

Debate Pack
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The infected blood inquiry and compensation framework

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1 The Infected Blood Inquiry and compensation

A general debate on the Infected Blood Inquiry and compensation framework will be held in Westminster Hall on Thursday 24 November 2022 at 1.30pm. The debate will be opened by Dame Diana Johnson MP and Sir Peter Bottomley MP, co-Chairs of the [All-Party Parliamentary Group on Haemophilia and Contaminated Blood](#).

1.1 Background

During the 1970s and 1980s thousands of UK patients contracted HIV, hepatitis viruses, or both, from contaminated blood or blood products. Following pressure from campaign groups and Parliamentarians, the then Prime Minister, Theresa May, [announced a public inquiry into the matter](#) on 11 July 2017 to examine the circumstances that led to individuals being given contaminated blood and blood products in the UK.¹

The Infected Blood Inquiry is chaired by Sir Brian Langstaff, a former High Court judge, and [terms of reference](#) for the inquiry were announced in summer 2018. Hearings followed shortly afterwards.

- Evidence submitted to the inquiry, together with the transcripts of the hearings, can be accessed at: [Evidence | Infected Blood Inquiry](#).
- The inquiry also has its own YouTube channel where its hearings can be viewed: [Infected Blood Inquiry - YouTube](#).

The inquiry is ongoing and is expected to report in mid-2023.² More general information on public inquiries can be found in the Library briefing on [Statutory public inquiries: the Inquiries Act 2005](#) (March 2022).

All blood donated in the UK is now [screened for HIV and different forms of hepatitis](#) as well as diseases such as syphilis. According to Public Health England (now the UK Health Security Agency), the blood services began “routinely screening donations for hepatitis B in 1972, screening for HIV in 1985 and screening for hepatitis C in 1991”.³

¹ Prime Minister’s Office, [PM statement on contaminated blood inquiry: 11 July 2017](#)

² [Statement UIN HCWS279](#) [on Infected blood - Interim Compensation], 5 September 2022

³ Public Health England, [Information for GPs on the Infected Blood Inquiry](#) (opens PDF), 2019, p4

Statistical modelling on infections and deaths

An [Expert Report to the Infected Blood Inquiry](#), published in September 2022, modelled how many people were infected with HIV and HCV (Hepatitis C virus) through blood transfusions in the UK between 1970 and 1991. The report also examined how many people with [bleeding disorders](#), who received blood and clotting factor products, were infected, across the same time period. It concluded:

- [...] around 1,250 people with bleeding disorders were infected with HIV in the UK between 1970 and 1991. Around three-quarters of these have died, and around half have died of HIV-related causes.⁴
- At least 79, and possibly up to ~100, people were infected with HIV through blood transfusions in the UK between 1970 and 1991, mostly pre-1986. Around 85% have subsequently died, but we do not know the causes of death.⁵

The Expert Report provides further details about the data relied upon to compile the figures and sets out the authors' "confidence that available evidence can answer the questions". Some of the [report authors also gave evidence to the Infected Blood Inquiry](#) on 9 November 2022 where, among other things, they commented on the data and the degree of confidence they have in the conclusions drawn from that data.⁶

In the report itself, for example, the study authors note that establishing the number of people infected with HCV is complicated by several factors, including "limited data on exposure and HCV status".⁷ Chronic HCV can go undetected for years after infection because the person can remain asymptomatic (does not show any symptoms of infection) for a long time.⁸ This makes it difficult to assess how many people were infected via contaminated blood and blood products received in the 1970s and 1980s.

Using "numerous sources of evidence" the report authors estimated that 26,800 people were infected with HCV through blood transfusions between 1970 and 1991 and that "between 2,400 – 5,000 people with bleeding disorders were infected with HCV, excluding those infected with HIV".⁹ Table 1 below, taken from the report, sets out HCV infections in transfusion recipients in more detail, including the number of deaths by end of 2019 related to HCV infection.

