

Witness Name: Alan Burgess

Statement No.: WITN1122019

Exhibits: 29

Dated: 22 February 2021

INFECTED BLOOD INQUIRY

THIRD WRITTEN STATEMENT OF ALAN BURGESS

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 1 February 2020.

I, Alan Burgess, will say as follows: -

Section 1: Introduction

1. Please set out any information you have to add to what is set out in paragraph 4 of your second witness statement to the Inquiry (having now seen the above documents) about the positions you have held at the MFT and the time period for which you held them including with any committees, working parties or groups relevant to the Inquiry's Terms of Reference. How you came to be appointed to those positions?

1. As I set out in my second statement, I was a trustee of the MFT and sat on the board, I was elected to the NSSC by other members of the board of trustees and separately, I sat on the Partnership Group. I was involved in the setting up of the Partnership Group as a member of the Birchgrove Group and through contact with Ann Hithersay and the Society.

2. I believe I was a member of the Partnership Group from 1999 onward and an MFT trustee from 2008 to 2014.

2. Please describe your role and responsibilities in the above positions.

3. As an MFT trustee, my role was to attend board meetings and I saw my responsibility as being a voice for the beneficiary community. I would try to bring points to board meetings that had been raised in Partnership Group or Birchgrove meetings and generally, speak for the registrants.
4. This was supposed to be one way traffic i.e. I could speak for the registrants at MFT meetings, but I wasn't supposed to report back on the content of board meetings which were intended to be confidential.
5. My responsibilities as a member of the NSSC were to attend the monthly meetings and review grant applications along with the other members.
6. I attended Partnership Group meetings as a registrant rather than as a trustee.

3. What induction, training and information did you receive from the MFT as to its functions, aims and objectives?

7. I don't recall any formal training or induction ever being given.

4. How much time did you devote to the positions you held at the MFT? Please describe how your time was generally spent when discharging your role as trustee of the MFT.

8. MFT meetings took place four times a year and there would be regular emails about general MFT business in between. Emails might cover things like appeals from decisions of the NSSC or approaches to DoH

for more funding – generally, whatever needed to be discussed by the Trustees between board meetings.

9. NSSC meetings took place once per month and there would be emails between the meetings in relation to the grant applications to be considered.
10. Some of these NSSC emails were through the round-robin system which enabled urgent applications to be considered between NSSC meetings – the decisions of the committee members would then be ratified at the subsequent NSSC meeting.

5. Please set out your membership, past or present, of any other committees, associations, parties, societies or groups relevant to the Inquiry's Terms of Reference, including the dates of your membership and the nature of your involvement.

11. I was a trustee of the Haemophilia Society between 2013 and 2015. I was involved in general meetings and correspondence with the other trustees and most notably, the issues arising from Liz Carroll's meeting with Jan Barlow and Roger Evans on 29 January 2015 which I detailed in my second statement and which I detail further in the later sections of this statement.

Section 2: The running of the MFT

Appointment and treatment of Trustees

6. The Inquiry understands you applied for a position as a User Trustee having seen an MFT advert (see paragraph 3 of your second witness statement). Please provide a description of the appointment process. In particular (a) Where was the position advertised? (b) Were there differences in the process for appointing user trustees vis-a-vis other trustee appointments? If so, please describe them. (c) What, if any

involvement did (i) the Department of Health (or any other Government department) and/or (ii) the Haemophilia Society have in your appointment? You may wish to refer to [MACF0000012_043] when providing your answer.

12. The MFT vacancy was advertised in the Society's HQ publication and I was interviewed along with other candidates. I don't believe that the professional trustees underwent a similar interview process, but I do not know exactly how they came to be appointed.

13. I'm not aware of the DoH having any involvement in my appointment though I believed they nominated a number of the professional trustees.

14. I think that my position as a user trustee came through the Society's allocation of nominees to the trusteeship of MFT, so it was the Society who told me that I had been selected.

7. Did you have reporting obligations to the Haemophilia Society following your appointment as a Haemophilia Society appointed user trustee? If so, what were they? Did you ever act as a liaison between the two organizations? If yes, how so?

15. I had no reporting obligations, and I was never asked by either the Society or MFT to act as a liaison between the two. My understanding was that I was there to be a voice for the beneficiaries as a beneficiary.

8. A concern was raised in the MFT board minutes of 16 July 2007 [MACF0000088_001, at p.5] that the user trustees were not reporting back to registrants following board meetings. Did this form part of the role of the User Trustee during your tenure? If so, who were you supposed to report back to, and on what issues? Did you achieve this?

16. This wasn't part of the role of a user trustee and in fact, it was prohibited because we weren't supposed to disclose the content of the board meetings. I suspect that the minute should read that concern was expressed at the user trustees not being able to report back to registrants, but I cannot remember specifically.

