

Infected Blood

Compensation Authority

IBCA Board Response to Community Advisory Panel Paper

For info: [7 July 2026 CAP Paper](#)

Overview:

1. The Community Advisory Panel ('the Panel') provides independent, experience-led advice directly to IBCA's Board, ensuring that lived experience and community perspectives shape every aspect of how we design, build, and deliver our services. Although the Panel is a relatively new forum, its constructive challenge and guidance are already proving vital in sharpening our thinking and bringing diverse community views directly into our decision-making.
2. Following recent meetings of the Panel, members submitted a paper setting out key reflections, recommendations, and feedback on our delivery to date. We are genuinely grateful for this paper and welcome the Panel's insight as we work to strengthen and improve the compensation scheme.
3. The themes raised by the Panel were considered at our Board meeting on 7 July 2026 and reviewed right across the organisation. The Board is providing this formal response ahead of our next public Board meeting on 3 November 2026.

Detail

4. The Board's responses to the considerations raised by the Panel are outlined below:

Reassessment of Compensation Awards and Recovery of Payments

- **Addressing concerns around overpayment recovery** - The Board agrees completely that trust across the community is vital and that the Scheme needs to deliver certainty and closure. The prospect of compensation being reclaimed later because of an internal error causes significant distress and concern.

We are currently developing a formal overpayments and recovery policy and, while this policy is being finalised, we are not actively recovering any overpayments. Our focus is on catching and fixing errors before any money is paid out. Claims go through clear step-by-step checks including listening back to calls, verifying supporting evidence, carrying out fraud checks, and having our Financial Assurance team complete a final check on the calculations before a payment is released. These checks are designed to prevent both underpayments and overpayments, protecting applicants from being paid less than they are owed as well as preventing future overpayments.

Since the launch of the Scheme, we have maintained robust checking procedures to identify and resolve processing discrepancies prior to payment in the vast majority of cases. Where potential instances of error occur, we act promptly to address them through our careful review process, minimising the risk that an individual's claim results in an over or underpayment. This prevents potential underpayments, ensuring applicants receive their full entitlement, alongside preventing potential overpayments. We are also committed to full transparency around how reassessments take place. Once our developing policy is finalised, it will ensure the rules, triggers, and impact on previous payments are clearly set out for anyone affected.

- **Engaging with the Cabinet Office on overpayments** - We agree that claimants should not suffer financial hardship due to administrative errors on IBCA's part. Our developing overpayments policy will set out that, on the rare occasions that overpayments occur, we have a responsibility to manage these under standard HM Treasury Managing Public Money principles applicable across all public bodies. Under this policy, every case of an overpayment will be carefully evaluated with input from legal, safeguarding, and operational experts. If recovery is necessary, the policy will focus on offsetting against future payments wherever possible, with discretion to waive recovery considered on a case-by-case basis alongside Cabinet Office and HM Treasury.

Community Engagement, Communication and Visibility

5. The Panel sets out recommendations to improve communication, increase transparency around the Panel's work, and support applicants while they await claim allocation. Our response is set out below:
- **Providing regular and transparent progress updates** - We appreciate that the period spent waiting for their claim to begin after initial registration causes understandable anxiety across the community, and we welcome the Panel's emphasis on improving transparency and visibility. Following our public Board meeting on 7 July, where the Board endorsed an explicit focus on core infected claims within our [2026/27 Business Plan](#), our ambition this financial year is to bring **5,000 claims** to decision and begin claims for all living infected individuals and the estates of deceased infected people who registered their intent to claim with us by 7 July 2026. Under the 'Listen and Act' pillar of our Business Plan, we remain committed to clear communication through our [official statistics publications](#), community newsletters, and public Board meetings.

To ensure clear visibility around the Panel's work and how community insight informs the Board, we are currently developing a clearer "Governance" section on the [IBCA website](#), with direct links to the Community Advisory Panel page to make this information easier to find. This page will explain the scope and role of the Panel, which will also be formally reflected in an updated Terms of Reference. To ensure full transparency around how community feedback shapes Board decisions, the Panel's recommendations and the Board's formal responses will be published together on the Panel's webpage, as well as within public Board papers. This work is currently in progress, and we will notify Panel members as soon as it is concluded.