⁴ [Expert Report to the Infected Blood Inquiry: Statistics](#), September 2022, p1

⁵ [Expert Report to the Infected Blood Inquiry: Statistics](#), September 2022, p3

⁶ See [The Infected Blood Inquiry \(Transcript\)](#), 9 November 2022, Professor Evans, Professor Bird, Professor Spiegelhalter

⁷ [Expert Report to the Infected Blood Inquiry: Statistics](#), September 2022, p2

⁸ World Health Organization, [Hepatitis C](#), June 2022

⁹ [Expert Report to the Infected Blood Inquiry: Statistics](#), September 2022, p2 and p4

The authors also comment on the data in the table and the conclusions drawn, stating that the:

many assumptions and inevitable limitations in the data mean that there is considerable uncertainty around our numerical conclusions. We provide central estimates and 95% uncertainty intervals for the results from our ‘baseline scenario’. It is important to note the most likely value is near the central estimate, and that it is very unlikely that the true value is as high as the upper end of the interval, or as low as the lower end.¹⁰

Table 1 HCV infections in transfusion recipients		
Quantity of Interest	Estimate	95% uncertainty interval
Number of people infected with HCV through blood transfusion between 1970 and 1991	26,800	21,300 to 38,800
Number chronically infected (were they to survive 6 months post-transfusion)	22,000	17,300 to 31,900
Number chronically infected who survived to 10 years after transfusion	8,120	6,330 to 11,900
Number chronically infected, and survived to end of 2019 (assuming extra HCV risk)	2,700	2,050 to 3,910
Number chronically infected, and died by end of 2019	19,300	15,100 to 28,200
Number of deaths by end of 2019 related to HCV infection	1,820	650 to 3,320

Source: [Expert Report to the Infected Blood Inquiry: Statistics](#), September 2022, p4¹¹

¹⁰ [Expert Report to the Infected Blood Inquiry: Statistics](#), September 2022, p4

¹¹ The authors state in the Expert Report that the analysis was “based on a complex statistical model of the stages from HCV-infectious donors to recipients becoming chronically HCV-infected following transfusion, and then survival until the end of 2019, taking into account the increased risk associated with chronic HCV-infection. Our primary model was constructed for England, and then adapted for Scotland, Wales and Northern Ireland”.

1.2 Infected blood support schemes

'No-fault', 'ex-gratia' Government payment schemes (voluntary payments which do not involve an admission of liability) were established to provide financial and psychological support for those historically infected with hepatitis C and/or HIV from NHS blood or blood products.¹² Help may also be provided to their families and partners. Since health is a devolved matter, each of the four UK nations operates its own Infected Blood Support scheme. Further information about eligibility and the support available is set out on the following websites:

- [England Infected Blood Support Scheme](#)
- [Infected Blood Payment Scheme \(Northern Ireland\)](#)
- [Scottish Infected Blood Support Scheme \(SIBSS\)](#)
- [Wales Infected Blood Support Scheme](#)

1.3 Framework for compensation

In addition to the support schemes outlined above, the Government has been considering a framework for compensation. A separate study on the matter has taken place in parallel to the Infected Blood Inquiry. The independent reviewer appointed to conduct the study was Sir Robert Francis QC. A Written Statement made by the then Paymaster General, Michael Ellis MP, on 15 March 2022 said that Sir Robert "delivered his report" to the Government on 14 March 2022. The Paymaster General added that he would:

[...] now carefully consider Sir Robert's findings and recommendations. It is my intention to publish the Study and the Government response, in time for the Inquiry and its core participants to consider them before Sir Robert gives evidence to the Inquiry. I will write in due course to Sir Brian Langstaff, the Chair of the Inquiry, about our plans for responding and publication.¹³

The Cabinet Office subsequently published Sir Robert's report on 7 June 2022 - [Compensation and redress for the victims of infected blood](#):

¹² Since 1988, successive Governments set up several schemes to provide financial and other support to people affected by HIV and/or hepatitis C through treatment with NHS-supplied blood or blood products (see Department of Health, [infected blood: reform of financial and other support, January 2016](#)). Following a [Government consultation in 2016](#), a single scheme, with a single administrator, was established in England (the 'England Infected Blood Support Scheme') from the financial year 2017/18. The devolved nations also established similar schemes.

¹³ [Written Statement UIN HCWS681](#), [on Study on Infected Blood Compensation Framework], 15 March 2022

[recommendations for a framework](#) . Nineteen recommendations were made in the report. This included that there was a “strong case” for a “publicly funded scheme to compensate both infected and affected victims of infected blood and blood products infected with HCV or HIV”. The report discusses a possible model of compensation as well as eligibility.

