

**GLO Compensation Scheme – Meeting with Horizon Shortfall Scheme (HSS) Panel and GLO Compensation Scheme Panel and Reviewer on 11 September 2023**

**Attendees:**

**GLO Compensation Scheme Panel/Reviewer: Jonathan Acton Davis KC, Charlie Cory-Wright KC (CCW), Matthias Kelly KC (MK), Ian Rogers KC, Mike Pilgrem (MP), Carolyn Tyson, Muntazir Dipoti and Sir Ross Cranston**

**HSS Panel: Alex Charlton KC (AC), James Cross KC (JC), Michael Davie KC (MD), Chris Mitchener (CM) and Andrew Maclay (AM)**

**DBT: James Lovesey (JL) and Vadims Bovtramovics**

**Post Office: Jacki Adams**

**Addleshaw Goddard: Mark Cheshier (MC), Elaine Barker and Megan Goodman**

**HSF: Alan Watts (AW)**

**Dentons: Rob Francis (RF), Tara Boateng and Eleanor Dempsey**

<b>JL</b>	The aim of this meeting is to give the GLO panel members the rationale and understanding behind the decisions in the HSS. The GLO scheme (GLOS) is the reverse of the HSS panel in that the dispute resolution process is to take place prior to the referral of cases to the panel. During the first panel session we will try and get a steer from the panel. If the parties then still cannot settle, the case will go to the second panel which is more akin to the HSS panel. There is then a final stage where Sir Ross is acting as the Reviewer if there is a manifest error or procedural irregularity. We have until 7 August 2024 to make all payments. We are aware that is a tight timescale, but we are not here to discuss that today.
<b>RF</b>	There will be a three-member panel which will comprise of a legal member, a forensic accountant and either a medical or retail member. We are in the early stages, and much will depend on how the claims come in and how quickly they get through to the panel stage. There are still a lot of unknowns, but it is helpful to get the information now.
<b>JC</b>	An important point of distinction between the HSS and GLOS is that HSS Panel's role was at the initial offer stage (equivalent to Addleshaw Goddard's role in GLOS), at the start of the HSS DRP process. Your role will come in only later via "first assessment" or "final assessment". HSS Panels looked at each and every claim - over 2,000 claims.
<b>MD</b>	There is also a difference in the scale.
<b>AW</b>	How do you deal with evidence in the GLO scheme?
<b>JL</b>	We have agreed to the preparation of over 300 medical and/or forensic accountancy expert evidence reports. As we said, that doesn't stop the panel requesting further evidence.

<sup>1</sup> HSF note: For completeness, we note that early in the HSS the Panel approved an approach for applications claiming only shortfalls for valued by the applicant at £8,000 or less to receive an offer for the full amount claimed (plus interest). Panel reviewed a sample of these cases in full, and the calculations for all cases. This was with the intention of ensuring fair offers were made as promptly as possible.