Panel member attendance at drop-in events - The Board values the Panel's focus on bringing community perspectives into its advice. Understanding the experiences of applicants is vital to delivering an effective compensation scheme. Public drop-in sessions are designed specifically as operational spaces for the infected blood community to receive direct, confidential support from our staff.

To maintain clear boundaries, it is essential to distinguish between strategic panel oversight and direct operational delivery. Introducing formal Panel representation at drop-in sessions risks confusing attendees about the Panel's role and blurring the line between advisory oversight and IBCA service delivery. Therefore, while formal Panel representation will not be introduced at drop-in events, Panel members are warmly invited to attend in an informal capacity to observe community interactions and hear feedback firsthand.

- **Supporting registered applicants through voluntary preparation and phased engagement** - The Panel highlighted community anxiety and confusion around documentation requirements while individuals await claim allocation, requesting clearer guidance to help applicants gather evidence ahead of time. We recognise that waiting for claim allocation can bring understandable frustration and impatience. IBCA's Service Delivery Committee (SDC) has agreed that our operational and communications priorities should be explicitly focused on supporting people currently registered with the service - keeping them informed, and helping them understand the steps ahead.

In response to the Panel's feedback, and following approval by the SDC, we launched a broad outreach campaign to all registered applicants in September 2026, issuing our first "Prepare to Claim" guidance. This targeted guidance helps individuals prepare evidence at their own pace before their formal claim begins, providing clear information on identity verification, general evidence requirements, and the role of representatives. The guidance is designed to ensure that information is accessible across a range of communication channels, catering both to digital users and to those who require non-digital support or have lower levels of IT confidence. It also provides clear, realistic expectations regarding the real-world timeframes needed to secure complex paperwork, such as Grants of Probate, Lasting Power of Attorney, and historic medical records, helping individuals navigate potential third-party delays early. To ensure this resource remains accurate, sustainable, and aligned with scheme updates over time, it is being continuously maintained and updated as operational policy evolves.

Taking these preparatory steps ahead of a claim formally beginning is entirely voluntary and choosing whether or not to gather paperwork in advance will have no impact on queue position, ensuring this work never creates an unnecessary administrative burden or delays allocation. Once a claim is allocated, our operational teams will continue to gather information using a compassionate, phased step-by-step model. Breaking requirements into manageable stages avoids overwhelming those making a claim - particularly those managing severe health conditions or recent bereavements - while allowing our operational teams to progress claims with efficiency and care.

Refining Panel Governance and Continuous Service Improvement

6. The Board welcomes the Panel's reflections on governance and operational learning. Our response to these structural considerations is set out below:

- **Reviewing the Panel's Terms of Reference and governance arrangements** - The Panel requested three specific updates to their governance structure: a full review of their Terms of Reference (ToR), clearer boundaries distinguishing strategic advice from direct IBCA service delivery, and better visibility on how Panel recommendations inform Board decisions.

In response, we are actively working alongside the Panel Chair to refine the ToR ahead of the 3 November 2026 Public Board meeting. This updated ToR will delineate the Panel's strategic advisory mandate, ensuring a clear boundary that distinguishes high-level community insight from individual case management and operational service delivery. Furthermore, to provide complete transparency on how Panel advice shapes strategy, the Panel's recommendations and formal Board responses will be published together on the Panel webpage as well as within public Board papers.

Future Areas for Exploration and Strategic Engagement

7. The Board warmly welcomes the Panel's interest in deepening its understanding of IBCA's operational realities, clinical workflows, and future strategic assumptions. Our response to these considerations is set out below:

- **Operational Dashboard and Management Information** – The Panel requested access to high-level, anonymised management information to better understand operational flows. We understand the Panel's interest in tracking scheme performance to inform their advisory role.

