

Infected Blood

Compensation Authority

[UNCONFIRMED - formal Board approval on 05/05]

IBCA Board Minutes

3 February 2026, 13:00 - 15:00

BP7118, Benton Park View, Newcastle

Board Members:

1. Sir Robert Francis (SRF) - Chair
2. David Foley (DF) - Chief Executive Officer
3. Deborah Harris-Ugbomah (DHU) - Non-Executive Director
4. Helen Parker (HP) - Non-Executive Director
5. Sir Rob Behrens (SRB) - Non-Executive Director
6. Russell Frith (RF) - Non-Executive Director
7. Dan Hancock (DH) - Director, Corporate Services
8. Celine McLoughlin (CM) - Director, Digital
9. Sindy Skeldon (SS) - Director, Operations

Attendees:

1. Victoria Brock - IBCA General Counsel
2. James Quinault - Cabinet Office, Director General, Public Inquiry Response
3. Chair's Private Office
4. Governance Secretariat

Welcome, Actions and Matters Arising

- 1.1. The Chair welcomed everyone to the Board meeting.
- 1.2. The minutes were agreed.
- 1.3. No interests were declared.
- 1.4. [*Subsequent to the break*] The Board agreed to the updates in the IBCA action log.
- 1.5. HP highlighted that the Board had held a Strategy Awayday in January, and agreed that the strategy should be to ensure that the organisation was: 1) capable and dependable; 2) listening to community feedback; 3) maturing appropriately; 4) planning for the future. There would be an update to the Cabinet Office as the sponsor department, in line with the framework agreement.

2. CEO Update, Strategic Delivery

- 2.1. DF updated the Board on progress. Key highlights included:
 - 16,389 registrations;
 - 3,558 people had started the claim process;
 - £1.9 billion compensation payments made to date.

- 2.2. On service goals, the introduction of the digital service had been delayed owing to prioritisation of opening the service to new claim groups.
- 2.3. On legislation, the Government consultation on the fourth set of Regulations had closed recently and IBCA was awaiting the result, which would inform delivery.
- 2.4. On communications, the community had continued to raise concerns, including the amount of the award for unethical research and disparities in compensation amounts compared with other compensation schemes. The Infected Blood Compensation Authority (IBCA) had written to the Cabinet Office to convey those concerns and was now publishing a quarterly digest of concerns raised on the website.
- 2.5. In discussion, a question was raised about the difference in the number of claims started and offers made. DF explained that this related to the need for data provision by external organisations, for example the NHS. DF highlighted that once a claim had been finalised, a survey was sent to claimants to ask about their experience, and satisfaction with the service was increasing. It was important to have a single Claim Manager from start to finish, which contributed to service user satisfaction.
- 2.6. On the digital service, the emphasis had been on making sure that this was high quality; in future everyone could have the opportunity to make an online claim as an alternative to the telephone. This would enable scale-up and efficiency.
- 2.7. On corporate matters, there was a March move-in date for the Glasgow office, and IBCA was participating in the Cabinet Office Matrix shared services project.
- 2.8. In discussion, the question arose as to whether or not it would be possible to scale fast following completion of the private beta testing phases. DF noted that there was a strong relationship with existing providers and that IBCA was ready to do this. On four of five priority projects being rated red, IBCA had agreed mitigating actions together with the Cabinet Office as the sponsoring department. IBCA would continue to update the Board on progress against these mitigating actions. In May IBCA would move to its new office in Newcastle, for which careful planning had been undertaken.
- 2.9. On data, DF noted that a large amount of compensation had been paid and IBCA continued to work hard to make progress on the more complex claims. For the first cohort in 2025, starting with small numbers had provided the necessary understanding that had enabled rapid scale-up subsequently.
- 2.10. In discussion, the question arose as to why people seemed to be satisfied with the organisation while being dissatisfied with the scheme. There also appeared to be a gap between what people expected the financial advice to cover and what the provision was. The aim of the financial advice was to enable people to make the right decision about whether or not to accept the payment, as opposed to supporting them with future financial planning.
- 2.11. On quality assurance, there was extensive management information available, and the data team was now pulling this together into a dashboard to illustrate trends.

- 2.12. On engagement, DF outlined that there had been valuable sessions with the community in person and on social media, which would inform how the service should be opened up further. A drop-in event with claimants had been held in Glasgow on 25th January. Future drop-in events would be in Birmingham, Cardiff, London and Manchester. Further, the first quarterly digest was published in late January.
- 2.13. DF noted that he would attend the Public and Constitutional Affairs Committee meeting on the Cabinet Office Annual Report and Accounts on 10 February, to answer any questions arising on the IBCA accounts 2024-25.

3. Service Delivery

- 3.1. CM presented the paper on progress in testing new categories of claim for the digital service (private betas). This included: 66 people living with infections who had never been compensated; 26 claims for the estates of the deceased infected (made more complex by links to affected claims); and 17 people in the affected category. Priority was being given to people near the end of their life.
- 3.2. In order to scale up, there was a need for identity verification to be as smooth as possible, and for support services to be available. There was also a focus on making sure Claims Managers could share information effectively. Feedback on elements that were helpful or unhelpful was being built into the approach.
- 3.3. Board members then discussed the availability of trauma training for staff members dealing with people near the end of their lives. In response to questions on scaling up, CM noted that it was important to trial claims with different types of relationship in order to expand this further. On eligibility, no-one had yet had to be turned away from the service; any challenge had been on amount, not eligibility.

4. Board Sub-Committee Updates

- 4.1. As Chair of the Audit, Risk and Assurance Committee (ARAC) RF provided an update on recent items of discussion, which included lessons learned from the production of the 2024/25 accounts. The next ARAC would focus on the 2025/26 accounts.
- 4.2. As Chair of the Quality and Performance Committee (QPC), DHU noted that the QPC would be reviewing service quality. The terms of reference would be coming to a future Board meeting for approval **[Action]**.
- 4.3. As Chair of the Remunerations Committee (REMCO), HP stated that REMCO scrutinised matters such as senior pay, and pay for the panel of clinical advisers.
- 4.4. The Chair then closed the public meeting in order to conduct a private session for any other business.

Date of next meeting: 5 May 2026

Actions

| Date | No. | Action | Owner | Due Date |
|-------------|------------|--|----------------|-----------------|
| 03/02/26 | 163 | Submit Quality and Performance Committee Terms of Reference to the Board for approval. | Hannah Probert | 03/03/26 |