

OFFICIAL SENSITIVE

Infected Blood

Compensation Authority

IBCA Public Board
03 November 2026, 10:30 -16:00
Saint Vincent Plaza, Glasgow

AGENDA

TIME	ITEM	PRESENTER
PART A (PUBLIC)		
10:30 - 10:40 [10 minutes]	1. Welcome and Actions Approval of July Board Minutes [Paper 0.1 July Minutes] [Paper 0.2. Action Log]	Sir Robert Francis (Chair)
10:40 - 11:40 [60 minutes]	1. CEO Update [Paper 1] Strategic Delivery Report	David Foley
11:40 - 12:10 [30 minutes]	2. Ethics Advisory Panel and TOR sign off [Paper 2: Ethics panel]	Hannah Probert Dave Archard
12:10 - 12:20 [10 minutes]	Break	
12:20 - 12:35 [15 minutes]	3. Risk Appetite Sign-Off [Paper 3. Risk Appetite Sign-Off]	Hannah Probert
12:35 - 12:45 [10 minutes]	4. Finance Update [Paper 4. Finance Update]	Dan Hancock
12:45 - 13:05 [20 minutes]	5. Code of Conduct [Paper 5. Code of Conduct]	Jill Moore
13:05 - 13:45 [40 minutes]	6. Quality, Finance, and Performance Committee KPIs and SOs [Paper 6.1. QFPC KPIs and SOs] [Paper 6.2. QFPC TOR]	Sindy Skeldon/Deborah Harris
13:45 - 14:15 [30 minutes]	Lunch	

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14:15- 14:45 [30 minutes]	7. CAP update [Paper 7: CAP update]	Tim Green
14:45 - 15:15 [30 minutes]	8. Community Feedback Update [Paper 8. Community Feedback Update]	Samantha Edwards
15:15 - 15:25 [10 minutes]	9. Chair Farewell and Reflections	David Foley
15:25 - 15:40 15 minutes	Break	
	PART B (PRIVATE)	
15:40 - 16:00 20 minutes	Confidential Items	
16:00	CLOSE	



[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

Board Actions – November 2026

Date	Meeting	Ref	Action	Lead	Due date	Progress update	Status
16/12/2025	Board	IBCAB161	Conduct analysis on the challenges of providing appropriate evidence for the affected cohorts.	Hannah Probert	6/5/2026	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). As of 08/10 the policy team are continuing conversations with legal experts and Cabinet Office on this work. The conclusion of this work will be shared with the Board.	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	This was published on 08/10 - Propose to close	In progre...
07/07/2026	Board	IBCAB167	Communication to explain what happens to Affected cases when the DI claim it is linked to is delayed through the probate process.	Sam Edwards	3/11/2026	Comms are waiting for policy to provide final content for a probate video, which will be brought to SDC for an agreement on its communication. An initial explainer video has been published on IBCA's YouTube page on what probate and confirmation is, why it's needed, and how to apply.	In progre...
07/07/2026	Board	IBCAB169	Draft TOR for Ethics Advisory Panel to be brought back to the Board for approval	Hannah Probert	3/11/2026	On agenda for November Board - Propose to close	In progre...
07/07/2026	Board	IBCAB170	Sindy to attend a future CAP meeting to discuss the process of capacity planning	Sindy Skeldon	3/11/2026	This action was covered in an item for the October CAP. Propose to close.	In progre...
07/07/2026	Board	IBCAB171	Training and development material used to embed trauma-informed standards into service design and development to be shared with CAP.	Sindy Skeldon	3/11/2026	This action was covered in an item for the October CAP. Propose to close.	In progre...

Strategic Delivery Report

October 2026

Infected Blood
Compensation Authority



1. Summary

Executive Summary

Executive Summary

Overall delivery remains on course, although the organisation is operating with a higher level of delivery risk than originally anticipated. Q2 priorities have been largely achieved, with some activity carrying into Q3. This reflects a combination of outstanding policy, system and operational dependencies and greater reliance on interim arrangements as the service continues to scale. Lessons from Q2 have informed a more disciplined Q3 approach, with more focused priorities and stronger monitoring.

Scaling continues to progress, alongside implementation of the Fourth Regulations and preparation for IBSS Transfer. Claim Manager capacity is increasing, new claims are being assessed under the Fourth Regulations, and work is underway to understand the scale and complexity of rework on previously paid claims. There was a brief technical issue with the published calculator, which has been fully resolved and the site is working normally. IBSS Transfer also continues to progress, with data, testing and contingency activity remaining key to delivery.

A number of cross-cutting constraints continue to require active management. These include digital and policy dependencies, end to end journey times and reliance on some interim or manual arrangements as volumes increase. These do not currently change the overall delivery trajectory but will require continued focus as the service scales. Professional Services remains under pressure, driven by Legal Services capacity and the procurement timetable, while the IBCA Business Case continues to have a strong leadership focus.

Assurance activity continues with GIAA audits underway on Risk Management, IBSS Transfer and Claims Management. Outstanding recommendations remain open and are being tracked through the relevant governance routes to support timely closure and learning.

Escalations or Decisions



No issues for escalation or decision

Emerging Issues



- Cross-cutting delivery constraints: digital, policy and operational dependencies continue to create greater reliance on interim arrangements as the services scales
- Technical constraints: ongoing document management issues are limiting the ability to scale some activities at the pace intended, creating additional manual workarounds and operational pressure while solutions are progressed.
- Cumulative change: a significant number of changes are being implemented concurrently across the organisation. While individually manageable, the combined impact could create operational pressure, and place additional demands on colleagues as the service continues to scale.

Business Plan Delivery Dashboard

Compensate People

Deliver the transfer of the IBSS schemes to IBCA		↔
Payment solution migrated from DWP		↓
Legal and Financial Support Procurement		↑
Scaling		↔
Open the scheme to the Affected Deceased		
Complete the bulk of core infected/affected claims (4th Regs)		
Ensure claim managers have tools they need to support claims		
Develop stakeholder engagement		↔
Complete discovery for the supplementary payments route		

Develop Organisational Effectiveness

Improve modelling		
Strengthen our governance structures		↔
Refresh our employee policies		New ↓
Deliver on our estates plans		↓
Have the right capabilities in place		
Maintain and strengthen our culture		
Strengthen our functions		
Complete shared services transformation		↔
IBCA programme Business Case		↔

Listen and Act

Develop relations between Board / Community Advisory Panel		
Evolve the feedback mechanism		
Support those awaiting compensation		↔
Effectively engage users		
Impactful Community engagement		↔
Website		

Plan to the future

Ensuring that we compensate every eligible person*	
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Not commenced full reporting

↓ Improving

↑ Reducing

2. Business Plan Delivery Report

A

Deliver the transfer of the IBSS schemes to IBCA

Progress

Payment Services: IBSS Transfer remains AMBER. Payment Scheduler improvements have been developed and are awaiting testing. Data activity has slipped by several weeks due to complexity; however, the approach has now been simplified and all data mapping is expected to complete by the end of October. Testing can then commence, subject to the ODS data store being in place.

Work on ineligibility arrangements is also progressing. Interim processes are in place with IBSS to support potential ineligibility decisions, and an HMT decision on the approach to pausing ineligibility payments is expected in October.

Following discussions at SDC it was agreed the CRM team will act as first point of contact for queries. Planning also continues on assumption that DWP remains the preferred payment supplier for the IBSS transfer.

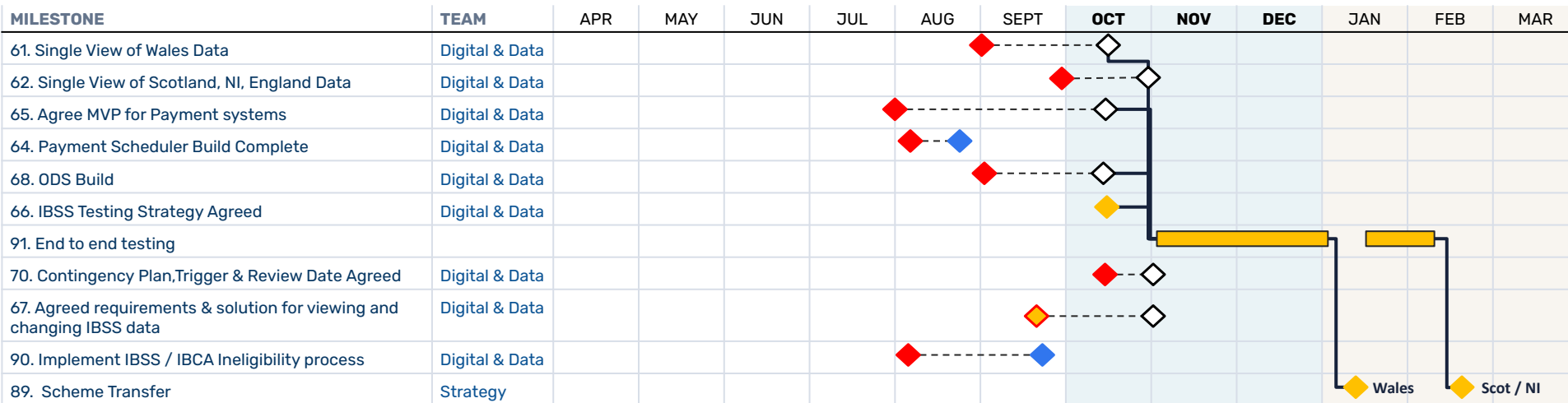
Recent GIAA audit raised high priority recommendation on contingency planning, consistent with an issue already identified by project. Further work required to confirm options, trigger criteria and timetable for go/no-go decisions.

Risks to Delivery

- ODS slippage beyond mid October will delay testing
- Data mapping/transforming delays beyond end Oct.
- Ineligibility: remains dependent on ministerial input

Route to Green

- Confirm and implement approach to ineligibility (Q3)
- Complete data transformation for all schemes (Oct)
- Agree the Contingency plan, trigger and review date (Oct)
- Agreed MVP (Oct)



G

Payment provider migration from DWP

Outcome: Migrate current payment provider from DWP to a new provider

Progress	Risks to Delivery	Route to Green
Delivery confidence remains at Amber Green until detailed plan agreed. The supplier contract has been signed and mobilisation is underway. Bottomline have agreed a two phased approach with the implementation for BACS targeted for mid November and a second phase in Q4 for Faster Payments, CHAPS and International Payments (due to Natwest currently having a freeze in place due to technical fault). This will also provide capacity for Digital teams to add additional fields needed for international payments. Training on security and administration for Bottomline have commenced for finance and security colleagues.	Competing priorities	

MILESTONE	TEAM	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR
Contract signed	Digital & Data						◆						
Mobiltistion commenced	Digital & Data						◆						
Phase 1: BACS implementation complete	Digital & Data								◆				
Phase 2 Faster payments, CHAPS and International payments complete	Digital & Data												◆ Q4

A/R Professional Services (Legal and Financial)

Outcome: Procurement for the provision of professional support to claimants for core claims completed

Progress	Risks to Delivery	Route to Green
Delivery confidence has reduced to Amber Red reflecting emerging resource constraints on legal services that may affect the pace of delivery. Activities are being reviewed and reprioritised to understand critical path for implementation of new arrangement by end of January. Key operational milestones include progressing the implementation of updated supplier payment policies for severity change reviews and 4th Regs reviews, alongside preparing for market engagement to establish new contracts for the remaining term of IBCA. Financial guidance is progressing as planned and the new arrangement is expected to be in place by January 2027.	Timelines for the procurement process are challenging, with potential delays arising from external legal advice, benchmarking and market engagement	- Review resource plan and activities for legal services escalating if required. - Ongoing risk management of tight procurement process to meet the January 2027 procurement target.

MILESTONE	TEAM	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR
HMT sign off of the Vale for Money Assessment							◆						
Financial Services mini comp contracts awarded							—		◆				
Financial Services mini comp contracts come into force							—		—		◆		
Financial Services ITT							—	◆					
Financial Services long-term contracts awarded							—	—		◆			
Financial Services contracts come into force end							—	—	—	—	◆		
Legal Services policy decisions							—	◆					
Legal Services market engagement							—	—	◆				
Legal Services contracts awarded:							—	—	—	—	◆		
Legal Services contracts come into force							—	—	—	—	—	◆	

A

Scaling (All Cohorts)

Outcome: We will continue to compensate claims across all four cohorts. Our ambition is to take 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

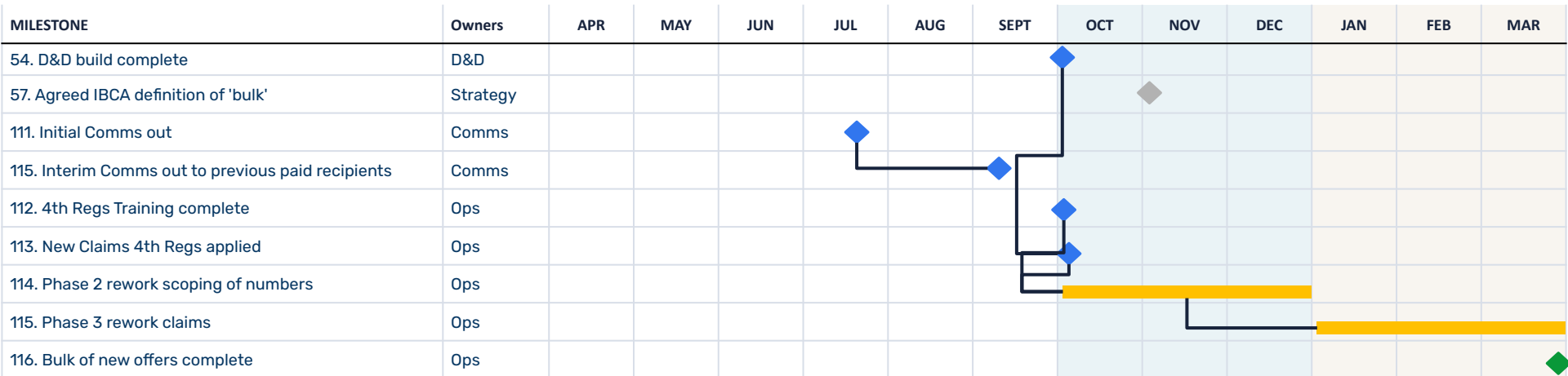
Progress	Risks to Delivery	Route to Green
Scaling remains Amber. Claim Manager onboarding is progressing well and operational capacity continues to build in support of increasing claim volumes.	- Ineligibility: delays could slow decision making and increase the risk of inconsistent outcomes - Probate: unresolved arrangements could delay deceased infected claims, - Journey times: delays in parts of the end to end process could become more significant as claim volumes increase.	- Complete the implementation and embedding of probate, deemed decision and ineligibility approaches. - Continue work to identify causes of end to end journey delays
Progress has also been made across key policy and operational areas. Ineligibility guidance has been approved and published with implementation activity continuing. Work on probate and deemed decisions is progressing with ongoing conversations with Community Advisory Panel and Cabinet Office, and review processes are being embedded.		
Overpayments activity remains low volume and does not currently affect delivery of 5000 target. No claims are currently blocked by the outstanding deemed decision approach, although resolving it could help deceased infected claims move through the process more quickly.		

MILESTONE	TEAM	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR
29. Develop a trajectory to reach 5000 claims	Ops							◆					
35. Improve throughput data prep & KIM	Digital & Data							◆					
36. Reviews process are operating effectively	Digital & Data							◆	-----◆				
37. Overpayments processes delivered	Policy / D&D							◆	-----◆				
83. Policy / Guidance Gap Analysis Complete	Digital & Data						◆						
39. Seven policies implemented	Digital & Data							◆					
33. Safeguard Strategy approved	Ops							◆					
34. Trial of Quantexa (Fraud) Commenced	Ops						◆						
28. Implement and embed ineligibility framework	Policy							◆	-----◆				
32. Challenging conversations toolkit for CMs	Policy							◆					
40. Develop policy position to probate	Policy							◆	-----◆				
41. Develop policy approach to 'deemed decisions'	Policy							◆	-----◆				
50. Recruit Additional Claim Managers	Ops						◆	(NCL) ◆ (Glasgow)					
51. Ensure SI & I functions are resourced	Ops						◆						

Complete the bulk of core infected claims related to the fourth Regulations.