A Government Response to Sir Robert’s complete report was not published in June, at the same time as the study, nor has it been published at the time of writing. In July 2022, in response to a [Parliamentary Question](#), Michael Ellis MP stated that there were:

[...] a number of complex issues arising from the recommendations in the Compensation Framework Study. These issues are under active consideration across government, including consideration of Sir Robert’s evidence to the independent Inquiry on 11-12 July. I will update the House as this work progresses.¹⁴

A subsequent [written statement](#) made by Michael Ellis in September 2022 indicated that the Government will respond to the recommendations made in the Compensation Framework study once the Infected Blood Inquiry concludes its work and publishes its report. This is expected in mid-2023.¹⁵

1.4

Interim compensation

Sir Robert also recommended making “interim payments”, ahead of any compensation scheme being established. He said that there was a “compelling case” to do so “as soon as possible to the infected who have already been accepted as eligible for the support schemes”:

There are those who fear they will not survive long enough to see, let alone enjoy, the fruits of an award of compensation. This is a principle reason why I have recommended the unusual measure of an immediate interim award to those infected persons who are already beneficiaries of the existing support schemes, in anticipation of, but before, the scheme has been set up. If at all possible, it is a matter of justice that so far as possible the infected likely to receive compensation can receive at least a significant part of it in time to make a disposition of the award as part of their assets before they die.¹⁶

He suggested that the payment figure should reflect “the minimum any infected person could be expected to receive under the scheme” and that this was “unlikely to be less than £100,000 in any case”.¹⁷

¹⁴ [PQ 35990](#) [on Infected Blood Inquiry], 18 July 2022

¹⁵ [Statement UIN HCWS279](#) [on Infected blood - Interim Compensation], 5 September 2022

¹⁶ Cabinet Office, [Compensation and redress for the victims of infected blood: recommendations for a framework](#), 7 June 2022

¹⁷ Cabinet Office, [Compensation and redress for the victims of infected blood: recommendations for a framework](#), 7 June 2022

Following the publication of Sir Robert’s report, the Infected Blood Inquiry Chair, Sir Brian Langstaff, published a [Report on Interim Payments](#) in July 2022. Sir Brian recommended that:

1. An interim payment should be paid, without delay, to all those infected and all bereaved partners currently registered on UK infected blood support schemes, and those who register between now and the inception of any future scheme;
2. The amount should be no less than £100,000 as recommended by Sir Robert Francis QC.¹⁸

Dame Diana Johnson MP asked an Urgent Question in the Commons on 19 July 2022 on what was “preventing the Minister from announcing today, before the summer recess, that the interim payments recommended by the Government’s own independent reviewer will be paid?”. Dame Diana also noted that Ministers had had Sir Robert’s recommendations since March 2022:

Sir Robert found a “compelling case” for interim payments of at least £100,000 to those affected. Ministers have had these recommendations since March but they refused to publish them, saying that they wanted to publish their response at the same time. We waited and waited, then the review was leaked to The Sunday Times newspaper and the Government finally published in early June but not with their promised Government response.¹⁹

Responding for the Government, Michael Ellis stated the Government needed “to reflect carefully on the very detailed evidence that Sir Robert gave only last week in two days of evidence” to the Infected Blood Inquiry.²⁰

On 17 August 2022, the Government announced that “an interim compensation payment of £100,000” would be made to “infected individuals and bereaved partners who are registered with any of the four UK infected blood support schemes”.²¹

The Cabinet Office has since published guidance on the [Infected Blood Interim Compensation Payment Scheme](#) (October 2022) which provides information on the purpose of the scheme and eligibility. The England Infected Blood Support Scheme states that it has now “contacted all eligible infected beneficiaries and bereaved partner beneficiaries to confirm that the payment will be made on Friday 28 October 2022”.²² The same payments are due to be made in Northern Ireland, Scotland and Wales.

