions Required:

1. Being Clear About Our Process and Keeping You Informed
2. Making It Easy to Provide Feedback or Raise a Concern
3. Reporting and Transparency
4. Acknowledgement, Updates, and Follow-up
5. Content and Consistency

2.13 The community events themselves, which now include drop-in sessions, were valued; people were grateful for the opportunity to speak with a trained Claims Manager and ask specific questions. Common themes emerging from these sessions include questions about timetables, the claim process, preparation steps, and available support.

2.14 As a final point before the break, the chair asked SS for an update on the morale of IBCA's frontline workers. SS reported that morale among frontline workers is very good, with healthy figures for sickness and attrition, and the team is ready for the next phase of claims.

3. Business Plan Update

3.1. HPr initiated the discussion by stating that IBCA's business plan is being developed around four pillars:

- Pay People: Focuses on core compensation delivery and legislative changes.
- Listen and Act: Focuses on improving community feedback mechanisms.
- Maturing the Organisation: Focuses on building necessary capabilities.
- Planning for the Future: Focuses on completing the mission beyond the current financial year.

3.2. The next steps involve reviewing options for scaling up and prioritisation to propose a business plan for decision at the next Board meeting. The plan will include details on activities within each pillar, success metrics, and an estimate for the number and order of cases expected to be processed, which will take into account the constructive challenge received from the Community Advisory Panel.

3.3 DH explained that the plan will be delivered within the 2026/27 spending review settlement of £171 million. The proposed budget includes a 5% efficiency target for each directorate budget, creating a central pool of unallocated funding for emerging in-year risks and volatility, especially in professional services, where costs depend on individual claim decisions

3.4. The final total budget number is still being discussed with CO, particularly the split between revenue and capital, but IBCA is using the current figure for planning purposes. The Board was asked to agree on the overall position for the budget, with a commitment to provide the Board with quarterly budget updates.

3.4. DHU queried the timing, noting the plan covers the remaining nine months of the financial year, as one quarter would already be complete by the July approval. HPr

clarified that the business plan will focus on what can be achieved in the current financial year.

3.5. TG asked if the financials included forecasting for scaling up, and DH confirmed the budgets include capacity for scaling, though exact details need to be resolved through business planning.

3.6. DH explained that the budget is currently phased on a quarterly basis, reflecting factors already known about recruitment trajectories and major contracts.

3.7 The board approved the direction of travel for the business plan; a finalised business plan, incorporating the feedback from the Community Advisory Panel, will be proposed for a decision on 7 July. **[DECISION]**

3.8. The Board also agreed on the overall budget position, agreeing to receive quarterly financial updates. **[DECISION]**

3.4 DHU requested that the business plan, when it's brought to the Board, clearly illustrate how the four pillars contribute to or enhance the organisation's eight strategic objectives.

4. Community Advisory Panel (CAP) Update

4.1. TG outlined that the panel's role is to support the Board's thinking and provide constructive challenge on policies, procedures, and operations, specifically through the lens of lived experience. The panel's first meeting discussed the current test-and-learn approach and the emerging complaints procedure, and they strongly highlighted the growing anxiety and trauma caused by delays in compensation.

4.2. The CAP's feedback focused on four key themes: the need for greater transparency and communication regarding challenges; the potential for a more explicit triage approach to move straightforward claims through quickly; the concern that current evidence thresholds may be too risk-averse, and the need for a genuine two-way relationship where the community sees how their feedback shapes decisions

4.3 TG highlighted the mechanism by which members of the CAP may raise concerns with the Cabinet Office for issues outside direct operational control, and instead fall within the wider government policy and legislation.

4.4 HP expressed confidence in the panel's ability to help the Board be more effective and thanked TG for the clear and powerful articulation of the community's input. On behalf of the executive, DF confirmed they will go through the paper in great detail, giving it thorough consideration, and commit to providing clear feedback on which proposals are implemented or why others are not **[ACTION]**.

5. Board Sub-Committees Updates and Terms of Reference Approvals

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5.1. RF began the sub-committee updates with that of the Audit, Risk and Assurance Committee. The committee met in February to discuss external and internal audit plans. The next meeting will focus on the progress of the annual report, the external audit, a draft opinion on control systems for 2025/26, and updates on risk management.

5.2 DHU presented the proposed terms of reference for the Quality and Finance Performance Committee, explaining that its main aim is to discuss pace and performance without making decisions. The board approved the terms of reference, noting a review is planned in approximately six months, and if there are any updates, then the item will come back to the Board. **[DECISION]**

5.3 DHU presented the revised terms of reference for the Remuneration Committee, noting the committee advises the chair on appointments, staffing, and executive remuneration, with the amendment reflecting an expanding scope into people and workforce matters. The Board approved the terms of reference. **[DECISION]**

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

Board Actions – July 2026

Date	Meeting	Ref	Action	Lead	Due date	Progress update	Status
18/11/2025	Board	IBCAB156	Use low key, targeted communications to spread the message about registration.	Rachel Forster	6/5/2026	<p>We have set up three workstreams to promote registration through no cost/low cost channels, collaborating with colleagues across the comms/engagement directorate and with our media partners. Key current activity encompasses:</p> <ul style="list-style-type: none"> - Local Authority engagement: We've reached out to over 200 councils to raise awareness of IBCA and our registration service - Engaging comms leads from key stakeholder groups to better understand their registration needs and explore partnership opportunities, particularly with a view to engaging hard to reach / seldom heard communities. - Developing an email marketing strategy to target those who have registered but who do not receive regular comms from IBCA, keeping them engaged while they await the start of their claim. - Supporting the media agency as they prepare for creative testing by drafting an alternate creative option to our existing "For each and every one" messaging, in preparation for a potential future campaign. 17.06.2026 No further update. 	In progre...
18/11/2025	Board	IBCAB157	Conduct planning for a wider marketing campaign about registration (in case it should be required).	Rachel Forster	6/5/2026	<p>Creative testing is underway with our media agency in preparation for a potential pilot and wider awareness campaign, if required.</p> <p>We are working with the PR agency to scope pre-pilot awareness activities, and opportunities to engage hard to reach / seldom heard communities. 17.06.2026 No further update.</p>	In progre...
16/12/2025	Board	IBCAB161	Conduct analysis on the challenges of providing appropriate evidence for the affected cohorts.	Hannah Probert	6/5/2026	<p>Policy work is coming together and will be shared with the Board, with a clearer picture now on evidence that may be accepted for colocation (e.g. family members or carers evidencing they lived with an infected person). 16/06- confirmed this is still in progress</p>	In progre...
06/05/2026	Board	IBCAB164	Develop a detailed response to recommendations made to the Board by the Community Advisory Panel	David Foley	2/6/2026	<p>Detailed work is ongoing to provide a detailed and specific response to each recommendation, to be published following clearance by the Board</p>	In progre...

IBCA Strategic Delivery Report

JUNE 2026

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1. Executive Summary

Service Goals

 Iterative Service in each private beta	 Impact changes from 4th regs
 A person is able to make all of their claims at the same time	 Payment solution migrated from DWP
 Iterate Process a Claim to enable end to end processing	 Ensure a resilient, maintainable service

Projects

 Professional Services (Legal)
 Professional Services (Financial))
 Estates (NCL)
 IBSS Transfer

Overall position


Overall delivery confidence remains mixed, with continued progress across core service goals and enabling projects, though several areas remain under review due to dependencies on cross-functional governance, ongoing procurement activities, and evolving operational requirements.

Progress continues across both service delivery and key projects, with key milestones achieved and further activity underway to support future scaling of the service. Delivery confidence remains mixed, with several areas rated Amber or Amber/Red due to ongoing dependencies, governance approvals and cross organisational decision making.

IBSS, estate and professional service projects continue to progress although some risks remain under active management. Continued focus at executive level will be required to support timely decisions, manage keys risks and maintain confidence in future delivery timelines.

2. Service Goals

Progress Update: Service Goals

Goal	Delivery Confidence	Progress Update
	RAG	
Iterate service in each private beta to learn, improve and support scaling	 A	Cases progressing through each of the Private Betas with learning informing updates to guidance, correspondence and also business processes via User Centric Design (UCD) thinking. Model Offices gradually expanding. Delivery confidence is amber due to the additional complexity for affected and the ability to links claims. This technical capability to enable person centricity from Q2

Route to Green	Risks to Delivery	Milestones
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Private Beta's are progressing as planned and scale within LINC and Deceased Infected.	<p>Claims progressing slowly as we tackle emerging issues and having to start foundational claims for prioritised affected claims</p> <p>Balancing tensions to learn and improve the quality of the service with the need to scale as quickly as possible. This also impacts on our ability to be truly user centered and trauma informed</p>	<p>Payment switching - Ability to move from recurring to lump sum (completed 31 May 2026)</p> <p>Care award nomination process improvements - Ability to record request for care award nomination (completed 17 June 2026)</p> <p>LINC Expansion - Additional 300 Claims released (completed mid May 2026)</p> <p>Automate Make a Claim URL (Mid July 2026)</p>
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Progress Update: Service Goals

Goal	Delivery Confidence	Progress Update
	RAG	
Impact of changes from 4th regs	A	The 4th regs continue to be assessed to understand the full operational, policy and technical impacts on IBCA services. Initial analysis is underway to identify required changes, digital content and compensation calculator functionality. Delivery conference is Amber pending confirmation of the scope of change, the implementation approach and associated timescales.


Route to Green	Risks to Delivery	Milestones
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<p>Complete impact assessment of 4th regs</p> <p>Confirm required changes across policy, operations, digital services and compensation calculations.</p> <p>Agree implementation approach, delivery plan and timescales.</p> <p>Secure resources and prioritisation to support delivery.</p>	<p>Final regulation requirements may require significant change to service design, digital functionality and operational processes</p> <p>Delays in confirming scope could impact delivery timescales</p> <p>Dependencies across policy, operational and digital teams may affect implementation pace</p>	<p>Impact and understand when changes can be made to content and calculator - End June</p>
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Progress Update: Service Goals

Goal	Delivery Confidence	Progress Update
	RAG 	
A person is able to make all of their claims at the same time		Amber/Red status remains due to dependencies on the Person Centric Solution, specifically the delivery of the Person Reference Number (PRN) capability. This functionality is required to enable a single customer view and support people who intend to make a claim making multiple claims through a single journey. Progress continues, however delivery remains dependant on the planned technical solution and associated design solutions. Likely to move to first month of Q2 (July).
Route to Green	Risks to Delivery	Milestones
Confirm and implement the Person Reference Number solution-Target 16 July Use learning from initial releases to refine and scale.- Target 16 July	Limited opportunity to gather and apply learning before expanding Dependency on solution for Person Reference Number (first interaction to enable person Centricity).	Make a Claim for Single Affected - Mid July Make A Claim- A person is able to save and resume when making a claim -Mid June - Complete Make a Claim- A person can make all of their claims at the same time - End Q2 Delivery of Person Centric Solution & PRN Capability - 1st Iteration mid July

Progress Update: Service Goals

Goal	Delivery Confidence	Progress Update
	<div style="text-align: center;"> RAG  A/R </div>	
<p>Iterate Process a Claim to enable end to end processing</p>		<p>Amber/Red status remains due to dependencies in the delivery of Person Reference Number capability which forms the first step towards a person-centred solution. Progress continues across identify verifications (IDV), knowledge-based verifications (KBV) and process design.</p>
Route to Green	Risks to Delivery	Milestones
<p>Agree and implement the person Reference Number solution.</p> <p>Complete IDV/KBV integration and correspondence functionality</p>	<p>Complexity of design across multiple teams slows progress and impacts delivery timelines.</p> <p>Misalignment between rapid delivery and development of a sustainable, person centered solution.</p>	<p>Claim managers are able to view the outcome of IDV and KBA(LINC)- Mid July</p> <p>Claim managers can generate, edit, send and receive correspondence- 1st iteration "Offer" End July</p> <p>Continue build process a claim for Deceased infected and Affected (Q2 Delivery)</p>