9. Were user trustees remunerated for their work? Please include details of any policies on this, including policies for allowances/expenses.

17. No, the only money that passed to me in my capacity as a trustee from the MFT was for expenses.

10. Why was the requirement to have a Medical Trustee or a Trustee with particular experience as a Haemophilia Centre social worker on the Board removed in the update to the Trust Deed [MACF0000023_020 at p.5]?

18. I cannot recall why the requirement for a medical trustee was removed but Mark Winter had been appointed by DoH I think and the minute above suggests that DoH might have been taking a less active role in their appointments so it could be connected with this.

11. The updated Trust Deed also limited co-membership with Caxton and Eileen Trust to one from each [MACF0000023_020 at p.6]. Why was this step taken? What in your view were the advantages and disadvantages of having trustees that were also trustees of other AHOs?

19. I think that the step was taken because there were clear conflicts in someone sitting on the board of two trusts who had differing communities of care but were competing for the same resources from DoH. I saw no advantages to co-trusteeships or co-employments, and I do not think there was any advantage to the incestuous rotation of certain trustees around the AHOs.

20. A prime example of the difficulties which could be caused by the inherent conflict of interest in co-trusteeships and co-employments across the AHOs came a few years after this meeting in 2014 where Jan Barlow attempted to have the MFT's business case amended to help Caxton's business case.

21. I wrote an email to all MFT trustees on 9 February 2014 [WITN1122020] where I highlighted the conflict.

12. At paragraph 29 of your second statement dated 28 October 2019, you stated that user trustees were not treated equally. Is there anything else you wish to add to this statement having now seen the documentation? What you think was the reason for this unequal treatment?

22. User trustees did not have parity with professional trustees. We attended the board meetings, we sat on committees and on the face of things, we were listened to. But what we had to say was only ever acted upon if it fit in with what had already been decided by the Chair and Chief Executive.

23. I have no doubt that conversations and correspondence took place which the user trustees were excluded from; decisions would be presented at board meetings as a fait accompli.

24. User trustees were kept at distance from any interaction with DoH; this was usually dealt with by the Chair and Chief Executive and user trustees would never be invited to these meetings.

25. Latterly, steps were taken to actively exclude user trustees from aspects of the MFT. The NSSC had always featured user trustees but when it was reconstituted into the Grants Committee, a rule was introduced that any user trustee sitting on the Committee was to be barred (as were their family members) from making any grant applications.

26. When the issue was mooted, I wrote to Jan Barlow [WITN1122021] setting out my concerns and suggesting that a user trustee could simply leave the room with a conflict of interest if an application they were connected with was being determined. Nevertheless, the decision was taken to bar grant applications from any user trustee sat on the Committee and to my mind, the only purpose of this policy was to deter or make it virtually impossible for a user trustee to being involved with the determination of grant applications.

13. You stated in your oral evidence dated 28 October 2019 that Roger Evans was very disappointed in your decision not to support him on cuts to the winter allowance, but another user trustee did support him (p.77 of the oral transcript) and cuts were eventually made. Was there a specific number of trustees needed to support the Chief Executive or Chair's proposal for it to pass? Was the backing of at least one user trustee required?

27. There was no specific number required and certainly, no decision would require the agreement of a user trustee. In essence, if the Chair and Chief Executive wanted something to happen then it happened irrespective of the number of trustees opposed to them.

Structure of the AHOs

14. Please set out your recollection of the relationship between MFT and the different AHOs.

28. As the name 'AHOs' suggests, they were all based in the same premises and there was largely a shared staff. The staffing was originally provided by MFT to the other organisations but when Caxton was created, they took over.

29. Aside from sharing staff and floor space, the AHOs also rotated certain trustees and chief executives. Peter Stevens involvement with the Eileen Trust was one such issue which I have described in my second written statement and which effectively involved him attempting to pay a beneficiary from MFT funds for work carried out for the Eileen Trust in order to avoid tax and benefits assessment issues.

30. My understanding was that an MFT beneficiary had carried out work for the Eileen Trust at Peter or Martin's direction and Peter wanted to pay him via an MFT grant so that it wouldn't affect the individuals benefits assessments. I was against this; to my mind, it was nothing short of fraud. The emails I have which relate to this issue are exhibited [WITN1122022], [WITN1122023] and [WITN1122024].

31. Insofar as I recall, the only trustees who objected to the proposal loudly were the user trustees; it can be seen from Pat Spellman's email to me on 5 August 2010 that we were referred to as "the gang of 3" [WITN1122025].

15. At certain points the MFT had a different policy to winter payments to the other trusts and schemes, notably the Caxton Foundation. Was there ever an attempt to standardise such payments across the AHOs?

32. Yes, I think there was but I do not now recall the detail.

16. Please describe the working relationship between the trustees of the MFT and the senior management while you were a trustee.

