

**IBCA Board - Minutes and Actions**  
**21 January 2025, 13:00 - 16:00**  
**Benton Park View, Newcastle**

**Board Members:**

1. Sir Robert Francis (SRF) - Chair
2. David Foley (DF) - CEO
3. Russell Frith - Chair of Audit & Risk
4. Deborah Harris-Ugbomah - Non-Executive Director
5. Paula Sussex - Non-Executive Director
6. Gillian Fairfield - Non-Executive Director
7. Helen Parker - Non-Executive Director
8. Sir Rob Behrens - Non-Executive Director
9. Richard Hornby - Executive Director, Finance
10. Sindy Skeldon - Executive Director, Operations
11. Celine Mcloughlin - Executive Director, Digital

**Attendees:**

1. James Quinault - Director General, Inquiry Response
2. Catherine Webster - Chief of Staff
3. Rachel Forster - Director, Communications
4. Gill Nicholson, Director, Communications
5. Shainila Pradhan, Director, Programme
6. John Kelly - Director, Data
7. Hannah Probert - Deputy Director, Strategy and Governance
8. **GRO-D** - Board Secretariat
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10. Susan Harris - User Consultant
11. Clair Walton - User Consultant
12. Jason Evans - User Consultant
13. **GRO-D** - Public Digital
14. Richard Moore - Head of Fraud and Error

**1. Welcome**

- 1.1. The Chair welcomed everyone to the meeting and introduced the User Consultants

**Minutes**

- 1.2. The minutes of the meeting held on 4 December were approved.

**Matters Arising**

- 1.3 The actions were agreed and it was noted that on action 46 there would be an update provided at the February Board.

## 2. Board Business

### RemCO TOR

- 2.1. The Board suggested that the Terms of Reference should include clarification on the committee's functions for the senior executive including talent management, succession planning and the appraisal process.
- 2.2. The Board agreed that the committee should meet twice a year.
- 2.3. The Board agreed that the committee membership should be Gillian (as chair), Helen and Deborah
- 2.4. **ACTION: Terms of Reference to be updated to include the above - Secretariat**

### Governance Framework

- 2.5. Reflecting on the papers that set out governance arrangements, the Chair gave an example of how, once agreed, they would take effect. Prior to the creation of the Authority, the MCO set some commitments about when the Authority would start and do the bulk of certain types of compensation. From the point of agreeing with the Authority's governance, it would be for the Authority to set any new commitments in addition to those pre-existing ones.
- 2.6. The Chair emphasised operational independence while recognising the need to work collaboratively with the Cabinet Office.
- 2.7. The Chair advised that the Framework Agreement reflects the intended working relationship with the Cabinet Office, ensuring proper spending accountability. Ministers must be kept informed of the Board's actions.
- 2.8. The Board Members were content with the Framework as a basis for operational independence.
- 2.9. The Board discussed the requirements to use the Government Internal Audit Agency (GIAA) for most internal audits.
- 2.10. Clarification was sought on whether GIAA must exclusively perform audits or if external consultants may be engaged for specific work.
- 2.11. There was consensus that while GIAA will conduct the majority of audits, the Board retains the option to seek external assurance when necessary.
- 2.12. The Board noted improvements in the latest version of the Framework. **Members were content with the Framework as a basis for operational independence.**
- 2.13. The Board noted potential ambiguity in the Framework regarding internal audit arrangements and plans to negotiate flexibility as needed.
- 2.14. **Action: The Framework would be agreed upon subject to any comments from the Treasury by the Chair and the Chief Executive and a final version circulated to the Board - Secretariat**

**2.15. Action: The Audit Committee Chair will follow up on clarifications with the sponsorship group and GIAA - Russell Frith**

**3. CEO Update**

**3.1. Scheme progress**

- 67 individuals have been invited to start their claim.
- 43 have accepted and submitted a claim
- 11 offers have been made, totalling £13.4 million
- 7 offers have been accepted, with £6.5 million paid

**3.2. Future Plans**

- IBCA is recruiting in line with claim numbers

**3.3. Recruitment Update**

- 31 claims managers have been hired
- 3,313 applications have been received; 40 hires are planned per month starting in March with a projection of 500 claims managers (dependent on service development)
- Face-to-face interviews are being conducted
- Over 1,000 participants attended the information sessions

**3.4. Recruitment Insights**

- There is an emphasis on well-being and a supportive work culture
- One day of remote working has been offered which has resulted in mixed attractiveness to candidates
- Most hires are from the local region due to the office location

**3.5. Subject Access Requests (SARs)**

- 40 SARs have been received, with more expected. The legal team is handling requests with careful data protection measures.
- The resource required for SAR processing is under review.