JC	What will you have from the Post Office? We always had a Post Office shortfall analysis (POLSFA), for example.
RF	We will have that.
JL	The Post Office are undertaking both disclosure and shortfall analysis for all claims above the de minimis threshold.
MD	We also had a cover sheet from HSF which summarised the heads of claim. That was very helpful otherwise you might have a 400-page bundle to go through without assistance as to which parts of the evidence from the bundle relate to the various heads of claim.
RF	Yes, the Dentons team will deal with that. The team will be familiar with the claim and will produce a short summary document to go to the panel. The parties can also submit short submissions.
MD	The other tool the HSS panellists were provided with was a calculator which helped process the relevant dates for the relevant periods. That was also useful for working out dates for extrapolation purposes. For example, if the Post Office evidence was only available for 1 out of 5 years the calculator was helpful in quickly identifying daily periods where shortfalls were suffered in order to work out a shortfall rate that could then be applied across the entire eligible shortfall period. The calculator allowed the exercise to be carried out with speed.
AC	Is the process you are doing a process which runs on legal principles or is it buttressed with a discretion to effectively achieving a fair result by filling in the inevitable gaps and by adopting a more creative process?
RF	Definitely the latter, the intention is to give postmasters the benefit of the doubt.
AC	It is not just the benefit of the doubt. With shortfalls, on most occasions we found it easy to find Horizon Shortfalls had occurred. The difficulty was usually around quantifying (i) the extent of those shortfalls and then, separately (ii) the amount that had been repaid. It was really in assessing those amounts that we had to apply our discretion. As Michael says, sometimes where you only have Post Office evidence of the amounts, you had to do an extrapolation exercise. Sometimes there was no evidence and you have to look through the Application form or RFI responses for some clue on quantum. We had to come up with some basis for a calculation on the slimmest of evidence. It was feeling your way very gently on an individual basis, not on an accountancy basis, of doing basic maths to get to a figure which felt right. You had to look at each individual claim, assess all the evidence and come to a figure by a means which you could explain. Sometimes we had to knock the figure back for evidential reasons.
RF	As I understand it, that is a similar approach which would be applied in the scheme.
CCW	The concern I had was when we were looking at the Terms of References and the Case Assessment Principles, there were certain types of situations where it appeared that a standard deduction was to be applied to get to the result where the evidence was not complete. That felt wrong to me. Partly because of the standard of proof – if you get beyond 51%, on normal legal principles, you get the loss. I am talking about consequential losses not the shortfall. If you prove it, you get the whole lot. I understand that the situation may be more generous – if you do not prove 51%, you still get something.
AC	I cannot recall a situation where a discount was applied to any consequential losses. <sup>2</sup>
CCW	Have we got standard deductions in our scheme that were not in the HSS?
JL	As far as I am aware, no.
CCW	[REDACTED]
MD	We had the benefit of seeing it.
AW	The point is it is subject to confidentiality, but I am working on that.

<sup>2</sup> HSF note: For completeness, we note there are a small number of cases where on the facts of the particular case Panel concluded that although a claim for consequential loss was not successful on a pure assessment of the legal merits, it was fair to recommend an offer but for less than the full amount claimed.

JC	[REDACTED]
	We sought to have regard to those views when formulating HSS Case Assessment Principles.
CCW	We have been worried that the loss of reputation banding had a maximum, as it seems to us, of £10,000. That seems strange to us that given that some people may have suffered losses short of psychiatric damage. It seems to be a really fundamental question. The big thing to me seems to be people being vilified in their community. In defamation cases, that would far exceed £10,000.
JC	[REDACTED] You, like us, will deal with people who were <u>not</u> wrongfully convicted, but we found [REDACTED] helpful in recommending fair outcomes in the following categories of claims: <ul style="list-style-type: none"> <li>• The claims of applicants prosecuted by the Post Office or some other authority but not convicted because they were either acquitted at trial or because the prosecution did not proceed to trial, for whatever reason.</li> <li>• The claims of applicants who accepted or were issued with a Caution by the Post Office or by the police. We felt that this category of case involved a particularly egregious misuse by POL of its powers because it involved the applicant being required to admit guilt to one or more offences of dishonesty and lead them to believe that they had a criminal record, even though they didn't.</li> <li>• Malicious bankruptcy cases where POL was the petitioning creditor.</li> <li>• Claims where applicants had been pursued in civil proceedings for the recovery of Horizon Shortfall debts.</li> </ul>
CCW	Is there a summary of this that we can all have access to?
JC	I understand that you have Case Assessment Principles which are largely reliant on our Case Assessment Principles.
RF	We will check that point with the author.
AC	There were plenty of cases where D&I was well above £10,000.
MD	Each panel session had three panellists, one lawyer, one forensic expert and one retail expert. Sometimes different panellists had very different views, and it is helpful to have a majority decision approach. Not every panellist approaches things in the same way. Some panellists were conservative and wanted to ensure consistency, some panellists reacted to the particular injustices in the case. We tried to balance the need to deliver justice with ensuring consistency across the scheme. We did that by formulating the Case Assessment Principles. In relation to bankruptcy for example, when we turned our mind to the range of damages for general damages, we thought it was helpful to have a pilot panel looking at the authorities, [REDACTED], considering the range of damages the malicious prosecution panel came up with and identifying a range for general damages. It is worth making that overview point.
CCW	What is reassuring to me is when we met at the end of last week, there was an acknowledgement that there could be a tension between full and fair compensation and the consistency requirement on the basis that there could be an aspect of the scheme which dampens down what is available. As long as we have discretion, all is good.
AC	In relation to how the Case Assessment Principles were produced: we did not sit down and try to work out a set of principles to be applied. At the outset, we took around 30 shortfall only claims and around 30 consequential loss claims and used them as test

