

**EXPLANATORY MEMORANDUM TO**  
**THE INFECTED BLOOD COMPENSATION SCHEME REGULATIONS 2024**

**2024 No. 872**

**1. Introduction**

- 1.1 This explanatory memorandum has been prepared by Cabinet Office and is laid before Parliament in accordance with the Victims and Prisoners Act 2024 (the “Act”) by command of His Majesty.

**2. Declaration**

- 2.1 Nick Thomas-Symonds, Minister for the Cabinet Office confirms that this Explanatory Memorandum meets the required standard.
- 2.2 James Quinault, Director General for Public Inquiries Response Unit, at the Cabinet Office confirms that this Explanatory Memorandum meets the required standard.

**3. Contact**

- 3.1 Elizabeth Bates at the Cabinet Office. Telephone: 07745201350 or email: [ibiresponse@cabinetoffice.gov.uk](mailto:ibiresponse@cabinetoffice.gov.uk) can be contacted with any queries regarding the instrument.

**Part One: Explanation, and context, of the Instrument**

**4. Overview of the Instrument**

*What does the legislation do?*

- 4.1 This instrument establishes the Infected Blood Compensation Scheme (‘the Scheme’). The instrument sets out the first tranche of who is eligible for payments under the Scheme, the amounts they are eligible to receive and makes provision around the operation and application procedure of the Scheme. Once established, this instrument will allow the Infected Blood Compensation Authority (‘IBCA’) to start paying compensation to people who are infected. Subsequent regulations will supplement this and extend the Scheme to people who are affected and make enhancements for compensation via a supplementary route.

*Where does the legislation extend to, and apply?*

- 4.2 The extent of this instrument is UK-wide.
- 4.3 The territorial application of this instrument is UK-wide.

**5. Policy Context**

*What is being done and why?*

- 5.1 The Infected Blood Inquiry (‘the Inquiry’) was established in 2017 to examine the circumstances where people treated by National Health Services in the UK were given infected blood, blood products and tissue. This has become known as the infected blood scandal. The main viruses transmitted were HIV, hepatitis B and hepatitis C. The Inquiry published its Report on 20 May 2024 and estimated that more than 3,000 deaths are attributable to infected blood, blood products and tissue. It found that the

scandal “could largely, though not entirely, have been avoided. And...it should have been”.<sup>1</sup> In line with the Inquiry recommendations, the Government announced on 21 May 2024 its intention to pay compensation to people who were infected and affected by the infected blood scandal. This announcement received cross-party support.

- 5.2 The Scheme is based on the recommendations and principles put forward by the Inquiry, which were themselves informed by Sir Robert Francis KC’s *Compensation Study*. In line with these, the Government has sought to design a fair and comprehensive compensation scheme that will be quick and simple for eligible applicants to access. The Scheme’s detailed design reflects the advice of the Infected Blood Inquiry Response Expert Group, chaired by Professor Sir Jonathan Montgomery. The Expert Group brought together legal and clinical experts who were assisted by care specialists. The Government’s proposed Scheme (announced on 21 May) was amended following an engagement exercise carried out by Sir Robert Francis KC in June 2024.
- 5.3 This instrument is the first tranche of legislation to provide financial compensation for eligible people who were infected by contaminated blood, blood products or tissue. The Scheme will be delivered by the IBCA (a body established by the Act).
- 5.4 The Act imposed a duty on the Government to establish a compensation scheme by regulations within three months of Royal Assent. This instrument satisfies that duty. The Government intends to bring forward further regulations to extend the scheme to people who were affected by the infected blood scandal.
- 5.5 **Part 1** of these regulations provides for citation, commencement and interpretation. Part 1 makes regulations which:
  - 5.5.1 Extend the regulations to England and Wales, Scotland and Northern Ireland and provide that they come into effect on 23 August 2024.
  - 5.5.2 Define terminology used throughout the regulations, including severity levels of infections.
- 5.6 **Part 2** of these regulations provides for the establishment and administration of the Scheme. Part 2 makes regulations which:
  - 5.6.1 Establish the scheme and confirm payments must be delivered by the IBCA.
  - 5.6.2 Make provision concerning the appointment of members to the IBCA. Regulations set the eligibility criteria for members (chair or non-executive members) of the IBCA board. These include that at least one non-executive member must have experience of risk and audit; members should not have specific criminal convictions, bankruptcy restrictions, termination or redundancies from specific public bodies, charities or trusts; members should not be disqualified company directors; members should not have a conflict of interest which would impact their ability to carry out their role and appointments to the IBCA will be automatically terminated should members cease to meet the criteria set out.
  - 5.6.3 Make provision for the Minister for the Cabinet Office or the Secretary of State on request of the prospective member to end disqualifications in certain circumstances.
  - 5.6.4 Provide that recovery of any overpayments by the IBCA are retained by the IBCA and used for the administration of or payments under the Scheme.