**3.6. The Board praised the claims processing team, and gratitude was expressed for ongoing efforts and contributions.**

#### 4. Cohort Sequencing

- 4.1. The chair emphasised the importance of the decisions on cohort sequencing, and that this would guide service design and provide a clear direction for the team in the development of the service.
- 4.2. [GRO-D] shared findings from the industry engagement and December's workshop discussions. CF highlighted the need for a recommended option to move forward with planning and delivery, and stressed the ability to adjust plans later if required.

##### *Key Decision Topics*

- 4.3. It was explained that IBCA needs to develop approaches to both expanding and scaling. The definitions of these are:
  - *Expansion*: Developing new capabilities and journeys to accommodate new user groups
  - *Scaling*: Increasing the capacity of user routes, with private beta tests for all groups expected before the year-end
- 4.4. Constraints and Challenges:
  - Sequential addition of new journeys is preferred to reduce delivery risks (although we don't need to wait for everyone to be complete in one group to move on to the next, as the sequence is for service build)
  - Eligibility rules require foundational work (e.g. infected must precede the affected claims that relate to them)

##### *Proposition for Board Discussion*

- 4.5. The team set out some proposed principles for sequencing for discussion:
  - Priority should be given to living infected.
  - Proxy applications (formal or informal) should align with registered infected claims
  - Supplementary claims for living infected individuals should be integrated to avoid re-traumatising users.
  - Unregistered infected claims should be prioritised due to their foundational role in enabling future journeys
  - Estates should precede affected claims to establish eligibility
  - Registered affected claims should precede unregistered affected claims for faster delivery
  - Sequencing should be clear and easily explainable to avoid confusion and distress.

4.6. Delivery Considerations

- Focus on the parallel development of journeys while maintaining scalability
- Balance between expediency and inclusivity to ensure fair access for all groups
- Continued data gathering and scenario planning to refine recruitment and service expansion

4.7. Some community feedback emphasises the need to prioritise individuals living with infection due to the ongoing physical, emotional, and psychological toll.

*Points raised during the discussion*

The Chair invited all present to contribute to the thinking on these issues.

- 4.8. Concerns were raised about re-traumatising individuals through supplementary claims processes that require multiple engagements with IBCA and that wherever possible the entirety of an individual's claim should be dealt with at once.
- 4.9. Clarity is needed on the role and processing of proxies to ensure claims can proceed efficiently without causing undue delays or prioritisation issues.
- 4.10. There are currently limitations which prevent claims from proceeding if a proxy is involved; system design to address this is in development.
- 4.11. Sequencing supplementary claims separate to the main claims could lead to significant distress for individuals. The board recognised the risk of re-traumatising individuals required to revisit traumatic circumstances multiple times.
- 4.12. There was a discussion of community feedback and a proposal to prioritise registered estates due to:
- Greater clarity and efficiency in processing registered claims.
  - The reduced risk of Fraud with registered estates.
  - Recognition that many estates have waited decades already, and are often elderly.
  - Estates payments were likely to reach some of those claiming as affected also.
- 4.13. Unregistered claims will involve significant additional work, including fraud prevention and verification eligibility.
- 4.14. Registered estates often involve beneficiaries who are also registered or unregistered infected, enabling broader distribution of funds.
- 4.15. It was suggested that the community is concerned that unregistered claims carry heightened risks of fraud, particularly in cases involving intravenous drug use or unverified claims of infection from blood transfusions. Robust verification measures are essential to maintain integrity and fairness, while still supporting everyone who is eligible.



