

Witness Name: Penny Mordaunt

Statement No. W7701001

Exhibits: Nil

Dated: 4 July 2023

## **INFECTED BLOOD INQUIRY**

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### **WRITTEN STATEMENT OF RT HON PENNY MORDAUNT MP**

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I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 5 June 2023.

I, PENNY MORDAUNT, will say as follows: -

1. I am currently Lord President of the Council and Leader of the House of Commons but I have been asked questions by this inquiry relating to my time as Paymaster General between 13 February 2020 and 16 September 2021, when I was also the sponsoring Minister of the Infected Blood Inquiry. In that capacity, I wrote to the Chair of the inquiry on 21 May 2020 to reaffirm the government's commitment to the inquiry and my commitment to ensuring that the inquiry had all the resourcing required to complete its work as quickly as possible.
2. I recognised that this was one of the biggest treatment disasters of the NHS, involving a huge number of people having been affected by this, be it as an infected person or families of those infected ("the affected"). This was a cause that I fully supported (and still do) as did my predecessors and one which I thought would be better dealt with as quickly as possible, as further delays were likely to cause more injustice for those who had already suffered and were being denied justice.

3. It was also apparent from speaking to my predecessors and various campaign groups that we, as the government, needed to urgently address the disparity in financial support being offered across the four UK nations. It was thought that this should be considered to address the fairness in any awards and should be across the board, addressing the broader issues of both the infected and the affected. From my investigations it did appear that there was a severe disparity of assisting bereaved families, including partners who appeared to be severely disadvantaged. One of my main concerns was to bridge this gap and work together with campaigners, ministers and other government departments towards finding a fair solution so all the infected, bereaved families and partners would have equal access to justice and financial support.
4. From my investigations it was apparent that different parts of the UK were setting up and/or had set up different devolved schemes, all of which needed assessing and to become more uniform.
5. The Inquiry had already begun and financial support and payments were already being made to those infected and affected when I took on my role. Due to the disparity and the lack of access to funds for partners not married and the bereaved/those affected, many were suffering financial hardship as a result of this disaster and it was my strong belief that it would be sensible to address these issues and to work towards finding a compensation framework to assist all of those who have been infected and affected by this. I anticipated that the Chair of the Infected Blood Inquiry would make recommendations about the levels of financial support that should be offered. At that time, I believed it would be inevitable that the government would need to provide substantial compensation.
6. I was working alongside other government departments and ministers, and a number of actions had been agreed that included, reducing and resolving the disparities (and, if possible, eliminating the disparity in financial support,) to reach an agreement to award fair and reasonable financial support and/or a compensation framework across the board to assist with their financial struggles

- and hardship. Any fair compensation scheme introduced would go a long way to alleviate their hardship.
7. It was also my opinion that there was likely to be an award of substantial damages to address the injustice suffered by all those infected and affected.
  8. Having come to this conclusion I wrote to the then Chancellor of the Exchequer, the Rt Hon Rishi Sunak MP on 13 July 2020 [WITN5665005] setting out my thoughts that it was inevitable that the government would be likely to pay out substantial damages to all those affected, and that it was sensible to start preparing for this now. It was my opinion that if we started preparing for it and working out a compensation scheme, this would demonstrate that we, the government, recognised the seriousness of this disaster and the severe impact that this was having and had had on so many victims and their families, partners etc. and that we were taking active steps to progress matters. I wanted concurrent activity in this area. I did not want the Inquiry to conclude and then us to have to start another year or more's work on a scheme. I wanted to avoid every possible delay for those infected and affected.
  9. I believed that experience of other Inquiries suggests that early action could provide victims with compensation as soon as possible and save the government significant legal costs. I believed that I had the best chance of getting both the Treasury and the Department of Health to grip the issues, if they saw them as part of a wider problem they had to solve, namely other liabilities they were carrying.
  10. I did not receive a response to that letter. My letter ended by indicating that I would keep Mr Sunak and other interested ministers (copied) updated on progress.
  11. I then wrote again to Mr Sunak on 21 September 2020 [EIBS0000705] and informed him that the people affected by this tragedy were now receiving ex-gratia financial support, and non-financial support through the Infected Blood Support Schemes of the four UK nations. The use of infected blood occurred

before the devolution of government across the UK and Ministers and previous Prime Ministers have committed to address the disparities of financial support across the UK.