Progress Update: Service Goals

Goal	Delivery Confidence		Progress Update
		RAG	
Payment solution migrated from DWP		G	Work continues to move away from the current DWP payment solution. We are engaging BACS Bureau suppliers as this is seen as the preferred option after examining options with HMRC, DEFRA and consulting with Government Banking services. The intent is to implement a solution in Q3 2026/27.
Route to Green	Risks to Delivery		Milestones
<p>Confirm whether HMRC's payment service can meet IBCA's operational and technical requirements</p> <p>Agree preferred replacement solution and implementation approach</p>	<p>Engagement with HMRC and Government Banking Services determined that a BACS Bureau Supplier is the better option to meet IBCA needs at a similar cost to DWP charges as well as giving IBCA control and flexibility.</p> <p>Timescales for supplier procurement and implementation indicate an early Q3 timeline.</p>		Replacement for DWP Payments agreed - End June

Progress Update: Service Goals

Goal	Delivery Confidence	Progress Update	Milestones
		RAG	
Ensure a resilient, maintainable service	↔ A	Work continues to strengthen the resilience and sustainability of the service through enhanced performance and fraud prevention capability. Delivery remains on track for the launch of the Data Platform and further iteration of the fraud risk scoring.	Iterate fraud risk scoring and alerting - End June Launch performance reporting for the Data Platform - End June

3. Key Projects

Progress Update: Business Plan Initiatives

Goal	Delivery Confidence	Progress Update from Last Month
	RAG	
<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>↔</p> <p>A</p>	<p>Stakeholder Assurance: IBCA presented an assurance report at a Project Partnership Board meeting on 10 June which has been accepted. At the meeting IBCA agreed to David Foley sending final assurance letters to all 4 schemes w/c 15 June. External stakeholders are currently satisfied that IBCA has a viable path to delivery.</p> <p>Planning & Contingency: Although the contingency plan was detailed in the assurance report, further work now needs to focus on plans for the payment system enhancements which will either be made to the existing system or via a new system. Until these plans are produced, delivery milestones and timescales remain uncertain.</p> <p>Operational Readiness: A draft Change Impact Assessment has been produced and will be reviewed, however operational readiness plans are dependant on the plans for the payment system and process which are yet to be finalised.</p>
Route to Green	Risks to Delivery	Milestones
<p>Ongoing risk and dependency management,</p> <p>Baseline project plan (June 26)</p> <p>Decision on service scope via Service Delivery Committee (June 26)</p> <p>Outstanding policy impact work to produce operational policy and IBCA and IBSS joint approach (July 26)</p>	<p>Payments may be paused where recipients do not engage with IBCA leading to financial pressure and complaints</p> <p>Technical service requirements may be more complex than expected, which may lead to delayed delivery and resource pressure.</p> <p>Key dependencies being tracked and monitored: payment supplier to replace DWP and move to NEO (new SOP) for international payments.</p>	<p>IBCA reaching a joint agreement with IBSS on the staff transfer mechanism (June 2026)</p> <p>Option for preferred payment system finalised and agreed (June 2026)</p> <p>Closure announcements of schemes - IBCA comms team to work with IBSS on readiness (July 2026)</p> <p>Payment system build implementation²³ complete and end to end testing begins (October 2026)</p>

Progress Update: Business Plan Initiatives

Goal	Delivery Confidence	Progress Update	
		RAG	
Professional services (Legal services)	<div style="font-size: 2em; font-weight: bold;">↓</div> <div style="font-size: 1.5em; font-weight: bold;">A</div>	<p>For the short-term legal solution covering May to June 2026, we have successfully extended the spending authority and contract terms for our existing legal services. HM Treasury has officially granted spending approval until January 2027, and the necessary contract variations are now fully in place to match this timeline.</p> <p>For the interim legal solution covering June to July 2026, we have established a framework to introduce stronger performance targets (KPIs) and allow for further contract updates with our panel law firms. Joint approval from the Cabinet Office and HM Treasury has been obtained, and these upgrades have already been successfully rolled out through a contract variation.</p>	
Route to Green		Risks to Delivery	Milestones
<p>Full Procurement Solution (Sept-2026-Jan2027) HMT approval required for the Sign-off of the full Business case (FBC) in Autumn 2026 to unlock the full competitive tender.</p>		<p>Absence of (or insufficient) baseline data regarding Scheme Applicant demographics, volumes, and complex needs.</p> <p>Business case scope: Outstanding or unagreed policy positions, heavy dependencies on complex multi-option development, and external governance clearance layers that are out of IBCA's direct control.</p> <p>Resource Capacity and Resilience: Competing, simultaneous demands between business-as-usual (BAU) operations and intensive Business Case delivery within a very small, highly specialised Professional Services team.</p>	<p>Approval of Full business case (Autumn 2026).</p> <p>Long term sustainable procurement contractions</p> <p>Ministerial sign off of the preferred scope option.</p>

Progress Update: Business Plan Initiatives

Goal	Delivery Confidence	Progress Update	
		RAG	
Professional services (Financial services)	↓ A	For the short-term financial solution covering May to June 2026, we have successfully secured commercial approval to expand our current financial services contract, the approved uplift at this time allows for a total of 1,800 referrals, a solution needs to be developed to give capacity until Jan 2027.	
Route to Green		Risks to Delivery	Milestones
Put in place a solution that will give capacity for financial services until Jan 2027. Interim Solution Launch a mini-competition (1 year +1) to introduce additional competition (up from two providers). Full Procurement Solution (Sept 2026-Jan 2027) HMT approval required for the Sign-off of the full Business case (FBC) in Autumn 2026 to unlock the full competitive tender.		Absence of (or insufficient) baseline data regarding Scheme Applicant demographics, volumes, and complex needs. Business case scope: Outstanding or unagreed policy positions, heavy dependencies on complex multi-option development, and external governance clearance layers that are out of IBCA's direct control. Resource Capacity and Resilience: Competing, simultaneous demands between business-as-usual (BAU) operations and intensive Business Case delivery within a very small, highly specialised Professional Services team.	Approval of Full business case (Autumn 2026). Long term sustainable procurement contractions Ministerial sign off of the preferred scope option.

Projects	Delivery Confidence	Progress Update from Last Month.	
	RAG		
<p>Estates Newcastle, Glasgow and - 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>NCL1-Bank house. Mobilisation activity is progressing to plan with the move scheduled to commence in mid-Aug and complete by early October 2026. Site visits for senior leaders will take place over the coming weeks with staff site inductions planned ahead of occupation. Security controls will be in place before we move in.</p> <p>NCL2 ExCo approval for Ncl2 for an additional 150 desks, currently in negotiations over possible site.</p> <p>London Following the requirements to vacate the current London office space by the end of June Cabinet Officer has confirmed the availability of interim accommodation for IBCA through to December existing space in London by the end of June, Cabinet Office have confirmed an alternative space that IBCA can use . This mitigates the immediate accommodation risks while a longer term solution is developed.</p> <p>St Vincent Plaza -Glasgow Move in of staff has been completed.</p>	
Route to Green		Risks to Delivery	Milestones
Confirmation of location for Ncl2		Agreement on the location of the Ncl2 site	Phased Move into Bank house August-Sept
Agree implementation and timeline for Ncl2			London relocation July

4. Business Team Updates

Area	Key Highlights (for the period of April-June 2026)
Service Delivery	<p>We are continuing to progress our three model offices, using a joined-up approach across our operations, digital, and data teams. These offices are processing claims for three specific groups: those registered as affected, estates of the deceased infected, and living infected individuals who have never received compensation. As of 12 June, 905 people have been asked to start their claims, and £62.4m has been successfully paid out.</p> <p>We have developed a new Operational Scaling strategy detailing how we intend on scaling the compensation service. This strategy explains how will develop the service enabling 100's of claims to be delivered in phase 1 before increasing to 1000's in phase 2. Scaling up will happen across five distinct stages, with Stage 1 launching on 1 July. To support this expansion, Service Delivery plan to onboarding additional Claim Managers in both Newcastle(Aug) and Glasgow(Sept - Nov) locations increasing resource to 400 claim managers. A detailed delivery plan is in place, and a three-week training programme will begin on 22 June training existing claims managers not within model office to support Deceased Infected people.</p> <p>We are working with policy and and service design teams to identify claims that do not meet the eligibility criteria. We are creating a practical framework to help claim managers handle these cases smoothly and consistently.</p> <p>In line with the 2E mechanism, all Customer Relationship Managers (CRMs) have now been successfully transferred over to the Communications Directorate.</p> <p>The recent NHS triage trial has been a major success. By building close working relationships with the NHS and streamlining how we request information, response times from several NHS trusts have dropped significantly. Due to the excellent results of this trial, we have agreed to keep this dedicated data team in place on a permanent basis to keep processing times low.</p>
Service Integrity and Improvements	<p>Following our work with government fraud and audit experts to strengthen our checks, we teamed up with the University of Coventry to design a new staff training programme. This training has now started and will be completed by the end of July.</p> <p>Improved Complaint Handling: New updates to improve how we manage and respond to complaints are going live this week (the week of 15 June).</p> <p>As the wider organisation expands under the new Service Strategy, the SI&I team is reviewing its internal capacity. This review will ensure we have enough staff and resources to handle identity checks, fraud detection, quality control, financial assessments, and complaints without creating bottlenecks as claim numbers grow.</p> <p>We have created a practical six-point plan to support Claim Managers when handling difficult or emotional phone calls. This guide focuses on staff safety and well-being, providing clear steps on how to handle challenging conversations safely and getting access to support during the call.</p>
Professional Support Services	<p>Significant progress has been made across our commercial frameworks, with key approvals successfully secured for both legal and financial services.</p> <p>On the legal side, HM Treasury has officially granted spending approval until January 2027 to extend our existing services, with all necessary contract variations now in place. Building on this stability, joint approval from the Cabinet Office and HM Treasury was obtained to launch our interim legal framework, allowing us to</p>

Area	Key Highlights (for the period of April - June 2026)
Commercial	<p>Work continues to prepare for the transition away from the Cabinet Office Strategic Develley Partnership (SDP) arrangement which has been expected to be October 2026. Initial scoping is underway to to procure a standalone delivery partner to support IBCAs future delivery requirements.</p> <p>Financial and Legal support Services agreements - working with the IBCA Professional Services team to develop commercial strategies that deliver for people who are eligible to claim compensation, align with IBCA requirements and also meet Cabinet office and HMT expectations.</p> <p>Progress is also being made to identify a replacement for the current DWP payment solution. The deadline for moving away form the current system has been expected to august 2027. Discussions are underway with HMRC to assess whether their service meets IBCAs requirements. Should this not prove viable, procurement activity will be required to secure a commercial solution.</p> <p>Recruitment to strengthen commercial capability continues with all of the contract management posts filled or under offer. Recruitment for procurement managers is underway following a previously failed campaign</p>
Estates	<p>Significant progress has been made across estates across all locations. Mobilisation activities have commenced for the Bank House moves in Newcastle, with system preparations, security enhancement and staff planning activities. Following the ExCo approval for an additional 150 deks in Newcastle (NCL2), negotiations are continuing on a suitable space which will enable the remaining staff to vacate Benton Park View.</p> <p>In London, with the current office space being vacated at the end of June, alternative accommodation has been secured through Cabinet Office, mitigating the immediate risk. The interim provision is available until December 2027 which will provide service continuity while a longer term solution is developed.</p> <p>In Glasgow, the move to St Vincent Plaza has been successful connected, establishing a permanent office base for staff.</p>
Communications	<p>In April, we partnered with Wrexham Council to reach harder-to-engage audiences, leading to the council actively promoting the scheme to its residents.</p> <p>The public Board meeting was streamed live on YouTube (rather than Zoom) for the first time on 6 May, receiving 398 live views.</p> <p>The Infected Blood Memorial Service took place on 19 May. IBCA shared the live broadcast link across our channels. The event received 2,900 views via St Paul's live YouTube stream and 4,270 views via a Sky News broadcast.</p> <p>IBCA's first all-colleague conference, IBCA Connect: Live, took place at Benton Park View and online on 21 May. There were more than 900 session sign-ups across the day and 50 mentoring appointments. Colleagues valued the chance to "meet people, celebrate some of the difficult work we do and appreciate what everyone is doing across IBCA." 74% of colleagues (40 out of 54) rated their overall satisfaction with the event as an 8, 9, or 10 out of 10.</p> <p>On 26 May, IBCA announced that it is recruiting a permanent Chair of the Board after Sir Robert Francis stands down as interim Chair at the end of his term. The facebook post sharing the news received 45 positive reactions ("likes" and loves) and 43 comments. Two comments directly thanked Sir Robert for his service and contribution. However, other comments focused on wider frustration and concern with IBCA regarding the pace of payments.</p>