Outcome: The bulk of new offers relating to updates to the core infected scheme on previously paid claims made.

Progress	Risks to Delivery	Route to Green
Fourth Regulations implementation remains on track, with the regulations signed on 24 July. Initial communications have been completed and new claims have been assessed under the updated regulations since 1st October. Claims already paid are now being reviewed to understand the scale and complexity of the rework required. This will help confirm the time, resource and operational capacity needed to complete the remaining activity and assess any impact on wider delivery commitments. Training and upskilling for Claim Managers and CRM colleagues is continuing alongside the validation work to support consistent implementation.	Manual verification takes longer than planned due to inconsistent data entry and gaps in data collection. There is a risk that the level of rework may have an impact on other commitments i.e 5000 decisions	Confirm the time and resource required to assess 4th regs claims and use this to validate capacity and delivery assumptions (Nov 26)



A/R Develop our digital and data services to ensure Claim Managers have the tools to support claims

Outcome: 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

Progress	Risks to Delivery	Route to Green
Delivery remains Amber/Red, Person Reference Number (PRN) has now been completed, providing a back end solution to help identify people with multiple claims. Claim trackers have also been improved to provide more robust management information. Improvements to IDV/KBA have been implemented, moving part of the process from offline to digital and reducing reliance on manual handling. The principal outstanding dependency is the Operational Data Store (ODS). ODS is required to support wider operational data needs and further improvements to Make a Claim (MAC) and Manage a Compensation Claim (MCC). ODS is also a requirement for IBSS transfer.	ODS delay: further delays to ODS would affect wider Business Plan initiatives and could constrain the pace of scaling; and delay end to end testing of IBSS Transfer	- Seek clarity on ODS delivery and understand any contingency arrangements should ODS slip further. - Confirm the competed PRN, IDV/KBA and claim tracker changes are operating as intended.

MILESTONE	TEAM	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR
84. Implement PRN Capability (back end)	Ops (Paul)				◆		◆						
38. Implement Operational Data Store	Digital & Data						◆	◇ 14/10					
19. MAC rolled out - Single Affected	Digital & Data							◆	◇ 21/10				
26. Implement improvements in IDV / KBA process (offline to digital)	Digital & Data							◆ 30/09					
24. Improve claim trackers to provide more robust data.	Digital & Data							◆ 30/09					

A

Strengthen our governance structures

Outcome: 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.

Progress	Risks to Delivery	Route to Green
Delivery remains amber due to delays to the Clinical Advisory Panel and Ethics Committee. Revised dates have now been proposed, reflecting Board approval requirements and the need to agree Terms of Reference. Both forums are expected to be established and embedded by the end of the financial year. Risk Management Framework and Cyber Security Strategy out for feedback from ARAC with approval expected in November	- Delays from Board approval (Ethics) - Other prioritised governance agenda items	Confirm revised dates and schedule meetings for Clinical Advisory Panel and Ethics Committee.

MILESTONE	TEAM	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR
48. Clinical Advisory Panel Initial Meeting	Strategy							◆		◇			
74. Clinical Advisory Panel Embedded	Strategy												◆
49. Ethics Committee Board Approval	Strategy							◆		◇			
75. Ethics Committee Launched	Strategy												◆
101. Interim Chair Recruitment	Strategy									◆			
102. Risk Management Framework approved	Strategy									◆			
103. Risk Management GIAA Audit findings	Strategy									◆			
104. Cyber Security Strategy approved	Digital & Data									◆			
105. Cyber Security Roadmap in place	Digital & Data									◆			

G

Refresh our employee policies

Outcome: A review of all HR policies complete and policies refreshed where appropriate.

Progress	Risks to Delivery	Route to Green
Employee policy roadmap has been agreed and drafting is underway across priority policy areas. Work is progressing to plan with attendance, menopause, special leave, workplace adjustments and flexible working policies all scheduled for completion across Q3 and Q4. Alongside policy development, further work is being taken forward on implementation and embedding, including how updated policies will be communicated, supported by guidance and consistently applied across the organisation.	Resources and competing priorities	

MILESTONE	OWNER	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR
Policy documents on supporting attendance developed and approved	HR									On Track			
Menopause policy and guidance developed and approved	HR											On Track	
Special leave policy and framework developed and approved	HR									On Track			
Workplace adjustment policies developed and approved	HR										On Track		
Flexible working policy and procedure developed and approved	HR									On Track			

Outcome: An estates strategy agreed and all our staff based in longer-term facilities.

Progress	Risks to Delivery	Route to Green
NCL 1-: The move is largely complete, with few ongoing internal works which is expected to be completed by the 15th of October. Once completed the project will be closed. BPV: BPV reconfiguration works are underway to optimise the space, including reinstating ground-floor desking, creating an additional training room and consolidating soft seating, with completion targeted by the end of October. The first-floor space will then be cleared of furniture ahead of its planned handback to HMRC by 31 December NCL2: HMRC costing have reinstated an upfront capital contribution, with discussions underway to identify an alternative financial arrangement. If this cannot be resolved NCL2 may not proceed and alternative options will need to be considered, including bank house and/or potentially identifying another Newcastle location. A decision is required by the end of October London: Current accommodation remains short term with an alternative long term location required. CO plans to vacate the existing space, GPA will support the identification of a long-term solution by June 2027. Health and Safety: Arrangements are progressing, with consultants in place and the kick off meeting Scheduled for 12 Oct. Physical security: the updated MOU is being reviewed and will be sent to the commercial unit for review. Further engagement is required with the Cyber Security team and Cabinet Office to agree responsibilities and the approach. The aim is to agree a way forward by October	Currently reviewing NCL2 location - risk of delays providing uncertainty and impacts on morale	Agree location of NCL2

Milestone	Team	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR
Glasgow office move	Estates		◆										
BH move plan agreed	Estates			◆									
Comms approach approved	Estates			◆	◆								
Commence BH move	Estates				◆								
Complete move to BH	Estates						◆						
Complete Bank house works	Estates							◆					
Complete BPV reconfiguration	Estates								◆				
Develop NCL2 initial Project Plan	Estates										◆		

R

Complete Shared Services Transformation

Outcome: IBCA transitioned to a new shared services platform with no disruption to employee experience.

Progress	Risks to Delivery	Route to Green
Currently rated Red as a revised plan is outstanding from the Matrix Programme. Although Red rated there is currently no significant impact as IBCA will remain on current SOP system until the Shared Services initiative is implemented.		• Agree Plan with Matrix • Understand more detailed impact of delays

MILESTONE	OWNER	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR
Revised plan in place										◆			

Outcome: A clear and agreed strategic direction for the remainder of IBCA's life cycle, balancing priorities, affordability and the delivery model needed to deliver them.

Progress	Risks to Delivery	Route to Green
Delivery confidence remains Amber Red due to tight timeline and ongoing strategic decisions on forecasting models, steady state requirements and subsequent costings of options. Key ExCo discussions throughout Oct to provide direction. Business Case Working Group established and meeting weekly. Drafting has commenced and regular engagement with Cabinet Office and HMT in place to get early feedback and agreement on approach	- Not meeting expected submission timeline due to complexity. - Not receiving approval from HMT - Supplier continuity gaps	- Agreement on scope and options - Agreement on critical path for supplier commercials - Understand contingency arrangements - Agree approval route.

MILESTONE	OWNER	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR
First early draft available with collaborative updates							Missed	New Forecast Date					
Formal Internal Approval								High Risk					
Formal CO Approval									High Risk				
Target submit to HMT - late Oct										High Risk			
Target HMT Approval - Dec											High Risk		
Contingency arrangements for supplier continuity gaps										To Be Confirmed			

A/G

Ensuring that we compensate every eligible person

Outcome: 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.

Progress

Ongoing work continues with colleagues across the organisation to develop a delivery strategy for 2031 including understanding the key assumptions and trajectory for delivery. This work - plus the ongoing ExCo business case sprint - will feed into a forthcoming sprint with the Board to further develop and refine this strategy

Risks to Delivery

There is a risk that outputs between the business case sprint and vision 2031 are conflated and that the two work streams do not work together as one.

Capacity to engage with sprint alongside other priority deliverables may be challenging for senior colleagues

Route to Green

Following conclusion of the business case sprint, we will be able to more clearly identify the areas of key focus for the 2031 strategy workstream

MILESTONE	TEAM	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR
Paper outlining Vision 2031 workstream delivered to Board							◆						
One sprint with Board members and CAP on Vision 2031 delivered										◆			
Vision 2031 strategy drafted and approved by the Board											◆		
Delivery plan for approved Vision 2031 drafted with clear time-bound deliverables												◆	

3. Audit Recommendations

GIAA Audit: Audit 26/27 Status - CSSC

On Track
At Risk
Late
Complete

Audit	IBSS Transfer	Risk Management	Claims Management	Business Critical Modelling	Sequencing of Claims	Business Continuity
Terms of Reference Agreed	July 2026	July 2026	July 2026	Oct 2026	Dec 2026	Oct 2026
Fieldwork	Sept	Oct 2026	Aug-Oct 2026	Oct/Nov 2026	TBC	Dec/Jan 26/27
Draft Report Expected	Sept 2026	Dec 2026	Oct 2026	Dec 2026	TBC	Feb 2027
Final Report Expected	Oct 2026	Dec 2026	Nov 2026	Jan 2026	TBC	Mar 2027

4. Business Team Updates

Business Team Updates - September

Area	Key Highlights
Service Delivery	In line with our Operational Scaling strategy, we launched and are currently running phase 1, intended on bringing 100's of people into the service. As of 27th August, across the three specific groups: those registered as affected, estates of the deceased infected, and living infected individuals who have never received compensation, 2695 people have been asked to start their claims and £139M has been paid out successfully. To support phase 2 increasing from 100's to 1000's, our recruitment plan of building our resource to 400 Claim Managers is on course with additional people joining Newcastle and Glasgow across September/October/November. Operations are leading on a piece of work looking at volumes of requests being sent to the NHS because as we bring more people into the service, the historical nature of the scandal (destroyed records), the number of requests being sent to the NHS is increasing month on month. The work is looking at possible options to reduce the requests sent to the NHS through analysis of existing requests in addition to repurposing the NHS stakeholder group to a more senior level to enable challenging performance conversations to be held. In addition, now that the 4th regulations have been introduced into the service from 5 October. Work is now progressing to identify those people impacted and deliver the bulk of additional payments to people by March 27 without impacting our ability to meet our ambition of 5000 decision by March 27. We expect to launch phase 1 of our review work from w/c 12 October which will help identify those impacted and help inform the extent of work required.
People	Following a review of the existing pay strategy, a business case has been approved to address recruitment and retention challenges for hard to fill roles and we are now progressing the work to implement new policy to support this. Work on the annual pay award has concluded and the award was paid in August. As one of the next steps of launching the new Employee Engagement Strategy, structured around three pillars; Capacity, Thrive and Experience with each pillar being headed by members of ExCo we have launched an organisational cultural readiness survey which will give us further insight into employee engagement and support us in shaping our work plans for each pillar going forward. The results of the readiness survey are soon to be shared with Exco and through wider IBCA governance, before being shared more widely. The IBCA People Group, which is an employee voice group, is developing its work plans in alignment with the new strategy and will include an initial focus on inclusive working across multiple locations, promoting non-pay-based recognition and raising awareness of capability and learning opportunities for staff. In Quarter 3, there will be a planned focus on talent and capability development across IBCA. SCS will undergo a 9 BG talent assessment and a talent maturity assessment will be rolled out across IBCA

Business Team Updates

Area	Key Highlights
Commercial	Financial and Legal support services: Financial support Services is currently out for mini competition with the strategic procurement following in November, while Legal support services the team will be via direct award and the team are currently awaiting final specifications. The procurement of the replacement for the current DWP payment solution is now complete and is with the delivery team.
Service Integrity and Improvements	The capacity assessment evaluating key SI&I functions (including identity verification and quality assurance) has been completed and signed off by the Chief Operating Officer (COO) in August. Following the assessment, additional staffing requirements were approved by the Corporate Services Committee and recruitment activity is underway to fill the approved positions. We continue to work on evolving our counter-fraud controls. The trial of Quantexa functionality is ongoing and will assess its effectiveness in identifying suspicious cases A comprehensive briefing on IBCA's counter-fraud controls was prepared by the team for the CEO's discussion with Cat Little. Following the meeting Cat Little was sufficiently assured by the paper and subsequently wrote to the Public Accounts Committee (PAC) and Public Administration and Constitutional Affairs Committee (PACAC) Chairs to confirm she was assured. The safeguarding strategy has been reviewed by the SDC with positive feedback and a few rewrites which will be done by the end of October. It will also be presented at the next Public Board. There are two papers prepared for the next ARAC meeting: one is an update on quality assurance and the other an update on counter-fraud progress including a draft dashboard. The call-listening quality assurance framework is in place, supporting increased call monitoring and coaching. An evidence and rationale framework is scheduled for implementation in mid-October to improve decision-making and documentation by Claim Managers. A structured approach to capturing case studies, lessons learned and resulting actions has been developed called VOCAL. The case studies are shared with operational colleagues to support continuous improvement.

Business Team Updates

Area	Key Highlights
Strategy	Ministerial advice in advance of Annual Report and Accounts (ARA) The IBCA Annual Report and Accounts were published in september following engagement with Cabinet office. Responding to Feedback The Strategy team has worked in conjunction with Comms and Complaints colleagues to produce a consolidated picture of the feedback IBCA has received this quarter and how IBCA is responding to this. This will be reported to the Service Delivery Committee. Ministerial & Cabinet Office Engagement Engagement with Ministers and the Cabinet Office remains ongoing to highlight IBCA's milestones and progress: • Introductory meeting between SRF, DF, and Baroness Twycross. • Visit by CO colleagues to Bank House; meetings held to discuss strategy, Parliamentary and community engagement, as well as model office tour

5. Finance Update

Finance Update - September

2026-27 Finance update

- Formal Funding Delegation received from Cabinet Office confirming £170.67m (£118m RDEL, £53m CDEL). IBCA has initially delegated £165m internally to directorates for the baseline delivery of 'must do' activity.
- Finance have worked closely with directorates throughout September to strengthen the P6 forecast, including a series of director-level challenge sessions to test assumptions, delivery plans and financial risks. We tested the areas where the forecast required spending to increase materially above the current run rate, and we retained those assumptions where there is a reasonable evidence base for them. This has provided greater confidence in the organisation's 2026-27 forecast position and supported a more robust assessment of the likely year-end outturn.
- The latest P6 position indicates full-year expenditure of £158.97m against budget of £170.67m, representing an indicative underspend of £11.7m (6.9%). Year to date expenditure stands at £66.35m, £12.7m below budget. This excludes £16.27m of identified financial risks and £7.5m of opportunities, reflecting continued uncertainty around delivery, recruitment and demand-led expenditure.
- The Annual Report and Accounts 2025 to 2026 have been formally laid in Parliament. Notably, the National Audit Office (NAO) has fully lifted its previous audit qualification following improvements to our financial data and assumptions. Building on this milestone, the finance team has begun a lessons-learned exercise to iteratively improve future reporting cycles.
- Recruitment activity is progressing to support the maturing of the Finance function. Three new team members have joined across September and two campaigns remain live.