	cases. The claims were selected on the basis that they covered the broadest range of losses. We effectively wrote judgments on each, deciding how much to recommend as compensation. HSF took those judgments and extracted the principles from them and put them in the Case Assessment Principles. It was a living document and was updated as necessary.
JC	Also, there are categories of claim that were held back from Panel consideration pending the development of the Case Assessment Principles, such as malicious prosecution claims, bankruptcy claims and harassment claims.
AC	You may find it useful if James explains how the 26-month 'rule' came about.
JC	That relates to Panel's approach to cases of wrongful termination: where the Post Office wrongfully terminated the applicant's employment contract, usually summarily, due to Horizon Shortfalls. We took the same approach to cases of forced resignation: where the applicant resigned from his or her Post Office contract due to Horizon Shortfalls whether to avoid termination or not.  It is an approach which involved all panel members before we came to a settled view. The first thing to say is it is an approach which seeks to be fair to applicants in all cases of wrongful termination but where there is no tortious overlay (where there aren't claims for personal injury, for example).
CCW	What do you mean by no tortious overlay?
JC	I mean where there are no additional claims for malicious prosecution or malicious bankruptcy; or for personal injury or for damage to reputation. The approach seeks to be fair in two main ways: by being rooted in what Mr Justice Fraser had to say about wrongful termination in the Common Issues Judgment; and by seeking to giving broad (and fair) effect to the 'minimum performance principle'.  Mr Justice Fraser rejected the Post Office's arguments that it was fair and reasonable to terminate summarily and said that Post Office not only needed to give contractual notice but also needed to give compensation for loss of office because the nature of the long-term relational contract between the Post Office and its postmasters was such that Post Office could not fairly terminate a postmaster's contract without compensating for loss of office. This is where the 26 month 'rule' came from, which is a starting point, not a rule, because it is something which Mr Justice Fraser referred to in the judgment in those instances where the Post Office effectively ran a voluntary redundancy scheme (Network Transformation and other similar schemes). Under those schemes, a PM was paid up to 26 months gross earnings as compensation for loss of office. And it seemed to us to give, in an objective way, a fair insight into the value to a postmaster of the loss of their employment contract as it was a voluntary scheme which many postmasters went through. We therefore used it as a benchmark. The offer is made gross, with no deductions, and is on top of offers for the loss of earnings which may be attributable to any period of suspension, often also made gross, and which may be attributable to the contractual notice period of usually 3 months (but sometimes 6 months or 12 months). That approach also had the advantage in cases which were evidentially thin because you could avoid issues of mitigation, what other employment they had etc., It gave us a means to deal with these claims with reasonable expedition and with reasonable consistency.
CCW	In other cases, where this component was an issue but not the only issue, was that used then?
JC	Yes.
AC	In one case, we did not apply the 26-month rule and recommended loss of earnings for the rest of the applicant's life.  James spoke about tortious claims. If there was someone, for example, with an accountancy qualification who was terminated, and they couldn't work as an accountant thereafter, we treated that as a loss of earnings claim.  We very much took the view that we were acting as counsel for the claimants. In many cases we had to set out the causes of action which the claimant was making. We had to