33. This depends on which trustees and which members of the senior management we are talking about. Throughout my time the Chairs and Chief Executives always got on well together.

34. I had a good relationship with the office staff and particularly the office manager, Roz Riley. Roz was bullied out of her job by Jan Barlow and

as Roz was leaving, I exchanged emails with her [WITN1122026] and these give a flavour of both the warmth of our relationship and the ordeal through which she was put. Roz was not even allowed to return to the office to collect her belongings – she had to wait in the basement whilst they were collected for her. I thought that after 13 years' service, the way that Roz was treated was disgraceful.

Relationship with Government

17. Did the Department of Health have any involvement with and/or give any direction/guidance to the MFT (and if so, what?) as to:

- a. the content of any policies adopted by the MFT;**
- b. how the MFT should discharge its responsibilities to the beneficiaries;**
- c. the kinds of applications the MFT should grant; and/or**
- d. the quantum of the grants/payments it should make?**

35. I think that DoH were deeply involved and gave guidance to MFT through the professional trustees and particularly in relation to how the MFT's reserves should be spent.

36. I think that DoH did indirectly control how the MFT discharged its duty to beneficiaries by simply turning off the taps and underfunding the MFT meaning that the trustees couldn't make grants even when they ought to.

37. I am not aware of the MFT influencing decisions on the types of grant which could be approved or of the quantum of grants which had been approved.

18. In your second statement to the Inquiry you set out the steps you consider should have been taken by the MFT to make representations to the Government about the inadequate levels of funding provided to the charity, and your frustration that they were not taken. As to this:

- a. Having been provided with the documentation, is there anything you wish to add to that account?
- b. You describe in your statement that the Board of Trustees was divided on the issue of how or whether to approach the Department of Health about funding levels. What was the reason that Mr Evans' view prevailed? Did more Trustees support him than you, or was it because he was the Chair?

38. Russell Mishcon's letter, vetoed by Roger Evans, should have been sent. The board of trustees were split but they were split five trustees to four in favour of the letter being sent and emails between Kate Evans and Roger Evans [WITN1122027] demonstrate this. An email from Matt Gregory in support of Kate's email shows the level of feeling amongst the trustees [WITN1122028].

39. Roger's views as to why the letter should not be sent are sent out comprehensively in his email of 26 January 2013 [WITN1122029] where he also describes his perception of the influence DoH has over the MFT and where he thinks DoH appointed MFT trustees should lay their loyalty.

40. It is worthy of note that Roger considers that DoH's influence over MFT was profound; he was the best placed of the trustees to know this. I also profoundly disagree with the idea that it was to be expected that DoH appointed trustees owed their allegiance to the DoH. My view is that every trustee owed a duty first and foremost, to the beneficiaries of MFT and if that meant 'biting the hand that fed us' then so be it.

19. In February 2010 the new system of non-discretionary payments to infected beneficiaries was introduced, and it was decided that the MFT should administer these payments on behalf of the government. Was this the right way to make these payments in your view? How did making the payments reconcile the requirement of charitable need for recipients of

the MFT? You may wish to refer to [MACF0000047_023] when providing your answer.

41. No, I do not think it was appropriate for the MFT to administer these payments; as the question highlights, there was a requirement for MFT to consider the need of recipients and I do not see how that could ever be squared with a non-discretionary payment.

20. How, in so far as you are aware, were the discretionary top-up payment brackets calculated? Why were they necessary? Why was a payment to a beneficiary on less than £7,000 a year, still discretionary? You may wish to refer to [MACF0000139_050] when providing your answer.

42. I had no involvement in or knowledge of how the term 'discretionary' came to be applied or how the brackets for the discretionary top-ups were calculated. Chris Fitzgerald provided the figures as the budget for the MFT and presented them to the NSSC.

21. What if any contact did the MFT have with the Department of Work and Pensions ('DWP')/its predecessors in relation to welfare benefits? In particular:

- a. Were you aware of any beneficiaries having their benefits stopped as a result of the assistance they received from the AHOs?**
- b. Did the MFT take any steps to prevent this happening? If so, what? If not, why not?**
- c. Did the MFT raise this issue with the DWP/its predecessors and if so what was the response?**

43. I was aware of fraud investigations being undertaken in relation to beneficiaries who had not disclosed their MFT payments in the course of benefits assessments. Beneficiaries were obviously not required to disclose MFT payments to DWP because of the terms of the 1991 settlement agreement but DWP struggled to appreciate this fact.

44. I know that Martin Harvey spoke with DWP about this issue and Roz Riley and Mark Simmons went to see DWP to explain the special circumstances surrounding MFT's payments to its beneficiaries.

45. I believe a precedent letter was also prepared for beneficiaries who found themselves under investigation.

46. The problem was, as I recall, never resolved as I remember later, Roger Evans and Jan Barlow refusing to take any action to help beneficiaries in difficulties with DWP; registrants were left to contact Neil Bateman of their own initiative.