6. Comms & Engagement Update

Communications and Engagement Events

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
★ Glasgow (20/01)		★ Manchester & Birmingham	★ London (29/04)	★ Liverpool (12/05)	★ Belfast (04/06)			★ TBC Visit from The Haemophilia Society	
			★ Community Update - Liverpool drop in		★ Cardiff (30/06)	★ Community Update	★ Community Update - moving to monthly reporting	★ Drop-in event - Brighton 15.10.26	
		★ Hep B (20/3) Haemophilia (21/3)	★ Haemophilia, Scottish SIBF, Families of Deceased Victims, Tainted Blood			★ Trust survey launched for infected blood community and general public (20/07)		★ Prepare to claim email to all those who've registered 24.09.26	★ Fourth regulations (01/10)
					★ Hep C visit (14/07)				★ Haemophilia Scotland (01/10) SIBF (02/10)
	★ Official policy guidance for chronic Hepatitis B claims	★ Publish £2 billion compensation to increase awareness					★ Annual report and accounts 2025 to 2026	★ Publish annual report and accounts 14.09.26	
								★ Publish IBCA business plan 28.09.26	

Communications Update

Digital engagement performance metrics

In September:

- **12,082** people viewed IBCA social content, up **9%** from August.
- **88** comments and replies were left on IBCA social media posts, down **45%** from August.
- **28,634** post impressions were tracked in August, down **23%** from August.
- **1,726** clicks were tracked on links in IBCA social media posts, up **98%** from August.
- IBCA published **10** posts, same as in August.
- IBCA posts had **102** reactions and likes, up **54%** from August.
- Average post engagement rate was **22.93%**, down **7%** from August.

Communications Update

Communications and Engagement

Media mentions

September: **491**

People viewing IBCA content

September: 12,082

Total community update subscribers

September: **10,000**

Open rate on IBCA Connect colleague newsletter

September: **70.2%**

Of the **491** media mentions:

- **47%** were local
- **30%** were regional
- **18%** were national

7. Annex

Annex B: IBCA Delivery Confidence Key

RAG	Delivery Confidence Definition
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.
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 to time, cost or quality 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 to time, cost or quality 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.

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

Infected Blood

Compensation Authority

IBCA Board 3 November 2026

Paper 2

Subject:	Agreeing a Terms of Reference for an Ethics Panel in IBCA	
Issue:	This paper is to seek Board approval for a draft Terms of Reference for an Ethics Panel within IBCA and for initial Panel appointment recommendations.	
Actions for IBCA [Board]:	IBCA Board is asked to: 1. Agree to the proposed Terms of Reference for an IBCA Ethics Panel at Annex A. 2. Agree to initial Panel appointment recommendations.	
UCs and ExCo:	Have User Consultants been approached or consulted on this paper? Y If no, please specify why. High level discussions with UCs and a conversation with the Community Advisory Panel Has this been reviewed by ExCo? Y	
Impact Assessment:	No PSED concerns this committee should assist in assuring our delivery on these grounds including safeguarding.	
Strategic Objectives; Value Framework	Have IBCA's Strategic Objectives and / or Value Framework been consulted in preparing this paper? [Y] Yes. This particularly relates to SO8: The Infected Blood community trusts IBCA to deliver compensation competently and fairly. It is about how we receive the best advice and assurance that we are meeting our values.	
Submitted by:	The Strategy Team	
Cleared By:	Hannah Probert	Date: 20/10/2026

Infected Blood

Compensation Authority

Overview

1. On 7 July 2026, the Board agreed to establish an Ethics Panel (“the Panel”) within IBCA to advise the Board on diverse issues that require ethical consideration such as safeguarding, technology and artificial intelligence, etc. The Board discussed that the panel must be advisory, focus on principles and policy positions and have governance processes designed in a way that would not slow down decision making. Following the Board’s steer, a Terms of Reference has been drafted (Annex A) and is presented for Board approval. Also presented is a proposal for initial Panel appointments (Annex B).

Issue

2. The Community Advisory Panel highlighted the need to establish a centralised ethics function as a matter of priority. This recommendation aligns with Executive Committee discussions regarding the need to establish an ethics panel. Strategy and governance teams have discussed delivery options across IBCA and have formulated a proposed approach to establishing an ethics panel.
3. This paper provides recommendations on approach, all of which are captured in the accompanying draft Terms of Reference. Consideration is given to:
 - a. **Format:** the expertise needed within the Panel;
 - b. **Scope:** possible areas of focus for the Panel; and
 - c. **Ways of working:** possible governance and tasking approaches for a Panel.

Format

4. As part of their 7 July decision, the Board noted that establishing an Ethics Panel was preferable to having a standalone Ethics Advisor. As a multi-member expert body, a Panel would cover a broad breadth of expertise, commensurate with the broad breadth of issues that would likely be presented to such a panel.

For example, 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.

Due to the multi-member nature of a panel, it could provide a robust challenge function necessary to objectively evaluate multifaceted risks and naturally incorporate a peer-review process. The following core competencies should be present within the panel at all times:

- Ethics (including bioethics);
- Law; and
- Health policy.

Infected Blood

Compensation Authority



With additional areas of expertise included and/or drawn on for ad hoc appointments, as necessary. Additional areas of expertise could cover:

- Academic research on Practical and Applied Ethics (the Inquiry drew on the Oxford Uehiro Centre for Practical Ethics);
- Safeguarding;
- AI and Technology;
- Digital delivery;
- Diversity and Inclusion (either as a general topic or specific to other areas of expertise); and/or
- Public standards in government.

Scope

5. Ethics panels across and beyond the public sector provide advice on a range of areas. Proposed areas of focus in the draft Terms of Reference have been formulated following research into other established ethics panels and discussions with the Community Advisory Panel and User Consultants. The Board previously noted that the Ethics Panel should focus on principles and policy positions rather than evaluating case-specific decisions.
6. Proposed areas of focus for an ethics panel are:
 - a. *Organisational standards and behaviours:* [The Ethics and Integrity Commission of Parliament](#) advises on ethics and standards in the public sector and assists public bodies in establishing codes of conduct. In a similar vein, an IBCA ethics panel could, for example, support the Executive, advise the remuneration committee on the development of an IBCA codes of conduct and advise the Board and the Accounting Officer where issues of propriety arise in the use of public money.
 - b. *IBCA policies:* [Clinical Ethics Committees](#) provide support for decision-makers on ethical issues, helping with the creation, review, and updating of guidelines and policies to ensure they align with organisational values. IBCA routinely develops a range of policies and delivery approaches which raise ethical considerations. An ethics panel could provide advice in a similar manner to a Clinical Ethics Committee in a hospital.
 - c. *Research:* [Research ethics committees](#) provide a broad range of functions including protecting participants, evaluating consent and assessing data protection and confidentiality. 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](#). An ethics panel within IBCA could provide a similar function for proposed organisational endeavours, and provide oversight of ongoing research (as opposed to conducting research itself).

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Compensation Authority



Ways of working

7. The Panel should meet monthly, with additional meetings convened as needed at the request of the Board or Executive or at the discretion of the Panel Chair.
8. A Panel Chair and Deputy Chair should be appointed, with full details of those roles outlined in the Terms of Reference.
9. A panel will need to consider community views and, therefore, should engage with the Community Advisory Panel. To facilitate exchange, the Board Chair, and Chairs of the Ethics Panel, Clinical Advisory Group and Community Advisory Panel will meet quarterly to ensure alignment in approaches and consider any problematic issues that may need attention.
- 10.

Tasking

11. Issues should be referred directly to the Panel Chair, who will then consider whether they fall within the scope of the Panel..
12. A programme of work will be developed quarterly by the Panel Chair and presented to the Board and Executive. Issues included in the programme of work will be identified via the Panel Chair's engagement with IBCA Directorates and via direct referral from the Board, Executive or other IBCA advisory groups.
13. A self-referral mechanism can be used if the Panel feels there is a serious ethical issue within the organisation which is not being addressed. If a Panel member identifies an issue, they must bring it to the Panel Chair, who will ultimately decide if it will be considered by the Panel.

Next steps

14. The Board is asked to approve the draft Terms of Reference in Annex A. The Board is also asked to approve the accompanying proposals for initial appointments to the Panel (Annex B). The panel should constitute a range of experience with particular focus on academic experience in practical ethics, bioethics and law.
15. Following the Panel's establishment, the Panel Chair will prepare an initial quarterly programme of work. The panel should also assist in preparing an ethical framework for decision-making across IBCA as a matter of priority.

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Compensation Authority



Infected Blood Compensation Authority Ethics Panel

Terms of Reference

1. Role and Accountability

1.1 The creation of an ethics panel (“the Panel”) reflects the Infected Blood Compensation Authority’s (IBCA) commitment to making decisions in a way which understands the significant ethical considerations inherent to IBCA’s delivery.

1.2 The Panel’s role is to provide independent, expert-led advice and recommendations to IBCA’s Executive Committee and Board on current and emerging issues. The panel will also advise on the development of an ethical policy framework for IBCA.

1.3 The foundational reference for all of the Panel’s work should be the Infected Blood Inquiry’s [Medical Ethics Report](#). The Panel will be particularly cognisant of the ethical impact of policies and processes on vulnerable applicants, particularly those experiencing serious illness, trauma or disability.

1.4 While there is an expectation that the Executive Committee and/or the Board will consider all recommendations from the Panel, the Panel will function solely in an advisory capacity and will not be directive.

1.5 The Panel will not make decisions on behalf of IBCA. The Panel will:

- 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.

1.6 The Panel will receive background information and papers as the Board or Executive Committee, or other stakeholders, considers would assist them in their work.

2. Scope

2.1 Defining the scope of the Panel is necessary in order to establish the panel’s authority, jurisdiction, and operational boundaries to ensure it remains effective without becoming a bottleneck or a purely symbolic gesture.

2.2 Overarching principles for the Panel’s scope are that a) it considers current or emerging issues, it does not revisit the findings or recommendations of the Infected Blood Inquiry, b) it focuses on issues that are related to IBCA’s delivery of its statutory responsibilities, not internal corporate or personnel issues such as HR issues, and c) while the Panel may consider themes or concerns emerging from individual cases, the Panel will

not undertake casework and it will not examine or consider individual cases, complaints or solicit this information.

2.3 Proposed areas of focus for an ethics panel are:

- a. *Organisational standards and behaviours:* [The Ethics and Integrity Commission of Parliament](#) advises on ethics and standards in the public sector and assists public bodies in establishing codes of conduct. In a similar vein, an IBCA ethics panel could, for example, support the Executive, advise RemCo on the development of an IBCA codes of conduct and advise the Board and the Accounting Officer where issues of propriety arise in the use of public money.
- b. *IBCA policies:* [Clinical Ethics Committees](#) provide support for decision-makers on ethical issues, helping with the creation, review, and updating of guidelines and policies to ensure they align with organisational values. IBCA routinely develops a range of policies and delivery approaches which raise ethical considerations. Ongoing or upcoming policy issues which could benefit from input from an ethics panel include prioritisation of payments, handling of overpaid claims, handling of individuals who are eligible but have not claimed. An ethics panel could provide advice in a similar manner to a Clinical Ethics Committee in a hospital.
- c. *Research:* [Research ethics committees](#) provide a broad range of functions including protecting participants, evaluating consent and assessing data protection and confidentiality. 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](#). An ethics panel within IBCA could provide a similar function for proposed organisational endeavours, and provide oversight of ongoing research (as opposed to conducting research itself).

2.4 This list is not exhaustive. The Panel may consider and advise on other ethical issues that are brought to its attention, as outlined in the ways of working section.

3. Membership and Remuneration

3.1 The panel should initially comprise between 5-7 members, including a Chair, in order to ensure the necessary breadth of expertise. The following core competencies should be present within the panel at all times:

- Ethics (including bioethics);
- Law; and
- Health policy.

With additional areas of expertise included and/or drawn on for ad hoc appointments, as necessary. Additional areas of expertise could cover:

- Academic research on Practical and Applied Ethics (the Inquiry drew on the Oxford Uehiro Centre for Practical Ethics);
- Safeguarding;
- AI and Technology;
- Digital delivery;
- Diversity and Inclusion (either as a general topic or specific to other areas of expertise); and/or
- Public standards in government.

3.2 Panel members will be selected based on their areas of ethical expertise and emphasis will be put on proposing a diverse range of individuals. Prospective members will be put to the Board for approval. A3.3 Appointments will initially be for an 18-month term with the opportunity to extend at the request of the Board.

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

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

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

3.7 The Panel Chair may invite persons as appropriate to attend Panel meetings, allowing the Panel to get further advice and information as and when it is helpful.

4. Ways of Working

4.1 A *Panel Chair* should be appointed to act as the primary spokesperson for the Panel, be the main point of contact for the Executive Committee and/or the Board, ensure Panel discussions and recommendations remain aligned with IBCA organisational values and act as the interface between the Panel and other organisational entities, such as the Community Advisory Panel.

4.2 A *Deputy Chair* will be appointed in case of Chair 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.

4.3 The Panel should meet monthly with additional meetings convened as needed at the request of the Board or Executive. The Panel Chair may call an extraordinary meeting of the Panel, and should inform the Executive an extraordinary meeting has been planned. Meetings should be held virtually, with reasonable notice.

4.4 IBCA will provide secretariat support for agenda setting, minute taking, and coordination. Where appropriate, minutes or notes of discussions will be published on IBCA's website.

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

Tasking and Programme of Work

4.6 Issues can be referred directly to the Panel Chair for consideration. When an issue is brought forward, the Panel Chair will decide whether it fits the scope of work of the Panel, as outlined in Section 2.

4.7 If an issue is referred to the Panel Chair and the Chair advises that it is not within the scope of work of the Panel, the referee can escalate the issue to the Board or Executive, should they not agree with the Panel Chair's assessment.

4.8 The Panel Chair will develop a forward programme of work for the Panel each quarter.

4.9 In order to inform the development of the programme, the Panel Chair and the Panel Secretariat will convene a meeting of all Directorates. Each Directorate will present emerging issues that may require ethical consideration. The Panel Chair will then decide whether they fit the scope of the Panel and whether they should be included in the programme of work.

4.10 Commissions from the Board and the Executive Committee and issues raised by other stakeholders, such as the Community Advisory Group and the Clinical Advisory Group, will also be included in the programme of work.

4.11 Each quarter, a programme of work will be shared with the Board and the Executive Committee for agreement. The work programme can be altered to reflect emerging issues or changing priorities. The Board and the Executive Committee should be advised of any changes.

4.12 The Ethics Panel Secretariat will keep a log of all referrals made to the Panel, whether they are accepted for consideration, or not.

4.13 The Panel Chair will feed back advice to the Executive Committee and/or the Board with support from other Panel members, as needed (if, for example, one Panel member has a relevant area of technical expertise). The panel should involve any people within IBCA who have relative expertise as needed.

4.14 The Board and/or the Executive Committee will consider the advice. The Executive Committee and/or the Board will make known its decision in the light of any Panel advice. If recommendations are not adopted, the Board and/or the Executive Committee will endeavour to provide feedback to the Panel, so that they can learn and adapt, as needed. If appropriate, Panel recommendations and associated Board or Executive decisions will be published publicly.

4.15 A self-referral mechanism can be used if the Panel feels there is a serious ethical issue within the organisation which is not being addressed. If a Panel member identifies an

issue, they must bring it to the Panel Chair, who will ultimately decide if it will be considered by the Panel.

4.16 If an issue is self-referred, the Panel Chair must make the Board and the Executive Committee aware that the issue will be considered prior to engagement with the Panel on the issue begins.

Coordination

4.17 The Ethics Panel should regularly receive advice and updates on current issues from the Community Advisory Panel.

4.18 Should the Community Advisory Panel or the Clinical Advisory Group want the Ethics Panel to consider an issue, that issue can be referred to the Panel Chair who will decide if it fits within the scope of work of the Panel.

