Infected Blood
Compensation Authority

[UNCONFIRMED - formal Board approval on 03/11]

IBCA Board Minutes

7 July 2026, 13:00 - 16:00

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. Russell Frith (RF) - interim Non-Executive Director
5. Helen Parker (HP) - interim Non-Executive Director
6. Laura Bunt (LB) - 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 of Strategy and Policy
2. Samantha Edwards (SE) - Interim Director of Communications and Engagement
3. Jason Evans (JE) - User Consultant
4. Clair Walton (CW) - User Consultant
5. Susan Harris (SH) - User Consultant
6. Mohammad El-Gendi (ME) - Deputy Chair, Community Advisory Panel
7. Governance Secretariat
8. James Quinault (JQ) - Cabinet Office, Director General, Public Inquiry Response Unit

Apologies:

1. Deborah Harris-Ugbomah (DHU) - interim Non-Executive Director

1. Welcome, Actions and Matters Arising

1.1. The Chair welcomed everyone to the Board meeting, and announced the appointment of LB and Richard Blakeway (RB) as Non-Executive Directors (RB's appointment will be effective from 1 August, and so he was not present at this meeting). The Chair introduced ME (Deputy Chair of the Community Advisory Panel), and SE (Interim Director of Communications and Engagement), while congratulating HPr on her appointment as Director of Strategy and Policy.

1.2. Updates to the conflict of interest register were read out; DHU is no longer involved in the Nursing and Midwifery Council, RF has left the ICAS Authorisation Committee, and HP is no longer on the End User Advisory Council for Pay.UK. LB recorded that she is on the network of experts affiliated with Public Digital, a digital consultancy.

1.3. The Board moved to approve the minutes from the May meeting and noted that the action log included in the Board papers would be taken as read.

2. CEO Update

2.1. DF outlined IBCA's ambition to conclude another 5,000 claims (as a minimum, deciding eligibility and offer amount) in this financial year (i.e. by the end of March 2027). The Service Delivery Strategy sets out the plans to reach that number, which would include all currently registered claims for both Living Infected Never Compensated (LINC) and Deceased Infected (DI) groups and an increased number of claims from the Affected group. The plans use the Infected Blood Inquiry (IBI) prioritisation criteria.

2.2. As of June 30, 2026, a total of 5,105 individuals have been invited to start their claims, comprising:

- 3,626 living infected individuals registered with an existing support scheme.
- 821 living infected never compensated individuals.
- 415 individuals representing deceased infected persons.
- 243 affected individuals, with a goal to invite all those who have registered as End of Life over the coming weeks.

2.3. The Infected Blood Support Scheme (IBSS) transfer remains on track to meet the dates set out in legislation.

2.4. SS provided an update on the development of model offices, and on the Service Delivery Strategy. The Service Delivery Sub Committee of IBCA’s Executive Committee is now operational. While acknowledging the service remains in an early phase of development, a decision has been made to accelerate claim processing in order to pay compensation as quickly as possible, accepting that imperfections may exist, and the risks that these may bring.

2.5. The Service Delivery Strategy focuses on two key states; the first state was achieved on 1 July, which enables IBCA to deal with hundreds of claims, and the aim is to achieve the second state by the end of September to bring in thousands of additional claims.

2.6. CM provided an update on the development of digital services and provided detail on several advancements:

- Enhancement of the online service to make a claim, which now has the ability to handle all current claim types, and for those applying to pause and resume when entering their claim information.
- Ongoing testing and enhancements to the internal claim management system currently being used in the LINC model office, with a planned rollout to the DI model office later this month.
- Updates to the payment calculator to handle changes of severity and a number of smaller improvements across the service to letters, guidance, processes and tools to enable claims to progress, and to bring in larger numbers of claims to the service.
- Continuing to develop IBCA's data management approach and databases to enable claim linking and move us to a more strategic and robust platform; critical for larger scaling of affected claims, this will be a key priority for this quarter.

2.7. The digital team is also focused on building and developing technical solutions for the IBSS transfer and any changes necessitated by the fourth regulations.