47. I am not aware of any beneficiaries having their benefits stopped as a result of these DWP investigations though many came close, including myself.

22. Was there a particular point of contact for the MFT at the DH? If so, who was that? Were you aware of any difficulties with this individual(s)? If so, what were they, how did they impact on the running of the MFT and how, if at all, were they resolved?

48. I believe that the senior point of contact within DoH was Jonathan Stokes-Roe and I think that there was someone else called Aisha Wight. I do not know how the relationships were because all of the meetings were with the Chair and CE or a professional trustee.

23. You attended a Partnership Group Meeting in 2000 when Mr Peter Stevens was the Chair of the MFT. He is recorded as saying (see section 5 of [MACF0000088_022]) that it was important that other sources of statutory funding were sought before applying for a grant at the MFT and that the Trust 'needed to demonstrate to The Department that funds were not being used to underpin the budgets of other Departments and agencies'. Was this approach still in play when you were a Trustee? If so,

how did it operate in practice, and what impact did it have on decision making at the MFT? Did it, for example, require MFT applicants to be rejected for statutory funding before they could apply to the MFT?

49. This was a long running feature of grant awards from the MFT; applicants had to demonstrate that they had tried and failed to obtain funding from other sources before a grant could be made; this meant for example, routinely showing a failed application to the local authority for home adjustments to be made to cope with disabilities.

50. The approach persisted throughout my entire involvement with the Partnership Group and MFT; the worst example was Paul Biddle's suggestion at the meeting on 12 May 2014 that registrants should be referred to credit unions when they needed money [WITN1122030].

Section 3: Funding/finances of the MFT

24. Please set out the process by which the MFT received funding from the Government. Did this change over the time you were involved? If so, how? Were there any problems with this process that you have not previously detailed to the Inquiry? If so, what were they and what were the consequences?

51. The MFT received funding from the DoH following the submission of business case documents. The funding offered didn't match the funding requested because it was hard to make a sensible case for further funding when the trust was sat on millions of pounds of reserves.

52. That said, I believe at one point DoH told MFT that it couldn't utilise its reserves which led to many grant refusals where grants should have been made.

53. An email dated 30 August 2012 demonstrates the level of influence DoH exerted over MFT in relation to how the Reserves were to be spent or

conserved [WITN1122031]. In writing this email, the DoH were under the mistaken belief that the average income of a beneficiary was £31-39k – this was completely incorrect information given by Martin Harvey but by the time we came to ask him why this information had been given, he was too ill to provide any answers.

25. You state in your second statement that the finances of the MFT “was a mystic part” and “all a bit of a mystery” at paragraph 28. What information do you consider that you as a trustees should have had about the MFT’s finances? What were the reasons that you did not have this information?

54. The reserves would change wildly without any explanation – on one occasion they went from £4m to £2m and I never knew why. Equally, the investments were a complete mystery, the only thing I knew that the MFT had an investment in was tobacco because I remember it being pointed out that it wasn’t the best or most ethical idea to hold that investment.

55. I think that I should have been given details of the nature of the investments and that trustees should have been given sufficient information to understand any movements in the level of reserves.

56. I do not know why I was never given this information and I don’t know whether it was only the user trustees from whom it was withheld.

26. What information, if any, did the MFT have about the beneficiary population and what was required to meet their needs? Where did this information come from? Did you, as a User Trustee, have any special role in this respect? If so, please describe it.

57. Two main sources of information come to mind; Russell Mishcon’s dissertation was important in this regard and I recall a survey being

undertaken by Hilary Barnard sometime in the early 2000s – I had no involvement in either.

58. I tried as best as I could to bring forward perspectives from the Partnership Group and from my involvement with Birchgrove but as I have said previously, if these opinions didn't fit with the chartered course then they were ignored.

27. Was any information that the MFT had about its beneficiary population provided to the Government to assist with negotiations about funding? If so, how and when? If not, why not?

59. With the exception of Martin Harvey's erroneous information about the level of beneficiaries' income, I do not think so but I cannot say with confidence because I wasn't invited to have any contact with DoH. Meetings between DoH and MFT were never minuted so I would have no way of knowing.

28. What opportunities or procedures were there for the MFT to seek additional monies and/or apply for top up monies from the Government as the financial year progressed? Was this ever done? If so, provide details.

60. I don't know of any mechanism for the MFT to seek additional funds and I don't recall top ups ever being given during the course of a financial year.

61. The only way I can think that additional funds would have been obtained was through exerting pressure on the DoH but this was something that Chairs and Chief Executives were never prepared to do – Russell's letter and Roger's vetoing of it being perfect examples.