Area	Key Highlights (for the period of April - June 2026)
Digital and Data	<p>Progress has continued across a number of key service capabilities supporting the end-to-end journey. Development has progressed on identity verification and correspondence functionality, with delivery milestones scheduled for completion by the end of June. Work is also underway to establish a person-centred service model through the development of a Person Reference Number (PRN), enabling the start of a single view of individuals across multiple claims and services. The focus for Q2 is now scaling the service from 100's to 1000's of claims with emphasis on "must have" features for Deceased Infected and Affected claims.</p> <p>Alongside this, work continues to move away from the current DWP payment solution. The intent is to implement a solution in Q3 2026/27. In parallel, work on IBSS migration continues with the focus on the requirements for ongoing payments and alignment with IBCA. We are also anticipating the laying of the 4th set of regulations which have been impacted and have clear priorities in Q2 26/27 on how we will implement.</p> <p>Further enhancements to operational resilience and service management are progressing, including improvements to fraud risk scoring and alerting capabilities and the introduction of performance reporting for the Data Platform. Collectively, these developments support the organisation's objective of delivering a scalable, secure and sustainable compensation service while preparing for increased claim volumes and future scheme expansion.</p>
Strategy	<p>Ongoing sprint with the Board to develop the organisation's first Business Plan. Following a series of collaborative sessions with both the Board and the Community Advisory Panel, work is progressing well to ensure the final plan is ready for discussion at the Board meeting on 7 July.</p> <p>Working closely with the Communications and Engagement team to oversee and assure the 2E transfer process. This ongoing governance ensures total accuracy and consistency as we prepare to publish our next quarterly report.</p> <p>Supported the CEO's appearance in front of the Public Accounts Committee on 4 June.</p>
Human Resources	<p>Following a review of the existing pay strategy, a business case is being developed to address recruitment and retention challenges for hard to fill roles. Preparatory work is also underway to implement the annual pay award.</p> <p>The new Employee Engagement Strategy has been launched, sponsored by ExCo this is structured around three pillars; Capacity, Thrive and Experience with each pillar being headed by members of ExCo. These pillars will bring together existing activity along with new approaches designed to improve employee engagement and organisational effectiveness.</p>

5. Comms & Engagement Update

Comms

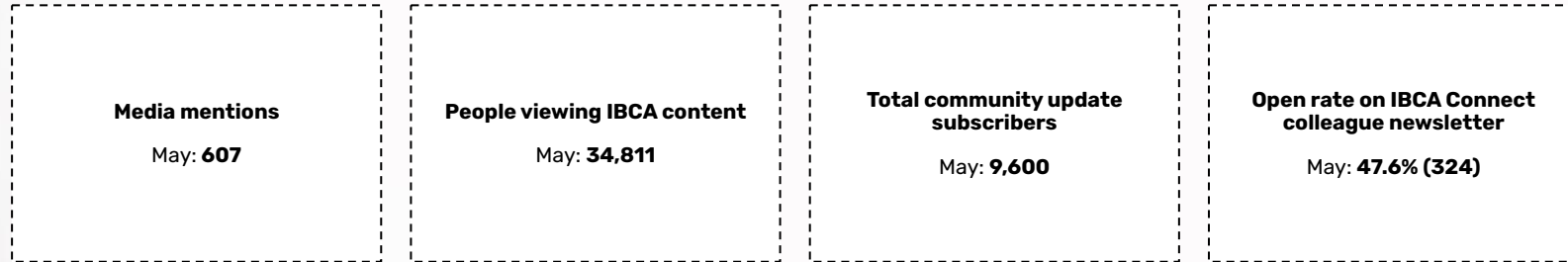
Digital engagement performance metrics

In May:

- **34,816** people viewed IBCA social content, down **2%** from April.
- **418** comments and replies were left on IBCA social media posts, down **22%** from April.
- **101,786** post impressions were tracked in March, down **18%** from April.
- **3,795** clicks were tracked on links in IBCA social media posts, down **19%** from April.
- IBCA published **28** posts, down from **33** in April.
- IBCA posts had **337** reactions and likes, down **2%** from April.
- Average post engagement rate was **13.75%**, down **3%** from April.

Comms

Communications and Engagement



Of the **607** media mentions:

- **46%** were local
- **41%** were regional
- **9%** were national

6. Governance Update

IBCA Board.

- **Recruitment of Non-Executive Directors (NEDs):** two Non-Executive Directors have been appointed and are going through security clearance prior to onboarding. An announcement will be made by Comms in due course.
- **Remuneration Committee** will be meeting on 19 June and 2 July to consider detailed proposals for a Recruitment and Retention Allowance for hard-to-fill roles and IBCA's pay award.
- **Audit, Risk and Assurance Committee:** The committee met on 18 May, providing assurance on the IBCA's risk management framework and the most recent draft of the Annual Report and Accounts.
- **Quality, Finance and Performance (QFP) Committee:** met on 27 May to discuss all Strategic Objectives in relation to potential KPIs. Next meeting is on 13 July to consider KPIs against S01, S03 and S04.
- **Clinical Advisory Panel:** four panel members have been appointed. Clearances, terms of engagement and onboarding are in progress.

ExCo

- With some decision-making authorities delegated to its subcommittees, ExCo is increasingly focussed upon strategic delivery priorities. For May, this has resulted in discussions on Business Planning and the development of a Business Case going forward.
- **Corporate Services Committee (CSSC)** met in June to discuss safety at external in-person events, the estates transition plan and receive an update on Cabinet Office's Matrix transition; the next meeting will have a particular focus on counter-fraud measures.
- **Service Design Committee (SDSC)** continues to meet weekly with a particular focus on risk in June on Service Delivery risks and risks re: scaling up).

Assurance

- The Finance Team continues to work closely with the National Audit Office in the preparation of IBCA's Annual Report and Accounts, with a view to laying before Parliament around 8 September.

7. Finance Update

2025-26 Finance update

IBCA closed the 2025/26 financial year within its approved budget, delivering an expenditure of £126m against a budget of £136m.

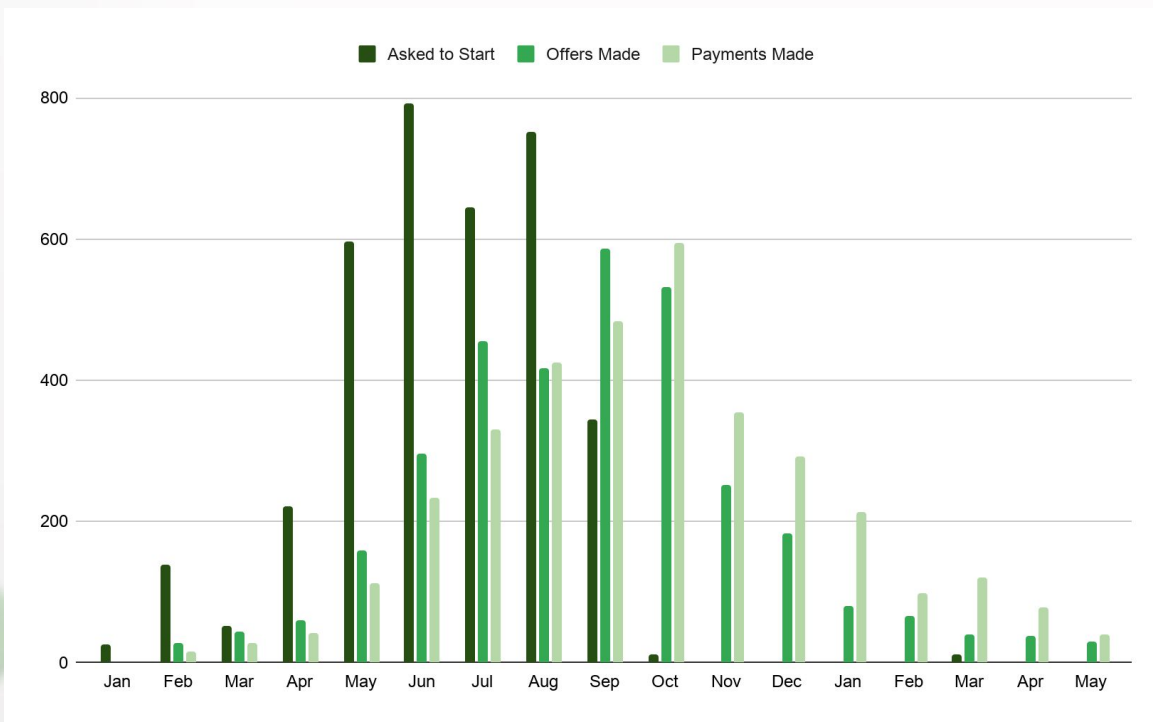
The annual report is in draft and currently going through revisions and clearances, and will report the final position on 2025/26 spend.

- Work is progressing on the 2025/26 Annual Report and Accounts. The NAO audit timetable has been revised, we are on track to lay the Annual Report and Accounts for IBCA after summer recess and marginally ahead of Cabinet Office.
- The first full draft of the annual report has been sent to the NAO and is progressing through clearance from CFO, CEO and Chair ahead of a full review by the Board. Remaining actions relate to completing the "Forward look" and including the pension data within the Remuneration Report, due later this month.
- Significant progress has been made on the 2026/27 business plan and budget, with work concluding to finalise allocations across the business units. ExCo considered the initial plans, and a budget of £186m has been approved; with appropriate formal delegation from the Cabinet Office progressing.
- Recruitment activity is progressing to support the maturing of the Finance function. Successful appointments have been made to Finance Business Partner and Cash Management roles, further recruitment is still needed across Financial Accounting and Financial Operations roles.

8. Performance Report (Data)

How are registered infected claims progressing?

As expected, numbers of offers and payments made are reducing for this cohort



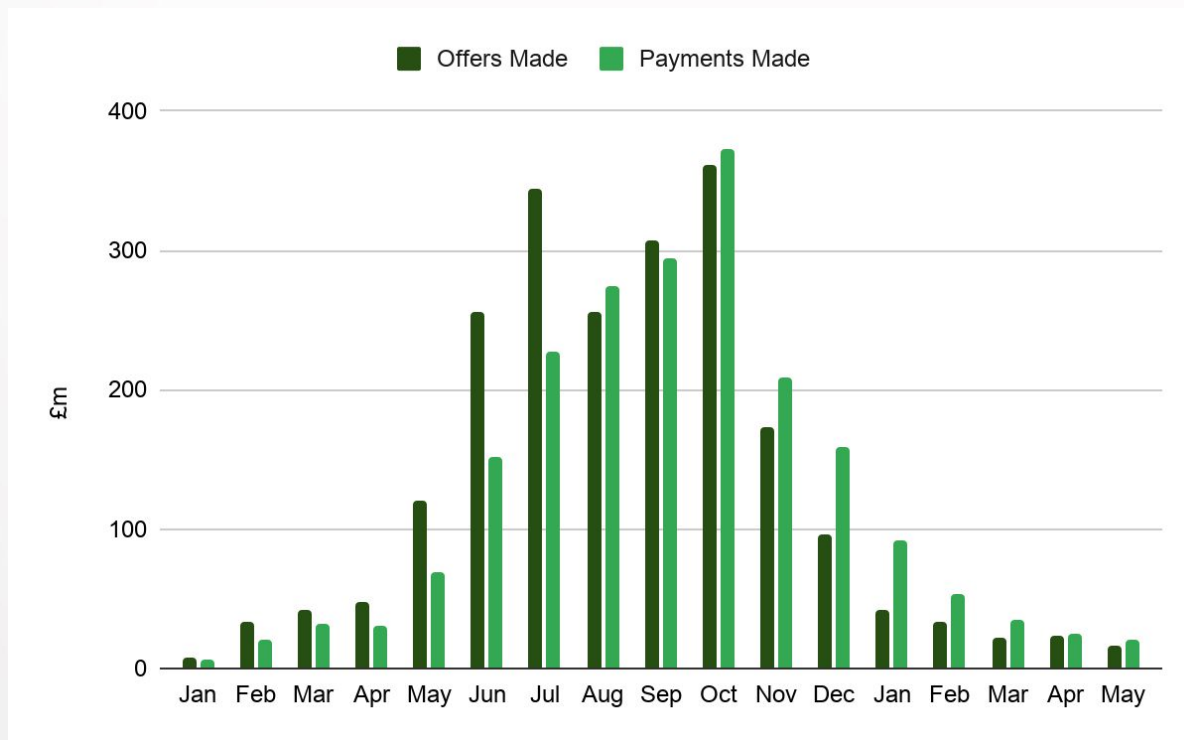
This data covers the period to the end of May 2026.