4.19 The Board Chair, and Chairs of the Ethics Panel, Clinical Advisory Group and Community Advisory Panel should meet quarterly to ensure alignment in approaches and consider any problematic issues that may need attention. Meetings will be arranged by the Ethics Panel Secretariat, with a rotating Chair.

5. Conduct and Confidentiality

5.1 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.

5.2 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.

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

5.4 Any serious ethical concerns which Panel members do not feel are adequately dealt with can be raised via the organisations Speak Up policy or via processes outlined in the Code of Conduct for Board Members of Public Bodies. Any ethical considerations raised concerning the Compensation Regulations will be raised via IBCA's feedback mechanism, which was developed following Sir Brian Langstaff's Additional Report (Inquiry Recommendation 2e).

6. Review

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

IBCA Board 3 November 2026

Agenda item 3

Subject:	IBCA Risk Appetite	
Issue:	To seek endorsement from IBCA Board on IBCA Risk Appetite levels	
Actions for IBCA Board:	IBCA Board is asked to: 1. Note that ExCo have discussed and shaped the proposed appetite levels. 2. Note that ARAC has approved the risk appetite position, subject to minor amendments, including separating fraud and payment error. 3. Endorse the position, confirming Board-level support for how the appetite will guide risk management, escalation and decision making.	
UCs and ExCo:	Have User Consultants been approached or consulted on this paper? No Has this been reviewed by ExCo? Yes	
Impact Assessment:	This paper is for noting and is of a purely procedural nature, with no anticipated impacts on people claiming compensation, other than broadly improving the efficiency / smooth-running of the administration of IBCA. At this stage, no negative impacts are anticipated on any individuals by reason of their protected characteristics or familial circumstances. However, in the unlikely event that unanticipated negative impacts arise, this PSED assessment will be reviewed and steps will be taken to mitigate those negative impacts accordingly.	
Strategic Objectives; Value Framework	Have IBCA's Strategic Objectives and / or Value Framework been consulted in preparing this paper? Yes The document has been produced in conjunction with the Risk Working Group and reviewed at both ExCo and ARAC.	
Submitted by:	Anne-Marie Blackburn, Deputy Director Business & Programme Management	
Cleared By:	Hannah Probert	Date: 20/10/2026

IBCA Risk Appetite

IBCA Board

Purpose: Seek endorsement from IBCA Board on IBCA Risk Appetite levels

Author: Anne-Marie Blackburn (Deputy Director Business and Programme Management)

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ExCo have discussed and shaped the proposed appetite levels. ARAC has approved the risk appetite position, subject to minor amendments, including separating fraud and payment error.

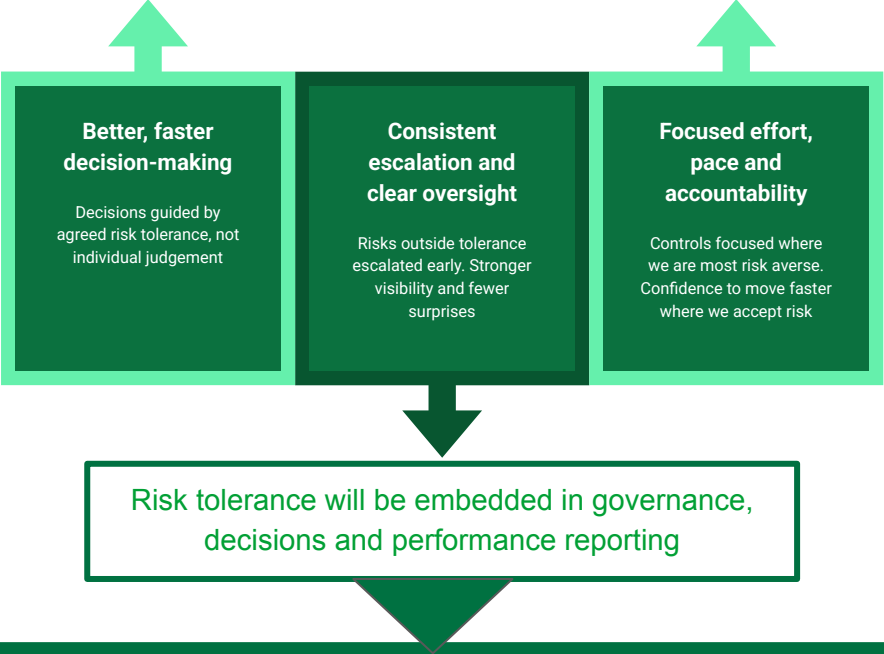
The Board is now being asked to endorse the position, confirming Board-level support for how the appetite will guide risk management, escalation and decision making.

The following slides represent the ExCo and ARAC approved position.

What is Risk Appetite?

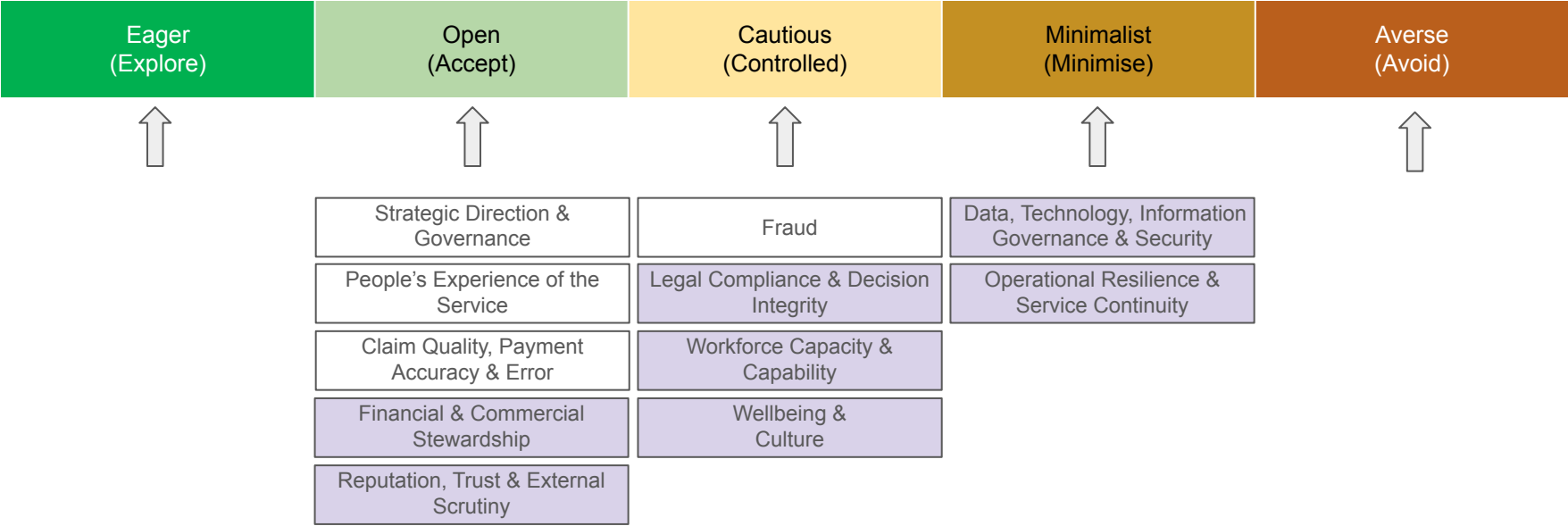
Risk Appetite defines the amount of risk that IBCA is willing to pursue and retain.

Why is Risk Appetite important?



- This pack sets out the risk appetite scale and risk categories. Each risk category is assigned a Risk Appetite level and together these are used to develop IBCA's Risk Appetite Statement.
- Once defined, if Risk Appetite is breached, remediation to reduce the risk exposure to within the stipulated Risk Appetite range is required as soon as is reasonably practicable.

Risk Appetite Summary - Where IBCA want to operate



The diagram summarises the proposed target appetite for each risk theme. Areas shared purple indicate where further work is needed to operate confidently at that appetite level.

Strategic Direction and Governance

Aug 25: Eager

Now: Open

Direction: Open

IBCA is willing to accept a higher level of risks relating to strategic direction, governance and decision making where this supports timely and effective compensation delivery. This is acceptable where governance is proportionate, decisions are evidence based, priorities are clear and issues are escalated promptly.

People's Experience and Quality of Service

Aug 25: N/A

Now: Open

Direction: Open

IBCA is willing to accept a higher level of risks in people's experience and quality of service while the service matures and delivery continues at pace. This is acceptable where the service remains accessible, responsive and fair, and where feedback, complaints and quality checks are used to improve the service quickly.

Claim Quality, Payment Accuracy & Error

Aug 25: N/A

Now: Open

Direction: Open

IBCA is willing to accept a higher level of risks relating to payment accuracy and error where this supports scaling at pace. This is acceptable where checks are proportionate, decisions are recorded, errors are monitored and learning is fed back into guidance, training and service improvement.

Fraud

Aug 25: Averse

Now: Cautious

Direction: Cautious

IBCA takes a controlled approach to fraud risk. Delivery should continue at pace, but fraud indicators, identity concerns, suspicious patterns or financial exploitation risks should trigger proportionate checks, escalation and intervention.

Summary of ExCo Discussion: emerging appetite steer

Legal Compliance and Decision Integrity

Aug 25: Minimalist

Now: Minimalist

Direction: Cautious

IBCA has generally taken a minimalist approach to legal risk, seeking to minimise wherever possible. As policies mature and confidence grows in handling complex case scenarios, the direction is towards a more cautious, controlled approach, supported by clear legal routes, lawful and evidence based decisions, sound rationale, audit trails and appropriate escalation.

Workforce Capacity, Capability, Wellbeing & Culture

Aug 25: Open

Now: Wellbeing/Culture: Open
Capacity/Capability: Minimalist

Direction: Cautious

IBCA has generally taken an open approach to wellbeing and culture, accepting a higher degree of short term risk to support delivery at pace, while seeking to minimise capacity and capability risk because of recruitment and security requirements. The direction is now towards a more cautious, controlled approach, supported by clearer workforce planning, recruitment routes, wellbeing and culture activity and leadership action.

Financial and Commercial Stewardship

Aug 25: Minimalist

Now: Open

Direction: Cautious

IBCA has generally taken a more open approach to financial and commercial risks than a traditional public sector finance appetite with decisions often driven by speed and delivery rather than conventional value for money considerations. The direction is now towards a more cautious, controlled approach, with clearer, approval routes, supplier dependencies and rational for pace based decisions.

Reputation, Trust and External Scrutiny

Aug 25:
Reputation: Open | Trust: Minimalist

Now: Cautious

Direction: Open

IBCA has generally taken a cautious, controlled approach to reputation, trust and scrutiny, recognising the importance of maintaining confidence with the community and wider stakeholders. The direction is now towards a more open approach, accepting a higher degree of risk where this supports transparency, evidence based communication , meaningful engagement and trying different approaches to build trust.

Data, Technology, Information Governance & Security

Aug 25: Security: Minimalist

Now: Open

Direction: Minimalist

IBCA has generally taken an open approach to data, technology, information governance and security risk, accepting a higher degree of risk while operating with systems and data arrangements that were not originally designed for current volumes. The direction is now towards a more minimalist approach, seeking to minimise this risk because of the potential impact of systems, data, information governance or security failure.

Operational Resilience and Service Continuity

Aug 25: N/A

Now: Open

Direction: Minimalist

IBCA has generally taken an open approach to operational resilience and service continuity risk, accepting a higher degree of risk because of supplier dependencies, limited on call support and transition towards more directly controlled IBCA arrangements. The direction is now towards a more minimalist approach, seeking to minimise this risk through clearer ownership, stronger business continuity arrangements, supplier continuity controls and incident response.

So what does this mean for how IBCA operates?

ExCo appetite needs to translate into everyday decisions

Some teams may naturally see some areas as more Cautious or Minimalist because they manage the detailed consequences, controls and accountability.

The gap between ExCo appetite and operational reality needs to be visible and actively managed

Raise awareness of change

Where appetite has shifted explain what is changing and why - especially where IBCA is knowingly accepting more risk to support pace

Drive consistent decisions

Define and use triggers so teams know when to act, escalate or seek further control - rather than relying on individual judgement



ANNEX (For reference only)

Annex A - Risk Appetite Definitions

Annex B - Risk Themes

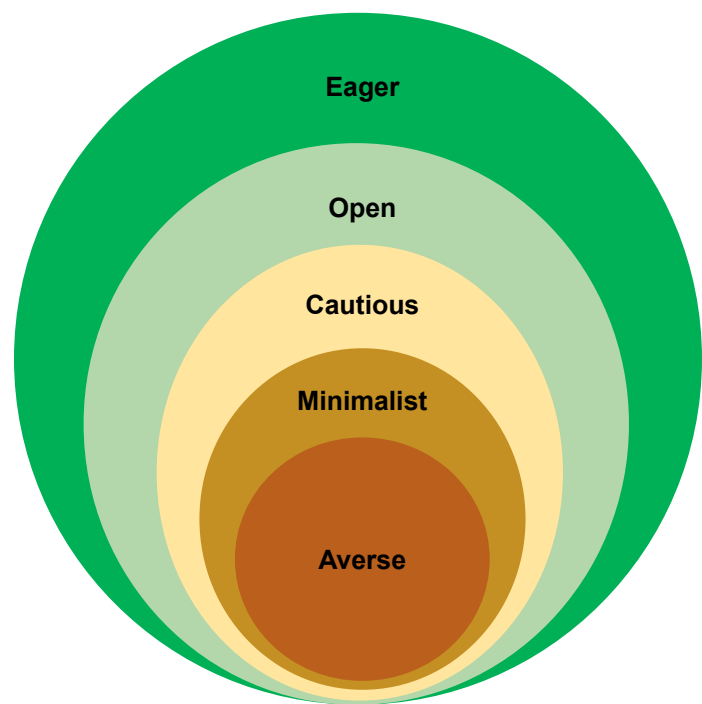
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Risk Appetite Levels

The following Risk Appetite Levels and corresponding Statements will help guide decisions surrounding the overall risk approach and category assessments.



Appetite Level	Statement
Eager	Willing to actively explore opportunities that may involve significant risk where this prioritises the vision to deliver compensation competently, fairly, and speedily. This level indicates a readiness to innovate, maximise opportunity and accept uncertainty to ensure the mandate is achieved at pace.
Open	We accept a higher degree of risk to achieve significant benefits and empower staff to find better ways of working. We are willing to consider innovative decisions and strategic risks.
Cautious	Willing to accept some low to medium risks while maintaining a controlled approach and overall preference for safe implementation. This approach ensures that services are delivered accurately and independently.
Minimalist	Seeks to minimise the possible degree of risk, with a preference for very safe options.
Averse	We avoid this risk level wherever possible, with a preference for very safe decision-making. Significant resources are allocated to controlling this risk to the lowest level possible.

Principal Risks: What could affect safe, timely and trusted compensation delivery

Below are the themes of IBCA's principal risks aligned to subcommittees, with examples of secondary risks. Do these cover everything we do?