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<sup>1</sup> The Report, 20 May 2024, the Infected Blood Inquiry.

- 5.7 **Part 3** of these regulations makes provision concerning eligibility requirements for eligible infected persons under the Scheme. Part 3 makes regulations which set out:
- 5.7.1 The meaning of an eligible infected person, that being a person, living or deceased, who has received NHS treatment, or armed forces treatment overseas, with blood, blood products or tissue known to be capable of transmitting HIV, hepatitis C, or hepatitis B. In line with the recommendation of the Inquiry, those who are mono-infected with hepatitis B will only be eligible where the case is chronic or the person died as a result of the infection within the acute period.
  - 5.7.2 Where a person was treated with blood, blood products or tissue within certain specified dates, they will be eligible for compensation on the basis that treatment during those dates is more likely to have resulted in transmission of HIV, hepatitis C or hepatitis B. For those treated after the specified dates, they will need to (additionally) satisfy the IBCA that their treatment caused them to become infected.
  - 5.7.3 The circumstances in which an indirectly infected person can be eligible. These circumstances include sexual contact while in a long term relationship, direct vertical transmission from mother to child, accidental needlestick injury and transmission through living in close proximity to an eligible infected person.
  - 5.7.4 Definitions for who is included within armed forces treatment overseas.
  - 5.7.5 That the IBCA must be satisfied that the applicants to the scheme are eligible under the criteria set by these regulations.
- 5.8 **Part 4** of these regulations makes provision concerning assessments and payments to be made by the Scheme under the ‘core route’ to eligible infected persons who are not registered under an infected blood support scheme. Part 4 makes regulations which set out:
- 5.8.1 The provisions for compensation payments under the core route. The core route refers to set tariffs which will be used to determine compensation amounts for eligible infected persons. For those with hepatitis B or hepatitis C, the tariffs for compensation payments will be determined by the severity of infection. The severity levels are set out in the Schedule to the regulations.
  - 5.8.2 Compensation payments must generally be made to an eligible infected person. However, if the eligible infected person is deceased, the payments must be made to their personal representative. A personal representative must provide the IBCA with evidence of the grant of probate, letters of administration for the eligible infected person’s estate or confirmation of being the eligible infected person’s executor. If the person is alive but is under 18, then the payments must be made to a person with parental responsibility for them. If the person is alive and 18 or over but lacks capacity, then payments must be paid to an appropriate person, such as the person’s guardian, or the person who has power of attorney.
  - 5.8.3 The compensation payment may be taken as a lump sum or, for a living eligible infected person only, by way of monthly payments over a period of 5, 10 or 25 years (the applicant chooses the period). To ensure there is no disadvantage in choosing periodic payments, future periodic payments will be uprated in line with the consumer price index. Where an eligible infected person, or person accepting payment on their behalf, elects to take a periodic payment but dies before all the periodic payments are paid, the outstanding amount of the compensation payment will be paid as a lump sum to the personal representative of the eligible infected person.