29. You state in your second statement at paragraph 28 that meetings between the MFT and DH were not minuted,. Did this include annual or other regular reviews between the MFT and the Department of Health?

62. Insofar as I am aware, no meetings between DoH and MFT were ever minuted; if they were, I was never given a copy of the minutes and I have never seen any since.

30. Which of the trustees attended meetings with the DH? How was this decided? How was information as to what happened at those meetings fed back to the Board?

63. From the trustees, it was predominantly the Chair (whether that be Peter Stevens, Chris Fitzgerald or Roger Evans) who met the DoH along with the Chief Executive, I cannot recall the specific names of any trustees who might have, at one time or another, met with DoH but I am sure that others beside the Chair would have met DoH on occasion.

Financial management/governance

31. Were budgets/ budget forecasts made by the MFT prior to the start of the financial year? If so, how were the needs of the beneficiary population forecast? If not, why not?

64. Budgets were prepared but I am sorry, I cannot recall anything which would help to answer this question save that the budgets were presented as complete articles; I don't recall ever being invited to consider amending an aspect of the budget.

32. What was the impact on the MFT of spikes in applications and the amounts of funding being applied for?

65. There was little correlation between the numbers of applications and the amounts of funding being awarded – if there was a spike in application numbers then this meant that more grant applications were refused.

66. I do not know to what degree the number of applications would feature or influence the business cases put forward to DoH by MFT though I suspect they would have been a feature when seeking more money.

33. What, if any, steps did the MFT take to ensure that the salaries it paid its staff were proportionate and/or commensurate with the charitable sector?

67. I do not know what specific steps were taken to benchmark the salaries of the staff, but the amounts paid to individual staff were not something I remember having a problem with.

68. What I objected to was the number of staff and the fact that if more money was required, it was always the registrants who took the hit rather than savings being made. The prime example of this was Jan Barlow hiring a Director of Operations despite the MFT having an £800k deficit and whilst the beneficiaries were simultaneously having their winter fuel payments cut by the trust.

MFT Reserves

34. At an MFT Partnership Group meeting you attended in 2006 (prior to becoming a Trustee) [MACF0000016_089], it was noted that there was a difference of opinions between members of the Partnership Group and the board of MFT, Trustees. It was recorded that 'the general feeling of the group was that the Trustees are being overly cautious and have not dipped sufficiently into the reserve funds'. In your view were Trustees adverse to spending the reserves? Did this persist during your time as a Trustee? It may assist you to also look at [MACF0000024_004] also.

69. The trustees were absolutely averse to spending the reserves and this persisted throughout my time at MFT – the only exception was Chris Fitzgerald's direction to run down the reserves but it can be seen from the minutes of 21 January 2008 [MACF0000018_083] that even this decision was not embraced by all of the trustees with some seeking assurances from DoH that further funding would come if reserves were spent.

35. In a MFT meeting dated 19 July 2010 [MACF0000015_002], it was noted that Ms Moira Protani of Wilsons Solicitors suggested the reason the Trust needed to amend the Objects Clause of the Trust Deed was due to having too much money. What did you understand was meant by this?

70. I have no idea what was meant by this comment but as I have said previously, I was never altogether aware of the levels of the reserves at any given point.

36. In an MFT meeting dated 25 January 2010 [MACF0000015_067], the Chair acknowledged that, come the post-Archer Inquiry settlement from the DH, the Trust's reserves would stand at around £5 million.

- a. Who decided on the level of the reserves that the Trust should maintain?**
- b. Were you involved in those decisions?**
- c. What was the justification for this level of reserves?**
- d. In your opinion, was this an appropriate amount of money for the Trust to hold in its reserves?**
- e. Did the level of reserves impede or otherwise have an impact on the MFT's negotiations with the Government for increased funding?**

71. I'm not altogether sure who decided on the levels of the reserves but I think DoH had a hand in approving them at least; I say this because DoH's consent was sought before the reserves were used and at various times, DoH gave directions to maintain or reduce the reserves.

72. My level of involvement in setting the reserves was limited to pressing for them to be run down whenever the reserves were discussed at board meetings. These representations were given no attention and were made to no effect.

73. I was told that the reserves were in place in case the DoH pulled funding though I believe that they were maintained at such high levels to ensure that DoH didn't have to provide anything other than minimal funding.

74. Four million pounds was an obscene amount of money to have held in bank accounts and investments when there were beneficiaries who needed money to alleviate some of the suffering of their HIV infections. The trust's primary purpose was to alleviate the suffering of beneficiaries and I don't see how that purpose is achieved when most of the money is held away from the beneficiaries and ring fenced.

75. In my opinion, the level of reserves definitely impeded MFT's ability to negotiate with government for increased funding but then, I'm sure that was the point of having the reserves set so high.