¹⁸ Infected Blood Inquiry, [Report on Interim Payments](#) (opens PDF), 29 July 2022

¹⁹ [HC Deb, 19 July 2022, c857](#)

²⁰ [HC Deb, 19 July 2022, c858](#)

²¹ Cabinet Office, [Infected Blood victims to receive £100,000 interim compensation payment, 17 August 2022](#)

²² [England Infected Blood Support Scheme | NHSBSA](#), not dated [accessed 21 November 2022]

Bereaved families and interim compensation

People who are not eligible to join one of the UK Infected Blood Support Schemes cannot access the interim compensation payment. Speaking to the Backbench Business Committee in October 2022, Dame Diana Johnson MP highlighted the case of bereaved families, whose children died after receiving infected blood and blood products in the 1970s and 1980s, who, she stated, fall outside of the scope of the interim payments.²³

While welcoming the interim payments, stakeholder groups have similarly drawn attention to those who are not eligible. The Haemophilia Society, for example, called for “all those who have endured devastating loss and suffering – such as bereaved parents and children” to be “recognised and compensated”.²⁴ The CEO of the Terrence Higgins Trust, Ian Green, said that the government should “start the process of registering the partners, parents, siblings and children of those infected” and that “interim payments should be made to this group within 12 months”.²⁵ The Hepatitis C Trust urged the Government “not to delay implementing a full compensation system for everyone affected, [including] those who are not covered by the interim scheme, such as bereaved parents and children”.²⁶

In his [Report on Interim Payments](#), Sir Brian acknowledged that there was a “moral case” for making interim payments to bereaved parents and children, but that determining payment amounts would be complex:

I was asked by some to recommend interim payments to bereaved parents and children. Many have waited not just years but decades for any recognition of their loss. The moral case for compensation is beyond doubt. The submissions I have received had different views on how to make interim payments. As Sir Robert Francis recognised, his proposals are linked to the ease and speed with which an interim payment can be made. Achieving this appears to be difficult at this stage, though no one can doubt that a parent who has lost a child, or children, or a child who lost a parent, or parents, and has lived for many years without acknowledgement of that loss should be recognised as among those for whom a moral case for recompense is compelling. Further, assessing the amounts it is proper to pay involves a far greater degree of personal individualisation: the approach and eventual amounts of any sums are thus more complex to determine, and I should hear arguments about that first before reaching any conclusion. I shall do that when I hear submissions following the conclusion of evidence.²⁷

A similar point was raised by the then Paymaster General, Michael Ellis MP, in a written statement on 5 September 2022:

²³ Q14 - Backbench Business Committee, [Representations: Backbench Business](#), 25 October 2022

²⁴ [Interim compensation of £100,000 to be paid | The Haemophilia Society](#), 16 August 2022

²⁵ [Victims of contaminated blood scandal to be given £100,000 compensation | Terrence Higgins Trust](#), 17 August 2022

²⁶ [Government announces interim infected blood compensation | Hepatitis C Trust](#), 17 August 2022

²⁷ Infected Blood Inquiry, [Report on Interim Payments](#) (opens PDF), 29 July 2022

I am mindful that there will be people deeply affected by this tragedy who will not benefit from these payments. Sir Robert's detailed Compensation Framework Study makes carefully considered recommendations about the further scope of compensation, including that carers and bereaved relatives (a cohort of affected people not currently supported by financial support schemes) should be compensated. In his interim report, Sir Brian makes specific reference to bereaved parents and children but notes the complexities in determining the approach to their compensation.

To those individuals and others who are out of scope of these payments, I would like to emphasise that the interim payments the government has announced are the start of the process and not the end. Sir Robert's study has been warmly welcomed by the Inquiry and, without prejudging the findings of the independent Inquiry, I fully expect his wider recommendations to inform the Inquiry's final report when it is published in mid-2023. Until that time, the government will continue work in consideration of the broader recommendations in the Compensation Framework Study so that we are ready to respond promptly when the Inquiry concludes its work.²⁸

²⁸ [Statement UIN HCWS279](#) [on Infected blood - Interim Compensation], 5 September 2022

2 Parliamentary material

2.1 Written statements

Written statement: [Infected blood - Interim Compensation](#)

HC Deb 5 September 2022 | HCWS279

The Infected Blood Inquiry has heard first hand details of the terrible suffering experienced by the victims of infected blood over many years, and the urgent need to address the financial uncertainty faced by many.

This Government commissioned Sir Robert Francis QC to produce an independent study with options for a workable and fair framework of compensation for those infected and affected by the tragedy. A copy of Sir Robert's report is in the Library of this House.