- 5.8.4 Before a compensation payment becomes payable, the IBCA must provide an eligible infected person with a document setting out the offer of payment to them. Within three months, the eligible infected person must either notify the IBCA of acceptance of this offer, or they may apply to have the IBCA decision reviewed. If the offer is not accepted within the specified period, and any review or appeal is not exercised or concluded, the offer expires and no compensation is paid under it. This does not prevent a new application being made. If the compensation offer is reviewed or appealed, there will be a further three month period after the review or appeal decision to accept the offer.
- 5.8.5 Compensation will consist of an injury impact award, a social impact award, an autonomy award, a basic financial loss award, an additional financial loss award, and a care award. These awards align with the awards recommended by the Inquiry.
- 5.8.6 The amount of compensation due to an eligible infected person is the total of the different categories of compensation awarded to them, minus some deductions. The following deductions need to be made from the compensation award: the amount of payments which the person has already received under the Act, the Infected Blood Interim Compensation Scheme or the Infected Blood Further Interim Compensation Scheme; any litigation damages paid in relation to infected blood; and support scheme payments which relate to a period after 31 March 2025.
- 5.8.7 The *Injury Impact Award* compensates for past and future physical and mental injury and emotional distress and injury to feelings caused by, or that will in the future be felt as a result of, the infection and treatments for infected blood.
- 5.8.8 The *Social Impact Award* compensates for past and future social consequences of the infection including stigma and social isolation.
- 5.8.9 The *Autonomy Award* compensates for the distress and suffering caused by the impact of the infection on and the interference with that person's family and private life and autonomy. This includes instances of loss of marriage or partnership prospects, the loss of opportunity to have children and the impact on that person of personal attacks on their home.
- 5.8.10 Where the eligible infected person has hepatitis B or hepatitis C, compensation for the Injury Impact, Social Impact and Autonomy Awards is determined by a tariff framework based on the eligible infected person's severity level of the infection, to be decided by the IBCA by reference to the clinical markers set out in the Schedule to these Regulations.
- 5.8.11 The *Financial Loss Award*. There are two parts to the financial loss award - the basic financial loss award (regulation 17) and the additional financial loss award (regulations 18, 19 and 20). An eligible infected person with acute hepatitis B (level 5) or acute hepatitis C (level 1) will receive the basic financial loss award. All other hepatitis B or C severity levels and eligible infected persons with HIV will be able to claim both the basic and additional financial loss awards.
- 5.8.12 The basic financial loss award provides compensation for notional expenses incurred as a consequence of an infection, such as travelling to and from medical appointments or additional insurance costs. A flat rate is used here as these costs are expected to be reasonably consistent across infections and severity bands.
- 5.8.13 The additional financial loss award compensates for past and future financial loss, including loss of services such as childcare, care or domestic support. The total awards are calculated on the basis of amounts payable in relation to each year of a person's infection, as set out in the regulations. The underlying basis of the award is

the UK median salary as of early 2024 plus 5% and then netted for tax. The sums awarded are different depending on whether the eligible infected person has hepatitis B or C, and the severity of that infection, or whether they have HIV. For those with hepatitis B or C, the rate for years following the introduction of effective treatment is lower in recognition that effective treatment is likely to have resulted in improved ability to work. This reduction does not apply to those who were 55 or older at the time effective treatment was introduced given their proximity to retirement age and associated difficulty with return to the workplace. Where the eligible infected person is deceased, this award will only pay for financial loss during the period where the person was alive. The intention is that the deceased person's dependents will be eligible for their own award; further regulations will be required to enable this.

- 5.8.14 The *Care Award* compensates for losses resulting from care required as a result of the infection in the past and future. Where an eligible infected person is deceased, this is calculated on the basis of the amounts set out in the regulations. The total amount of the Care Award is based on an estimated number of years that the person required care, with a maximum depending on their infection and severity, and allocates to each year an expected level of care, and associated cost, based on the eligible infected person's expected care profile. The most complex - and therefore most expensive - years of care are calculated first. This is to ensure that where a person needed care for fewer years than expected they are adequately compensated for those more expensive years. Effectively, compensation is calculated by "working back" from a person's year of death to ensure that expensive end-of-life care is always compensated for.
- 5.8.15 Where an eligible infected person is living, a flat rate is paid on the assumption that the maximum number of years in the aforementioned estimates will be reached during the person's lifetime - as such the regulations can simply refer to a flat rate for the people who are living and infected.
- 5.8.16 Awards for the deceased eligible infected are discounted by 25% - this is to reflect that much past care will have been provided gratuitously and so will not have been subject to tax or national insurance.
- 5.9 **Part 5** makes provision for assessment and payments to be made from the Scheme to eligible infected persons who are also registered under an Infected Blood Support Scheme (IBSS) - this is referred to as the 'IBSS route'. This is equivalent to the core route set out in Part 4, but treats annual entitlements under IBSS as comparable to compensation for future financial loss and future care. The IBSS route is available to those living eligible infected persons registered, or who have applied and are subsequently registered, on an IBSS on or before 31 March 2025 (IBSS-registered person). The IBSS are delivered separately in England, Wales, Scotland, and Northern Ireland and these regulations do not amend the criteria for or operation of those schemes.
- 5.10 Part 5 makes regulations which set out the provisions for compensation payable under the IBSS route. Under the IBSS route, the compensation payment payable by the IBCA to an IBSS-registered person will comprise the injury impact award, the social impact award, the autonomy award, the past financial loss award, and the past care award. It could also, if required, include the support scheme top-up award (which is explained in paragraph 1.24). As with the core route, relevant deductions will be applied; these include the amount of payments which the person has already received under the Act, the Infected Blood Interim Compensation Scheme or the Infected Blood Further Interim Compensation Scheme; and any litigation damages paid in

relation to infected blood. The compensation payable by the IBCA can be taken as a lump sum or as a periodic payment over 5, 10, or 25 years.