37. A £3.5m reduction of the reserves was required by the DH in 2011 [MACF0000025_016] and you also became a member of the Reserves Working Party [as per MACF0000025_092]. Was the decision to spend the reserves on home improvements well-received by beneficiaries? What other options were discussed? Was dividing the remaining reserves between registrants ever discussed as an option?

76. The decision to utilise the reserves was not popular with beneficiaries and not one which I supported. We were all asked to put forward proposals for a meeting of the NSSC on 28 November 2011 [MACF0000025_009].

77. At this NSSC meeting, I had proposed additional funding for Motability deposits, winter fuel allowances and respite breaks. These were things

that I thought would best help the beneficiary community to live with their infections and ensure some small degree of comfort. I exhibit a copy of my proposal [WITN1122032].

78. Prior to the meeting, I was led to believe that all of the proposals would be given equal consideration and I put weeks of work into mine. When I arrived at the meeting I and the other user trustee (who made similar proposals) were left feeling like the decision had already been taken by the professional trustees before the meeting had even begun, it was a fait accompli.

79. I think my proposals and those of the other user trustee were effectively a way of dividing up the reserves; they would have meant that everyone had a fuel payment and was offered assistance with a new car or a break.

80. Because of the MFT's duty to assess need, a straight division of the reserves could not be considered (or so we were told). The other proposals made were based on establishing a mechanism for providing insurance to beneficiaries. Whilst insurance was undoubtedly a long-term problem for beneficiaries, it would have meant effectively running the MFT as an insurance company and I felt there were better ways to make a bigger impact on beneficiaries lives.

38. What criteria were applied when determining whether to provide grants out of the reserves for home improvements? You may wish to refer to [MACF0000143_017] when providing your answer.

81. I don't think that there were any criteria applied which results in the inconsistency in approach which is demonstrated in the minutes to which I am referred. By way of example, if you take Case 14, an application for £3,258 for a new boiler and radiators and Case 15, an application for £392.62 toward a new boiler, why is the former worthy of consideration for a grant from reserves but not the latter?

82. Of the 35 cases listed in these minutes, I count 14 as relating to home improvements of one kind or another and of these 14, only eight are approved and many of these approvals were for loans rather than grants.

83. If there is a policy to disburse the reserves to beneficiaries for the purposes of home improvements, then all of the cases relating to home improvements should be considered for grants from the reserves.

39. The Inquiry understands that in order to apply for monies for home improvements from the reserves, the applicants had to submit to an interview [MACF0000025_035].:

- a. Why were interviews thought necessary prior to distribution?**
- b. It was noted in July 2012 that widows needed more support during and after the interviews as they were finding it a painful process. Were widows provided with more support as requested?**

84. I was against the idea of interviews because I felt them to be intrusive and unnecessary. The minutes of the NSSC meeting on 28 November 2011 [MACF0000025_009] indicate that the idea was to assess the needs of beneficiaries via voluntary one-to-one meetings.

85. The minutes to which I am referred do not confirm to me that interviews were mandatory, and I do not recall whether they were but if they were, this was obviously an evolution from the initial proposal.

86. The fact that it was recorded that widows were finding the process difficult confirms that the process of conducting interviews was inappropriate; I'm sure that the primary beneficiaries found them distressing too. I do not know what additional support was provided or if any at all was.

40. Please assess why delegates of the Partnership Group felt the Department of Health was having 'undue influence on the way the charity distributes funds'. [MACF0000024_004]

87. Having read these minutes, I think that the only sensible conclusion is that the feeling arose from Roger Evans' comment at the foot of page two of the minutes where he is recorded as saying *"We have put in a very strong case for the release of the reserves with the DoH."*

88. The beneficiaries generally and I, even in my role as a user trustee, did not understand why the DoH should have any say in how the reserves were utilised – the reserves shouldn't have existed at the levels they did because money should have been spent as it was received to alleviate the suffering of the beneficiaries.

Section 4: Identifying beneficiaries for the MFT

41. How did the Trust approach locating widows and dependants who required financial assistance? You may wish to refer to [MACF0000015_039] at para 450.10 when providing your answer.

89. I do not remember anything that could helpfully answer this question and I have not found any documents which might help.

Section 5: Eligibility for the MFT

42. Were there discrepancies or differences in the eligibility requirements between the different AHOs? If so, what were they and were they justified in your view? If not, did you raise this with anyone, and if so, who and when? What was the response?

90. I'm not sure it would be possible to demonstrate conclusively that there were discrepancies because I'm not aware of any formal guidance or rules from any of the AHOs on when it was appropriate to make a grant.

91. I always felt that the Eileen Trust's beneficiaries had more money per head than MFT beneficiaries and that they had more success in grant applications; these feelings were lent some credence when Peter Stevens gave evidence to the Archer Inquiry and made clear that he viewed the ET's beneficiaries more sympathetically than MFT's [ARCH0000005_0027-28].