Following Sir Robert's detailed evidence given to the Inquiry in July, the Chair of the Infected Blood Inquiry, Sir Brian Langstaff delivered an interim report to the government. In accordance with section 26 of the Inquiries Act 2005, a copy of Sir Brian's interim report has been laid before Parliament. In his report, Sir Brian made the following recommendations:

“(1) An interim payment should be paid, without delay, to all those infected and all bereaved partners currently registered on UK infected blood support schemes, and those who register between now and the inception of any future scheme;

(2) The amount should be no less than £100,000, as recommended by Sir Robert Francis QC.”

On 16 August, I wrote to Sir Brian to confirm that the government has accepted his recommendation in full and that we will be making an interim payment of £100,000, by the end of October, to all infected beneficiaries and bereaved partners registered with the four national support schemes. The date of effect of the recommendation is 29 July 2022, the date that Sir Brian delivered his report. Any infected person or bereaved partner registered with one of the four schemes operating in England, Scotland, Wales or Northern Ireland on that date will be eligible to receive the payments. Sir Brian's recommendation - which this government accepts - was careful not to exclude any eligible person who, for whatever reason, may have not registered themselves with their relevant national support scheme. Should they do so in future, before the inception of any future scheme, they will also be eligible for such a payment, subject to successful application to the scheme.

The intention is that payments will be tax-free and will not affect any financial benefits support an individual is receiving. In advance of the payments, the four support schemes will write to beneficiaries, confirming tax exemptions and benefit disregards, and provide practical details about how the payments will be made. The UK Government will provide the funding to ensure that those eligible, wherever they are living in the United Kingdom, will receive the payment.

As recognised by Sir Robert Francis and Sir Brian Langstaff, this group of victims is the immediate priority for the government because we recognise that, tragically, many of these individuals will not see the conclusion of the Inquiry.

However, I am mindful that there will be people deeply affected by this tragedy who will not benefit from these payments. Sir Robert's detailed Compensation Framework Study makes carefully considered recommendations about the further scope of compensation, including that carers and bereaved relatives (a cohort of affected people not currently supported by financial support schemes) should be compensated. In his interim report, Sir Brian makes specific reference to bereaved parents and children but notes the complexities in determining the approach to their compensation.

To those individuals and others who are out of scope of these payments, I would like to emphasise that the interim payments the government has announced are the start of the process and not the end. Sir Robert's study has been warmly welcomed by the Inquiry and, without prejudging the findings of the independent Inquiry, I fully expect his wider recommendations to inform the Inquiry's final report when it is published in mid-2023. Until that time, the government will continue work in consideration of the broader recommendations in the Compensation Framework Study so that we are ready to respond promptly when the Inquiry concludes its work.

Written statement: [Publication of Sir Robert Francis QC's infected blood compensation study](#)

HC Deb 7 June 2022 | HCWS79

Today the Government is publishing the study by Sir Robert Francis QC, which was commissioned by my predecessor as Paymaster General, the Rt Hon Penny Mordaunt MP.

The study makes recommendations for a framework for compensation and redress for the victims of infected blood, which can be ready to implement upon the conclusion of the Infected Blood Inquiry, should the Inquiry's findings and recommendations require it.

Sir Robert's study is comprehensive and detailed, and reflects the contributions of many individuals directly affected by infected blood, their recognised legal representatives, and campaign groups representing the infected and affected communities, many of whom participated in a series of meetings held by the study from July 2021 to February 2022. Sir Robert makes clear the importance of these contributions by introducing his study with a collection of moving, heartbreaking and sometimes shocking quotations from some of those who spoke to him. It is right that their views and experiences should be at the heart of his work, and I would like once again to thank all those who contributed to the study and shared their experiences with Sir Robert. I do not underestimate how difficult this must have been for many, and I am grateful for their courage.

Sir Robert will give evidence about his work to the Infected Blood Inquiry on 11th and 12th July. Before then, it is important that the Inquiry, and recognised legal representatives of its infected and affected core participants, have an opportunity to consider his work; it is most important that the government is able to reflect upon Sir Robert's evidence to the Inquiry in considering his study.

There is a great deal of complexity to the issues that the study covers and a wide range of factors to be taken into account in considering Sir Robert's recommendations. This analysis cannot be completed hurriedly but officials across government are focussing on this so that the government can be ready to respond quickly to the Inquiry's recommendations, as was intended when the study was commissioned. I will update the House as this work progresses.