2.8. HPr provided an update on the fourth regulations, which have moved forward after debate at the House of Commons, and are now awaiting debate at the House of Lords, making them law. The Policy team is working with the Cabinet Office to clarify provisions in the final draft to ensure we have the guidance in place for claims managers, before communicating to the community how those will be rolled out. There was a late change to the regulations which have not yet been evaluated for delivery feasibility and cost. The Board asked if the calculator had been adjusted. It will not be adjusted until Parliament makes the regulations law. After that, the calculator will be adjusted as soon as possible, and those affected by the changes will be informed.

2.9. The Board queried how claims managers will manage increased caseload, with SS explaining how claims managers will manage a caseload of 10 claims being actively progressed each (examples of cases not being actively progressed include one that requires probate to be applied for or one where someone is considering the compensation offer that has been made).

2.10. The Board discussed concerns they had heard that claims were being progressed in an order different from that set out by the IBI. While IBCA follows the prioritisation set by the inquiry, paying an "affected" claim requires a linked infected person's claim (the foundation claim) to be progressed. Consequently, while it may appear a claim has been started in a different order from that set out by the IBI, these foundational claims need to be brought into the service to allow for the payment of the higher-priority affected claim. It was agreed to create some communication products that better explain how claims are prioritised. [**ACTION]**

2.11. HP welcomed the decision to increase the pace of the number of claims started, accepted that there were concomitant risks and asked that the Board should receive a regular high-level view of those in order to be assured that the best balance between increased number of claims and risk was being struck. **[ACTION]**

2.12. DF provided an update on IBCA's recent community engagement; all the drop-in

sessions have been well attended. People have been in touch with IBCA to suggest other venues for any future events.

2.13. Since the publication of an advert to recruit a Clinical Advisory Panel, IBCA has received queries about how it can take decisions about compensation claims without the panel. HPr explained that IBCA has a panel of clinical advisors that claim managers can turn to for day-to-day case advice. The clinical panel is being appointed to provide overarching advice to IBCA and its Board on the use and interpretation of clinical information. It was confirmed that both the questions posed to clinical advisors and the answers received are shared with people claiming compensation. The claim manager takes the final decision on the balance of probability, using all information available, not just the clinical advice.

3. Business Planning

3.1. HPr introduced the business plan, acknowledging that the term ‘business plan’ may seem unusual given IBCA’s purpose, but that as a public body IBCA is required to have one. The plan is for this year (to March 2027), and feedback from the community was used to develop the four pillars of the business plan:

- Compensate people
- Listen and Act
- Develop Organisational Effectiveness
- Plan for the Future

3.2. Both options for the business plan were outlined, with a preference expressed for option 2, which is to focus on core awards. Discussion had on the key features of both options.

3.3. Discussion that "triage" options were explored but rejected because they risked creating bottlenecks rather than increasing speed.

3.4. Discussion of supplementary claims; HPr explained the three types of supplementary awards (unethical research, higher earner uplift, and health conditions) and explained that IBCA will conduct discovery work this year to prepare for paying these claims next year, and to understand the size of these groups.

3.5. HPr explained that IBCA will continue to prioritise infected claims, particularly end-of-life and over-75 cases, while maintaining the current inquiry-mandated prioritisation order.

3.6. Regarding family groups, discussion had on how shifting to family group processing would fundamentally alter the established system; IBCA remains open to reflecting on this approach after completing the processing of infected claims

3.7. It was emphasised that the business plan is intended to maintain flexibility and facilitate continuous learning, and IBCA are committed to providing clearer markers and communication regarding when people might expect to be invited to claim.

3.8. The Board discussed the need for better public reporting on the progress of the scheme, specifically requesting statistics on the proportion of individuals who have received awards compared to those registered and waiting.

3.9. Query raised on the direction of travel in the next financial year - while it is not linear, the expectation is that we will see larger numbers of claims processed in the following year. As the team progresses beyond the development phase, the sustained rate of processing will increase, meaning the backlog will be cleared significantly faster than a four-year timeline.

3.10. Acknowledgement that there will be reworking of claims required following the fourth regulations being passed, which will be included in the number of claims processed, in addition to paying cohorts.