- 5.11 An eligible infected person taking the IBSS route does not receive an award for future financial loss or future care as these will be covered by the annual entitlements determined by IBSS that continue after 1 April 2025 as part of the compensation package. These payments will continue for the person's lifetime.
- 5.12 The IBCA must determine the amount an IBSS-registered person would receive under the core route and the IBSS route. The IBCA must make an offer to the IBSS-registered person which shows the core route amount and the IBSS route amount, allowing the IBSS-registered person to make an election of which route to pursue, and accordingly, which offer to accept.
- 5.13 If the IBSS-registered person does not choose between the core route and IBSS route when accepting their offer, the default is the IBSS route. If the core route is chosen, the IBCA will not make a payment until they are satisfied the eligible infected person is no longer registered with IBSS.
- 5.14 For the IBSS route, the amount of compensation payable under the injury impact award, the social impact award, and the autonomy award are calculated in the same way as under the core route.
- 5.15 The amount of compensation payable for the past care award is calculated on the basis of the formula in the regulations. It enables the IBCA to split the total care award that would be received under the core route (as explained in paragraph 1.15.15) into past and future. The portion attributed to past care will be deducted by 25% before being paid by the IBCA. This is to reflect that much of the past care will have been provided gratuitously and so will not have been subject to tax or national insurance.
- 5.16 The amount of compensation payable for the past financial loss award is calculated on the basis of the formula in the regulations. It enables the IBCA to split the total financial loss award that would be received under the core route (as explained in paragraph 1.15.12 - 1.15.14) into past and future.
- 5.17 A comparison is then made between the sum of the IBSS-registered person's future care award and future financial loss award against the expected value of their support scheme payments up to healthy life expectancy. If the future care award and future financial loss award combined are higher than the expected value of their support scheme payments up to healthy life expectancy then the difference is added to their compensation payment by the IBCA as the support scheme top up award. Otherwise, no change is made.
- 5.18 Should an IBSS-registered person die before they have received the value of their future financial loss and future care award, as calculated by the IBCA, in support scheme payments the difference will be paid to their estate as a lump sum.
- 5.19 **Part 6** makes provision concerning applications for compensation payments from the Scheme. Part 6 makes regulations which set out:
  - 5.19.1 Applications can be made by a living infected person, by the personal representative of a deceased infected person, by someone with parental responsibility for an infected person who is under the age of 18, or by an attorney, guardian or similar for an infected person who is unable to act on their own behalf.
  - 5.19.2 The dates and conditions under which documents or notices are considered to have been provided to the applicant, or the IBCA.

- 5.19.3 Applications must be made to the IBCA in writing, in a form approved by the IBCA, accompanied by evidence (unless the IBCA directs that evidence is not required), and signed by or on behalf of the person to whom the application relates.
- 5.19.4 An application is deemed to have been made on the date on which it is received by the IBCA. An application must be made by the end of 31st March 2031 or, if later than that, within 6 years from when a person is diagnosed with a relevant infection.
- 5.19.5 Before deciding an application, the IBCA must determine if an eligible infected person is registered with IBSS, in the process of registering with IBSS, or is in the process of having their treatment by IBSS varied because of a change in severity of their infection. In these situations, the IBCA must defer consideration of the application until it is satisfied the application with IBSS has been finally determined. This is necessary so that IBCA can determine whether the applicant is an IBSS registered person and so whether they should be offered compensation under the IBSS route in Part 5 as an alternative to the core route in Part 4, and to ensure that IBCA has the necessary information to calculate the compensation under the IBSS route.
- 5.19.6 An application may be amended or withdrawn by the applicant at any time before the notice of decision on the application by the IBCA. If an application is withdrawn, it cannot be reinstated. A new application may be made under the regulations if it is still within the time limits.
- 5.19.7 There is a duty on applicants to inform the IBCA of any relevant matter concerning their eligibility or entitlement to payment, change of address or bank details of those receiving payment, as soon as reasonably practicable during the application process. Applicants must also provide assistance to the IBCA in connection with their application when asked to do so, subject to reasonable practicality.
- 5.19.8 If an infected person dies before the IBCA has decided whether they are eligible, or before the IBCA's offer of compensation has been accepted, then the application is treated as if it had been withdrawn, and the offer revoked. The personal representatives of the infected person will be able to make a new application and the IBCA may notify the personal representatives that they do not need to re-submit evidence which was supplied in the original application.
- 5.19.9 An application on behalf of a non-IBSS registered person must include evidence of their diagnosis, the date when that diagnosis was given, evidence as to the cause or origin of the infection and the severity of the infection. An application for an IBSS-registered person needs to include evidence of the date of diagnosis, however in both cases the IBCA may request any further evidence it needs to be able to determine the application.
- 5.19.10 The burden of proof for proving any issue relevant to the application sits with the applicants, with the standard of proof applicable in any decision required to be based on the balance of probabilities.
- 5.19.11 The IBCA must decide in relation to each application whether the person to whom the application relates is an eligible infected person and any other question arising out of the application. These decisions must be notified in writing to the applicant. The IBCA must give reasons for the decision and inform the applicant of the right to request a review of the decision, to appeal the decision to the First-tier Tribunal following internal reviews, and inform the applicant of the time limits for the review and appeal.
- 5.20 **Part 7** makes provision concerning review by the IBCA of their own decisions and for appeals to the First-tier Tribunal. Part 7 makes regulations which set out:

- 5.20.1 Where requested by the applicant, the IBCA must review its original decisions on an application. The decisions which may be reviewed are a decision that a person is not eligible, or (where an offer has not yet been accepted) the amount of compensation offered. The IBCA is not required to review a decision which it has already reviewed.
- 5.20.2 The application for a review must be in writing, signed by the applicant, and explain the reasons for the request for the review. The review application must be made within three months of the day the original decision was given. The applicant may submit further evidence in connection with the request for a review, which the IBCA must consider when conducting the review.
- 5.20.3 The review should be considered by a member of the IBCA staff who had no involvement in the original decision, unless it is impractical to do so.
- 5.20.4 The review can either confirm the original decision, or revoke the original decision and make a new decision.
- 5.20.5 The IBCA must notify the applicant of the review decision in writing, setting out the outcome of the review with the reasons, and state that the applicant may appeal the review decision to the First-tier tribunal, including the time limits for doing so.
- 5.20.6 The IBCA may also decide to review its own decision in relation to an application. Examples of where the IBCA may conduct a review are to determine whether any person has misrepresented or failed to disclose a material fact related to their case (fraudulently or otherwise), the decision to make any compensation payment was based on a mistake as to a material fact or there was an error or omission which affected the substance of the original decision to make a compensation or the amount of compensation paid.
- 5.20.7 The applicant may make written representations to the IBCA to be taken into account as part of any review of its original decision. Any representations must be provided within 28 days of the applicant being informed of the IBCA's decision to conduct a review. This window can be extended by the IBCA.
- 5.20.8 Following its review, the IBCA may confirm the original decision or revoke and remake it. The IBCA must notify the applicant of the outcome of the review, give its reasons for the decision made on review, and inform the applicant that they may appeal the review decision to the First-tier Tribunal and provide information as to how to appeal.
- 5.21 **Part 8** enables the IBCA to recover from applicants any sums which were paid and are subsequently owing to the IBCA. This includes where a review has led to a change in entitlement or where sums have been overpaid in error.
- 5.21.1 The IBCA must provide the applicant with written notice of the excess payment due, and a time limit in which the applicant must repay the sums. The overpayment sum will be recoverable by the IBCA as a civil debt.
- 5.22 The **Schedule** sets out a table with the definitions of different severity infection levels of hepatitis C and hepatitis B. These are based on clinical markers informed by the work of the Infected Blood Inquiry Response Expert Group. These severity levels will inform the levels of compensation for an eligible infected person.
- What was the previous policy, how is this different?*
- 5.23 This is the first government-funded compensation scheme which has been established for victims of infected blood. The Scheme will interact with existing Infected Blood



Support Schemes (IBSS) which are administered separately in England, Wales, Scotland and Northern Ireland.