1. Timely and Effective Compensation Delivery (Sindy Skeldon) What would stop claims and payments moving through the service effectively, consistently and at pace? Claim progression, bottlenecks, standards etc..	2. Service Scaling and Operating Model Maturity (Sindy Skeldon) What could stop IBCA's scaling safely and consistently as demand increase? Process maturity, systems and controls	3. People's Experience and Quality of Service (Sindy Skeldon) What could make the claim journey feel unclear, unfair, inaccessible or unresponsive? Communication, Accessibility, Support, Distress etc..	4. Claim Quality, Payment Accuracy, Fraud and Error (Sindy Skeldon) What could cause the wrong decision, wrong payment, fraud or avoidable rework? Verification, QA, Fraud, Error etc..	5. Reputation, Trust and External Scrutiny (Comms) What could damage confidence in IBCA's reputation or ability to deliver? Media coverage, Perceived unfairness, communications etc..	
6. Operational Resilience and Service Continuity (Dan Hancock) What could disrupt IBCA's ability to maintain safe, accessible and continuous service delivery? Business continuity, estates, resilience, incident response etc..	7. Data, Technology, Information Gov & Security (Hannah / Celine) What could affect IBCA's ability to use data and information safely and securely? Data quality, access, technology & cyber security, etc..	8. Legal and Regulatory Defensibility (Hannah Probert) What could expose IBCA to legal challenge or make decisions harder to defend? Decision rationale, policy, challenge etc....	9. Financial and Commercial Stewardship (Dan Hancock) What could weaken control over public funds, value for money or commercial delivery? Value for money, financial reporting, budgets etc..	10. Workforce Capacity, Capability and Wellbeing (Jill Moore) What could stop IBCA having the people, capability and culture needed to deliver? Skill gaps, Wellbeing, Engagement etc..	11. Strategic Direction & Control (Hannah Probert) What could stop IBCA setting clear priorities and making timely, well-controlled decisions? Strategy, Governance, Prioritisation, Decision-making etc..

IBCA Board 3 November 2026

Agenda item 4

Subject:	IBCA Finance Board Cover Paper	
Actions:	IBCA Board is asked to: 1. Note the financial position and update	
Issue:	Regular finance update	
Submitted By:	The Finance Team	
Cleared By:	Dan Hancock	Date: 16/10/26

1. The Board finance report for period 6, September 2026, is presented in **Annex A**. This is summarised as:
 - a. Year to date position: **£66.4m actual** vs £79.1m budget, a **£12.7m underspend** (P5: £10.9m underspend).
 - b. Full year forecast position: **£159.0m** (P5: £161.3m) against an allocation of £170.7m. The **variance of £11.7m** (P5: £9.4m) comprises £4.0m in Central Risk funds held, and £7.7m of underspend against the delegation.
 - c. Detailed review of forecasts was undertaken at P6 to assure the position. HMT assesses final outturn for accuracy against the P6 forecast and an IBCA decision on rebaselining budgets based on the revised P6 forecast is due to be made shortly.
 - d. IBCA holds budget risks totalling £11.0m and budget opportunities of £7.5m, giving a **net risk of £3.5m**. This has reduced from £34m held in P5, though some risks have moved to 2027-28. These are not included in the forecast until they become likely and IBCA strategically agrees to meet them. These are presented in more detail and shown by likelihood in the attached report. The risks are monitored through the Corporate Services Sub Committee (CSSC).
 - e. Delegations included a 5% target efficiency. At present forecasts suggest this is achievable, though as is common, budget savings can arise separately from targeted efficiency initiatives.

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IBCA Board 3 November 2026

Agenda item 6.1.

Subject:	Quality, Finance and Performance Committee (QFPC) - Six month Report to Board	
Issue:	Committee evaluation of progress on KPI and Finance metric development, the governance protocol and recommendations for the six-month amendment to the Terms of Reference	
Actions for IBCA Board:	Board is asked to: 1. Note the progress of the committee as at Oct 2026 2. Endorse the reporting protocol for finance related performance metrics (corporate operational and compensation fund projections) 3. Approve the proposed alignment of KPIs to Board committees for reporting and assurance; 4. Ratify the change in committee membership 5. Approve the proposed reporting cycle. 6. Review the considerations and approve the proposed amendments to the current Terms of Reference	
Impact Assessment:	N/A	
Submitted by:	Deborah Harris-Ugbomah, Chair of the QFPC Sindy Skeldon, COO	
Cleared By:	Deborah Harris-Ugbomah, QFPC Chair	Date: 12 October 2026

EXECUTIVE SUMMARY

This paper presents the proposed Key Performance Indicators (KPIs) developed by the Quality, Performance, Finance and Performance Committee (QFPC) to provide executive oversight and ensure strategic alignment across all operational streams. The framework establishes a clear shared purpose by balancing delivery pace, cost effectiveness, operational quality, and workforce sustainability. Furthermore, the metrics directly address the priorities most vital to the community we serve—focusing on timely, equitable compensation, robust protection against fraud and error, and a seamless claimant experience. While key qualitative dimensions such as trust and organisational culture remain inherently complex to measure, they are actively supported through qualitative assessments and proxy measures to ensure a comprehensive, public-value-focused picture of performance for the Board.

Purpose. This report gives the Board the interim six-month report from the Quality, Finance and Performance Committee's progress between April and September 2026 in line with the requirement of the Terms of Reference. It sets out what has been achieved and what remains, recommends Terms of Reference amendments, and refers to the dashboard against which the Committee's consideration and discussions of performance measures will be based.

Overall status assessment: AMBER

The Committee has put in place the structure, boundaries and tests for effective oversight. It has not yet received the full set of performance information it needs to give the Board complete assurance against the agreed KPIs. However, for the areas that are not yet completed, there is a clear direction of travel that is appropriate and supported for the work going forwards in order to provide the assurance which is needed. It should be noted that there are various points in the Organisation where performance is monitored, measured and discussed and a range of supporting performance information which will contribute to the assessment of delivery.

The committee recognises the immense amount of work completed by the executive team over this period, resulting in the developments to date. The report combines discussions and decisions taken over the six month period covering overview, governance considerations and the proposed approach to KPIs and their reporting.

SECTION 1: Governance and Terms of Reference

1.1 Membership and Attendance: The committee has made use of the expertise of the two newly appointed Non-executives, following their appointment. However, in order to ensure practical retention of corporate memory, existing members agreed to remain for the remainder of 2026 discussions. The board is asked to ratify the membership of the committee which will reduce from 1 January 2027 to: Richard Blakeway, Laura Bunt, and Deborah Harris-Ugbomah (committee Chair).

1.2 Committee Meeting Frequency: the committee has agreed to move to a bi-monthly meeting frequency, and accepted the removal of the remaining 2026 meetings to enable development of the dashboard and KPIs to complete, noting that the Board will need to confirm the remaining meetings for 26/ 27 financial year, taking into consideration the need for appropriate proximity to internal performance reporting cycles. KPI reporting will be on the previous month's delivery against the Strategic Objectives with, where possible, time series incorporated to give a monthly view of achievements and trends.

1.3 Terms of Reference Clarification: The Board is asked to agree the proposed amendments to the Terms of Reference provided as an attachment to this report.

Reconciliation of responsibility between board committees: The committee resolved a conflict between the Terms of Reference (ToR) of the Audit and Risk Assurance Committee (ARAC) and the Quality, Finance and Performance Committee (QFPC) in respect of scrutiny of Strategic Objective 2 (SO2 — Fraud & Error). Both Terms of Reference, in their own words, claimed ownership of the same subject matter — quality-control results and appeals/review outcomes — without cross-referencing one another, meaning that neither Committee could be confident that a given piece of fraud or error information was being scrutinised once, by the right body, rather than assumed by each Committee to be the other's responsibility. Left unresolved, this would have created a genuine assurance gap, where both Committees

believed the other had tested the same data, and unnecessary duplication of effort and reporting, without adding distinct value at either.

The organising principle: ARAC owns the scrutiny of fraud measures - prevention, detection, investigation, response and recovery - in relation to suspected or actual fraud, and the adequacy of the controls around it. QFPC owns errors solely arising from IBCA's own decision-making — accuracy, consistency and fairness of compensation decisions, and the claimant-facing outcomes (complaints, reviews, appeals) that evidence decision quality. Where a single metric touches both (for example, an overpayment), the Committee that owns the underlying (fraud or error) cause owns the item: ARAC tests whether the control or investigation was adequate; QFPC tracks the financial value and trend for performance purposes. The committee will provide regular assurances to the ARAC to ensure that the committee retains a comprehensive overview of all aspects of fraud and error.

Section 2 provides a proposed summary of the split of focus between these board committees. The proposed amendment to the Terms of Reference is for Board approval.

It is recommended that: The Board approves the proposed amendments to the QFPC Terms of Reference.

SECTION 2: Proposal for KPI Reporting

2.1 Summary and Background

At QFPC on 2 September the committee considered the appropriate alignment of KPIs to IBCA Board Committees in order to ensure effective oversight without undue gaps or overlaps.

The Board is asked to review and comment on the table below and:

- a. Note the proposed alignment of KPIs to Board committees for reporting and assurance;
- b. Agree the proposed reporting to Committees; and
- c. Approve proposals for publication of KPIs.

It should be noted that KPIs are likely to iterate to ensure that, as the organisation develops, they continue to enable appropriate assurance to be taken of delivery of the Strategic Objectives. The committees should regularly review KPIs related to the Strategic Objectives that they are considering to test that they are providing effective assurance of IBCA's delivery and enabling assurance to be provided to the Board.

2.2 Proposed allocation and link to the published Business Plan

Strategic Objective	Currently Proposed Key Performance Indicator(s)	Proposed Committee	Link to the 4 Business plan Pillars
SO1: Everyone who is entitled to compensation is able to claim and gets paid as quickly as possible	KPI 1: Progress against 5,000 decisions (Apr 2026–Mar 2027) KPI 2: Percentage of claims reaching an outcome based on the number of claims progressed from those who have registered intent to claim.	QFPC service delivery performance.	Business plan pillar 1 - Compensate People
SO2: This is done as quickly as possible for the community while protecting them and the taxpayer from fraud and error	<i>Fraud</i> : Counterfraud controls	ARAC retains overall responsibility for counter-fraud, design of controls, and fraud investigations. ARAC holds framework for controls to address claimant errors	Business plan pillar 1 - Compensate People
	<i>Error</i> : Actual financial error (overpayments + underpayments) volume and as a percentage of total payment value	QFPC hold responsibility for IBCA decision-quality and root causes for IBCA errors	Business plan pillar 1 - Compensate People
SO3: This is done as seamlessly as possible using information already provided and navigating individuals through the process	Percentage achieving high confidence passes at identity verification (OneLogin or Supported Digital) Good threshold; 70%	QFPC service delivery performance.	Business plan pillar 1 - Compensate People
SO4: People applying for compensation feel supported during the process	Claimant satisfaction score from IBCA external feedback survey Good threshold; 85% agreement	QFPC service delivery performance.	Business plan pillar 2 - Listen and act
SO5: IBCA staff feel enabled to provide a professional and caring service	Report from the perspective of having tools, technology and guidance in place that allow IBCA staff to be effective at work measured by a bi annual staff survey.	QFPC RemCo This KPI considers both matters relating to performance and staff capability and	Business plan pillar 3 - Develop organisational effectiveness

Strategic Objective	Currently Proposed Key Performance Indicator(s)	Proposed Committee	Link to the 4 Business plan Pillars
		sentiment.	
SO6: IBCA will work with partners and other organisations to consider the holistic needs of the community	Achievements against SLAs with external providers and partners; Divided by those with whom we contract (Legal; Financial) and other partners (NHS, Probate)	QFPC	Business plan pillar 1 - Compensate People
SO7: IBCA colleagues consider it to be a great place to work	Monthly staff pulse survey responses to "I'd recommend working here to friends or family"	RemCo	Business plan pillar 3 - Develop organisational effectiveness
SO8: The Infected Blood community trusts IBCA to deliver compensation competently and fairly	Percentage of "agree" responses on IBCA trustworthiness from Comms Ipsos Mori survey 60% Ambition	QFPC	Business plan pillar 2 - Listen and act
Financial Performance See Annex 1	Financial Performance trend reporting (cost per claim and operational % costs)	QFPC -internal measure	Business plan pillar 3 - Develop organisational effectiveness
	Model -v- Actual Spend vs budget (actual and forecast); forecast movement & accuracy	QFPC - this would be an internal measure	Business plan pillar 3 - Develop organisational effectiveness

2.3 Publication

- KPIs are an important way for IBCA to share our progress and to ensure transparency with the public.
- It is proposed that progress against KPIs relating to our Strategic Objectives should be published bi monthly OR quarterly as the board deems appropriate.

SECTION 3: KPIs and Dashboard

The committee is aware that performance measures are currently in place for the operational management and direction of the service. Not all of these are appropriate for committee consideration or external publication. The executive committees maintain an operational focus on delivery and provide reporting on areas critical to the delivery of our financial obligations and strategic objectives.

A revised approach to SO5 was agreed with the KPI broken down to reflect colleagues having the; tools and technology (digital systems included), policies and processes and capabilities and skills in order to undertake their roles. It was agreed that the KPI would not only be of interest for QFPC but the element around capabilities and skills would also be of interest to Remco, so we would share data and insight with Remco on this KPI for their awareness and potential commission as to deeper dives etc into organizational capabilities. The KPI is to be reviewed bi-annually with QFPC, to afford time for assessment of the metric, actions to be taken and the results of these actions to embed and to be reflected in data gathers aimed at measuring individuals perceptions as to whether they have what they need to deliver.

On SO8, there is an interesting balance to determine how IBCA can use the biannual survey to understand more about how the community regards IBCA in terms of competence and fairness. There was a desire for two inputs:

1. More qualitative feedback on how well IBCA are perceived
2. More signalling of how well IBCA is perceived through frequent reporting on stakeholder sentiment, themes arising and reaction to information shared to the community.

Additionally it was recognised the relationship between SO8 and other SOs where trust is so wrapped up in people's service experience and our meeting our commitments laid out in the Business Plan is pivotal to building trust with the community.

A review of the IPSOS Survey questions and options to gather more qualitative research through it will be undertaken before the end of 2026. Monthly insight reports are available from the end of October.

When discussing SO6, the Committee noted that IBCA's developing work to establish KPIs with key partner organisations could be grouped into those where IBCA:

- had contractual relationship with a partner organisation and therefore where we have more levers in ensuring high delivery standards (for example, our relationship with the law and financial guidance firms where contractually we can build in SLAs and KPIs; and
- Where IBCA has less control over partners' delivery and relies on a service provided (for example with the probate services or the NHS).

The Committee noted that this would impact how IBCA could be held to account for meeting KPIs as well as impacting how progress could be tracked. Given the ongoing work to design KPIs, there was agreement that we should focus on KPIs that track either i) quality of service and ii) accountability of performance with a sense that overall progress is 'amber'

The Board is asked to note and endorse the approach to confirming areas where KPIs are still in development, the direction of travel for the KPIs and the dashboard for KPIs to be published externally. (Annex 2)

ANNEX 1

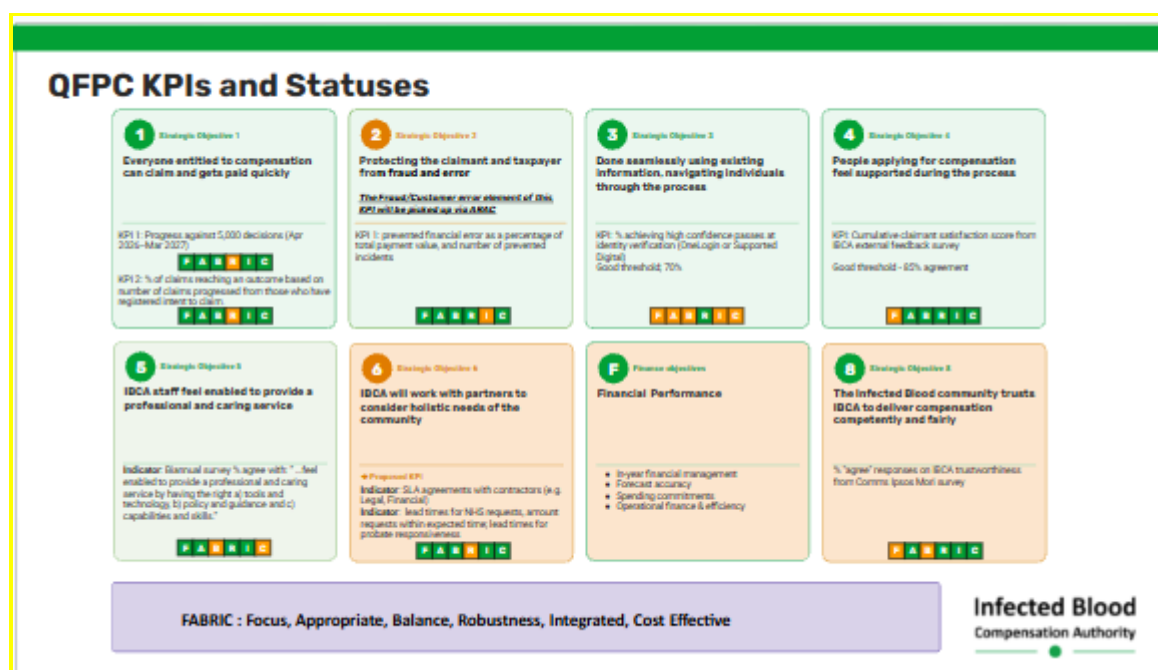
Summary information on Finance related performance measures

This table shows the areas of financial reporting and where they get board-level assurance. Whilst the performance reports will go to both committees, with clear understanding that the lens being applied in the committee's discussions avoids duplication. Each of these aspects are managed and overseen by the Executive Committee with appropriate information provided to the following board committees. The current reporting has been recommended in QFPC and is also subject to ARAC discussion and agreement.