3.11. Concern raised regarding individuals with an affected claim linked to a deceased infected individual claim that has been stalled by the probate process, including probate disputes. Clarification that affected claims do not require the infected claim to be fully paid to proceed; they only require an assessment of eligibility and severity, and the team will focus on providing clearer communication to address these complex situations. [**ACTION]**

3.12 Suggestion that the unethical research award for the haemophilia community could be administered by using existing data on file, rather than requiring individuals to re-enter the system. Agreement that because this award is distinct from evidence-led routes, it may be possible to be treated separately, and IBCA would consider appropriate delivery options.

3.13. CM confirms that work is underway to push tailored information regarding evidence and probate requirements directly to applicants to enable them to prepare for the claim process.

3.14. The Board agreed with option 2 and approved the business plan outlined in Annex A, subject to an amendment requiring the inclusion of more explicit wording regarding the commitment to clear, forward-looking communications to the public. [**DECISION] [ACTION]**

4. Ethics Advisory Panel

4.1. HPr presented the paper on the establishment of an ethics advisory panel for Board decision. The proposal is to establish an ethics advisory panel rather than appointing a single advisor to handle diverse considerations such as safeguarding, technology, and artificial intelligence, noting that a panel allows for fluctuating expertise and avoids overburdening one person.

4.2. The board expressed strong support for and approved the panel model, citing the benefits of diverse perspectives over a single-person advisory role, and agreed with this option. [**DECISION]**

4.3. Board members discussed potential risks of a panel, including the possibility of

decision-making delays and the need for the panel to remain connected to operational reality. The Board discussed that the panel would need to remain advisory to ensure accountability rests with the decision-makers, and governance will be structured to avoid sequential, time-consuming review processes. On the panel's proposed scope, it was agreed that the ethics panel should focus on principles and policy positions rather than evaluating case-specific decisions. [**DECISION]**

4.4. The Board approved the plan to proceed with the recruitment of an expert to draft formal terms of reference (TOR), which will involve engagement with the Community Advisory Panel. [**DECISION]**

4.5. Once drafted, the TOR will be brought back to the Board for approval. [**ACTION]**

5. Community Advisory Panel (CAP)

5.1. ME presented the CAP update, outlining the recommendations contained; particular concerns were highlighted regarding the potential recovery of compensation payments made in good faith where administrative or procedural errors occurred, with the CAP's view that reclaiming these payments would undermine trust and confidence in the scheme.

5.2. The Board considered these concerns, with DF explaining that current legislation and Treasury guidelines require the recoupment of overpayments unless exceptional hardship is demonstrated. The team plans to incorporate the CAP's recommendations and clinical feedback into ongoing discussions with the Cabinet Office and Treasury to define "exceptional hardship" and to explore flexible, compassionate recovery plans.

5.3 ME emphasised the necessity for transparency and clear communication regarding whether interactions involve positive or negative outcomes to mitigate community anxiety; the Board acknowledged this need for transparency and noted that they are exploring ways to involve the community in designing the review process.

5.4. Question raised on the governance surrounding overpayments - CM explained there is an Overpayment Policy and framework which has been signed off by the Audit, Risk, and Assurance Committee (ARAC); what is still being developed is the recovery process itself and how to ensure communications are done in the least traumatic way.

5.5. On whether there is a policy for reviewing cases, it was explained that cases are reviewed either upon initiation of a request, or when regulatory changes necessitate an assessment of entitlement to additional funds. The process involves checking for errors during broader reviews necessitated by regulatory shifts; however, IBCA does not actively seek out errors.

5.6. The Board noted that applying flexibility is currently constrained by the need for a directive from the Cabinet Office and the Treasury. Discussion that potential mistakes could result in a loss of public and parliamentary trust if not managed carefully. Consequently, IBCA must balance the need for flexibility with the necessity of maintaining trust and focus on transparency.

5.7. In response to CAP comments on welcoming a greater understanding of continuity

arrangements for claim processing where claim managers are unavailable due to annual leave, sickness absence or other circumstances, it was agreed that the claim manager leave arrangements will be shared with the CAP. [**ACTION]**

5.8. SS agreed to come to a future CAP meeting to discuss the process of capacity planning to gain feedback from the panel. [**ACTION]**

5.9. On the recommendation of improving visibility of the CAP, SE advised that plans are underway to improve the visibility on IBCA's website, and that they are keen to work closely with CAP to improve communications.