Between October 2024 and May 2026:

- **3,627** people have been asked to start their claim
- **3,493** claims have been started
- **3,340** declaration letters have been sent
- **3,299** offers have been made
- **3,211** payments have been made

How are registered infected claims progressing?

Offers made and payments made continue to reduce as there are fewer registered infected claims left to pay



This data covers the period to the end of May 2026

Between October 2024 and May 2026:

- The total value of payments made is **£2,083.3b**

9. Principal Risk Update

Principal Risks: to safe, timely and trusted compensation delivery

Below are the proposed themes of IBCA's principal risks, with examples of secondary risks.

Timely and Effective Compensation Delivery (SDC)

What would stop claims and payments moving through the service effectively, consistently and at pace?

Claim progression, bottlenecks, standards etc..

Service Capacity and Capability to Scale (SDC)

What could stop the service scaling safely as volumes increase? (as per 26/26 Business Plan)

Technical and operational complexities

Operational Resilience and Service Continuity (CSSC)

What could disrupt IBCA's ability to maintain safe, accessible and continuous service delivery?

Business continuity, estates, resilience, incident response etc..

People's Experience and Quality of Service (SDC)

What could make the claim journey feel unclear, unfair, inaccessible or unresponsive?

Communication, Accessibility, Support, Distress etc..

Claim Quality, Payment Accuracy, Fraud and Error (SDC)

What could cause the wrong decision, wrong payment, fraud or avoidable rework?

Verification, QA, Fraud, Error etc..

Legal Challenge and Defensibility (CSSC)

What could expose IBCA to legal challenge or make decisions harder to defend?

Decision rationale, policy, challenge etc....

Financial Control and Stewardship (CSSC)

What could weaken control over public funds or confidence in financial management?

Value for money, financial reporting, budgets etc..

Data Quality, Information Security and Governance (CSSC/SDC)

What could affect the quality, use or protection of information needed to deliver compensation safely?

Data access, quality, governance etc..

Public Confidence and External Scrutiny (CSSC)

What could reduce confidence in IBCA's delivery of the compensation scheme?

Media coverage, Perceived unfairness, communications etc..

Workforce Capacity, Capability and Wellbeing (CSSC)

What could stop IBCA having the people, capability and working environment needed to deliver its business plan?

Skill gaps, Wellbeing, Engagement etc..

Governance, Prioritisation and Delivery Trade-Offs (CSSC)

What could stop IBCA making clear decisions and managing trade-offs between pace, quality, control and confidence?

Priorities, Decisions, Controls, Direction etc..

The Principal risks and aligned secondary risks are going to IBCA Sub-committees and Risk Working Group in June for review and rating. Prior to being presented at ExCo and ARAC in July.

Annex A: IBCA Delivery Confidence Key

RAG Delivery Confidence Definition

G	Successful delivery of the project/programme to time, cost and quality appears highly likely(achievable) 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



IBCA Board, 7 July 2026

Subject:	Infected Blood Compensation Authority Business Planning 2026/27	
Issue:	This paper sets out options for IBCA's approach to business planning for FY 2026/27.	
Actions for IBCA Board:	IBCA Board is asked to: <ol style="list-style-type: none"> 1. Note the considerations that have informed IBCA's approach to business planning for the coming year; 2. Note the pillars around which IBCA's approach to business planning has been structured, and the alignment between these pillars and IBCA's strategic objectives; 3. Agree the recommended approach to scaling delivery of our services; 4. Agree IBCA's business plan as set out in full at Annex A of this paper. 	
Submitted by:	Strategy Team	
Cleared By:	Hannah Probert	Date: 2 July 2026

Summary

1. This paper provides an overview of IBCA's draft business plan and its structure. It outlines the considerations that have informed our thinking in developing the plan, and the process to date with the Board in refining it. It asks the board to agree our recommended approach to scaling our service, as well as the business plan as a whole.

Overview

2. Our draft business plan sets out IBCA's objectives for the coming year and a plan to achieve these. This is our first business plan, and marks a major milestone for IBCA. It is key to the governance of our organisation and will ensure that we have agreement across our organisation on our deliverables, setting out how we deliver for the infected blood community over the financial year. The plan creates transparency around our aims and empowers our Board and the infected blood community to hold us to account for our delivery.
3. Feedback from the community, including IBCA's Community Advisory Panel (CAP) and through our feedback and concerns mechanism, is at the heart of our Business Plan. These voices have challenged us to increase the pace at which we pay compensation to eligible claims, and challenged how we are prioritising each group of claims. Our Board members have also been integral to our business plan, holding a series of workshops dedicated to interrogating every aspect of the plan and to scrutinise the risks and opportunities associated with possible delivery approaches.
4. IBCA's business plan is centred around four pillars:

- a. Compensate people - How we focus on paying compensation in accordance with the aims and regulations of the infected blood compensation scheme, and in line with our strategic objectives and values;
 - b. Listen and Act - How we listen to the community and act on their feedback in order to ensure that we are delivering a service that works for the community;
 - c. Develop Organisational Effectiveness - How we develop our organisation so that we have the structures and capabilities in place to deliver on our objectives; and
 - d. Plan for the Future - How we look beyond this year so that we have the right strategies in place to achieve our mission.
5. Deliverables in our draft business plan include completing the bulk of core infected claims related to the fourth regulations, the scale up of services across cohorts, transferring the Infected Blood Support Schemes into IBCA, evolving the mechanism by which the community provides feedback to IBCA, improving our modelling to better understand the likely size of future cohorts, and ensuring that we compensate every eligible person. The business plan at **Annex A** provides a full breakdown of our deliverables over this financial year, alongside a more detailed explanation of our four pillars and how these support our strategic objectives.
 6. IBCA's business planning is supported by its Service Strategy, which has been developed by the Chief Operating Officer, Sindy Skeldon. The strategy sets out a number of measures to be taken as a priority to ensure quicker service scale up in the short term, whilst the policies and processes underpinning the service are optimised over the longer term. This strategy - which IBCA is implementing - is ensuring a greater number of claims are brought into the service. However, we accept that this may impact some aspects of the claim journey, for example by leading to an increase in decisions being reopened due to roll out of the service whilst policies are still being developed. Nevertheless, we believe the Strategy is an important part of our plan to increase the pace at which we pay compensation.

Options for scaling IBCA's service

7. Following a series of workshops with the Board, IBCA has shortlisted two proposals for the scaling of services and prioritisation of claims this year:

Option 1 - a continuation of our current approach

8. This option would maintain our current approach of processing claims across different cohorts transitioning elements of the service from private beta as we build robust evidence that the service design addresses the needs of all user groups. This ensures full alignment with the Service Standard before a formal assessment, while we continue progressing claims against the Inquiry's prioritisation criteria.
9. This approach enables the development of organisational expertise as initial claims are processed, facilitating faster delivery and smoother service in the future.
10. However this approach has to date meant that IBCA's enabling functions have had to develop policies and processes to deliver across three new claims types. This has led to an underutilisation of claims managers and frustration in the community at the pace of delivery.

Option 2 - a focus on core infected claims

11. This option would have an explicit focus on delivering the core infected claims alongside a small number of affected claims. This approach differs from our current

approach as we would not actively seek to scale our affected cohort until a greater number of core infected claims had been completed. Our learning and experience so far shows us that by confirming these claims first, we are able to establish connected affected claims quicker.

12. This approach, we expect, will lead to a greater expected number of payments over the year as compared to option 1. Additionally, depending on the point at which payments to new groups are opened, this approach may redistribute work across the organisation so as to reduce current pressures on central teams and enable greater utilisation of claims managers.
13. By prioritising core claims, this option may lead to an increase in the number of times some people eligible for compensation need to pass through the claims process, potentially increasing the risk of retraumatisation.

Analysis and recommendation

14. Whilst the expected claims numbers processed in both scenarios are uncertain, based on best estimates using available data, we believe that option 2 should deliver a higher number of claims this year. Additionally, our learning to date has emphasised the importance of establishing infected claims to allow for quicker processing of affected claims. For these reasons ***we recommend that the Board agree option 2 as our preferred approach to scaling as it provides the potential to accelerate delivery of compensation in the near term.***
15. The business plan as set out in **Annex A** is drafted on the basis of option 2 - a focus on core infected claims. If the Board's preference is for option 1 we will update the plan accordingly.

Next Steps

16. If the Board agrees to this paper's recommendations, IBCA will:
 - a. Progress implementation of the business plan; and
 - b. Develop a framework for reporting on delivery of the business plan.

Annexes

17. **Annex A** - IBCA Business Plan FY 2026/27 (submitted to the Board as a separate document)

Annex A - Infected Blood Compensation Authority Business Plan 2026/27

Background

The infected blood scandal has been described as “the worst treatment disaster in the history of the NHS”. More than 30,000 NHS patients received blood transfusions or were given contaminated blood products between 1970 and the early 1990s. Many of those people have since died, and thousands more live with significant health conditions caused by contaminated blood. Tens of thousands more people have been impacted as family members and carers.

On 20 May 2024, the then-Prime Minister Rishi Sunak apologised on behalf of the state for failings that led to this tragedy and for the institutional failure to face up to them. He committed to the establishment of a compensation scheme. On 21 May 2024, the then-Paymaster General announced that the Infected Blood Compensation Authority would be established with Sir Robert Francis as Interim Chair, and on 24 May 2024, the Victims and Prisoners Act, establishing IBCA, received Royal Assent.

In August 2024, we received the powers in law for compensation. In October 2024, we asked the first people to begin their compensation claims, and in December 2024, we made our first offers of compensation totalling more than £13 million. Our original strategy for 25/26 was to focus on the expansion of the service so that payments could be made for all aspects of a claim. This strategy changed as the Minister for the Cabinet Office asked us to prioritise scaling the registered infected group and, following the Inquiry, as it became clear that changes to regulations meant we would need to wait to design some aspects of the delivery of the scheme for settled policy.

Our delivery approach was, and is, to start small, learning from each person making a claim, and we have continued to build learnings into our claim service as we have grown. At the end of March 2025, we'd asked 255 people to start their claim and had made 86 offers of compensation. By the end of March 2026, as well as opening initial cohorts for the Living Infected Never Compensated, the Deceased Infected and the Affected, we'd asked 3942 people to start their claims and had made 3246 offers of compensation with over £2 billion paid in compensation claims.

Business Plan 2026/2027

Our vision is to recognise and compensate every eligible person impacted by infected blood with great care and respect, and our mission is to make it easy for people who are eligible to get the compensation and support they are entitled to and to do this with kindness and transparency.

Our business plan for 2026/2027 sets out the core activities we will undertake this year to help us achieve our vision in line with our strategic objectives:

1. Everyone who is entitled to compensation is able to claim and get paid.
2. This is done as quickly as possible for the community while protecting them and the taxpayer from fraud.
3. This is done as seamlessly as possible using information already provided and navigating individuals through the process.
4. People applying for compensation feel supported throughout the process.
5. IBCA staff feel enabled to provide a professional and caring service.
6. IBCA will work with partners and other organisations to consider the holistic needs of the community.
7. IBCA colleagues consider it to be a great place to work.
8. The infected blood community trusts IBCA to deliver compensation competently and fairly.

We have identified four pillars under which our activity is organised: i) Compensate People; ii) Listen and Act; iii) Develop Organisational Effectiveness; and iv) Plan for the Future.

1. Compensate People

Our first pillar is the heart of our mission and is how we focus on paying compensation in accordance with the infected blood compensation scheme, and in line with our strategic objectives and values.

The scheme itself is continuing to see considerable changes, which creates greater uncertainty when planning our delivery and makes it likely that we will need to revisit a number of claims to account for new regulations which we expect to be in force by the Autumn. For 2026/27, our ambition is to take 5000 claims to decision over the course of the financial year. To meet this goal, we will focus on processing these infected claims as a priority and will begin all claims for both living and the estates of deceased infected people who have registered their intent to claim compensation with us by 7 July 2026, as well as a number of affected claims. Our learning and experience so far show us that by confirming the foundational claims first, we are able to establish affected claims more quickly.