- 4.16. Estates already registered with blood support schemes have pre-existing data, simplifying the claims process. Claims for unregistered applicants require additional steps, including eligibility verification and evidence submission, which could cause delays in the processing of claims.
- 4.17. It was suggested that prioritising claims for registered individuals and estates would lead to quicker resolution.
- 4.18. The legal and financial complexities, including intestacy laws, which complicate unregistered estate claims were considered. It was noted that unregistered infected individuals often do not always live with active symptoms, raising questions about prioritisation.
- 4.19. The Board noted the need for increased claims management resources to handle living cases.
- 4.20. The Board discussed whether to implement a registration pathway or an invitation-based approach, and the potential risks of perceived delays in progress for those who register early without immediate action.
- 4.21. The Board highlighted the importance of clear communication to manage expectations about processing times and updates.
- 4.22. The Board noted that; estates would require more legal and financial support, adding to complexities; building claim journeys for unregistered infected individuals and estates would require significant resources.
- 4.23. The Board was advised that there must be sensitivity toward elderly parents and others who have lost family members to infections.
- 4.24. The Board was informed of the commitment to provide updates to the community by the end of January if possible, or as soon after. The update would focus on transparent communication about prioritisation and expected timelines.
- 4.25. The Board was advised that each potential solution for sequencing presented similar challenges in relation to design, but unregistered groups would need additional requirements for verifying identities.
- 4.26. The Board noted the need to verify identities for all claims.
- 4.27. The Board discussed whether it was desirable, as advocated by many in the community, to prioritise claimants nearing the end of life, and, if so how this could be effected. The Board discussed the supplementary route. It was explained the supplementary category is a broad term encompassing four elements:
  1. Payments for victims of unethical research or mental distress
  2. Health impacts, replicating the SCM category of current support schemes
  3. Evidence networks for individuals to present claims for higher earnings or care costs
  4. Conceptual facilities related to evidence-based claims.

- 4.28. The Board was asked whether it wanted to consider the supplementary category as a single pathway or whether there should be sequencing within the route. It was possible that building routes for evidence-led claims should be considered secondary, given applicants must go through the health impacts route first. There's a need for clarity on evidence requirements for the financial loss and care cost routes. The second set of regulations is expected to provide clearer guidance after being laid and enacted into law.
- 4.29. It was suggested that the supplementary route should not be treated as an add-on but as a key part of a person's claim.
- 4.30. Awareness and Outreach: The Board was advised of plans to develop public campaigns to increase awareness among unregistered claimants, to ensure everyone who is eligible knows how to claim.
- 4.31. Private Beta Testing: Private beta will initially focus on a small number of cases for testing and learning. Gradual expansion is planned after refining processes and addressing complexities.

*Board Decision*

- 5. *The Board noted the following challenges identified:*
  - 5.1. *The need to balance speed of delivery with ethical considerations*
  - 5.2. *Managing expectations for those not in the first groups to claim*
  - 5.3. *Addressing gaps in registration and evidence for certain groups*
  - 5.4. *Affected claimants lose their claim if they die before an award is made, even if they have gone through most of the process (as per the current regulations)*
- 6. *The Board was advised that no particular route was easier from a service design perspective.*
  - 6.1. The Board unanimously agreed to the following principles for sequencing:**
    - 1. Registered Infected
    - 2. Proxy Representation
    - 3. Supplementary
    - 4. Estates (registered)
    - 5. Affected (registered with IBBS)
    - 6. Unregistered Infected
    - 7. Estate (unregistered)
    - 8. Affected (unregistered)
  - 6.2. The Board agreed this sequence on the basis that:
    - The registered infected group are already making claims and this should be continued as the clear first priority.

- Allowing proxy representation is essential for enabling the registered infected (and all groups) to make claims.
- The principle of not re-traumatising people by requiring them to make multiple applications to IBCA means that the supplementary route needs to be available early in the sequence so that registered infected individuals can complete their claims.
- Claims to registered estates will include payments to both infected and affected individuals and will be a recognition that many estates have waited decades already, and are often elderly.
- Claims for those who are registered should be opened up ahead of the unregistered. While there was some discussion that there is an assumption there will be greater clarity and efficiency in processing registered claims The Board were advised that the development of the journeys would not necessarily be quicker due to multiple considerations not yet explored..

**6.3. ACTION - Draft a clear explanation of the rationale to share with the community - Communications Team**

**7. Fraud Strategy**

7.1. A summary of the fraud strategy was set out for the Board noting:

- As the service expands the fraud risk will increase.
- There is significant external interest in IBCA's fraud strategy from the NAO and DF has been invited to attend the Public Sector Fraud Authority High Fraud Risk Portfolio.
- The Board was asked to agree to the vision and objectives.

7.2. The Chair noted that the overall approach was sensible and that there should be quarterly updates on fraud to ARAC with ARAC reporting to the Board annually and on any significant arising policy issue.

7.3. The Board noted that the GIAA's skills around counter-fraud should be utilised.

7.4. The Board discussed the difference between how IBCA would approach fraud if it was an external attack, where it should be reported to appropriate authorities, and an insider threat where every action could be considered.

7.5. The Board noted that the community should be engaged to support awareness of any fraudulent activity.

**8. Close**