

[UNCONFIRMED - formal Board approval on 07/07]

IBCA Board Minutes
6 May 2026, 13:00 - 15:00
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. Deborah Harris-Ugbomah (DHU) - interim Non-Executive Director
5. Russell Frith (RF) - interim Non-Executive Director
6. Helen Parker (HP) - interim 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, Strategy and Policy
2. Victoria Brock - IBCA, General Counsel
3. James Quinault - Cabinet Office, Director General, Public Inquiry Response Unit
4. Tim Green (TG) - Chair, Community Advisory Panel
5. Governance Secretariat

Welcome, Actions and Matters Arising

- 1.1. The Chair welcomed everyone to the Board meeting.
- 1.2. The minutes from the February meeting were agreed - these will be published and replace the previous version.
- 1.3. No new declarations of interest were made by Board members.
- 1.4. The Board reviewed and agreed to the updates in the IBCA action log.

2. CEO Update, Strategic Delivery

- 2.1. DF updated the board on the strategic delivery report and compensation data, noting that we expect some of the figures quoted to increase with the new set of data published on 7th May. DF noted a steady increase in living infected compensation claims asked to begin, with more increases expected in the following weeks.

On claims registered:

- 18,039 registrations of intent have been received
- 1,220 registrations of intent from a living infected person, or their representative (this does not include those claiming to be living with infection and registered with a support scheme, as they should already have been contacted beforehand)
- 2,560 registrations of intent from people acting on behalf of a deceased infected person
- 14,183 registrations of intent from a living affected person, or their representative
- 346 registrations of intent relating to a living infected and affected person, or their representative.
- Registrations are now open for deceased affected claims following regulations being laid in Parliament.

2.2 A total of 4,004 people have been asked to start their claim. This includes:

- 3,626 living infected people registered with an existing support scheme;
- 192 living infected people who have never been compensated;
- 96 people acting on behalf of a deceased infected person;
- 90 affected people.

Of this number, 3,789 have started the claim process. This includes:

- 3,485 living infected people registered with an existing support scheme;
- 145 living infected people who have never been compensated;
- 82 people acting on behalf of a deceased infected person;
- 77 affected people.

2.3 Of those that have received an offer:

- 3,304 people have received an offer, totalling over £2.6 billion.
- 3,201 people have been paid, totalling just under £2.1 billion.
- Just over 200 claims are awaiting resolution - of these awaiting resolution, the majority are awaiting information from one of the national health services.

2.4 Claims accelerated from 244 claims in action in March 2025 to more than 3,000 claims paid by December 2025. IBCA expects a similar acceleration in claim progression this year.

2.5 Key learnings from the test and learn phase include:

- Affected Claims: Understanding the evidence needed to prove a relationship with the foundational claim (e.g., mother, father, spouse, carer).
- Deceased Infected Claims: Gaining knowledge on probate, representatives, and evidence for cases involving Hepatitis B.
- Assisted Digital: A higher number of people than anticipated are being taken through assisted digital services.

Infected Blood

Compensation Authority

2.6 The board discussed community concerns regarding the high level of ID verification for those raising a claim. SS confirmed the current high confidence level is necessary for handling substantial public funds and sensitive information, citing validation from the Public Sector Fraud Authority. The organisation is reviewing the process and developing alternative methods to achieve similar confidence for people unable to meet the standard journey.

2.7 DF addressed the statutory transfer of the Infected Blood Support Schemes into IBCA, which demands joined-up delivery and collaboration with the Cabinet Office (CO). IBCA will provide an update on this work to the board in July, though SRF suggested this update should be a standing item for every Board meeting. **[ACTION]**

2.8. On the fourth regulations, CO published its response to the consultation on the fourth regulations (including updates to core and supplementary awards), with the government intending to formally lay the regulations later this year. IBCA is committed to reviewing the impact on all claims and developing plans for supplementary payments, using its experience from implementing the third set of regulations.

2.9 On finances, the provisional full-year outturn for 2025/26 was a total spend of £126 million against a budget of £136 million, resulting in an underspend of around 7%. The underspend was mainly in operational and legal costs, offset by an overspend in pre-agreed technical development costs.

2.10 Key changes to the executive leadership team were announced; these changes were noted as being designed to ensure IBCA's leadership structure is directly aligned with the evolving strategic priorities and the needs of the stakeholders.

- John Kelly, Director of Data, has resigned to take up another role in government.
- Sindy Skeldon has been appointed Chief Operating Officer.
- Celine McLoughlin will lead a single unified digital and data team as Chief Digital and Information Officer.
- Rachel Forster, Director of Communications and Engagement, will be taking a short leave of absence for a medical procedure, and an interim Director is being recruited.

2.11 DF's final update was on Community Driven Development and Engagement. A new route for the public to raise concerns with the Infected Blood Compensation Scheme was announced by the Minister for the Cabinet Office on April 14. IBCA has established a tracking system for all feedback and concerns and will confirm and publish indicative response times for acknowledging receipt and providing information on how issues are being addressed.