12. My officials worked with the Department of Health across the four UK nations to provide some estimated costings for England, Scotland, Wales and Northern Ireland over 5 years. I re-iterated the Chair's comments about addressing the disparities between the schemes and alleviating hardship.
13. I had asked the Chancellor for his views as to how he thought that this may be funded and whether this could be added to the 2020 Comprehensive Spending Review. I do not recall receiving a response to that letter and searches conducted on my behalf have not revealed a response.
14. Following discussions with officials, I decided that it was sensible to seek independent advice, and a compensation framework study should be set up to provide independent advice to the government regarding the design of a workable and fair framework for compensation for individuals infected and affected by the Infected Blood scandal.
15. I appointed an independent reviewer to carry out a study, looking at options for a framework for compensation, and to report back with recommendations. The Terms of Reference ("ToR") in the study were finalised in consultations between the independent reviewer and those infected and affected. The terms of the study included consideration of the scope and levels of compensation, and the relationship between a compensation framework and the existing financial support schemes in place.
16. I announced the study in the Infected Blood: Victim Support debate on Thursday 25 March 2021 **[RLIT0001498]**. I wanted to provide reassurance to campaigners, so it was important that the announcement made it clear that the independent study was alongside, and not instead, of work towards addressing the UK-wide disparities, was designed to give advice and recommendations on potential solutions and that a final decision on compensation would not be taken

until the study had unpicked the complexities of the issue and after the Inquiry had concluded and delivered its recommendations and findings.

17. Sir Robert Francis KC was appointed to conduct the independent study. The ToR were agreed for the study to give independent advice to the Government regarding the design of a workable and fair framework for compensation for individuals infected and affected across the UK and to achieve parity between those eligible for compensation, regardless of where in the UK the relevant treatment occurred or places of residence.
18. While the study was to take into account the difference in current practice and/or law in the devolved nations, it was not asked to consider whether delivery of the framework should be managed centrally or individually by the devolved administrations.
19. The study was intended to focus on the plight of victims and to be aware of the need to demonstrate a duty of care to the infected and affected, whilst balancing that with the need to address the UK-wide disparities. The idea behind the study was designed to give advice and recommendations on the potential solutions and practicalities of the work involved, and with a view to setting up a compensation scheme which was a fair framework of compensation across the board.
20. It was crucial to understand the importance of separating the study from the Inquiry and avoiding duplication. There was a need to have the consent and support of the infected and affected communities. It was recognised that some campaign groups had opposing ideas and support for establishing a framework for compensation that was not universal among the campaigners. In order to secure their support, it was suggested that the ToR for the study should be agreed after consultation with the main infected and affected campaigners and charities. The ToR for the study were published on 23 September 2021.
21. I have been asked what my expectation was when commissioning the study, as to what the government would do once it received the study report. As is set out in the report, the study would be submitted to the government and the Inquiry

and it would set out recommendations together with advice on options for the government on a compensation framework design.

22. To uphold transparency the study was published, despite the risk that the government might decide not to follow some and/or all of the recommendations of the study.
23. On 25 May 2023, I confirmed in my reply to a question from Deirdre Brook MP in relation to the appalling scandal of the infected blood that I believed that we, as the government, should put right. I still agree that there is not just the original injustice, including to those who were children at the time, but the further layers of injustice that have happened with regards to their financial resilience, as many have lost their homes and were not able to work, facing appalling stigma and hardship that came with that. We have to put it right and I still firmly believe that.
24. I have been asked by the Inquiry if my position has changed in any way since I wrote my letter to the Chancellor on 13 July 2020. I still believe that this needs to be addressed in a reasonable, fair and just manner, without disparity between areas or parts of the four UK nations; all people infected and affected should be entitled to have access to the same financial support, compensation and in addition, to access to psychological assistance and help as part of the compensation scheme.
25. As I expressed very early on, when I first took the role as sponsor Minister for the Infected Blood Inquiry, it was my belief then and it is still my belief now that it is better to deal with this matter as soon as practically possible to alleviate the disparities between the financial support being offered to the infected and affected across the four UK nations and the quicker we address the wrongs that have occurred and provide proper, fair, uniform financial support to all those infected and affected the better.

### **Statement of Truth**

I believe that the facts stated in this witness statement are true.

Signed \_\_\_\_\_

GRO-C

Dated 5<sup>th</sup> July 2023

**Table of exhibits:**

Date	Notes/ Description	Exhibit number