Under our approach, we will continue to progress affected claims and make additional payments where required by new legislation. We will also open compensation payments to the deceased affected and we will prepare for opening supplementary claims. Across each of these groups, we will continue to follow the prioritisation criteria set out by the Infected Blood Inquiry.

To meet our ambition and process the maximum number of claims that we can, we will utilise our newly developed Service Strategy, which acknowledges our need to compensate more people more quickly and seeks to achieve this by being clear when we have the foundations of the service that are needed. As opposed to waiting until we are completely confident, we can deliver the most complete service experience. This

reflects the Board's desire to continually review and assess our ambition and our risk appetite.

This year, we will also manage the transfer of the four current Infected Blood Support Schemes to IBCA as required by the regulations. This is an important piece of work that will require significant levels of service design, HR and communications input to ensure that the schemes transfer smoothly and with no risk of the interruption of payments.

2. Listen and Act

Our second pillar is about how we listen to the community and act on feedback to ensure that we are delivering a service that works for the community.

This year, we will continue to expand and deepen the ways that we engage with the community, including those who have registered but have not yet begun their claim. We will enhance our processes for receiving feedback from the community, in line with the recommendations of the Infected Blood Inquiry. We will embed the Community Advisory Panel in our governance to ensure that our Board receives direct input from the community on its decisions and that the Panel receives full and transparent responses to their suggestions. We will continue to work closely and build on our relationships with those who support the delivery of our services, including the NHS, medical experts, law firms and firms that provide financial guidance to those making a claim with us.

We will also continue to work on a basis of transparency, expanding the ways that we share information with the community, including regular public Board meetings, holding community drop-in sessions where the community can come and talk with our staff, and improving our website to make information about the scheme and our policies accessible.

3. Develop Organisational Effectiveness

Our third pillar is about how we develop our organisation so that we have the structures and capabilities in place to deliver our objectives.

We will strengthen our functions, including our forecasting and modelling, to improve the data we use to plan our compensation service. We will ensure that the organisation has effective governance so that we have strong and transparent decision-making. We will develop our strategies for staffing, with a particular focus on areas that can be challenging to recruit for, such as finance, digital and data roles, so that we have plans to deliver the capabilities. We will continue to focus on staff culture across the organisation - including freedom to 'speak up' - supporting us to achieve our mission.

We will continue to meet our obligations by delivering our business plans and accounts, and managing the transition of our shared services. We will refresh our policies and

processes so that we are able to set our approach to staffing as a fully independent arm's-length body.

4. Plan for the Future

Our fourth pillar is about how we look beyond this year so that we have the right strategies in place to achieve our mission. Learning from our experiences and from feedback from the community is at the heart of this, as is our work to improve our modelling and estimates.

To deliver our mission, we will set a strategy for how we can recognise and compensate every eligible person impacted by infected blood and ensure that we will put in place the capability and capacity required to deliver ongoing compensation payments.

This year, we will prepare a strategy looking towards 2031, reflecting the date set in the regulations by which applications for core payments must be made.

Deliverable	Strategic Objectives being met	2026/2027 Success Criteria/Milestones	ExCo Lead
Compensate People			
Continue compensation payments to the registered infected	S01, S02, S03	We will continue to compensate claims across all four cohorts. We will bring 5000 claims to decision over the course of the financial year and begin all claims for both living and the estates of deceased infected people who have registered their intent to claim compensation with us by 7 July 2026.	Chief Operating Officer
Scale up compensation payments to the Living Infected Never Compensated	S01, S02, S03		Chief Operating Officer
Scale up compensation payments to the Deceased Infected	S01, S02, S03		Chief Operating Officer
Scale up compensation payments to the Affected	S01, S02, S03		Chief Operating Officer
Open the scheme to the Affected Deceased	S01, S02, S03	Core compensation offers to the affected deceased have begun.	Chief Operating Officer
Complete the bulk of core infected claims related to the fourth Regulations.	S01, S02, S03	The bulk of new offers relating to updates to the core infected scheme on previously paid claims made.	Chief Operating Officer

Deliverable	Strategic Objectives being met	2026/2027 Success Criteria/Milestones	ExCo Lead
Complete discovery for the infected supplementary payments route	S01, S02, S03	Discovery work for supplementary compensation offers has completed.	Chief Operating Officer
Complete discovery for the affected supplementary payments route	S01, S02, S03	Discovery work for supplementary compensation offers to the affected has completed.	Chief Operating Officer
Deliver the transfer of the IBSS schemes to IBCA	S01, S03	IBCA has successfully taken on the responsibility of IBSS payments with no interruptions to service by the legislative dates.	Director of Strategy and Policy
Continue to develop our digital and data services to ensure that claim managers have the tools they need to support claims	S01, S02, S03, S04	Build and iterate the claims platform to support delivery of payments, evolve the delivery model for digital and data and ensure ongoing delivery of the service including delivery of a new payment solution and transfer of the IBSS schemes and ensure effective management of intelligence and data risks.	Chief Digital Information Officer
Legal and Financial Support Procurement	S04, S06	Procurement for the provision of professional support to claimants for core claims	Director of Strategy and Policy

Deliverable	Strategic Objectives being met	2026/2027 Success Criteria/Milestones	ExCo Lead
		completed.	
Develop stakeholder engagement	S03, S06	Updated strategic stakeholder framework delivered with further engagement and delivery plans in place with organisations on whom we are dependent for delivery, including our work with the NHS and clinicians.	Director of Strategy and Policy/Director of Communications
Listen and Act			
Develop relations between the Board and the Community Advisory Panel	S04, S08	Effective Community Advisory Panel meetings, as assessed by the panel itself and the Board and receiving clear public responses from the Board to issues raised.	Director of Strategy and Policy
Support those awaiting compensation	S03, S04	Develop further ways of effectively engaging with those who have registered their intent to claim to better help them prepare their compensation claim.	Director of Communications
Evolve the feedback mechanism	S04, S08	An evolved feedback mechanism is in place, in line with the Inquiry's recommendation 2e,	Director of Communications

Deliverable	Strategic Objectives being met	2026/2027 Success Criteria/Milestones	ExCo Lead
		responding to all concerns raised within agreed timeframes and publishing a regular report of themes. Overall trust levels will be assessed in a variety of ways, including biannual surveys.	
Effectively engage users	S04, S08	Direct community engagement on all significant proposals and changes, in line with any best practice standards.	Chief Digital Information Officer/Director of Strategy and Policy
Impactful Community engagement	S04, S08	We will continue to meet with the community, through events and regular meetings/ engagement, and should see improved trust survey scores.	Director of Communications
Website	S04, S08	Maintain and improve the website in response to user research and feedback.	Chief Digital Information Officer
Develop Organisational Effectiveness			
Improve modelling	S01	Developed business-critical models which support our delivery planning and estimates, and improved understanding of likely volumes	Chief Financial Officer/Chief Digital Information Officer

Deliverable	Strategic Objectives being met	2026/2027 Success Criteria/Milestones	ExCo Lead
		through improvements in the platform to improve intelligence gathering and research activity.	
Strengthen our governance structures	S08	Supporting the recruitment and onboarding of our permanent Chair, Clinical and Community Panels and an Ethics committee established and operational, a mature risk management approach as assessed by auditors, and a cyber security roadmap in place.	Director of Strategy and Policy
Refresh our employee policies	S05, S07	A review of all HR policies complete, and policies reviewed and updated, where appropriate.	Director of Human Resources
Deliver on our estates plans	S05, S07	An estates strategy agreed; all our staff are based in longer-term facilities.	Chief Financial Officer
Complete shared services transformation	S07	IBCA transitioned to a new shared services platform with no disruption to employee experience.	Chief Financial Officer

Deliverable	Strategic Objectives being met	2026/2027 Success Criteria/Milestones	ExCo Lead
Have the right capabilities in place	S01, S05	A capability strategy and employee relations framework agreed and assessed, in part, against People and Pulse survey results and staff retention. This includes specialist capabilities and skills secured through our strategy to buy, build and borrow the skills and capabilities that we need.	Director of Human Resources
Maintain and strengthen our culture	S07	Ensure we have an employee culture which supports open and transparent delivery and which enables all staff to deliver to their best ability as measured against People and Pulse Survey Results.	Director of Human Resources
Strengthen our functions	S05, S07, S08	Complete recruitment of core roles across the finance, commercial, estates and legal functions and meet ongoing business and compliance requirements, including publication of the Annual Report and Accounts on time	Chief Financial Officer

Deliverable	Strategic Objectives being met	2026/2027 Success Criteria/Milestones	ExCo Lead
		and satisfactory results from internal audits.	
Plan for the Future			
Ensuring that we compensate every eligible person	S01, S02, S07, S08	An agreed strategy for delivery to 2031, including scenarios for how to most efficiently complete all claims, consideration of how to identify those who have not yet registered their intent to claim, approaches to the ongoing management of compensation for recurring payments and workforce and pay strategies, as well as providing greater certainty to the community as we work to compensate every eligible person.	Director of Strategy and Policy

IBCA Board 7 July: agenda item 4

Subject:	Establishing an IBCA Ethics Panel	
Actions:	IBCA Board is asked to: 1. agree that IBCA should establish an ethics panel with further advice to be provided on the Terms of Reference and Appointments.	
Issue:	This paper is to agree on the next steps on establishing an ethics panel to support effective decision making in IBCA.	
Submitted by:	Hannah Probert, Strategy and Policy	
Cleared By:	David Foley	Date: 15/06/26

Summary

1. IBCA should consider the process for the provision of effective advice and support on decisions relating to the delivery of compensation which raise ethical questions.
2. This paper is to seek agreement from the Board that an Ethics Panel should be established with future decisions to be taken on the terms of reference and appointments.

Background

3. The Community Advisory Panel has raised as a priority that IBCA should appoint an ethics advisor or panel to assist with decision making which aligns with discussions in the Executive Committee about establishing such a panel. Following this recommendation the strategy and governance teams have discussed delivery options across IBCA and have identified next steps to establish an ethics panel.
4. This paper provides recommendations on approach including:
 - a. consideration on whether an advisor or a panel is more suitable; and
 - b. possible areas of focus for the panel (or advisor).

Recommendation

5. **That IBCA should establish an ethics panel with further advice to be provided on the Terms of Reference and Appointments.**

Individual Advisor or Panel

6. Panels typically consist of a mixture of those within the organisation and external experts to provide challenge and to contribute on areas
7. Option 1: A singular ethics advisor: IBCA could appoint a single advisor to provide input and advice to the Board and the Executive on ethical matters. This would provide a single clear voice in the organisation but would risk a lack of expertise on the range of issues that might arise. If a Panel is appointed then the chair of the panel could provide such a function.
8. Option 2: A panel with membership that could include those with expertise including:
 - a. Academic research on Practical and Applied Ethics (the Inquiry drew on the Oxford Uehiro Centre for Practical Ethics)
 - b. Bioethics (See for example the [Nuffield Council](#)).
 - c. Clinical Practice
 - d. Law
 - e. Safeguarding
 - f. AI and Technology
 - g. Digital delivery
 - h. Diversity and Inclusion (either as a general topic or specific to other areas of expertise)
9. A panel will need to engage with community views and therefore should have the ability to engage directly with the Community Advisory Panel.

Recommendation: IBCA should seek to appoint a panel in order to provide a range of experience. This panel should initially consist of 5-7 members.

Issues for the Board to consider

10. Ethics Committees across and beyond the public sector provide advice on a range of areas. The Board is asked to consider possible areas of focus which will be then form part of a Terms of Reference which will come to the Board for approval following further discussions with the Community Advisory Panel and User Consultants:

11. IBCA develops a range of policies and delivery approach which raise ethical considerations. An ethics panel could provide advice in a similar manner to a hospital [Clinical Ethics Committee](#).
12. The nature of the policies and approaches IBCA might refer to such a panel would have some impact on membership. Many of IBCA's operational policies consider medical advice where either clinical experience on the panel or a strong link with the Clinical Advisory Panel would be beneficial while if matters such as IBCA's use of AI are to be considered then some technical experience would be useful.