2.12 IBCA worked with the community to ensure this mechanism met the needs of the community, and through Community Driven Development Sessions held in March, drew out the following Key Themes and Actions Required:

1. Being Clear About Our Process and Keeping You Informed
2. Making It Easy to Provide Feedback or Raise a Concern
3. Reporting and Transparency
4. Acknowledgement, Updates, and Follow-up
5. Content and Consistency

2.13 The community events themselves, which now include drop-in sessions, were valued; people were grateful for the opportunity to speak with a trained Claims Manager and ask specific questions. Common themes emerging from these sessions include questions about timetables, the claim process, preparation steps, and available support.

2.14 As a final point before the break, the chair asked SS for an update on the morale of IBCA's frontline workers. SS reported that morale among frontline workers is very good, with healthy figures for sickness and attrition, and the team is ready for the next phase of claims.

3. Business Plan Update

3.1. HPr initiated the discussion by stating that IBCA's business plan is being developed around four pillars:

- Pay People: Focuses on core compensation delivery and legislative changes.
- Listen and Act: Focuses on improving community feedback mechanisms.
- Maturing the Organisation: Focuses on building necessary capabilities.
- Planning for the Future: Focuses on completing the mission beyond the current financial year.

3.2. The next steps involve reviewing options for scaling up and prioritisation to propose a business plan for decision at the next Board meeting. The plan will include details on activities within each pillar, success metrics, and an estimate for the number and order of cases expected to be processed, which will take into account the constructive challenge received from the Community Advisory Panel.

3.3 DH explained that the plan will be delivered within the 2026/27 spending review settlement of £171 million. The proposed budget includes a 5% efficiency target for each directorate budget, creating a central pool of unallocated funding for emerging in-year risks and volatility, especially in professional services, where costs depend on individual claim decisions

3.4. The final total budget number is still being discussed with CO, particularly the split between revenue and capital, but IBCA is using the current figure for planning purposes. The Board was asked to agree on the overall position for the budget, with a commitment to provide the Board with quarterly budget updates.

3.4. DHU queried the timing, noting the plan covers the remaining nine months of the financial year, as one quarter would already be complete by the July approval. HPr

clarified that the business plan will focus on what can be achieved in the current financial year.

3.5. TG asked if the financials included forecasting for scaling up, and DH confirmed the budgets include capacity for scaling, though exact details need to be resolved through business planning.

3.6. DH explained that the budget is currently phased on a quarterly basis, reflecting factors already known about recruitment trajectories and major contracts.

3.7 The board approved the direction of travel for the business plan; a finalised business plan, incorporating the feedback from the Community Advisory Panel, will be proposed for a decision on 7 July. **[DECISION]**

3.8. The Board also agreed on the overall budget position, agreeing to receive quarterly financial updates. **[DECISION]**

3.4 DHU requested that the business plan, when it's brought to the Board, clearly illustrate how the four pillars contribute to or enhance the organisation's eight strategic objectives.

4. Community Advisory Panel (CAP) Update

4.1. TG outlined that the panel's role is to support the Board's thinking and provide constructive challenge on policies, procedures, and operations, specifically through the lens of lived experience. The panel's first meeting discussed the current test-and-learn approach and the emerging complaints procedure, and they strongly highlighted the growing anxiety and trauma caused by delays in compensation.

4.2. The CAP's feedback focused on four key themes: the need for greater transparency and communication regarding challenges; the potential for a more explicit triage approach to move straightforward claims through quickly; the concern that current evidence thresholds may be too risk-averse, and the need for a genuine two-way relationship where the community sees how their feedback shapes decisions

4.3 TG highlighted the mechanism by which members of the CAP may raise concerns with the Cabinet Office for issues outside direct operational control, and instead fall within the wider government policy and legislation.

4.4 HP expressed confidence in the panel's ability to help the Board be more effective and thanked TG for the clear and powerful articulation of the community's input. On behalf of the executive, DF confirmed they will go through the paper in great detail, giving it thorough consideration, and commit to providing clear feedback on which proposals are implemented or why others are not **[ACTION]**.

5. Board Sub-Committees Updates and Terms of Reference Approvals

Infected Blood

Compensation Authority

The logo features a green horizontal line with a solid green circle in the center, positioned below the text.

5.1. RF began the sub-committee updates with that of the Audit, Risk and Assurance Committee. The committee met in February to discuss external and internal audit plans. The next meeting will focus on the progress of the annual report, the external audit, a draft opinion on control systems for 2025/26, and updates on risk management.

5.2 DHU presented the proposed terms of reference for the Quality and Finance Performance Committee, explaining that its main aim is to discuss pace and performance without making decisions. The board approved the terms of reference, noting a review is planned in approximately six months, and if there are any updates, then the item will come back to the Board. **[DECISION]**

5.3 DHU presented the revised terms of reference for the Remuneration Committee, noting the committee advises the chair on appointments, staffing, and executive remuneration, with the amendment reflecting an expanding scope into people and workforce matters. The Board approved the terms of reference. **[DECISION]**

5.4. The Chair then closed the public meeting in order to conduct a private session for any other business.

Date of next meeting: 2 June 2026

Infected Blood

Compensation Authority



Actions

Date	No.	Action	Action Owner	Due Date
05/06/2026	164	Conduct thorough consideration of the CAP feedback, and provide a response explaining implementation decisions or reasons why suggestions are not adopted to the panel and the wider community	David Foley	02/06/2026