	identify the heads of loss and then make an RFI where further information was required. The Post Office did not have any right to make submissions to us and did not do so on any of the consequential loss claims. Nor did they have any come back on what we said in our recommendations. . It was generally us sitting in the place of the claimant' s advisors to identify the heads of loss and the evidence available and how we got over the evidential issues.
AM	We talk about them being termination claims, but we also make this award in many cases where the applicant resigned where we felt that the applicant resigned because of the stress and issues associated with Horizon. Additionally, in many cases where the applicant did not claim loss of earnings, we awarded it because we felt of ourselves as counsel for the applicants.
MC	The approach which Alex has outlined, that is the approach which Addleshaw Goddard are taking. A lot of the time we are looking at these cases, in a lot of our cases, the claimants are represented, but we are trying to advocate for the claimants. Hopefully a lot of the claims will be resolved before they get to the Panel or the Reviewer.
AC	It was fairly easy to make the decision where the 26-month rule applied where there had been an involuntary resignation. Such cases usually arose where the Post Office said either resign or we will prosecute. The more complex ones were where the applicant said I had to resign because of the shortfall losses. If someone said they resigned because they had shortfall losses of £1,000 over 5 years but the remuneration was £50,000, we would probably decide that causation was not made out.
CCW	I understand the distinction but if the reason the person resigned was because of the shortfall, they could not take the situation where £1,000 had gone missing, why wasn' t causation made out?
AC	It depended on the evidence available. Some applicants accepted in their application forms that mistakes would be made and there would be losses as a result. Others chased the last penny. It really depended on the individual applicant.  But to give some perspective, when we had Post Office training on Horizon, the man giving the training, who was a very experienced SPM said that he did have losses and occasionally couldn' t find them. On one occasion, he said that he looked for a week for a shortfall of £750 but could not find it. He said that was a big shortfall. Anything in the hundreds is pretty unusual albeit he also said it was easy to make losses on FX transactions because for example, you input in the buy price instead of the sell price.
CCW	What would your view be about us having that training?
MD	I think you should have it. It made me realise how difficult the postmasters' job is and how complicated Horizon was.
JL	We will take that away.
CM	The losses, even if they are £1, some retailers will look for them forever. With regards to the 26-month rule, there is a lot of understanding from retailers that the Post Office were doing that in any event and so there is a much better understanding of the offer. I think that is why it worked so many times for us.
RF	So, moving back to the questions, how did the HSS panel approach the different claimant groups? For example, the fact that many are ageing, some are in poor mental or physical health etc.
MD	We had sympathy with the applicants. There was a presumption that if a cause was not identified other than Horizon, we assumed it was Horizon. We gave the benefit of the doubt to the applicant where there was no evidence or conflicting evidence. I don' t think we approached it as these are the characteristics of the claimant, how do we approach that? Virtually all applicants were impacted from the paucity of evidence given the time which had passed. We were aware of the factors, but we didn' t go into it in those terms.
AC	In relation to personal injury, which was predominantly anxiety and depression, if we felt we could make an award for personal injury damages without medical expert evidence and without disclosure of medical records, we would do it.  The claim form provided the ability to opt out of providing medical records. We gave the option, and we said even if you do not provide medical evidence, that does not mean you will not get an award, but it might not be accurate or as high without.

JC	And a provisional offer could be made.
JAD	What do you mean by a provisional offer?
JC	The big difference between our scheme and yours is that personal injury claims in HSS had very few medical expert reports. Our drive and motivation was to seek to get out offers. If there was any suggestion of personal injury, there would be an RFI: we would ask whether or not the applicant was willing to provide their medical records. Some said no and some said yes. The concept of a provisional offer gave us the flexibility to say it doesn't matter that we have insufficient evidence where we are satisfied, on the basis of the limited evidence which we had, that there was a diagnosable medical condition, and that it was likely caused by Horizon or where the issues with Horizon/the Post Office made it worse.
CCW	Could they then say yes, I want to provide more evidence?
AW	Yes, you could say I am not happy with the offer, I want to provide more evidence.
AC	The more serious the medical issue, or where for example it manifests itself at a late stage years after the event or where there was a suggestion that the condition might be pre-existing, where there was a big number for generals with a big loss of earnings claim alongside it, that was where I wanted reassurance that we were making the right award. That was where we wanted medical records or expert evidence.
CCW	We discussed that one of the advantages of having a medical report is that you then don't need to look at the underlying records.
AC	It depends on what the medical condition is. We accepted at face value that the applicant suffered with the medical condition they said they did. The issues were around causation mainly.
CCW	I was thinking more of prognosis.
MD	Prognosis was a bit of a blank for us.
AC	Well, it was but equally in most claims a considerable amount of time had passed since the relevant event. Applicants claiming personal injury were asked whether the condition was ongoing or had resolved itself. If they were still suffering many (20) years later then it was likely that we would need medical evidence.
MD	It might be worth thinking about requests for information more broadly. The approach we took is we asked quite detailed questions. Some people have been critical of the degree of questioning and thought it was oppressive, but we did find it useful to have data on what might be 10 heads of claim asking 20 questions on each of those.
AC	You have a smaller number of applicants than on HSS, and my first observation would be, rather than having a one size fits all RFI, it is better to have an individually tailored RFI. Secondly, because it was a one size fits all, applicants were sometimes asked about matters which gave them an expectation that they had heads of claims which they did not. The information was therefore irrelevant,
RF	The role in this scheme on RFIs, is that AG will get the initial claim from the applicants and 97% or so of claimants are legally represented. The hope is that any requests for information will be dealt with before the claims get to the Panel.
AC	Is it planned that you will have a session within the scheme face to face with the applicants?
RF	They can request it, but the focus is on having negotiations with their legal team.
AC	It may not happen in your scheme but certainly in our scheme there were a number of claims which raised questions of credibility. For example, if the claim starts off as a £10,000 claim and then mushrooms once the family gets involved to £40,000.
CCW	I know it is different for us in lots of ways, but it is still really useful to hear how it evolved.
MK	It seems to me that your approach of dealing with requests on a case-by-case basis is the correct one. It is good to hear that proportionality is being applied.
JL	Yes, it is proportionality but also, we do not want to put the postmasters through any difficulty, we want to get the compensation to them as quickly as we can.
MD	We had situations where an offer had gone out, there had been a settlement negotiation process where other points came up and the matter would be referred back to us. The applicant's voice was much clearer then. It seems that that parallels with your scheme.
RF	That is the intention. Moving on, how did the HSS panel deal with the lack of evidence due to the system itself and the purging of evidence over time?