Research

13. The existence of ethics panels to advise on research is well-established and guidance is available from [UK Research and Innovation](#), the [NHS Health Research Authority](#), the [Nuffield Council on Bioethics](#) and the [UK Statistics Authority Centre for Applied Data Ethics](#).

Individual Cases

14. An ethics panel could also provide advice on individual cases where ethical issues arise. This could for example include considering exceptional circumstances in which IBCA might consider it appropriate to consider a case outside the established prioritisation approach including safeguarding concerns.
15. Consideration would need to be given as to whether the panel should advise on individual cases or act as a decision maker on matters such as prioritisation. This would also impact the requirements for availability of the panel given the time-sensitive nature of such decisions.

Recommendation:

- 16. Terms of Reference should be drafted for consideration with the panel to be engaged at an early stage on a range of issues with a focus on policies, research and standards of behaviour. An example draft terms of reference is attached at Annex A.**
- 17. The panel should also assist in preparing an ethical framework for decision making across IBCA.**
- 18. The panel should constitute a range of experience with particular focus on academic experience in practical ethics, bioethics and law. The panel should be advisory but with clear expectation that it will be consulted at an early stage for important decisions. Further advice will be provided on appointments.**

Next Steps

19. If the Board agrees to establish an ethics panel then further work will be undertaken in discussion with the Community Advisory Panel and User Consultants to prepare a Terms of Reference for agreement by the Board.

Annex A: Example Draft Terms of Reference

Purpose

The creation of an ethics panel reflects IBCA's commitment to making decisions in a way which understands the significant ethical considerations inherent to IBCA's delivery. The Panel's particular role will be to provide independent, experience-led advice and guidance to the Executive and the Board. The panel will also advise on the development of an ethical policy framework for IBCA.

The panel will function solely in an advisory capacity.

Role and Scope

The Panel will, at the request of the Board or Executive:

- Provide guidance and support on ethical issues in relation to matters being considered by the Board and Executive.
- Provide feedback on a range of areas, including emerging policy proposals, research activity and delivery approaches.

The Panel will receive such papers as the Board, Chair or Chief Executive considers would assist them in their work.

The Panel will not:

- Make decisions on behalf of IBCA.

Membership

The panel will comprise up to 7 members, including a Chair, with expertise including bioethics, research ethics and jurisprudence.

Appointment and Term

- Members will be appointed via an open recruitment process that is designed to be inclusive - it will actively seek to attract a diverse range of applicants and ensure that individuals from all backgrounds have an equal opportunity to apply and be considered.
- Appointments will initially be for an 18-month term with the opportunity to extend at the request of the Board.

- IBCA reserves the right to remove a member for breaches of conduct, persistent non-participation, or conduct incompatible with public service values.

Meetings and Ways of Working

- The Panel will meet monthly with additional meetings convened as needed at the request of the Board or Executive.
- Where appropriate minutes or notes of discussions will be published on IBCA's website.
- Meetings will be held virtually, with reasonable notice.
- IBCA will provide secretariat support for agenda setting, minute taking, and coordination.
- A Deputy for the Chair will be appointed in case of absence. They may attend meetings in place of the Chair when required and will be expected to work closely with the Chair to stay informed of Panel activities and discussions.

Payment and Support

Panel members will be offered payment for their time and expertise in attending meetings. Payment arrangements will be confirmed prior to the appointment.

Reasonable travel and accommodation will be reimbursed in line with IBCA's expense policy.

IBCA will make reasonable adjustments and offer support to ensure that all members can participate fully and accessibly.

Conduct and Confidentiality

All members are expected to act in line with IBCA's Seven Core Principles: Integrity, Compassion, Candour, Transparency, Fairness, Efficiency, and Propriety in the use of public funds.

Panel members are expected to treat confidential or sensitive information with care and may be asked not to share details outside the Panel until the Board has been able to consider its advice and come to a decision.

For the avoidance of doubt, they will continue to be free to express their own personal opinions in public in relation to any matter or issue which is in the public domain.

Review

These Terms of Reference will be reviewed annually in consultation with the Panel, to ensure they remain fit for purpose.

Infected Blood

Compensation Authority

IBCA Public Board 7 July 2026: agenda item 5

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: 22/06/2026

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

Introduction

This paper sets out the key discussions, observations and recommendations arising from two recent meetings of the Community Advisory Panel (CAP).

The first meeting was convened to review and further clarify a number of areas within the Panel's Terms of Reference. This provided an opportunity for members to discuss how the Panel can most effectively fulfil its advisory role and contribute to the governance arrangements supporting the Infected Blood Compensation Authority (IBCA).

The second meeting formed part of the Panel's regular programme of work and focused on a broad range of issues relating to the operation, development and future direction of the compensation scheme.

Across both meetings, Panel members engaged in detailed and constructive discussion covering a number of strategic, operational and community-focused topics. These discussions drew upon members lived experience, professional expertise and ongoing understanding of the issues affecting the infected blood community.

The Board invited the Panel to consider potential approaches to the future development of the test-and-learn programme. Whilst the Panel was unable to reach a consensus in support of a single option, members explored the advantages, risks and practical implications associated with the various approaches under consideration. These discussions were further supported through constructive engagement with the Panel's Non-Executive Director representative. The Panel hopes that the observations and perspectives shared through these conversations will assist the Board as it continues its deliberations in this area.

The recommendations contained within this paper are therefore not intended to represent an exhaustive account of all matters discussed. Rather, they reflect those areas where the Panel believes it can add most value through advice, insight and constructive challenge, with the aim of supporting the continued development of the compensation scheme and improving outcomes for the infected blood community.

In addition to the formal recommendations, the paper also identifies a number of future areas for exploration where the Panel would welcome further information and engagement. These areas are intended to support the Panel's ongoing development, strengthen its understanding of the Scheme, and help ensure that future advice to the Board is informed by both community experience and operational insight.

Reassessment of Compensation Awards and Recovery of Payments

Background

It has recently come to the attention of the CAP that a reassessment of a reopened compensation claim identified an error in the original calculation of an award.

The Panel recognises that the compensation scheme contains provisions which allow awards to be revisited and reassessed in certain circumstances. This is both expected and welcomed by the community, particularly given the introduction of the supplementary route and recent legislative changes which may provide access to additional compensation for some claimants.

This reassessment process has highlighted a significant concern amongst Panel members regarding the potential for compensation already awarded and paid to be reclaimed from members of the community.

It is also important that IBCA continues to demonstrate transparency around how reassessments are undertaken and how decisions are reached.

The Panel also recognises that the manner in which reassessments are conducted can have a significant impact on the wellbeing of those involved. Where reassessment is necessary, processes should be designed and delivered in a way that is transparent, proportionate and mindful of the distress that revisiting historic experiences may cause.

Panel Concerns

The primary concern of the Panel is not the reassessment process itself, but the possibility that reassessments could result in compensation being recovered from claimants where any error has arisen through no fault of the claimant.

Historically, the support schemes have generally operated on the principle that particularly interim payments already made would not be reclaimed, even where subsequent assessments reached a different conclusion or where an individual ultimately received a lower level of support than anticipated. Similarly, precedent has been established whereby beneficiaries whose medical circumstances have improved over time - for example where liver damage has reduced following successful treatment have continued to receive support at their previously awarded level.

The Panel believes these approaches have been important in building and maintaining trust and confidence within the community. Given the historic experiences of many affected by the infected blood scandal, trust remains fragile and can be easily undermined. The Panel therefore considers it essential that reassessment arrangements support certainty, fairness and confidence in the Scheme.

The infected blood community has experienced decades of uncertainty, challenge and repeated reassessments. One of the key objectives of the Compensation Scheme is to provide closure. The prospect of compensation being reclaimed at a later date due to an administrative or assessment error by IBCA risks undermining that objective and could significantly erode confidence in the Scheme.

The Panel recognises that legislation may permit the recovery of compensation in certain circumstances. However, where an error has arisen through the actions of IBCA or its assessment processes, and where there has been no misrepresentation, dishonesty or fraud on the part of the claimant, the Panel believes any resulting disadvantage should not be borne by the claimant.

Recommendation

The CAP recommends that the Board seek written assurance from the Cabinet Office that compensation payments awarded in good faith will not be reclaimed from members of the infected blood community where:

- The claimant has acted honestly and provided information to the best of their knowledge.
- Any overpayment or incorrect calculation has arisen as a result of administrative, procedural or assessment errors.
- There is no evidence of fraud, deliberate misrepresentation or dishonesty by the claimant.

Community Engagement, Communication and Visibility

Background

The CAP has reflected on the importance of effective communication and engagement across the compensation scheme and believes there is an opportunity to further strengthen relationships between IBCA, the CAP and the wider infected blood community.

The Panel recognises that the compensation scheme is operating in a complex and evolving environment. As the Scheme continues to develop through a test-and-learn approach, clear communication, transparency and meaningful engagement will remain essential in maintaining confidence and ensuring that those concerned understand both the progress being made and the challenges that inevitably arise as the Scheme evolves.

Whilst the Panel's Terms of Reference set out its role in advising the Board and bringing lived experience into discussions, there remains some uncertainty within parts of the community regarding the role of the CAP, how it contributes to the wider governance of the Scheme, and how its advice and recommendations help inform the Board's decision-making.

The Panel also welcomes the announcement made by David Foley during the Public Accounts Committee hearing, together with the subsequent newsletter communication, which provided an indicative timetable for work planned during the current financial year.

Whilst the Panel appreciates this increased transparency, it recognises that the timescales outlined will not meet the expectations of all members of the community. However, the publication of a clearer timetable represents a positive step forward and provides greater visibility of the work currently underway.

The Panel is also conscious that a considerable period of time has now passed since many people were invited to register their intention to claim. During this period, many applicants have understandably been waiting for further engagement from IBCA whilst the organisation develops its processes through a test-and-learn approach.

The Panel believes there is an opportunity to strengthen communication, improve understanding of the CAP's role, and develop more meaningful engagement with the community during this period.

Panel View

The Panel remains clear that individual CAP members are appointed to bring their own lived experiences, perspectives and expertise to discussions. The Panel is not intended to function as a campaigning, advocacy or case management body, but rather as an advisory forum that helps inform the Board through lived experience and community insight.

However, the Panel also recognises the importance of understanding the experiences, concerns and perspectives of the wider community. Whilst members do not speak on behalf of all those infected and affected, community experiences inevitably help to inform discussions, identify emerging themes and highlight areas where further consideration may be required.

The Panel believes that open and regular communication with the community is essential, particularly where delivery timescales may be longer than many individuals

had hoped. Even where updates do not bring immediate progress, clear communication helps manage expectations and provides reassurance that work continues to move forward.

The Panel further believes there is an opportunity for IBCA to engage more actively with registered applicants during this waiting period. At some stage, IBCA will need to re-engage with applicants as they progress through the Scheme and as new legislation comes into force. Rather than viewing this as a single future exercise, there may be value in gathering additional information in stages where it is appropriate to do so.

This could include a voluntary applicant information update exercise, enabling members of the community to provide further information relevant to their circumstances, identify documents they may already hold, highlight records they may be able to obtain, and help prepare for future stages of the process. Participation should be entirely voluntary and should not create additional burdens for applicants.

Such an approach would also provide applicants with an opportunity to take practical steps whilst waiting to progress through the Scheme. Rather than remaining passive participants in the process, individuals could prepare relevant information, consider potential evidence requirements and better understand the stages that may lie ahead. The Panel believes this would not only support IBCA's future planning and preparedness but could also help community members feel more informed, engaged and ready for future interactions with the Scheme.

The Panel also believes that IBCA should not be concerned about engaging with applicants on more than one occasion throughout the life of a claim. Whilst there is an understandable desire to minimise requests for information, each engagement with an applicant represents an opportunity for IBCA to learn more about the nature of claims, identify common themes, improve guidance and refine internal processes.

Such engagement could provide valuable insight into applicant cohorts and support future planning. For example, it may help IBCA better understand the number of living infected individuals who may wish to pursue supplementary claims, individuals who received Interferon treatment (subject to future Regulations) and other claimant groups whose circumstances may require specific consideration.

The Panel believes that this iterative approach aligns well with the test-and-learn methodology currently being adopted and could support more efficient claim handling and decision-making in the future.