Report Theme	ARAC	QFPC	Comment
In-year financial management	No	Yes	Discussed and assured at QFPC; ARAC may see for context
Forecast accuracy	No	Yes	Discussed and assured at QFPC; ARAC may see for context
Financial risks & opportunities	Yes	No	Within scope of the appropriate committee
Spending commitments	No	Yes	Within scope of the appropriate committee
Accounts payable operations	No	No	Managed and assured at working level; escalated only by exception
Operational finance & efficiency	Partial	Yes	Discussed and assured at QFPC; some elements also within ARAC remit where related to provision estimates or fraud

This information is included in the QFPC Terms of Reference as Annex B for note.

ANNEX 2 KPI Development



Infected Blood

Compensation Authority

OFFICIAL SENSITIVE

IBCA Board - 3 November 2026

Agenda Item 6.2.

Subject:	Quality, Finance and Performance Committee (QFPC) Terms of Reference	
Issue:	To recommend to the Board these revised Terms of Reference, noting that following the initial start up period of QFPC where we have been refining the KPIs, a review has been undertaken with recommendations on updates/amendments to the IBCA Board.	
Actions for IBCA [Board, ExCo, QFPC, ARAC, REMCO]:	The Board is asked to: 1. Review the proposed Terms of Reference for the QFPC, noting that this will be reviewed no later than in six months time and updated from the learnings gathered over the 2026/2027 period. 2. Consider the section that provides assurance on scope and delineation with other board committees in the context of the current delivery landscape. 3. In light of these considerations, recommend to the Board the approval of these Terms of Reference.	
UCs and ExCo:	Have User Consultants been approached or consulted on this paper? No	
Impact Assessment:	The scope and responsibilities of the committee are subject to PSED and reflect this in the detail of this draft Terms of Reference.	
Strategic Objectives; Value Framework	Have IBCA's Strategic Objectives and / or Value Framework been consulted in preparing this paper? Yes	
Submitted by:	Deborah Harris-Ugbomah and Sindy Skeldon	
Cleared By:	Deborah Harris-Ugbomah	14 October 2026

Quality, Finance and Performance Committee (QFPC)

Terms of Reference

Governance Framework

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

IBCA Framework Document

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

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

Victims and Prisoners Act 2024

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

Corporate Governance Code for Central Government Departments

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

Managing Public Money (MPM)

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

1. Background

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

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

2. Purpose

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

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

- Service delivery performance and pace (SO1 - Pace);
- Operational quality, fraud and error control (SO2 - Fraud & Error); (Fraud and Error in ARAC);
- Claimant experience and process efficiency (SO3, SO4 - Effort and Support);
- Workforce capability and organisational effectiveness (SO5 - Support-IBCA);
- Partnerships and commissioned services (SO6 - Partners);
- Public trust, scheme awareness and engagement (SO8 - Trust);
- Value for money and financial performance - supporting all strategic objectives.

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

3. Scope

The QFPC focuses on all aspects of service delivery and claimant-facing processes, which may include:

- Performance management and case progression (SO1);
- Quality assurance and decision making (SO2) insofar as this relates to IBCA related error. Fraud and fraud related error are retained within the remit of the Audit Risk & Assurance Committee (ARAC);
- Process efficiency and claimant effort (SO3);
- Person making a claim experience and support (SO4);
- Workforce capability and operational capacity (SO5);
- Staff Wellbeing related KPIs (SO7) better fit within the remit of the Remuneration Committee (RemCo) so will be considered in that Board committee;
- Partner and contractor performance (SO6);
- Scheme awareness and outreach (SO8); and
- Financial performance and value for money.

The Committee does not duplicate the functions of the ARAC and RemCo. The respective areas of responsibility of all three committees are delineated as follows:

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

SO2: Protecting the Claimant and Taxpayer from Fraud & Error: for the avoidance of doubt: the Committee's oversight of SO2 (Fraud & Error) extends only to the error component of that objective — namely the accuracy, consistency and fairness of IBCA's own compensation decisions, the root causes of decision error, and complaints and appeals volumes and themes insofar as they evidence service or decision quality. The Committee does not have oversight of counter-fraud prevention, detection, investigation or response, which remain the responsibility of ARAC under its Terms of Reference. Where information reaching the Committee references fraud (for example, overpayment or ineligibility figures arising from suspected fraud), the Committee will note this for context only and will not seek or provide assurance over the adequacy of counter-fraud controls or errors suspected to be or related to fraud, which is a matter for ARAC.

SO5: IBCA staff feel enabled to provide a professional and caring service: QFPC will have an interest in assuring that our workforce have the right tools and technology in which to do their job, the correct policy and guidance is in place to support them as well as building their capabilities and skills. All of which lend themselves to ensuring that IBCA delivers a quality service. RemCo will also have an interest in this SO given that it also links to IBCA

being a great place to work and as such any information gathered via the intended bi-annual survey on this matter will be shared respectfully.

4. Responsibilities

The QFPC shall advise the Board on the following themed areas, ensuring alignment with IBCAs Strategic Objectives (SO): The Committee's scrutiny is not confined to quantitative metrics; qualitative assessment of delivery, culture and community trust is equally within its remit.

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

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

5. Authority

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

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

6. Membership, Quorum and Attendees

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

The Committee will be attended by:

- Chief Executive (Accounting Officer);
- Chairs of the Executive Sub-Committees: Chief Operating Officer and Chief Financial Officer

- Other Executive Directors or heads of relevant functions as appropriate to the agenda.

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

The quorum for meetings shall be two members.

7. Meetings

Following inauguration, the Committee will operate an initial meeting cycle of one meeting every four weeks, for no more than six months, to match the monthly reporting cycle.

Following this initial period, the Committee will meet no less than once every two months until the end of the 2026/2027 financial period. Following this, the Committee will review the frequency of its meetings and confirm the most appropriate frequency, to be not less than once a quarter. Additional meetings may be convened as required.

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

8. Information Requirements

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

- Performance report (including KPIs against strategic objectives, where available); This to also include additional performance information to support any commissioned “deep dives”;
- Quality assurance report;
- Claimant experience report;
- Equality, diversity and inclusion (EDI) report;
- Complaints, reviews and appeals report;
- Scheme awareness and outreach report;
- Financial and commercial performance report;
- Compensation scheme fund performance and forecasting report;
- Contractor and partner performance report;
- Professional services report;
- Workforce metrics report;
- Risk and incident updates.

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

9. Reporting

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

- Key performance insights against strategic objectives;
- Trend analysis received;
- Risks to performance and any qualitative issues identified;
- Recommendations for board action.

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

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

10. Effectiveness Review

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

11. Review

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

ANNEX A

Strategic Objectives and QFPC Scrutiny Mapping

The table below summarises how IBCA's eight strategic objectives map to the Committee's areas of scrutiny.

Strategic Objective	QFPC Scrutiny Area (Section 4)
SO1 — Pace: everyone entitled to compensation is paid as quickly as possible	4.2 Volume, Flows & Performance; 4.3 Service Planning & Improvement
SO2 — Fraud & Error: protecting claimants and the taxpayer	4.5 Quality & Error Management; 4.4 Complaints, Reviews & Appeals; 4.7 Financial & Commercial Services
SO3 — Effort: as seamless as possible, using information already provided	4.1 User Experience; 4.2 Volume, Flows & Performance; 4.6 Scheme Awareness & Outreach; 4.7 Financial & Commercial Services
SO4 — Support: people applying feel supported throughout	4.1 User Experience; 4.4 Complaints, Reviews & Appeals
SO5 — Support-IBCA: staff feel enabled to provide a professional and caring service	4.3 Service Planning & Improvement; 4.8 Workforce & Culture
SO6 — Partners: working with partners to deliver	4.7 Financial, Commercial & Professional Services
SO7 — Great Place to Work: colleagues consider IBCA a great place to work	4.8 Workforce & Culture
SO8 — Trust: the infected blood community trusts IBCA to deliver competently and fairly	4.1 User Experience; 4.4 Complaints, Reviews & Appeals; 4.6 Scheme Awareness & Outreach

ANNEX B

Summary information on Finance related performance measures

This table shows the areas of financial reporting and where they get board-level assurance. Whilst the performance reports will go to both committees, with clear understanding that the lens being applied in the committee's discussions avoids duplication. Each of these aspects are managed and overseen by the Executive Committee with appropriate information provided to the following board committees. The current reporting has been recommended in QFPC and is also subject to ARAC discussion and agreement.

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Operational finance & efficiency	Partial	Yes	Discussed and assured at QFPC; some elements also within ARAC remit where related to provision estimates or fraud

The committee does not make decisions on resource allocation, but will require sufficient information on service inputs to infer conclusions and correlations around the performance data it receives. This could include, but is not limited to:

- Resource allocations (financial and FTE) to specific strands of activity
- Variances from agreed budgets allocated to those activities
- Total spend on professional services (financial and legal support) and other major contracts

IBCA Board 3 November 2026

Agenda item 7

Subject:	Community Advisory Panel (CAP) Update	
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.	
Actions for IBCA Board	IBCA Board is asked to: 1. Review the recommendations of the CAP; 2. Agree a timeline for responding to the recommendations.	
Submitted by:	Tim Green	
Cleared By:	Hannah Probert	Date: 20/10/2026

Introduction

The Community Advisory Panel (CAP) has now held three full Panel meetings during 2026, alongside a number of additional meetings focused on specific areas of the Scheme and its development.

As the Panel continues to develop and mature, members are gaining a deeper understanding of IBCA's operations and the opportunities to contribute meaningfully to its work. While this remains an evolving process, the Panel is increasingly well placed to provide informed advice, constructive challenge and valuable insights drawn from members' lived experiences.

The Panel remains committed to ensuring that lived experience is embedded across all areas of IBCA's work. Members recognise the importance of their independent advisory role and the contribution they can make to the development of policies, processes and operational approaches.

In particular, the Panel welcomes the opportunities it has had to engage directly with IBCA's policy and communications teams. These discussions have been valuable in developing members' understanding of the challenges facing the organisation and providing opportunities to contribute their perspectives. CAP is keen to build upon this engagement and welcomes further opportunities to contribute to the development of policies, processes and communications, particularly where early involvement can help identify potential difficulties and improve the experience of applicants.

The Panel also recognises the importance of maintaining a constructive and trusting relationship with the Board and senior management. As relationships strengthen and members' understanding of IBCA's operations continues to grow, we believe there will be further opportunities for the Panel to contribute meaningful advice and constructive challenge.

More recently, the Panel was invited to provide feedback on the proposed Terms of Reference for the new Ethics Panel. The establishment of the Ethics Panel originated from a recommendation made by CAP, and members particularly welcome seeing this recommendation taken forward as part of IBCA's wider governance arrangements.

The Panel has subsequently provided detailed, collective feedback on the proposed Terms of Reference. We see this as a positive example of how CAP can contribute to the development of IBCA's governance arrangements, ensuring that community perspectives and lived experience are considered as new structures and processes are established.

The Panel provides independent advice informed by members' individual lived experiences and perspectives. This role complements IBCA's wider engagement with the infected blood community, and members recognise the importance of maintaining clarity about the nature of CAP's involvement in different matters. Clearly distinguishing between information-sharing, consultation and collective recommendations will help ensure the Panel's contribution is accurately reflected while supporting meaningful engagement with the wider community.

The Panel is also pleased to see increasing numbers of claims being brought into the service as IBCA continues to expand its operations. Members recognise the considerable work involved in increasing capacity and welcome this progress as an important step forward.

At the same time, the Panel recognises that the ultimate measure of success will be the compensation delivered to individuals and families, the resolution of claims and improvements in the experience of applicants. We look forward to seeing this progress continue as IBCA develops its operational capacity.

The observations and recommendations within this paper reflect the discussions held at our most recent meeting and are offered in the same constructive spirit, with the shared aim of ensuring compensation is delivered as fairly, efficiently and compassionately as possible.

Trauma-Informed Principles and Practice

Background

At its October meeting, the Community Advisory Panel welcomed a detailed presentation on IBCA's approach to trauma-informed practice, including its ambition to embed these principles throughout the organisation's culture, policies and processes.

The Panel welcomed the recognition that becoming a trauma-informed organisation is an ongoing journey, progressing through four stages of maturity - trauma aware, trauma sensitive, trauma responsive and trauma informed.

Members recognised the positive foundations already in place, including safeguarding arrangements, staff training and user research. However, the Panel emphasised that trauma-informed practice must be demonstrated through the experiences of applicants, rather than simply through the existence of organisational policies and frameworks.

Panel View and Concerns

During the discussion, members shared a range of experiences, both positive and negative, highlighting the importance of considering the compensation process as a whole.

Particular concerns were raised about repeated identity verification, having to revisit traumatic experiences, changes in claims managers and inconsistencies in communication. Members also highlighted instances where existing authorised representatives had not been recognised following changes in claims managers, resulting in unnecessary contact and distress.

Separately, members raised concerns about the processes applied to previously recognised estates, particularly where families have already established their eligibility or authority to act through existing support schemes.

The Panel recognises the importance of appropriate verification arrangements and the need to protect the Scheme against fraud. However, members questioned whether sufficient consideration is being given to information already held or previously verified, particularly where individuals and families have been recognised by existing support schemes for many years.

Where further verification is necessary, the Panel believes that requests should be proportionate, clearly explained and communicated sensitively. Language that appears to question the legitimacy of an individual's claim or their authority to act can cause considerable distress, particularly for elderly or vulnerable individuals and families who have already experienced decades of uncertainty.

The Panel believes these examples demonstrate that even where individual members of staff are compassionate and well trained, the processes they are required to follow can still inadvertently cause harm.

Members also discussed the importance of considering family circumstances more holistically. Where several members of the same family are progressing through the Scheme, opportunities should be explored to reduce duplication, improve continuity and minimise the need to repeatedly revisit traumatic experiences.

The Panel also recognises the intergenerational impact of the infected blood scandal and the considerable emotional and practical pressures experienced by family members supporting infected or affected relatives through the compensation process.

These responsibilities can be particularly challenging where individuals are elderly, vulnerable or unable to manage aspects of their claim independently. Family members may find themselves acting as intermediaries, managing correspondence, gathering evidence and supporting relatives through difficult conversations while also dealing with the consequences of their own experiences.