<b>MK</b>	Just to go back to the credibility point, how did you deal with that?
<b>AC</b>	Ours was a summary process. We would take the applicant's application form and treat it as a witness statement. In the application form, the applicant is asked to set out all shortfalls for which the claim is made (date and amount if possible). An RFI is answered which corroborates those amounts. An offer would be made on the basis of that form and the RFI but is not accepted. At the good faith meeting, in the claim I am thinking about, the sons of the applicant turn up and say that in addition to the itemised shortfalls of say £10,000, there were shortfalls of £30,000.. So, you have to decide whether you keep to the offer made on the basis of the application form and the RFI or you increase the offer because of what the family, without any evidence, has asked for.
<b>RF</b>	I would envisage that that would be dealt with before the claim gets to the Panel.
<b>AC</b>	One further point, there was frequently an overlay to claims for shortfalls and consequential claims in that applicants would sometimes have admitted false accounting and had been dismissed on that basis. In those situations, we took the view that false accounting was just a by-product of the Horizon issues. In determining whether there had been Shortfall Losses, we gave no credence to the fact that there had admitted false accounting.
<b>MD</b>	Dealing with the evidence, questions 3 and 4. Question 4 – how we dealt with cases with limited or no evidence, particularly the discounts. The answer to that is largely set out in the Case Assessment Principles. Essentially, a distinction needs to be drawn between shortfall claims and other claims. The approach taken to shortfalls was dominated by the fact that very often there was a paucity of evidence. Our starting point was we always looked at each case on a case-by-case basis. We looked at the evidence which was sometimes supplemented by a letter from the applicant but often the applicant did not have records because the Post Office had taken them, or they had destroyed them given the period of time. Given the lack of evidence, our starting point was if there were unparticularised claims with limited or no evidence, they were the most difficult. Where there was little or no evidence, we awarded a discretionary amount of £300-£500 per year for shortfall losses. If you ask me how those figures were arrived at, they arose because the losses in most cases were fairly conservative. It was a benchmark; we were not bound by it. If the justice of the case demanded we departed from that, we would. Where there was a particularised claim with little or no evidence, the particularisation was generally enough. If it was a de minimis claim, asking for £5,000, we would apply less scrutiny. The difficult cases were where the applicant said they estimated their losses were, say, £30,000 with no supporting evidence or breakdown and the Post Office's evidence was that the losses were £10,000. So, there was a conflict. Different panels used different approaches case-by-case to address it. Sometimes I would go in between. I would always look to see if there was something to support the applicant's position, but I did not feel that we had to give the applicant everything they were asking for. Where the Post Office had data, it tended to be limited – if it was a 5-year period, the Post Office often only had data for 1 or 2 years. In those cases, panel members often extrapolated. Another possibility was taking what the Post Office said but adding £300-£500 per year. You would always have to stand back and sense check – does this feel high in comparison to other claims? There might be good reason for that – a business with multiple counters. It was helpful to have a panel made up of different types of experts. The tie break for the majority decision was also very helpful.
<b>CCW</b>	That process does not strike me as being one which is massively different from what happens during the litigation process and does not appear to depart hugely from legal principles.
<b>AC</b>	I think we went quite beyond it, in generosity terms.
<b>MD</b>	One of the signature features of our approach is we had to give reasons for our approach. It tends to make it a longer process.
<b>RF</b>	We envisage the first decision would be a relatively high-level summary document. It is a summary letter sent on behalf of the Panel.
<b>MP</b>	The timescales do not allow for a fully reasoned decision.
<b>MD</b>	The HSS panel was an interdisciplinary panel. It was egalitarian. It was helpful for a panel member to act as an administrative lead, scheduling the meeting, confirming the