5.10. CM described a presentation developed by their team regarding embedding trauma-informed standards into service design and development. They expressed intent to make these efforts more visible and suggested sharing relevant training and development materials with the CAP at their next meeting to gather perspectives on further improvements. [**ACTION]**

5.11. CM confirmed that an operational dashboard is currently being built for the Quality, Finance, and Performance Committee (QFPC) and that it would be logical to share this with CAP members. [**ACTION]**

5.12. During the meeting, it was stated that Managing Public Money (MPM) guidance does not make recommendations about how the passage of time may affect decisions to recover overpayments.

Correction: Annex 4.1 of MPM states that when considering whether or not to recover overpayments, public bodies should take into account a range of factors, including the length of time since the payment in question was made (A4.11.2). Further paragraphs addressing lapse of time can be found at A4.11.11 - A4.11.13

6. Feedback and Concerns Mechanism

6.1. DF explained the mechanism for responding to queries and concerns about the scheme, which is a joint venture with the Cabinet Office. These queries and concerns are received in many ways, including at drop-in sessions, through correspondence, over the telephone and from representative groups. This mechanism includes the publication of a quarterly digest showing themes and responses to queries regarding scheme delivery versus design. The second quarterly publication (April to June) is available on the IBCA's website.

6.2. The theme of challenges in obtaining medical evidence and NHS records was explored, noting that claims managers support claimants in this process. IBCA has established a working group with clinicians, including general practitioners and haemophilia centres, to improve the framing of information requests and provide advance notification. Furthermore, specialist teams have been created to act as single points of contact with National Health Service (NHS) trusts to facilitate the retrieval of records.

6.3. DF set out that probate is a legal requirement as set out in the regulations for claim payments. To assist, IBCA has published guidance on probate, and offers

reimbursement of up to £1,500 in legal costs for eligible claims.

6.4. On the theme of accessibility and digital inclusion, DF outlined the process of identity verification via the "One Login" system as the fastest route, and that this is the route IBCA would recommend for individuals. For those unable to use this system, support is available for those who get in touch.

6.5. Regarding concerns about condition-specific assessments, updated guidance has been published on the IBCA website.

6.6. The Cabinet Office will publish its own response to the feedback that they've received, and IBCA will provide links to that when it's published so it can be accessed through the IBCA website.

6.7. The Chair then closed the public meeting in order to conduct a private session.

Private Session

The Board considered the draft Annual Report and Accounts. Detailed comments had been provided by Board members prior to the meeting. There are some small sections still to be added to the draft and the Board agreed that the ARAC should approve the final version on 30 July, reverting to the Board only if there had been any significant alterations. [**DECISION]**

The Board agreed to use the rate set out in the confidential paper to remunerate the Interim Ethics Advisor, subject to any adjustments that market testing may uncover. [**DECISION]**

ACTIONS

No.	**Action**	**Action Owner**	**Due Date**
IBCAB165	Comms team to create an explanation of claim prioritisation	Samantha Edwards	3/11/2026
IBCAB166	The Board receives a regular high-level view articulating the balance of risk against increased numbers of claims.	Sindy Skeldon	3/11/2026
IBCAB167	Communication to explain what happens to Affected cases when the DI claim it is linked to is delayed through the probate process.	Samantha Edwards	3/11/2026

IBCAB168	Inclusion of wording in the business plan to address the commitment to clear, forward-looking communications to the public	Hannah Probert	3/11/2026
IBCAB169	Draft TOR for Ethics Advisory Panel to be brought back to the Board for approval	Hannah Probert	3/11/2026
IBCAB170	Sindy to attend a future CAP meeting to discuss the process of capacity planning.	Sindy Skeldon	3/11/2026
IBCAB171	Training and development material used to embed trauma-informed standards into service design and development to be shared with CAP.	Celine McLoughlin	3/11/2026
IBCAB172	Share the operational dashboard with CAP members.	Celine McLoughlin	3/11/2026
IBCAB173	Claim manager leave arrangements to be shared with CAP members.	Sindy Skeldon	3/11/2026