The Panel also believes there is an opportunity to improve the visibility and accessibility of the CAP itself. Greater transparency regarding the Panel's work, recommendations and relationship with the Board would help strengthen understanding of its role and improve confidence in its contribution to the Scheme.

Recommendation

The CAP recommends that:

1. IBCA continues to provide regular and transparent updates to the community regarding progress, emerging timescales and future priorities, recognising that clear communication remains important even where progress may not meet all expectations.
2. A dedicated CAP section is established on the IBCA website which clearly explains:
 - The purpose and role of the CAP.
 - The relationship between the CAP, the Board and IBCA.
 - What the CAP can and cannot do.
 - How the Panel develops recommendations and provides advice to the Board.
 - How the Panel gathers insight from community experiences and feeds this into its advice to the Board.
3. CAP papers and recommendations submitted to the Board are published within this section of the website following completion of the appropriate governance and approval processes, providing greater transparency regarding the issues being considered and the recommendations being made.
4. IBCA explores, in partnership with the CAP, the development of a voluntary applicant information update exercise that would allow registered applicants to provide additional information, identify relevant documentation and prepare for future stages of the compensation process.
5. Any such exercise should be proportionate, entirely voluntary and designed to support applicants rather than create additional administrative burdens.
6. IBCA embraces opportunities to engage with applicants on multiple occasions where appropriate, recognising that each interaction provides valuable insight that can improve processes, inform policy development and support the efficient delivery of compensation.
7. Opportunities are explored for CAP members to engage directly with the community during events such as drop-in sessions. This engagement would not be intended to provide advice, resolve individual cases or undertake advocacy. Rather, its purpose would be to listen, understand community sentiment, identify emerging concerns and hear directly from those affected about both the challenges they face and the aspects of the Scheme that are working well. Any such engagement should take place within clear governance arrangements. Whilst CAP members would be attending in their capacity as members of the Panel, individual views expressed during these interactions should not

automatically be interpreted as representing the collective position of the CAP unless they reflect an agreed Panel view.

The Panel believes that greater visibility, transparency and engagement would strengthen trust between the community, IBCA and the CAP. It would also ensure that the Board continues to benefit from a broad understanding of community sentiment whilst supporting IBCA's test-and-learn approach through meaningful and constructive engagement with applicants throughout their journey through the Scheme.

Future Areas for Exploration

In support of its advisory role and future strategic thinking, the CAP has identified a number of areas where additional information and engagement would assist members in developing a deeper understanding of the Scheme and its operation.

The Panel would welcome opportunities to explore the following areas with IBCA over the coming months.

Operational Dashboard and Management Information

The Panel would welcome access to, or the development of, a high-level operational dashboard containing appropriate anonymised management information relating to the Scheme.

This could include information such as:

- * Total registered claimants.
- * Claims in progress.
- * Claims awaiting allocation.
- * Claims at key stages of the process.
- * Average processing times.
- * Numbers of claims settled and compensation awarded.
- * Numbers of requests for additional information.
- * Numbers of supplementary claims.
- * Backlog and workflow trends.
- * Community sentiment and feedback trends where available.

The Panel is not seeking access to personal or operationally sensitive information. Rather, such information would help members better understand the operation of the Scheme, identify potential bottlenecks, and provide more informed advice and recommendations to the Board.

Clinical Advisory Panels

Several members of the CAP have expressed an interest in attending selected Clinical Advisory Panel meetings as observers, where appropriate and consistent with the Terms of Reference and confidentiality requirements.

The purpose would not be to influence clinical decision-making but to gain a better understanding of the considerations, processes and challenges involved in assessing complex cases. This insight would assist the Panel in developing a broader understanding of the claimant journey and the wider operation of the Scheme.

Claim Manager Continuity Arrangements

The Panel would welcome further understanding of the arrangements in place when claim managers are unavailable due to annual leave, sickness absence or other circumstances.

Understanding how cases are transferred, managed and communicated during such periods would provide the Panel with greater insight into the claimant experience and may help identify opportunities to improve continuity and minimise disruption where appropriate.

Trauma-Informed Practice

The Panel would welcome a greater understanding of how trauma-informed principles are embedded within the design and delivery of the Scheme.

The infected blood community has experienced decades of uncertainty, distress and repeated engagement with public bodies. As a result, interactions with the compensation process may require individuals to revisit difficult experiences and provide deeply personal information.

The Panel would welcome greater visibility of how trauma-informed principles are reflected within communications, service design, applicant interactions, decision-making processes and staff training. A better understanding of this approach would assist the Panel in providing informed advice and help ensure that the experiences of community members remain central to the ongoing development of the Scheme.

Future Service Modelling and Strategic Planning

The Panel would welcome greater visibility of future service modelling, demand forecasting and strategic planning assumptions where appropriate.

An understanding of anticipated claim volumes, future applicant cohorts, workforce planning and projected service demand would help the Panel align its own strategic thinking with that of the Board and ensure that future recommendations are informed by a broader understanding of the challenges and opportunities facing the Scheme.

The Panel would also welcome an understanding of how forthcoming regulatory changes, supplementary compensation routes and reassessment activity have been incorporated into future demand forecasting, workforce planning and service modelling assumptions. Members recognise that the introduction of additional routes to compensation may create new demand, operational complexity and future applicant cohorts. Greater visibility of these assumptions would assist the Panel in understanding the long-term sustainability of delivery plans and provide valuable context for future strategic discussions.

The Panel believes that greater visibility in these areas would support more informed discussions, strengthen its advisory function and help ensure that future recommendations are grounded in a deeper understanding of both the experiences of applicants and the operational realities of delivering the Scheme.

IBCA Board 07/07/2026 : agenda item 6

<p>Subject:</p>	<p>Q2 Community Feedback Themes (April - June 2026)</p>
<p>Actions:</p>	<p>IBCA Board is asked to:</p> <ol style="list-style-type: none"> Note the Q2 Community Feedback Themes report, which summarises the primary concerns raised by the infected blood community between April and June 2026, alongside IBCA's operational responses and mitigations.
<p>Issue:</p>	<p>This paper presents the Q2 Community Feedback Themes report for the Board's awareness. The report functions as our formal "you said, we did" mechanism to transparently address the most pressing issues raised by the community across all channels, including the formal feedback mechanism, correspondence, social media, drop-in events, user research, and the Community Advisory Panel (CAP).</p> <p>Background: In July 2025, the Infected Blood Inquiry recommended that IBCA and the Cabinet Office create a formal mechanism for community concerns to be raised and responded to (Recommendation 2e). In response, IBCA publishes quarterly theme reports. The Q1 report (January - March 2026) is already live on the IBCA website, and the attached Q2 report has now been published.</p> <p>The key community themes identified and addressed for Q2 include:</p> <ul style="list-style-type: none"> • Pace of delivery and prioritisation of claims (specifically the sequencing of living infected, deceased infected, and affected claims). • Difficulties obtaining historical medical evidence and retrieving NHS records. • Navigating probate requirements and community frustration over the October 2024 cut-off date for interim estate payment reimbursements. • Accessibility concerns, including digital inclusion (the requirement for GOV.UK One Login) and reaching minority communities. • Condition-specific medical assessments (including concerns regarding acute Hepatitis B and Thalassemia). • Insights from ongoing user research and post-claim feedback surveys. <p>While the community remains highly frustrated regarding the pace of delivery and evidence requirements, proactively publishing these themes and the resulting operational actions demonstrates</p>

	IBCA's commitment to transparency, accountability, and trauma-informed delivery.	
Submitted by:	Philippa Bell / Rachel Forster (Communications and Engagement)	
Cleared By:	Rachel Forster, Director of Communications and Engagement	Date: 1 July 2026

Community Feedback Themes

This report summarises concerns and issues raised with IBCA by members of the infected blood community and stakeholders between April and June 2026.

During this period, we gathered insights from a wide volume of interactions across the community. This includes hundreds of emails and calls to our support and correspondence teams, numerous meetings with charity and campaign groups, feedback from over 200 attendees across our London and Liverpool drop-in events, post-claim survey responses, and hundreds of comments across our social media channels.

Why we produce this report

We produce this report so you can clearly see the most common themes we are hearing, and what actions we are taking to address them.

Community views are central to how we design and deliver the compensation service. These themes have been compiled using feedback and concerns shared through:

- emailing IBCA or talking to us on the phone
- social media
- drop in events
- engagement with stakeholders
- visits to IBCA
- feedback surveys and research
- User Consultants
- formal letters and correspondence
- feedback and concerns mailbox
- Complaints mailbox

To note, the themes included here represent what IBCA has received over the last three months through the channels listed above.

How to raise a formal concern with IBCA

In July 2025, the Infected Blood Inquiry recommended that IBCA and the Cabinet Office create a formal way for community concerns to be raised and answered (Recommendation 2e).

To act on this recommendation, we have set up a direct route for anyone to raise feedback and concerns about how the compensation scheme works and is delivered. You can email IBCA at **feedbackandconcerns@ibca.org.uk**. We review and respond to the issues raised, gather them into these quarterly reports, and publish them on our website. If relevant, we will also pass your concerns to the Cabinet Office (for example if it concerns the design of the compensation scheme, rather than the delivery of it).

Themes we've heard and how we're responding

1. Speed of claims being processed and 'private beta' phases

Feedback from the community:

- There is strong frustration about the speed of processing claims, with many feeling the process is "deliberately slow".
- People say they are tired of hearing the terms "private beta" and "starting small," and want to know dates and milestones for when they can claim.
- Families of deceased infected people feel deprioritised and have expressed anger that starting their claims seems to be taking longer, even when their paperwork and probate may already be in place.
- Infected people who received relatively small core awards, and intend to make a supplementary claim, are worried that the supplementary route will be delayed until all core awards have been made.

In response:

- IBCA Chief Executive Officer David Foley has said that we aim to bring in all infected claims that are currently registered - both for those living and on behalf of those who have died - by the end of March 2027. We also intend to continue bringing in more affected claims.

This was included in his evidence given at the Public Accounts Committee (PAC) on 4 June, and also included in the community update issued on the same date.

PAC is an independent, cross-party parliamentary group that scrutinises how public money is spent.

The committee is looking into how government compensation schemes are set-up and managed, and what a well-functioning scheme should look like to ensure they are effective, timely, proportionate for those making a claim, and fair.

David gave evidence, and talked about the importance of using the lessons IBCA has learned and the structures it has built to pay compensation to all those who are eligible as soon as possible.

[Watch or listen to the meeting.](#)

- We are listening to the feedback about speed of claims, and continue to consider how we can increase claims coming in as soon as possible as part of our current business planning for this year. It has informed discussions of the IBCA Board on business planning for the coming year, which we expect will be discussed as part of the 7 July Board meeting.
- Concerns regarding the timing of the supplementary route will be considered by IBCA's Board, as we await confirmation of the fourth regulations.

2. Transparency and keeping you informed

Feedback from the community:

- Community members feel they are left in an uncertain period of waiting after registering, with no individual updates on the status of their claim.
- We have been asked to shift our progress reports away from just focusing on financial totals. Instead, you want a clearer narrative on what is happening behind the scenes, what has improved, and meaningful, forward-looking milestones.
- We are hearing from a variety of voices across individuals, community groups, and charities. They have strongly stressed that we need to clearly show how community feedback is actually changing our decisions, rather than just listening without acting.
- People do not understand how the issues they raise are being fixed or reviewed by IBCA's Board.
- There are worries that the legal support IBCA offers might have hidden clauses that stop people from legally challenging the scheme.

In response:

- We will use these community theme reports in future Board meetings to make sure your issues continue to be heard and to show how your feedback shapes our decisions.
- To ensure all feedback received is considered, IBCA's Service Delivery leads will receive regular reports to understand community concerns and consider how we best act on them.
- We continue to meet regularly with community representative groups to

discuss your concerns.

- We are working on future updates that are specific to the types of claims you intend to make, so that they feel relevant to you.
- Contracts with solicitors are in place so that anyone claiming can have access to free and independent legal advice when their claim begins. Please note that this free legal support is not available at the point of registration, but your Claim Manager will be able to arrange it for you once your actual claim process starts. There is no clause that stops someone claiming from taking future legal action. We are looking into what details we can share about these contracts without breaching any commercially sensitive information, as we want to be as transparent as possible. It's important to emphasise that a legal firm will be acting for you, and not on behalf of IBCA; they offer advice independently of us.