	collective view, chasing for offer letters. All panelists had equal voices, but it is helpful to have someone acting as an administrative lead.
<b>RF</b>	That is the intention, and a lot of the tasks will be picked up by Dentons.
<b>MD</b>	On occasion the panel would make a discount for evidential uncertainty. 10% for claims up to £25,000 and 20% for claims between £25,000 - £50,000. If we were satisfied on the balance of probabilities that the applicant had suffered £10,000 of losses caused by Horizon, the applicant would get 100%. Discounting was a tool which could be useful where there was a lack of evidence and uncertainty as to the extent of shortfall losses.
<b>JC</b>	And also, in cases where the amount claimed by the applicant was inherently uncertain (an estimate or based on a range) and was recognised by the applicant to be uncertain.
<b>MD</b>	I think there had to be a degree of using a pinch of salt in some aspects of the process. If you are not getting corroborative evidence or particularisation, it is not unfair to me to apply a degree of benign scepticism to the claim.
<b>JC</b>	You will quickly discover that the Post Office has no Horizon data pre-June 2005. You will find that Post Office has some evidence of shortfalls predating June 2005 (audit reports for example) but in terms of Horizon data, nothing pre-June 2005.
<b>MD</b>	I think the question will be why was that?
<b>AW</b>	There was a change of system.
<b>JL</b>	They changed to a different version of Horizon and the data just does not exist now.
<b>JC</b>	The other point is about surpluses. You will get information from the Post Office about Horizon causation and non-Horizon causation related to surpluses in addition to shortfalls. We decided to ignore surpluses however caused.
<b>AC</b>	<p>We had a session with a director of POL who was the SPMs' representative. He was a very experienced postmaster. He told us that, as a postmaster, you very quickly learned not to take surpluses out of the till because you would find then there would be a shortfall in the next period. Postmasters have a large number of inputs and outputs into Horizon from other systems, for example, the lottery payments. If you paid a winner out of the till, but Camelot do not reimburse until the next accounting period after the one you were in, there would be a discrepancy. Further, if you are a large business with multiple business units, you would not cash them up on the same day. The idea that Horizon gives you an accurate view of your financials on any given day is pie in the sky.</p> <p>Therefore, we decided to ignore surpluses when assessing whether there had been Horizon Shortfalls.</p> <p>Further, you cannot actually rely on the Horizon records to tell you whether there were Shortfalls. Just because Horizon did not record shortfalls does not mean there were no Shortfalls. Horizon allows you to do trial balances. Many postmasters, when they found they were short, just took the money out of the retail till to balance.</p> <p>In general, we found the claim form and the RFI helpful and we gave weight to that evidence on the basis that the postmaster is more likely to remember the scale or frequency of Horizon Shortfalls than anyone else.</p> <p>The other evidence we found useful was Post Office's documents in relation to audits. The contemporaneous documents of value, as far as I am concerned comprise the audits, interviews, contemporaneous documents.</p>
<b>AW</b>	The loss you are trying to compensate is not the shortfall, it is the loss resulting from the repayment of the shortfall.
<b>AC</b>	We also considered whether or not the profits of the retail operation had been suppressed.
<b>CM</b>	Two areas – lottery and cash machines. The interfaces were woeful – losses on the lottery and the ATMs which were not able to be explained and were either put down as Horizon or were Horizon.
<b>MD</b>	For the most part, lottery losses were found to be Horizon losses.
<b>AC</b>	Where POL's Horizon data showed large Horizon shortfalls, that was drawn to the applicant's attention in the offer – for example, if the applicant claim was for £10,000 and POL data showed £124,000 in shortfalls. You had to explain the disparity and why you