The Panel believes it is important that IBCA's processes recognise these circumstances and provide consistent, appropriately tailored support, rather than inadvertently transferring additional administrative and emotional burdens onto families. Such support should seek to minimise unnecessary distress and recognise the potential impact on individuals' health, wellbeing and family relationships.

The Panel welcomed IBCA's intention to undertake a comprehensive assessment of its trauma-informed maturity and believes lived experience should play a central role in this work. Understanding how processes are intended to operate is important, but understanding how they are actually experienced by individuals is equally essential.

The Panel also wishes to recognise and commend the positive, compassionate and empathetic culture that has developed within IBCA in a relatively short period of time.

Creating such a culture cannot be achieved through training and policies alone. It requires a genuine commitment from individuals throughout the organisation to its values and purpose. Members recognise the compassion and commitment demonstrated by many IBCA colleagues and believe this provides an important foundation upon which the organisation can continue to build.

However, the Panel also acknowledges that significant challenges remain in ensuring this approach is consistently reflected throughout the applicant journey. Positive interactions with individual colleagues must be supported by policies, processes and systems that demonstrate the same sensitivity and understanding in practice.

Importantly, this provides a strong foundation for IBCA's ambition to become a fully trauma-informed organisation. The challenge now is to ensure that this culture is consistently reflected not only in the way colleagues interact with individuals, but also in the policies, processes and systems that shape the entire compensation journey.

Recommendations

The CAP recommends that:

1. IBCA undertakes a comprehensive assessment of its trauma-informed maturity, considering organisational culture, policies and training alongside the practical experiences of applicants.
2. Lived experience is embedded within this assessment, with the CAP and wider community given meaningful opportunities to contribute and identify areas for improvement.
3. Key stages of the applicant journey are reviewed to identify opportunities to reduce unnecessary distress, particularly identity verification, repeated evidence requests, changes in claims managers and the recognition of authorised representatives. This should include consideration of whether existing records and previous verification can be relied upon where appropriate, particularly in relation to previously recognised estates and representatives, and whether communications requesting further information are sufficiently sensitive and proportionate.
4. Greater consideration is given to managing claims involving multiple members of the same family, reducing duplication and the need to repeatedly revisit traumatic experiences wherever possible. This should also include consideration of the support available to family members acting on behalf of elderly or vulnerable relatives, ensuring that processes recognise their circumstances and do not place unnecessary additional burdens upon them.
5. The findings of the assessment and any resulting improvement plan are shared with the CAP and Board, including how progress towards becoming a fully trauma informed organisation will be measured.
6. IBCA explores the development of measurable indicators of trauma-informed practice, enabling the organisation to assess and report on its progress towards becoming fully trauma-informed. These could include applicant experience and feedback, continuity of claims managers, repeated requests for information, avoidable distress arising from processes, and the implementation of improvements identified through the organisational maturity assessment. The Panel believes that incorporating such measures into IBCA's wider performance reporting would help ensure that trauma-informed practice remains a measurable organisational priority alongside operational performance and the pace of compensation delivery.
7. IBCA establishes a mechanism for identifying and reviewing instances where its own administrative processes have caused avoidable distress, with findings used to inform operational improvements and reported to the Board. This should enable the

organisation to identify and address processes causing harm in the present, alongside its longer-term work towards becoming fully trauma-informed.

The Panel welcomes the opportunity to support IBCA in this work and believes its members' lived experiences can add significant value.

Ultimately, trauma-informed practice must not simply be about how individuals are treated, but how the entire compensation process is designed and delivered. A claim processed quickly is not necessarily a claim processed compassionately, and the Panel believes both should be recognised as important measures of IBCA's success.

Capacity Planning and Operational Performance Background

The Panel welcomed a detailed presentation on IBCA's approach to capacity planning, including the modelling used to forecast claims, manage resources and support the ambition to deliver 5,000 compensation decisions.

Members were encouraged by the work being undertaken to improve operational efficiency and identify bottlenecks as the Scheme continues to scale.

The Panel recognises the complexity of this work and welcomes the commitment to developing a better understanding of future demand and the resources required to deliver compensation.

Panel View and Concerns

The Panel recognises the complexity of forecasting compensation delivery, particularly given the different claim types, evidential requirements and reliance on external organisations such as the NHS.

Members emphasised that modelling should not simply reflect existing processes, but should actively support procedural innovation and continuous improvement.

While understanding current performance is important, the Panel believes capacity planning should also challenge existing assumptions and identify opportunities to remove inefficiencies, unnecessary steps and avoidable delays.

Without this approach, there is a risk that capacity forecasts simply perpetuate existing ways of working rather than supporting the development of more effective processes. Potential opportunities discussed included managing related family claims together, gathering evidence concurrently and reducing unnecessary delays.

The Panel also highlighted the importance of using existing data to identify recurring delays, particularly where historic medical records are unavailable or evidence requests are duplicated.

Members recognised that reconsiderations arising from the fourth regulations will place additional demands on capacity and welcomed IBCA's commitment to continually reviewing

its forecasts and operational arrangements.

The Panel also believes that performance reporting should provide a clear distinction between operational activity and the outcomes being delivered for applicants.

While the number of claims brought into the service and compensation decisions made are important measures, they do not necessarily demonstrate how many individuals have received their compensation or reached the end of their claims journey.

Greater visibility of compensation paid, claims fully resolved and outstanding supplementary awards or reassessments would provide the Board, CAP and wider community with a more comprehensive understanding of progress.

Recommendations

The CAP recommends that:

1. IBCA continues to refine its capacity planning, ensuring forecasts reflect emerging evidence and additional demands arising from the fourth regulations. 2. Modelling is used not only to forecast demand and resource requirements but also to actively identify opportunities for procedural innovation and continuous operational improvement. This should include challenging existing processes where appropriate, exploring alternative approaches to managing family claims, evidence gathering and identifying opportunities to reduce unnecessary steps and avoidable delays.
3. Greater use is made of existing data to identify and reduce avoidable delays, particularly those involving NHS evidence requests.
4. A future CAP meeting examines the applicant journey and claims awaiting resolution, allowing members to better understand bottlenecks and contribute suggestions for improvement.
5. IBCA continues to develop transparent performance reporting, including the publication of appropriate KPIs to help the community understand how the Scheme is progressing. This reporting should distinguish between claims brought into the service, initial compensation decisions, compensation actually paid and claims fully resolved, including outstanding supplementary awards and reassessments.

The Panel welcomes the considerable work being undertaken to increase capacity and accelerate compensation delivery.

Ultimately, behind every figure within these models is an individual or family awaiting compensation. Success must therefore be measured not only through increased operational activity, but through the compensation delivered and the improvements experienced by those progressing through the Scheme.

Reaching the Wider Infected Blood Community

Background

The Panel welcomed an update on IBCA's work to identify and engage individuals who may be eligible for compensation but have not yet registered with the Scheme.

Members recognised the importance of reaching seldom-heard communities and welcomed the work being undertaken to explore partnerships with local authorities, healthcare organisations and community groups.

The Panel also recognised that different approaches will be needed to reach different groups of potentially eligible individuals.

Identifying people through existing datasets, support schemes and established community networks presents different opportunities and challenges from reaching individuals who have had no previous contact with infected blood organisations or associated services. The latter will require a broader public awareness strategy, supported by appropriate partnerships and communication channels.

Panel View and Concerns

The Panel strongly supports the principle that everyone entitled to compensation should have the opportunity to claim. However, members highlighted the importance of balancing proactive outreach with the immediate needs of those already registered and awaiting compensation.

The Panel emphasised that the 21,215 individuals currently registered with an intention to claim must remain IBCA's immediate priority.

Members believe significant progress should be made in bringing these individuals into the service and progressing their claims before potentially large numbers of new claimants come forward through wider awareness and outreach activity.

The Panel also discussed the forthcoming television drama *Bad Blood*, which is currently being filmed and may be broadcast in late autumn 2027.

Members believe this presents a significant opportunity to coordinate a national awareness campaign, using the publicity surrounding the programme to reach potentially large numbers of people who may be unaware of their eligibility for compensation.

The Panel would encourage the Board to be bold, ambitious and innovative in its approach to identifying those who have yet to come forward.

While the forthcoming drama provides a particularly valuable opportunity, members emphasised that this should form just one strand of a wider, sustained strategy to reach individuals and families infected and affected by the scandal.

However, the Panel also believes that the timing and scale of any significant national awareness campaign must be carefully considered alongside IBCA's operational capacity.

Encouraging individuals to come forward without having a clear pathway and sufficient resources to support them risks creating further uncertainty and distress, particularly where people may subsequently face lengthy waits before their claims can progress.

Members therefore believe that major outreach activity should be supported by a clear assessment of the additional demand it may generate and how that demand will be managed without adversely affecting those already registered.

This assessment should extend beyond IBCA's own operations.

A significant increase in claims may also place additional demands on NHS services and other organisations responsible for retrieving historical records, verifying eligibility and supporting applicants. Coordination with these organisations will be important to ensure the wider system is prepared.

The discussion also highlighted the significant ethical and practical considerations involved in contacting individuals who may be unaware of their infection, or families who may not know the circumstances surrounding a relative's illness or death.

Any such activity must be approached with sensitivity, recognising the potential for unintended distress and the importance of protecting individuals' privacy.

Recommendations

The CAP recommends that:

1. IBCA prioritises progressing the 21,215 individuals already registered with an intention to claim, ensuring significant progress is made in bringing them into the service before potentially large numbers of new claimants come forward.
2. IBCA explores the opportunity to coordinate a national awareness campaign with the anticipated broadcast of Bad Blood in 2027, maximising the potential to reach individuals and families who may be unaware of their entitlement to compensation. The timing and scale of any such campaign should remain subject to a clear assessment of operational readiness and the ability to manage the additional demand generated.
3. The Board adopts a bold and innovative approach to identifying eligible individuals, developing a comprehensive outreach strategy that uses a range of methods, partnerships and communication channels to reach the widest possible audience. This should distinguish between targeted identification through existing records and established networks, and broader public awareness activity intended to reach those with no previous connection to infected blood services.
4. Ethical and trauma-informed considerations remain central to all outreach activity, particularly where individuals or families may be unaware of historic infections.
5. The timing and scale of outreach activity are aligned with operational capacity, ensuring increased awareness can be matched by IBCA's ability to support those entering the Scheme.

Before undertaking significant national awareness activity, IBCA should assess how additional registrations and claims will be managed, including the availability of clear applicant pathways, appropriate eligibility, verification arrangements and sufficient capacity within NHS services and other organisations involved in supporting claims.

The Panel welcomes IBCA's commitment to ensuring that everyone entitled to compensation has the opportunity to claim.

We believe the forthcoming drama presents a unique opportunity to reach a much wider audience, but this must form part of a carefully planned, ambitious and sustained approach that does not disadvantage those already waiting for compensation.

Transfer of the Existing Infected Blood Support Schemes

Background

The Panel welcomed an update on the planned transfer of the existing infected blood support schemes to IBCA, recognising the importance of ensuring a smooth transition for those who depend on these payments.

Members were particularly reassured that existing payment dates will be maintained and regular support payments will continue without interruption.

This continuity is essential for beneficiaries who rely on these payments for their everyday living costs.

Panel View and Concerns

While welcoming the progress being made, the Panel raised particular concerns regarding the treatment of payments made in respect of children under the existing support schemes.

Members highlighted differences between the arrangements currently operating in England and Wales.

In England, certain child-related payments are subject to means testing, whereas the Welsh scheme provides equivalent support without the same financial eligibility restrictions.

The Panel is concerned that these payments may not automatically transfer to IBCA under the proposed arrangements, potentially leaving families facing the loss of thousands of pounds in annual support.

This is particularly concerning given the circumstances of those receiving these payments.

Families in England who qualify under means-tested arrangements have already demonstrated financial need, while families in Wales will have come to rely on these

payments regardless of household income.

In both cases, the withdrawal of established support could have a significant financial and emotional impact.

The Panel believes that families should not face a reduction in their existing financial support simply because responsibility for administering the schemes is transferring to IBCA.

This issue requires urgent clarification with the Cabinet Office before the transfer takes place.

Members also highlighted that child-related payments are not the only area in which historical differences exist between the four national infected blood support schemes.

Differences have also existed in eligibility for enhanced support through the Special Category Mechanism (SCM) or equivalent arrangements, together with the availability and eligibility criteria for discretionary grants and other additional support payments.

The Panel recognises that these differences have developed over time through separate national arrangements and that IBCA is responsible for administering the provisions established through legislation.

Nevertheless, members believe it is important that the transfer does not overlook existing disparities that may leave some individuals or families disadvantaged compared with others in similar circumstances.

The Panel would therefore welcome consideration by the Cabinet Office of whether a broader review of historical differences between the four national schemes is appropriate, with particular attention to ensuring that existing beneficiaries are not disadvantaged by the transition.

This could include consideration of whether individuals who believe they meet the criteria for SCM or equivalent enhanced support under another national scheme should have an opportunity for reassessment against consistent criteria.

The Panel recognises that such matters may require policy or legislative consideration rather than being issues that IBCA can resolve independently.

Data Transfer and Retention

The Panel also raised concerns regarding the transfer and long-term retention of historical records held by the existing support schemes.

Members understood that responsibility for maintaining beneficiary records would transfer to IBCA alongside the administration of regular support payments.

However, questions remained about what would happen to the original records held by each scheme once the transfer was complete, particularly as the existing schemes cease operating.

The Panel highlighted the importance of ensuring that all historical source data, including electronic and physical records, is preserved and remains accessible after the transition.

Members were concerned that incomplete transfers, missing records or the loss of access to original information could have serious consequences for individuals and families, particularly where historical evidence may be needed to support compensation claims.

While welcoming the data validation and testing work being undertaken by IBCA, the Panel believes further assurance is needed regarding the retention arrangements of each existing scheme and the ability to retrieve original records should discrepancies emerge after the transfer.

Members also highlighted the importance of ensuring beneficiaries have access to appropriate support during the transition, particularly where questions arise about payments or existing entitlements.

Recommendations

The CAP recommends that:

1. IBCA seeks urgent clarification from the Cabinet Office regarding the future of child-related support payments, including which existing payments will transfer, which may cease and how affected families will be protected.
2. The Cabinet Office considers appropriate transitional protections, ensuring families do not experience a sudden reduction in financial support as a consequence of the transfer.
3. The Cabinet Office considers undertaking a broader review of historical differences between the four national infected blood support schemes, including eligibility for enhanced support, child-related payments and discretionary or one off grants. Such a review should identify where individuals may be disadvantaged by inconsistent arrangements and consider opportunities to establish greater consistency, with the aim of ensuring that beneficiaries are not made worse off. This should include consideration of whether individuals who may meet the criteria for SCM or equivalent enhanced support under another national scheme should have an opportunity for reassessment against consistent criteria.
4. Clear and timely communications are provided to beneficiaries, particularly where existing entitlements or support arrangements may change.
5. The Board seeks assurance regarding the data retention and archiving policies of each existing support scheme, ensuring that all original source data, including electronic and physical records, is preserved, appropriately archived and remains accessible following the transfer to IBCA. This should include clarity on responsibility for retaining records, arrangements for verifying the completeness of transferred data and the ability to recover historical information where necessary.

The Panel welcomes the considerable work being undertaken to ensure a smooth transition and, in particular, the commitment to maintaining uninterrupted regular payments.

However, the transfer must protect not only beneficiaries' financial support but also the

integrity and accessibility of their historical records, ensuring that individuals and families are not disadvantaged by the transition.

The Panel also believes that the transfer presents an opportunity for the Cabinet Office to consider whether historical differences between national arrangements continue to create inequalities that warrant further attention.

Additional Recommendations and Observations The Panel raised several additional

matters which warrant the Board's attention.