43. Were there discrepancies or differences in the procedural criteria between the different AHOs? If so, what were they and were these justified in your view? If not, did you raise this with anyone and, if so, who and when? What was the response?

92. I wasn't clear on the formal procedural eligibility requirements for MFT grant applications let alone the other AHOs so I am not in a position to comment on any differences between them.

44. Were the eligibility requirements (both substantive and procedural) kept under review by the board of the MFT? If so, how often? If not, why not?

93. I don't think that the eligibility criteria for someone to become a registrant ever changed during my time at MFT but procedural eligibility for grants could vary from time to time – for instance, Motability grants went from being a standard form of grant to being only made in exceptional circumstances.

45. Were you aware of any concerns about or dissatisfaction with either the substantive or the procedural eligibility requirements for the MFT? If so, what were these and what did you/the board do in response?

94. The entire beneficiary community was dissatisfied with the unfair and inconsistent manner in which grants were made or denied; this was a persistent problem throughout my experience of the MFT.

95. On the occasions when the issue was considered by the MFT, the problem was dismissed, and this can be seen in minutes of the NSSC meeting which took place on 24 April 2013 [MACF0000149_042]. The NSSC hid behind their discretion to determine what constituted an exceptional circumstance in order to explain the inconsistencies.

Section 6: Decisions on substantive applications within the MFT

46. Please explain who made decisions on applications for the MFT and how this changed over the time you were involved. In particular please explain:

- a. When, if ever, staff employed by the MFT were able to determine applications, and which staff did so.**
- b. Which committees were formed for the determination of applications, how they were formed, who was chosen (and why) to sit on them, how often they met, who they reported to and the process they adopted for the determination of applications.**
- c. Which (if any) decisions on individual applications were made at board level and why?**

96. In the first instance, grant applications were determined by the office staff (usually the Office Manager) if they were for routine pre-approved things such as, at one time, Motability grants. For general applications, the details were sent by the office staff to the NSSC for consideration and the NSSC made its decisions at monthly meetings. Urgent cases to be dealt with by the NSSC could be determined through the round-robin email system and then the decisions ratified at the next NSSC meeting.

97. From both of these routes of assessment, an appeal could be made to the board of trustees; I think that this was ordinarily, the only time that the board would consider grant applications although they did consider exceptionally large grant applications in place of the NSSC.

98. You were voted on to the NSSC by its other members though I suspect I and other user-trustees were selected to give the impression that the beneficiaries were involved in some way.

99. After Roger Evans became Chair and Jan Barlow Chief Executive, the Grants Committee was formed and I have already detailed the means they employed to attempt to exclude user trustees from this committee.

47. Please explain whether the MFT developed written or unwritten policies for the determination of applications over the time you were involved. If so:

a. Who developed these? Were they publicly available? If so, where were they available?

b. Was any expert (medical or other) advice sought to inform those policies? If so, what advice? Please give examples.

c. Were the views of the beneficiary community taken into account when setting the policies? If so, how was this achieved? Please give examples.

d. Please describe the policies.

100. Written policies were created from time to time by the Chair and Chief Executive but I do not think they were ever made available to beneficiaries.

101. I cannot recall for certain whether medical input was sought as a matter of course, Mark Winter and Vanessa Martlew gave occasional input and I know from personal experience that Mark Winter did have a role in the assessment of certain grant applications because he denied my application for a respite break despite such a break being recommended by my HIV doctor, Prof. Mark Nelson.

102. The views of beneficiaries would be taken account of to the extent that those views coincided with what the Chair and/or Chief Executive

had already decided to do; the beneficiaries views would be put as best as possible through the user trustees and the Partnership Group.

103. I cannot recall the detail of any policies but they would certainly ensure that the trustees' discretion was retained to such an extent that the NSSC was not fettered in determining any application.

48. Were reasons for refusing an application provided to an unsuccessful applicant?

104. Yes, a brief letter would be sent explaining the headline reason for refusal, but it would not detail the deliberations of the NSSC.

49. Was there a procedure in place to consider applications made on an urgent basis? If so, what was that procedure? If not, why not?

105. Yes, as previously noted, the NSSC had a round-robin email system for considering urgent applications – the decisions flowing from this process were then formalised at the next NSSC meeting.

50. What practical support or assistance was given to applicants to help them in making applications?

106. I do not recall any support or assistance being given for the making of applications during my time as a trustee; if anything, I thought the giving of advice was discouraged.

51. Please describe:

- a. What regular payments were made to beneficiaries and how they were assessed/quantified.
- b. What lump sum payments were made to beneficiaries and how they were assessed/quantified.
- c. What payments or grants were made for specific expenses or items and how they were assessed/quantified.