	would only be awarding £10,000. Largely, that was because I placed more weight on what the applicant said.
<b>RF</b>	The next item is HSS panel' s approach to ensuring consistency.
<b>MD</b>	Internal consistency was achieved through using the Case Assessment Principles, but it was really on a case-by-case basis. We did not have in our contemplation at all consistency with other schemes because they did not exist yet.
<b>AW</b>	It was easy where there was only one panel. It grew more difficult where there were multiple, and we provided examples of panel decisions in similar cases. They were not bound by the panel' s decision, but it was just to show how they approached it.
<b>RF</b>	The next area was public scrutiny and any advice you had on that.
<b>MD</b>	We were obviously alive to the fact that various agencies were scrutinising the compensation scheme. Some agencies were informed, and the points raised by applicant' s legal representatives were sometimes helpful, depending on the timing. For example, when the compensation scheme was the subject of the injury' s deliberations, we were formulating the bankruptcy principles and so it was helpful for us to hear the points raised from the inquiry about the effect of bankruptcy on the applicants, for example, in obtaining insurance. In terms of how the panel dealt with the intensity of public scrutiny – we were conscious of it, but we had to get on with it.
<b>JC</b>	By the time that HSS Panel members met with the Horizon Compensation Advisory Board in May 2023, of the original cohort of HSS claims, 99% of the settlement offers had been made and 80% of settlements had been achieved. The Board' s remit was only expanded to consider all three Horizon compensation schemes when we had been doing our work for two years.
<b>AW</b>	The issue is a lot of people were commenting with very little knowledge of the scheme. Unless you look at a particular case and follow the panel' s reasoning, it is difficult to criticise. The more detail people have, the more they understand.
<b>JC</b>	There is also a tension between providing the inquiry with regular updates regarding HSS progress and the fact the inquiry is not considering compensation issues until 2024.
<b>AW</b>	We did not allow the setting of targets to undermine the process.
<b>RF</b>	The next point is how the HSS panel dealt with money previously received by the claimants.
<b>JL</b>	Things like network transformation.
<b>JC</b>	We definitely took that into account. They were asked a specific question on that in the application form and if an applicant had already received a Network Transformation payment that would be taken into account.
<b>AC</b>	There had been a number of schemes, the mediation scheme for example. We were asked what do we do where full and final settlements made? We said we were not taking them into account, we would ignore the full and final settlement language.  Limitation was one of the first things we looked at and the very strong view was that that would be ignored.
<b>CCW</b>	We have been sent documents, still living documents, which are really helpful. Some of the questions we posed are based on those documents. It is helpful to know that some of the original genesis of those documents is the HSS panel. I would hope no one would think that what I said before was critical of the documents, it is just about us not having enough information. When we are doing our job, are we going to be able to discuss the issues which arise in the different cases with colleagues from other panels?
<b>RF</b>	Yes, there is no bar to that.
<b>AC</b>	One thing we all found compelling was the candour and honesty of applicants when completing their application forms. I do not think you will be blessed with the same advantage if you are dealing with solicitors and accountants.
<b>MD</b>	One question I had was the extent to which you had contemplated having sub-groups. We have sub-groups for specific issues.
<b>RF</b>	We were looking to set up a panel for each claim based on the likely heads of loss. For example, if there was a personal injury stance. Your point about making specific panels to consider specific points has not yet been considered.
<b>MD</b>	Bankruptcy, criminal prosecutions, harassment and fatal accident claims are the sub-groups we had.

<b>MK</b>	I think the sooner we can deal with real cases, the quicker progress will be made
<b>JL</b>	We completely agree, we are at 29 claims to date.