

Infected Blood Inquiry – Additional Report (9 July 2025)

Summary of Recommendations

Speed and Fairness

- Open registration as soon as possible for all individuals eligible for compensation.
- Simplify the claims process into four cohorts, with all categories progressing in parallel rather than sequentially:
 - Infected (registered) – currently in progress
 - Infected not yet registered
 - Deceased infected
 - Affected
- Ensure legal support is clearly highlighted and accessible to applicants throughout the entire claims process.

Transparency

- IBCA should publish more documentation, including board minutes, guidance, reference materials for claims managers, and papers addressing regulatory issues.
- Claimants must receive written clinical assessment reasoning to aid understanding and support the ability to challenge decisions.
- An infected/affected advisory body, comprising community representatives and relevant clinicians, should be given a formal role within IBCA, with the Chair invited to attend all IBCA board meetings as an observer.
- Improve how issues raised by the infected/affected community are recorded and ensure IBCA responses are made publicly available.
- Establish a clear process for raising concerns with IBCA and the Government, with a designated person or body responsible for administering this and ensuring responses from a senior figure within IBCA or the Cabinet Office.

HIV Infections Before 1982

- Remove the reference to **1 January 1982** in Regulation 3, which currently limits compensation eligibility to HIV infections between 1 January 1982 and 1 November 1985.

Hepatitis

- People infected with hepatitis B or C who received Interferon or equivalent treatment should be entitled to core awards at Level 3.
- The Government should reconsider using the SIBSS/EIBSS health group categorisations (six health impact groups) as the sole basis for determining severe health conditions.
- Remove restrictions on financial loss calculations for those born after 1953 (Hepatitis B) and 1961 (Hepatitis C).
- If evidence confirms Level 3 infection but the date it reached that level is unclear, awards should be backdated accordingly.
- Remove the requirement in the regulations for a specific date of diagnosis for Hepatitis B or C (amend Regulation 14(2)(c)).

Severe Psychological Harm

- Amend eligibility to accept evidence of severe psychological harm not only from psychiatrists but also from qualified psychological and counselling professionals, as per the Infected Blood Psychological Service model.

Financial and Care Losses

- Remove the variable “X” from the formula used to calculate past financial loss awards.
- The Cabinet Office should consider reducing the burden of proof required to demonstrate exceptional reductions in earnings.

Unethical Research

- Where there is evidence that an individual was subjected to unethical research, IBCA should have the authority to make an award for this harm.

- IBCA should apply the broader definition of research outlined in the Unethical Research Report.
- The Minister for the Cabinet Office (MCO) should review whether current tariffs for unethical research are too low to reflect the seriousness and injustice of being involved in research without consent.

People Affected

- The MCO to consider whether a supplementary route for affected should be introduced to include areas such as severe psychological harm.
- If an eligible affected person dies between 21 May 2024 and 31 December 2029, their affected claim should form part of their estate and not expire upon death.

Bereavement After 31 March 2025

- The current cut-off date for new IBSS applications for bereaved partners should be reviewed and newly bereaved partners should receive support payments until at least they receive their compensation payment.
- An option to continue the support payments for bereaved partners should be added to their compensation package.