- 5.24 In 2017, following a consultation, the IBSS were established to replace the ‘Alliance House Organisations’ (the term used for 5 previous ex-gratia financial assistance schemes across the UK). IBSS currently provide support for people who contracted hepatitis C prior to September 1991 and/or HIV as a result of NHS treatment with blood or blood products. Family members, other than bereaved partners and some dependent children are not supported by IBSS. The IBSS provide ex gratia support, and have also administered interim compensation payments to people registered with IBSS, pending establishment of the Scheme.
- 5.25 In line with the recommendations from Sir Robert Francis KC’s engagement exercise published on 16 August, all those registered with IBSS before 1st April 2025 - both living infected persons and bereaved partners - will continue to receive regular support scheme payments for life as part of the Scheme.
- 5.26 Applicants can be assured that all IBSS payments received before 1 April 2025 will not be taken into account when assessing an individual’s compensation award under the Scheme.
- 5.27 From 1 April 2025, support scheme payments will be taken into account when the IBCA assesses an applicant’s future financial loss and care awards to determine the total compensation. Support payments will be paid at the current value for life as part of the award representing future financial loss and care.
- 5.28 The Act requires regulations to be made to establish the Scheme by 24 August 2024.

## **6. Legislative and Legal Context**

### *How has the law changed?*

- 6.1 This is new law, using powers under and as required by Part 3 of the Act. Section 48 established the IBCA to administer any compensation scheme established by regulations. These regulations establish the Scheme.

### *Why was this approach taken to change the law?*

- 6.2 Section 49 of the Act requires that regulations establish the Scheme by 24 August 2024 for the purpose of making payments to eligible persons. It is the government’s intention to make a second set of regulations that will provide for the payment of compensation to the affected (as envisaged by the Act), and make enhancements for compensation via a supplementary route.

## **7. Consultation**

### *Summary of consultation outcome and methodology*

- 7.1 The Scheme set out in these regulations is the first legislative stage of implementation of the recommendations of the Infected Blood Inquiry report. The Inquiry recommendations resulted from extensive engagement with those impacted by the scandal and the recommendations adopted the conclusions of the Government-commissioned *Compensation Study* conducted by Sir Robert Francis KC which had also resulted from extensive engagement. Following the publication of the proposed scheme by the previous government on 21 May 2024, a targeted engagement exercise was undertaken by Sir Robert Francis KC, now interim chair of the IBCA, with representatives from those impacted. The government considered and responded to

these further recommendations before making these regulations. In addition the devolved administrations have been consulted on a draft of these regulations. Public consultation on the regulations has not been possible within the statutory 3 month timetable for making the regulations.

## **8. Applicable Guidance**

- 8.1 The details of the Scheme can be found at <https://www.gov.uk/government/collections/infected-blood-compensation-scheme>.
- 8.2 The IBCA website also provides further details on the body that will deliver the Scheme [www.gov.uk/government/organisations/infected-blood-compensation-authority](http://www.gov.uk/government/organisations/infected-blood-compensation-authority).
- 8.3 The Government intends to make further guidance available to the IBCA in due course.

## **Part Two: Impact and the Better Regulation Framework**

### **9. Impact Assessment**

- 9.1 A full Impact Assessment has not been prepared for this instrument because it does not have a direct impact on business.
- 9.2 An Equalities Impact Assessment is published alongside the Explanatory Memorandum on the gov.uk website.

#### *Impact on businesses, charities and voluntary bodies*

- 9.3 There is no, or no significant, impact on business, charities or voluntary bodies because this is a Government-funded compensation scheme, which provides compensation directly to victims of the infected blood scandal.
- 9.4 There is no, or no significant, impact on the wider public sector, because this is a bespoke Government-funded compensation scheme for a specifically identified group of people impacted by the infected blood scandal. The Scheme will be administered by a new public body. These regulations, together with the parent Act, put in place appropriate governance and accountability structures for the new public body.
- 9.5 The legislation does not impact small or micro businesses.

### **10. Monitoring and review**

#### *What is the approach to monitoring and reviewing this legislation?*

- 10.1 There is a requirement under the Act for the IBCA to prepare an annual report on the exercise of its functions during that financial year. This report must be sent to the Secretary of State or the Minister for the Cabinet Office and laid before Parliament.

## **Part Three: Statements and Matters of Particular Interest to Parliament**

### **11. Matters of special interest to Parliament**

- 11.1 These regulations have not been reviewed by the Joint Committee on Statutory Instruments, given the limited time available to make regulations under the Act.

**12. European Convention on Human Rights**

12.1 The Minister for the Cabinet Office has made the following statement regarding Human Rights:

In my view the provisions of the Infected Blood Compensation Scheme Regulations 2024 are compatible with the Convention rights.

**13. The Relevant European Union Acts**

13.1 This instrument is not made under the European Union (Withdrawal) Act 2018, the European Union (Future Relationship) Act 2020 or the Retained EU Law (Revocation and Reform) Act 2023.