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17 December 2024

Dear Clare,

I am writing to provide the Committee with a further update on the Scottish Government's response to the recommendations of the Infected Blood Inquiry, which were published in its final report on 20 May. This update follows my letter to you of 28 June, which focussed on issues in relation to compensation, and the statement to the Scottish Parliament made by the First Minister on 21 May.

The UK Government has today published a report setting out progress made so far in implementing the recommendations. This is in line with the Inquiry's recommendation 12, which requires the UK Government to report back to the UK Parliament by the end of this year on progress made in considering and implementing the recommendations. I can confirm that, along with the other UK nations, the Scottish Government was fully involved in the production of this report. The report can be found at <https://www.gov.uk/government/publications/government-response-to-the-infected-blood-inquiry/government-response-to-the-infected-blood-inquiry-html>.

As the Committee will agree, the findings of the Inquiry are very concerning. The Inquiry's final report details a catalogue of failures at systematic, collective and individual level, with some 3,000 people in Scotland infected with hepatitis or HIV due to infected blood, blood products, or tissue. Many of those people have died as a result of their infections. The report finds that many of these infections were avoidable. Whilst many of the issues uncovered by the Inquiry have thankfully already been addressed by the NHS and governments to ensure

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the safety of blood components and improve patient safety more widely, it is clear from the Inquiry's findings that there is still more progress to be made in a number of areas.

It is therefore right that the UK report makes clear that, already at this stage, the Scottish Government accepts in full or in principle all of the recommendations of the Inquiry that are directed at Scottish interests. The Scottish Government has provided updates in the report on the progress being made in areas where recommendations are directed at bodies in Scotland to deliver. In addition, recommendation 12 requires the UK Government to make a further report by May 2025, either committing at that stage to implementing the recommendations in full or giving explanations as to why that is not possible. I will provide the Scottish Parliament with a further update in line with that timescale.

As the First Minister made clear in his statement, the Scottish Government is committed to learning lessons from what went wrong and the terrible impact it has had on so many infected blood victims in Scotland and their families. The Scottish Government has established an [Oversight and Assurance Group](#) (OAG) involving patient representatives and representatives from the NHS in Scotland, to ensure progress in taking forward the Inquiry's recommendations. The OAG has now met four times, with a further meeting planned in early February. The minutes of the meetings can be found on the Scottish Government website. The OAG has made good progress in supporting implementation of the recommendations, as set out in the UK report. As examples, the Chief Medical Officer has already asked all NHS Boards and GP practices to offer hepatitis C testing to anyone who has had a blood transfusion prior to 1996 if they have not already been tested. This is to ensure any individuals who may have been infected but not yet diagnosed can be offered treatment and support as quickly as possible. We are also working with campaigners and relevant local authorities to identify a suitable location for a Scottish memorial to infected blood victims.

In my letter of 28 June, I gave an update on progress on delivering compensation to the victims of infected blood, which the Inquiry prioritised as its first recommendation. I confirmed that interim infected blood compensation payments of £210,000 were paid out on 24 June to each infected person currently registered with the Scottish Infected Blood Support Scheme (SIBSS). These payments followed interim payments of £100,000 to infected people and bereaved partners in October 2022. We have worked since with the UK Government to ensure that the estates of those who sadly died are now also able to claim interim payments of £100,000. This will allow for much needed support to be provided to families. The details of the UK scheme for estates interim compensation can be accessed at [gov.uk](http://gov.uk). I can confirm that SIBSS made a first round of 17 payments to estates on 6 December and that the scheme remains open for the foreseeable future to further applications.

I want to see final compensation payments made to all victims of infected blood as soon as possible. I met with Sir Robert Francis, the interim Chair of the UK-wide Infected Blood Compensation Authority, on 5 December, to press the importance of swift action and to ensure that Scottish interests are considered appropriately. The Authority is working to deliver final compensation payments, and Sir Robert has consulted with communities and their representatives across the UK, including with Haemophilia Scotland and the Scottish Infected Blood Forum. In line with the UK Regulations which came into force in August, the

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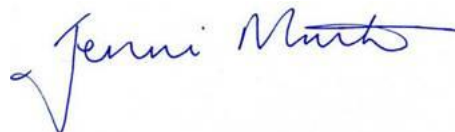
Authority remains on track to make the first final compensation payments to a small number of infected people shortly. The Authority is also keeping communities updated on progress via a number of channels.

I received assurances from Sir Robert that the Authority would have staff members based in Scotland. This is important, as I know that those currently registered with SIBSS have valued the close contacts they have had with SIBSS staff. I was also reassured that the Authority will work to ensure that all applicants for compensation have a designated contact point in the Authority and that the Authority will put in place arrangements to take on board the views of infected and affected communities across the UK, in line with the arrangements that are currently in place via the SIBSS Advisory Board. Finally, I made robust arguments, as I have done previously to the UK Government, that applications for final compensation from those infected with hepatitis B (HBV), who have not so far received any support, should be prioritised by the Authority. Sir Robert said he understood my concerns and assured me that he would give this issue full and considered attention, with a view to allowing those infected with HBV to apply for compensation as soon as possible.

The UK Government will lay further Regulations in the New Year which will make some additional provision for compensation to infected people and also set out the arrangements for compensation for affected people, such as families. My officials are in close contact with the UK Government about these Regulations, as they will also make provision for the transition of responsibility for making regular support payments from SIBSS and the other three UK Infected Blood Support Schemes (IBSS) to the Authority. The UK Government has confirmed that all those currently registered with any of the IBSS, or who register with them before the IBSS close to new applications from 1 April 2025, will be able to receive their support payments for life. This is in line with the expectations of the community and their representatives. The transition will ensure that a single body, the Authority, will in future have responsibility both for making regular support payments and compensation payments, which makes sense given the synergies. The date on which responsibility for making regular support payments will transfer to the Authority has not yet been confirmed, but I expect it will take place towards the end of financial year 2025-26.

I am fully committed to this work and will do what I can personally to drive forward further progress. I hope you will find this update useful ahead of the Christmas recess and I will provide a further update as soon as more information is available.

Yours sincerely,



**Jenni Minto MSP**

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