Fourth Regulations - Calculator Launch

The Panel welcomed the introduction of the updated compensation calculator and recognised that technical issues can arise when implementing changes to complex IT systems.

Members welcomed IBCA's commitment to reviewing the issues experienced during the launch and identifying opportunities to strengthen future releases.

Recommendation: The Panel recommends that IBCA reviews its change control procedures to ensure future releases are thoroughly tested, risks are appropriately mitigated and contingency arrangements, including out-of-hours technical support, are in place to resolve unforeseen issues promptly.

Communications with Registered Applicants

The Panel welcomed IBCA's recent communications with individuals registered and awaiting their claims being brought into the service.

Members recognise the importance of maintaining regular contact with these individuals, particularly where uncertainty about when their claim will progress can cause additional anxiety.

The Panel believes that communications should provide meaningful information about progress and anticipated next steps wherever possible, rather than relying solely on general reassurance.

Recommendation: The Panel recommends that IBCA continues providing regular updates to individuals registered and awaiting their claims being brought into the service. These communications should provide clear and meaningful information about the progress of the Scheme, anticipated next steps and what individuals can reasonably expect, helping maintain confidence and reassurance while they await compensation.

Next Steps for the Panel

The Panel raised concerns regarding the assessment of certain claims, particularly where questions arise around eligibility, supporting evidence and individual circumstances.

Members highlighted the importance of ensuring that these cases are handled fairly, consistently and transparently, with appropriate safeguards against unintended bias or discrimination.

The Panel recognises the complexity and sensitivity of these issues and believes a greater understanding of IBCA's existing processes is needed before making formal recommendations.

IBCA has agreed to share the relevant processes with the Panel, and a dedicated CAP session will be arranged to explore these concerns further.

This will allow members to better understand how decisions are reached, identify any potential barriers or areas for improvement, and provide informed recommendations to the Board at a future meeting.

Subject:	Q3 Community Feedback Themes (July - September 2026)
Actions:	IBCA Board is asked to: Note the Q3 Community Feedback Themes report, which summarises the primary concerns raised by the infected blood community between July and September 2026, alongside IBCA's operational responses and mitigations.
Issue:	This paper presents the Q3 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 formal feedback, correspondence, social media, drop-in events, user research, and the Community Advisory Panel (CAP). 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) and Q2 report (April - June 2026) are live on the IBCA website, and the attached Q3 report has now been published. The key community themes identified and addressed for Q3 include: • Pace, delivery and roadmap transparency - continued frustration about the speed of claims processing. • Implementation of Fourth Regulations and complex claims - queries about implementation of Fourth Regs. • Prioritisation, transparency and estate claims - lack of transparency around prioritisation. • Identity verification, evidence requirements, and missing records - concerns about digital exclusion and missing records impacting claims. • Case management consistency and retraumatisation - apprehension that frequent changes to assigned claim managers force individuals to repeatedly share sensitive personal details. • Probate delays, legal advice and financial clarity - including severe delays in receiving documentation from national Probate Services holding up claims. • Statistics, data reporting and community consultation - queries around how we report our data. • Service improvement and user research - community members would appreciate updates on research. While the community remains highly frustrated regarding the pace of delivery, prioritisation and evidence requirements, proactively publishing these themes and the resulting operational actions demonstrates IBCA's



	commitment to transparency, accountability, and trauma-informed delivery.	
Submitted by:	Samantha Edwards (Communications and Engagement)	
Cleared By:	Samantha Edwards, Director of Communications and Engagement	Date: 14/10/2026

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

During this period, we gathered insights from a wide range 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, 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

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. Concerns or issues raised will be considered by the Cabinet Office and IBCA. Both organisations will publish quarterly summaries of feedback received on the compensation scheme design and delivery, and any action being taken as a result. If further action is not being taken, we will explain the reason for that decision. IBCA raised matters with the Cabinet Office on a case by case basis as they are identified through a triage process

Themes we've heard and how we're responding

1. Pace, Delivery & Roadmap Transparency

Feedback from the community:

- Continued frustration regarding the speed of claim processing.
- Community members feel that delays remain unexplained and express anxiety that elderly or vulnerable claimants may not live to see their claims settled.
- Strong requests for a published roadmap outlining clear milestones, sequencing, and targeted timescales for various claim types (including supplementary routes and estates).
- Concerns were raised that describing living infected individuals as having been "paid" is misleading, as many have only received core awards while elements such as SCM, Care, and Exceptional Loss remain pending.

In response:

- We deeply acknowledge the profound emotional weight, anxiety, and distress that delays cause for individuals and families across the community. Starting at a measured scale is not intended to slow down progress, but to ensure that we build a safe, reliable, and respectful process that avoids painful errors, unnecessary delays, or the need to revisit past steps. Before expanding to higher volumes, we need to ensure complete confidence in identity verification, evidence handling, clear policy guidance, and well supported claim managers, all shaped directly by community feedback.
- For 2026/27, our focus is on reaching decisions for 5,000 claims, beginning with living and deceased infected individuals who registered their intent to claim by July 2026, alongside affected claims.
- To provide greater clarity and peace of mind, we are creating a comprehensive delivery strategy through to 2031.
- We hold the utmost empathy for individuals who are older, in frail health, or facing end of life circumstances. We prioritise claims for individuals aged 75 and over or those at the end of life as per the recommendations made by Sir Brian Langstaff.

- We are dedicated to preparing our claim managers through trauma informed training and sensitive guidance so that every interaction feels supportive, understanding, and responsive to your needs.
- We hear and validate the concerns raised regarding language around claims being "paid." We are reviewing and updating our communications to accurately reflect partial versus full settlements, ensuring total transparency.

2. Implementation of Fourth Regulations & Complex Claims

Feedback from the community:

- Queries regarding how the Fourth Regulations will be actioned and how claims will be prioritised for reassessments.
- Requests for updated compensation calculators, visual case studies, and clear payment timescales.
- Concerns from campaign groups that Exceptional Financial Loss and Special Category Mechanism (SCM) routes must be implemented without further delay and not deferred while other scheme elements move forward

In response:

- The Fourth Regulations became law in July 2026. They bring in several changes, including extra payments for some people and higher awards for certain family members. From 1 October 2026, the regulations will be built into the service.
- For infected individuals, the regulations now include an autonomy award uplift for those infected before age 18, alongside a new severity category (Level 2B) for individuals with chronic Hepatitis B or C who underwent interferon treatment. The calculation methods for past care and additional financial loss have also been amended. For affected family members, the regulations introduce specific uplifts to injury awards.
- We are still working out the exact process and timelines for reworking claims. This work includes reviewing claims to see what information we already have, identifying any gaps and working with the NHS to manage new evidence requests, such as interferon treatments.
- We can't currently confirm how long the rework will take. Once we've reviewed all existing claims, we'll have a better understanding of how many people are impacted. This will allow us to give you clearer timelines and next steps for your claim. We'll update you across our usual channels once we have more information.
- We updated the online calculator to include Fourth Regulations rules, such as

interferon treatment calculations and uplifts for affected individuals and those infected as children. However, because supplementary routes including unethical research awards and the Special Category Mechanism (SCM) are not yet open, the calculator does not currently include these complex calculations

- Queries related to the design of the fourth regulation are legislative and therefore sit with the Cabinet Office and we have raised concerns with them on the community's behalf. Examples we have raised include the building of the regulations, lack of inclusion of recognition for deceased individuals, bereaved parents' age distinction and eligible affected people who died before the designated qualifying date are not recognised if they did not live long enough to file a claim.

3. Prioritisation, Transparency & Estate Claims

Feedback from the community:

- Ongoing confusion regarding how prioritisation rules operate in practice.
- Concerns that affected claims and claims brought on behalf of deceased infected individuals are being deprioritised.
- Calls for parallel processing so that whole family claims can be handled simultaneously to reduce administrative burden.
- Community members seeing others "*brought into the service*" without clear rationale caused concern over potential inconsistent implementation.

In response:

- We follow the recommendations of the Infected Blood Inquiry. Since June 2026 and following feedback, we have shifted to a whole person approach. If you have more than one personal claim, for example, an infected claim and an affected claim, we process these together from the start, rather than coming back for your other claims later. Sometimes when doing this it might appear that we are moving away from prioritisation which is not the case, it is purely because we are processing more than one claim at the same time.
- Following the recommendations set out by the Infected Blood Inquiry, we bring people into the service when we are ready to handle their type of claim.
- We know it can be worrying to see other people brought into the service without a clear reason why and we will explain more about prioritisation in our next Community Update. Every claim is unique, and some take longer to work through than others because of their specific evidence needs.

4. Identity Verification, Evidence Requirements & Missing Records

Feedback from the community:

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- High anxiety over missing medical documents with fears that claims will be unfairly rejected. We received questions on *"how IBCA handles claims where there is missing evidence"* and how *"Balance of Probabilities decisions based on limited or missing evidence"* are reached.
- Digital exclusion concerns regarding online government identity verification (IDV) tools, particularly for claimants with limited use of technology.

In response:

- Missing medical records will not automatically stop your claim. We understand how frustrating and painful it can be to navigate historical medical paperwork, and you will not have to handle this process alone.
- Your Claim Manager will work alongside you to explore alternative ways to verify your claim. If original records cannot be located, we will actively seek out supporting evidence to help move your claim forward.
- We are working directly with NHS clinicians to launch a streamlined evidence form. This focuses strictly on the essential details needed to process your claim, sparing you from unnecessary document requests.
- To make sure compensation reaches you safely and without delay, we are required to verify your identity. Using GOV.UK One Login offers a quick, secure way to complete this step directly from your phone.
- We know that online verification can sometimes feel daunting or difficult. If you run into any issues or prefer not to use a smartphone, your claim manager will guide you through alternative options and support you.
- We actively provide a supported identity check if you cannot use GOV.UK One Login or do not hold a valid photo ID. Because protecting your claim requires thorough verification, our team handles this process manually by liaising directly with local councils, banks, or other government departments on your behalf.

5. Case Management Consistency & Retraumatization

Feedback from the community:

- Apprehension that frequent changes to assigned claim managers force individuals to repeatedly share sensitive personal details, increasing emotional toll.
- Report receiving inconsistent communication from claim managers, including prolonged periods with no updates at all.

In response:

- We know that many people have already had to share painful experiences many times before. We want to reduce this burden as much as we can by taking these direct steps:
 - Different claims may require specialists with specific expertise. When more than one claim manager is assigned to your family or claim types, they work behind the scenes to share notes and coordinate on your behalf.
 - Where a claim manager is on leave or temporarily unavailable, another claim manager may pick up the case to avoid delays.
 - Where a claim has already reached an outcome but is being reviewed, for example following a change in regulations or a request for a formal review, it may return to a different claim manager than the one who handled it originally. The person claiming can request for the same claim manager to handle their case, however, this might slow a claim down.
 - In rare cases, a claim may be reassigned at the claimant's request, for example if they'd prefer a different point of contact.

6. Probate Delays, Legal Advice & Financial Clarity

Feedback from the community:

- Severe delays in receiving documentation from national Probate Services or confirmation from the Scottish Courts and Tribunals Service, coupled with high legal costs (£5,000–£8,000) and complex intestacy rules.
- Reports of unaccredited "no win, no fee" solicitors charging high fees (up to £21,000) and unregulated individuals attempting to exploit claimants.
- Need for official guidance on Inheritance Tax (IHT) exemptions for compensation awards.

In response:

- As probate processing times depend on individual circumstances, we actively work with probate offices across the UK to help track applications and minimise delays wherever possible. While timelines vary for each estate, your Claims Manager will guide you through the required steps and support you in gathering the documentation needed to move your claim forward without unnecessary delay.
- We can arrange legal support when a claim begins, through six independent legal firms who offer impartial advice at no cost to you. If you want to use a different firm, we can discuss this with you.
- IBCA advises everyone to remain cautious of unsolicited approaches online or via social media from unregulated advisers or individuals offering paid assistance. If you have concerns please contact our general fraud query email: fraud@ibca.org.uk.

- Compensation is exempt from Income Tax and Capital Gains Tax, and relieved from Inheritance Tax. This applies whether it is paid to the person directly or to their estate.
- If a person dies before receiving compensation, their estate can still claim the payment, and it stays free of Inheritance Tax. If a beneficiary later inherits this money and then dies, the exemption does not carry forward. Their estate may then be subject to Inheritance Tax in the usual way.
- For more detailed advice on inheritance tax, you can contact the HMRC Inheritance Tax Helpline on 0300 123 1072.

7. Statistics, Data Reporting & Community Consultation

Feedback from the community:

- Requests for granular geographic, severity, or full payment breakdowns.
- Requests for data on the amount of people who have taken the full award.
- Request for breakdown regarding condition severity and number of people with those conditions who have been paid.
- Questions on which community groups were consulted prior to altering statistical publication schedules.

In response:

- We are deeply committed to safeguarding your privacy at every step of the process. While we want to share as much detail as possible, publishing granular data, such as breaking down payment statistics into very small, specific groups, creates a real risk of inadvertently identifying individuals who have been paid or are currently going through a claim.
- To protect community members from public exposure or unwanted attention, we carefully balance data transparency with strict privacy controls, ensuring your personal journey with IBCA remains fully confidential.
- We are actively upgrading our forecasting and data modelling tools this year to give us a clearer, more accurate picture of claim volumes, allowing us to plan resources effectively and reduce processing delays.
- Regarding the move to monthly stats reporting, we understand that this change and the reasoning behind it has raised some concerns.
 - We discussed this proposed change with eight community groups in July, and also spoke informally with the Chair and Co-Chair of the Community Advisory Panel. The groups we spoke to supported the move, particularly as it would reduce the need to suppress figures. No group objected. We keep individual group feedback confidential so everyone feels able to speak openly with us, though we know this does not represent the views of the whole community.

- Fortnightly figures often fluctuated, making it harder to see how claims are progressing over time. Moving to monthly publication will help us show a clearer picture, and give us more time to consider how we present information and what else we could include in future.

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.
- Website testing found users would value weekly news and updates on the homepage, and identified further accessibility, search, video and image improvements needed.
- Testing of the complaints section found people wanted more clarity on the review process, on the meaning of "unreasonable delays," on IBCA's status as an arm's length body of the Cabinet Office, and on the difference between claim managers and complaints managers. This section scored well for empathy and tone.
- Users preparing for the Infected Blood Support Schemes transfer wanted to be kept informed even when there is nothing new to report, wanted reassurance that their payments would stay the same, and wanted dedicated, accessible and knowledgeable support, particularly if they have not yet started an affected or deceased infected claim.
- Users with deceased infected claims reported varied experiences and challenges of verifying their identity using digital technology. Through the research, users described very different comfort levels with technology, showing the need to avoid assumptions and tailor support to the individual.
- Testing of draft letters for ineligible claims found that people understood the decision and next steps, but wanted more detail on how decisions are made, the role of clinical advisors, and what's needed for their declaration.
- A survey of 127 people across the three Private Beta groups found:
 - people with living infected never compensated claims are worried about how long claims are taking and about providing requested information
 - people with deceased infected claims want clearer expectations, and report struggles with hospital records, complex legacies, data sharing, and mixed claim manager experiences, especially when in poor health
 - People with affected claims report unclear communication, high administrative burden, repetitive identity checks, and want more transparency.

In response:

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

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- For example, the feedback we have received on users preparing for the Infected Blood Support Schemes has resulted in a section on our website that keeps the infected blood community informed, even when there is nothing new to report.
- We are reviewing what changes can be made to improve how we share news and updates. We are also looking into how we can improve accessibility, search, videos and images.
- Payments will stay the same when Infected Blood Support Schemes transfer to IBCA. We will keep you informed. We are working on how to give you accessible support during this transfer, especially if you have not yet started an affected or deceased infected claim.