I would like, once again, to thank Sir Robert and his team for their work and the timely delivery of the study.

I have asked that a copy of the Study be deposited in the libraries of both Houses in Parliament.

[\[Deposited Paper DEP2022-0468\]](#)

Infected blood compensation study. Compensation and redress for the victims of infected blood: recommendations for a framework. Incl. appendices. [Sir Robert Francis QC]. 195p

07 Jun 2022]

2.2

Urgent Question

Contaminated Blood Scandal: Interim Payments for Victims

HC Deb 19 July 2022 | Vol 718 c856-

2.3

PQs

Blood: Contamination

Asked by: Johnson, Dame Diana

To ask the Minister for the Cabinet Office, whether every individual affected by the infected blood scandal who is eligible for an interim compensation payment of £100,000 will receive their payment by the end of October 2022.

Answering member: Jeremy Quin | Department: Cabinet Office

I can confirm infected individuals and bereaved partners who are registered with any of the four UK infected blood support schemes received their payments by 28 October.

HC Deb 02 November 2022 | PQ 72224

Infected Blood: Support

Asked by: Duncan Baker

What steps his Department is taking to support people affected by infected blood.

Answering Member: The Chancellor of the Duchy of Lancaster (Oliver Dowden)

By the end of this week, all those infected and/or bereaved partners currently registered on UK infected blood support schemes will each receive an interim payment of £100,000. The Government remain committed to meeting in full the interim recommendations made by Sir Brian Langstaff. The payments build on the support already provided by the four United Kingdom schemes.

Duncan Baker

I welcome my right hon. Friend to his new position, and thank him for reaffirming that support. I am sure that all Members have constituents who have been deeply affected by the infected blood scandal. It is absolutely right for the Government to bring forward compensation payments. The concern is that the deadline is looming in just a few days. Can my right hon. Friend be absolutely sure that every single person affected across the country will receive the interim compensation payment by the end of October?

Oliver Dowden

I thank my hon. Friend for his question. Like him, in a previous incarnation as a Minister in the Cabinet Office, I met with survivors. All of us, I think, who have met those survivors have been humbled by their courage and dignity. I can of course give my hon. Friend the assurance that he seeks. All four national Health Departments have confirmed that the payments will be made by the end of this week.

Jim Shannon

I thank the Minister for that very positive response. Some of my constituents, and indeed people across Northern Ireland, will welcome the £100,000, but other families have lost loved ones who were potential recipients of that money. Can the Minister assure us that those families will receive the money, and will do so at a suitable time? In some cases, they have been waiting for 12 to 15 years.

Oliver Dowden

I understand and share the angst felt by those families at the time that this has taken. As the hon. Member will be aware, these are interim payments, and it is the start of a process. It would be wrong for me to prejudge the entire process, but I very much share and sympathise with his concerns, and I will ensure, as the responsible Minister, that those sentiments are represented.

HC Deb 27 October 2022 | Vol 721 c386

[Infected Blood Inquiry](#)

Asked by: Lord Field of Birkenhead

To ask Her Majesty's Government how many individuals have brought claims against the Government for negligence in relation to contaminated Factor VIII blood products since the Government first made compensation payments to haemophiliacs infected with HIV in 1991.

Answering member: Lord Kamall | Department: Department of Health and Social Care

A group claim has been brought on behalf of approximately 500 claimants or their dependants, in relation to Factor VIII and Factor IX products. This claim is stayed pending the outcome of the Infected Blood Inquiry.

HL Deb 04 July 2022 | PQ HL1183

3

News items

BBC News online

9 November 2022

[1 in 3 infected with HIV in blood scandal was a child](#)

Department of Health and Social Care press release

22 October 2022

[Infected blood £100,000 interim compensation payments to be made this month](#)

British Medical Journal (BMJ)

2 August 2022

[Inquiry urges immediate compensation to victims of contaminated blood](#)

BBC News online

29 July 2022

[Infected blood victims set for £400m in compensation](#)

Guardian

7 June 2022

[Infected blood scandal payments could run into billions, report suggests](#)

Guardian

29 May 2022

[UK patients affected by infected blood scandal to receive payouts](#)

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