Our formal Key Performance Indicator framework and operational dashboards remain under active development. Existing internal performance reporting is tailored specifically for internal governance oversight - such as the Quality, Finance and Performance Committee - and contains preliminary, commercially and operationally sensitive data.

Because these working documents contain unvalidated, early-stage metrics, sharing them in their current form could present an incomplete picture of operational performance. To ensure the Panel receives meaningful and reliable information, any future sharing of non-public management information will be formally considered by the Executive Committee and the Board as our reporting structures mature.

In the interim, we will ensure the Panel is routinely provided with the operational data and statistics published through our public Board packs and official statistics releases.

- **Clinical Advisory Panel Engagement** – The Panel expressed an interest in observing selected Clinical Advisory Panel (CLIP) meetings to gain a clearer understanding of how complex clinical cases and medical evidence are assessed.

We understand the Panel's desire to gain insight into clinical assessment processes.

Because CLIP's core work frequently involves discussing deeply personal and sensitive medical histories, offering direct observer access presents significant privacy challenges. Protecting the confidentiality of individual claimants is a priority we know the Panel deeply shares with us.

Instead, in line with the Panel's Terms of Reference, we will utilise the planned joint annual meeting between the Panel and CLIP. We propose that this joint meeting is used to review anonymised summaries of clinical trends, themes, and overarching policy questions. This approach will ensure the Panel can provide its valuable insight into the clinical assessment process while maintaining strict confidentiality boundaries.

- **Operational Delivery and Applicant Support (Case Continuity & Trauma-Informed Practice)** - We welcome the Panel's focus on case continuity and trauma-informed practice, recognising that historical awareness, consistency of contact, and empathetic handling are critical to building trust and protecting applicant wellbeing. To prevent disruption and avoid asking applicants to repeatedly explain their circumstances, our Operations teams maintain robust cover procedures—including a dedicated buddy system and clear absence checklists—so that cases progress smoothly whenever a dedicated Claim Manager is unavailable.

In parallel, trauma-informed practice and safeguarding are embedded directly into operational onboarding from day one. New operational starters complete an intensive four-week initial training block designed specifically for frontline roles. This includes foundational trauma-informed training delivered by Dr Rebekah Eglington—a leading clinical specialist in trauma, adult mental health, and long-term health conditions—alongside studying documentary evidence from the Infected Blood Inquiry, historical case studies (including the Lord Mayor Treloar School scandal), and first-hand community testimonies to build deep historical awareness.

Training is an ongoing commitment rather than a one-off event, supported by regular operational upskilling—such as live training on the implementation of the 4th Regulations. Frontline operational teams complete targeted modules designed to embed trauma-informed principles across every interaction:

- **Psychological Safety and Wellbeing:** Focuses on understanding human behavioural patterns, mitigating secondary traumatic stress, and managing distress responses to establish emotional safety across teams.
- **Unconscious Bias:** Identifies hidden implicit biases to ensure fair decision-making, acknowledging how discrimination and inequality compound historical trauma.
- **Safeguarding (Levels 1–3):** Establishes holistic physical, emotional, and psychological safety, prioritising trust, transparency, and claimant empowerment over rigid procedural rules.

By embedding these practices directly into daily operations, we ensure that every applicant receives consistent, compassionate support throughout their journey with IBCA. To ensure this work continues to be shaped by lived experience, we also held a dedicated session on our trauma-informed approach at the October 2026 Panel meeting.

- **Future Service Modelling and Strategic Planning** – The Panel requested visibility of high-level demand forecasting, workforce planning assumptions, and how new regulations or supplementary routes impact future service delivery.

We are committed to sharing high-level planning assumptions around future claim volumes, regulatory updates, demand forecasting, and workforce capacity to support the Panel's strategic advisory role. Providing visibility on how new payment routes, reassessment activity, and the 4th Regulations are factored into our forward planning will strengthen the Panel's understanding of operational capacity and scheme delivery. Building on our published Business Plan, we will ensure the Panel is kept fully engaged and supports the development of our long-term strategy for delivery to 2031 - bringing key strategic objectives, resourcing assumptions, and delivery milestones to the Panel following initial Board consideration.