3. Difficulty obtaining medical evidence

Feedback from the community:

- People are worried that their claims will be delayed because claim managers are asking for medical records from the 1980s or 1990s that may be lost or destroyed.
- The community asked for clearer guidance (e.g. a support manual or list of evidence that could be used), and a simpler form for doctors to fill out.
- People feel that the burden of finding old records should not fall on them, and that personal stories should be accepted as evidence.

In response:

- If your medical records are missing, it does not mean you cannot claim. Your Claim Manager will work with you to find other supporting information wherever possible. However, we do ultimately need some form of medical evidence to process a claim, and we acknowledge that it is unfortunately not always possible to obtain this.
- We are working directly with NHS doctors to create a faster, simpler evidence form. This will help us get the right information without asking for documents that are not needed.
- We have set up a specialist team at IBCA that works alongside claim managers requesting medical information, making it easier for

healthcare providers to respond to our requests for medical information.

- We will share clearer guidance to explain what kind of evidence is usually needed as we increase the number of claims we bring in.
- IBCA will consider all forms of evidence, but does need official supporting documentation to support personal testimony. Your claim manager will work with you to find relevant information wherever possible if you do not have this.

4. Probate (confirmation in Scotland) and claims for deceased estates

Feedback from the community:

- Getting probate or confirmation (the legal right to deal with someone's estate) remains an obstacle for some. The high costs and feeling of confusing rules are causing concern within the community.
- People want clearer instructions on the deceased infected claims process and asked if we could check probate or confirmation status earlier on in the claim journey.
- Some people raised concerns about the cut-off date for getting probate costs refunded when applying for interim compensation with support schemes (not with IBCA).

In response:

- We are currently producing further guidance to provide clear, simple instructions on the steps needed for deceased infected claims, which we intend to publish in the coming weeks. This guidance will explain the role of probate/confirmation, while recognising that we continue to review the best ways to support people who do not yet have probate or confirmation in place.
- If you are applying for probate in England and Wales, you should email the HMCTS Probate Service at probateinfectedbloodscheme@justice.gov.uk with your probate case reference number, the full name of the deceased, and their date of death. This informs the Probate Service that your application is connected to an Infected Blood compensation claim. Please note this does not register your claim with IBCA; you must still separately register your intent to claim on our website.

- If you need to apply for probate in Northern Ireland, you can find guidance at www.nidirect.gov.uk/services/apply-probate.
- If you need to apply for a grant of confirmation (the equivalent to probate) in Scotland, you can find guidance on the Scottish Courts and Tribunals Service website at www.scotcourts.gov.uk.
- To explain why we need probate for deceased infected claims: it is a mandatory legal requirement under the Infected Blood Compensation Scheme Regulations 2025, even if you wouldn't normally need probate for the deceased person's estate. We require this legal document to confirm that you are legally entitled to act as the personal representative of the estate, and to ensure you have the authority to distribute any compensation received according to their will or the laws of intestacy.
- We know that applying for probate can be expensive, so if your claim on behalf of a deceased infected person's estate is eligible for compensation, you can be reimbursed up to £1,500 for legal costs associated with getting a grant of probate, letters of administration, or confirmation in Scotland.
- We are exploring the use of case studies to give examples of the type of evidence we ask for.
- We are forwarding all formal complaints and concerns regarding the structure, scope, or fairness of the compensation scheme directly to the responsible Cabinet Office team for their consideration.
- The administration and eligibility rules for interim estate payments, including the October 2024 cut-off date for probate reimbursement, are handled by the Cabinet Office and existing support schemes, rather than IBCA. We are formally logging and passing your concerns regarding this cut-off date to the Cabinet Office.

5. How claims are prioritised

Feedback from the community:

- Many are worried that claims brought on behalf of deceased infected people are being overtaken by other types of claims.
- Some members of the community would prefer that claims brought on behalf of deceased infected people are prioritised based on the date the person died (earliest date first).

- Some groups suggested we should fast-track support scheme registered widowed partners and estates, as they may have their medical evidence and probate/confirmation ready. However, some have expressed opposing views, noting that it does not follow the existing prioritisation framework and would favour some of those who have already received interim compensation.
- Concerns have been raised regarding the current prioritisation policy in light of recent Government and EHRC guidance on interpreting the Equalities Act under provisions of service and exercising of public functions, specifically including sections 11.4A and 11.5A.
- Concerns have been raised that prioritising estates with no interim payments inadvertently disadvantages older affected individuals (such as parents, ex-spouses, or siblings) who are not estate beneficiaries themselves, but who are linked to estates that did receive an interim payment. These older individuals are near the end of their lives but did not personally receive that interim payment, and feel they are being deprioritised.

In response:

- We follow the Infected Blood Inquiry's recommendations for [prioritising claims](#).
- We process different types of claims in parallel, (i.e. claims from different groups are all being processed now) but the speed and volume at which we bring in and complete them will vary depending on the complexity of the work and how confident we are in increasing the number of claims our service can handle as we build it. This helps us work as efficiently as possible, bringing in claims as soon as we can.
- On the suggestion to fast-track those who are widowed partners and estates registered with a scheme, other community groups have told us they are worried that fast-tracking these claims would be unfair to people who have not yet received any interim payments. This suggestion would also be difficult for IBCA to operationalise as we follow the prioritisation order recommended by Sir Brian Langstaff and the inquiry. It is also worth noting that, often claims that may look simple actually need more support or detail to be provided. This suggestion will be considered by the Board as part of business planning work to be included at the 7 July public Board meeting.
- To reassure older affected individuals: where an affected claim is prioritised on the basis of health or age, the claim of the infected person to which they relate (the foundational claim) will also be started in order to progress their affected claim. This ensures that priority affected individuals will not be deprioritised, even if they are linked to an estate that has already received an interim

payment.

- Wherever a claim relating to a deceased infected person may sit within the prioritisation, we hope some reassurance can be taken from David Foley's statement that IBCA aims to bring in all infected claims that are currently registered with IBCA - both for those living and on behalf of those who have died - by the end of March 2027.

6. Accessible systems and reaching minority communities

Feedback from the community:

- The claim process and identity checks have been described as frustrating and stressful for some, including older people and those who do not use computers. For example, some people have found the Government Gateway identity process to be problematic if they do not have digital access. Others have found the ID checks difficult because they do not own a passport or struggle to use video calls, which has sometimes led to forms being filled out incorrectly and needing to be redone.
- There are concerns that some communities might miss out because of language barriers or lack of internet access.
- Some people acting with a Power of Attorney for vulnerable family members have said they have trouble getting their identity verified.
- Concerns were raised regarding a specific case where a claim stalled because the claimant lacked computer literacy and struggled with the Government Gateway identity process. It was suggested we look into wider government verification routes for people who cannot use the internet, such as through local councils or the Department for Work and Pensions (DWP).

In response:

- We encourage using GOV.UK One Login because our scheme currently requires a 'High' level of confidence for identity verification to protect against fraud. Using the GOV.UK ID Check app with a biometric passport is the only way to achieve this 'High' confidence automatically. While completing this can take around 10-30 minutes, it allows us to proceed with your claim within 24 hours.
- Where someone cannot use OneLogin or does not have valid photo identification, our team will arrange a supported identity check. This alternative route takes significantly longer because our team must

manually complete authoritative checks with local councils, banks, or other government departments to reach the required standard of protection.

- If a video call is required, this can be joined by a supporting family member or friend if helpful.
- Where an individual holds a lasting power of attorney (LPA) for a person claiming, it is important that we check this is valid. We will require a copy of the LPA.
- If a valid LPA is held and the person claiming still has capacity, we are required to seek permission from the person who is claiming so that they give us permission to speak to their designated attorney on their behalf.
- On reaching people who may not be online, we have partnered with local councils, like Wrexham Council, to help spread the word to harder-to-reach residents about how to register your intent to claim compensation. We are also exploring working with other communities and providing translated information.
- We want to ensure our service meets the needs of its users and offer a range of adjustments where they are requested. This includes alternative formats (such as large print or braille), hearing loops or other accessibility needs, and information in other languages.

7. Condition-specific concerns and medical assessments

Feedback from the community:

- The Hepatitis B community is worried that because most cases are acute (short-term), many people might not be able to claim. They also want clearer rules on what counts as a chronic (long-term) infection.
- The community has raised concerns that the scheme does not properly recognise Thalassaemia as a distinct condition.
- There are worries about whether clinical advisors will have a wide range of expertise to review highly complex medical cases.

In response:

- To help clarify what counts as a chronic infection, we have published detailed guidance on the specific evidence we are required to confirm. For a living person, if your most recent tests are negative, it is likely that you cleared acute Hepatitis B and the infection never became chronic. Unless there is historical information that shows otherwise, you are not eligible for compensation for Hepatitis B. You can find more information on [our](#)

[guidance page about chronic Hepatitis B.](#)

- We have confirmed our [guidance around cirrhosis and severity levels](#) on IBCA's website so it is available to everyone. To pay a person compensation at severity Level 3, we must be confident that they have or had cirrhosis or serious scarring that is consistent with cirrhosis. If it is written in your medical records, this is considered evidence of cirrhosis. If your medical records confirm that you had or probably had cirrhosis or serious scarring that is consistent with cirrhosis caused by your infection, your compensation will not be reduced, even if your liver health improves over time. You would still be paid at infection severity level 3.
- A clinical advisory panel is currently being recruited, and will have a range of medical expertise represented. We also have clinical advisors that support claim managers where needed.
- Regarding concerns that the special category mechanism fails to properly recognise Thalassaemia as a distinct condition, we are raising this issue with the Cabinet Office.
- To address concerns about medical expertise and clarify how complex cases are reviewed: our Claim Managers do not make medical decisions alone where they are complex. They are supported by a team of contracted clinical advisors who review available evidence and provide medical opinions on cases where needed.

7. Evidence requirements and medical records

Feedback from the community:

- People are arriving at the claims stage unsure of what to do, potentially with incomplete files and no clear 'support manual'.
- There is anxiety that missing evidence will block claims, e.g. sometimes asking for 1980s records that are known to be destroyed.
- We have been asked to explain challenges around retrieving NHS records to make sure people are clear on what the process involves.

In response:

- We have added more information to our community updates acknowledging that getting NHS records can take time and be complex.
- Missing evidence will not stop you from starting your claim. Your Claim

Manager will work with you to help to identify where we can support in obtaining evidence and to assist you in identifying the evidence you may hold to support your claim.

- We are working directly with NHS clinicians to streamline our evidence forms, ensuring we are as clear as possible about what is required. This will speed up the process, and make sure that we only capture necessary evidence and avoid duplication.
- We are developing clearer guidance on the most commonly needed evidence, which we will publish. We also work with NHS clinicians to share understanding of what information IBCA needs.

8. Service improvement and user research

Feedback from the community:

- IBCA continues to carry out regular user research with small groups of infected blood community members to understand their needs and improve the service.
- We've been understanding how we can provide the right information at the right time to people making a claim or preparing to do so. Through research, we heard that the website can be text-heavy and it can be difficult to find the right information without support. We also heard it isn't always easy to distinguish what information is new. Through this research, we've been looking at ways to improve the website along with community updates, which we know is a crucial source of information for the community.
- We've also been researching how to better support people through the claims process. Through this, we heard the importance of providing clearer information on supporting documentation, decision-making and eligibility. We also learned more how we can support people with multiple claims and the value of existing claim manager relationships. We're looking at ways to better support people navigating other processes, including understanding the transfer of Infected Blood Support Schemes to IBCA and when someone wishes to make a complaint.
- Feedback from the survey we send to people after they've completed their claim (34 responses between April and June) showed that 76% had a positive experience with their claim. This is down from 86% between January and March. Positive feedback included praise for claim managers for providing regular, clear and helpful updates throughout the claim journey. However, others highlighted that the process has been slow, complicated and frustrating. We heard specific challenges around identity verification and the provision of documents, the inability to cross check information between different claims,

and a lack of information around when claims can progress. This was highlighted as particularly challenging for those nearing the end of their life.

- We also did research with IBCA staff to improve how we support people through the service, how we communicate the outcome of a claim and how we share learnings from our three model offices. Research topics included authentication, supporting documents, changes in severity and circumstances, disclosing information and protecting people from fraud.

In response:

- All user research and feedback is shared with our teams to improve the service.