107. Regular payments were made to infected beneficiaries from the beginning of my time at the MFT and were increased from approximately £6,000 to £12,000 per year following the Archer Inquiry. I do not know how the sum was arrived at, I presume it was a division of the total sum that DoH said it was prepared to pay. These payments, following the Archer response, were non-discretionary and so could not be administered through the MFT and were instead paid through MFET Limited.

108. Prior to the Archer uplift, discretionary top up payments were made to regular payments by MFT to ensure a minimum household income for infected beneficiaries. These payments, by their nature, were means tested. I do not know how the figure set as a minimum household income was arrived at.

109. Regular payments were also made to some widows; these were means tested and always phrased as ensuring that a bereaved widow had a minimum income. These payments were again, by their nature, means tested and I do not know how the figure set as a minimum household income was arrived at though I believe that it was lower than for an infected beneficiary household.

110. I do recall, as I set out at paragraph 15 of my second statement that the payments were intended to increase with inflation, but that Roger Evans put a stop to this.

111. In addition to regular payments, there were also lump sum payments for winter heating and for summer holidays from time to time. The winter payment was, in my view, essential and it was always a battle to maintain it; the summer payment was done away with. I do not remember how the sums were calculated but I think that the winter payment was only made to beneficiaries with a household income below a certain threshold, from memory, around £25,000.

112. Grants for specific expenses were made via the grant applications process which I have tried to outline in the previous response of this statement.

52. Did the success or otherwise of an application depend on the number of applications made per year or was each application considered on its merits, irrespective of the overall demand on the relevant fund?

113. In theory, no; the applications were assessed on their individual merit but as I detailed in my second statement, there was an occasion where I overheard Jan Barlow say that if it were up to her a particular registrant (an infected widow) wouldn't get another penny. I suspect that there was an awareness amongst some of the number of applications made by certain registrants over periods of time and this may have coloured their decisions on whether a grant should be made but it did not affect my thoughts.

114. My view was simply that if a registrant needed something for their health as a result of their HIV, then they should have it.

53. Did the Trust consider the amount of money previously given to an applicant from (i) the MFT, and/or (ii) other AHO's, and/or income from benefits when determining each application? If so, why?

115. As set out above, there was no overt criteria save that you could not apply for the same thing within a certain period of time.

54. Were the grants means tested? If so, why? What were the income brackets applied? Were the income brackets published? If so, where and how could the beneficiaries access this information? Were the income brackets kept under review? If so, how and in what intervals?

116. As I note above, I cannot recall the brackets which were applied to the discretionary top up payments for either infected beneficiaries or widows, but they certainly existed.

117. As to individual grants, these were all effectively means tested because it was a requirement that you filed an income and expenditure form with an application. To show that you were experiencing exceptional circumstances, you had to show (1) that the reason you were applying for a grant was unforeseeable; and (2) that you couldn't reasonably be expected to budget to meet the cost.

118. As such, the greater your income, the less likely your application was to succeed.

55. In a NSSC discussion on 5 May 2010 regarding individuals of the non-infected beneficiary community whose household income fell below £12,000, it was concluded that 'the beneficiary should receive a regular payment that took the individuals net household income to £12,000 per annum' [MACF0000015_048].

a. How were such decisions reached by the committee? For example by majority?

b. Why was the relative poverty level of £12,000 chosen as sufficient?

119. I do not recall having any say in how these decisions were reached and it looks from the minutes as though Charity Commission definitions of poverty were used.

56. Please provide your view on the consistency and fairness of decision making by the Trust when assessing applications.

120. As I have tried to outline already, the MFT was consistently inconsistent and unfair in its determination of applications.

**57. Was appropriate language used when discussing applications?
Was there frequent suspicion of beneficiary motivations?**

121. I can't remember specific examples of inappropriate language being used in the sense of insulting beneficiaries but amongst some of the trustees there was just a pervasive sense of disdain toward the beneficiaries.

122. I think that many of the professional trustees simply didn't particularly care about the needs of the beneficiaries as people. Many of the trustees lacked any empathy toward the beneficiaries and none more so than Roger Evans.

123. Peter Stevens made his feelings about the MFT registrants clear at the Archer Inquiry when he explained why Eileen Trust beneficiaries were more deserving.

124. The attitudes of these three, which I give as an example because many more of the trustees lacked any empathy or understanding, infected their decision making and meant that the MFT became a cruel organisation which the beneficiaries largely resented.

58. What was the policy for inclusion of user trustees on the NSSC and the Grants Committee?

125. As previously set out, user trustees sat on the NSSC though I suspect to give the appearance that the beneficiary community had some involvement in the grant making process.

126. When Roger Evans and Jan Barlow reconstituted the NSSC into the Grants Committee, they implemented a rule whereby if a user trustee sat on the Grants Committee and needed to make an application then they were required to resign from the Committee. In practical terms, this made it almost impossible for user trustees to remain on the committee.

127. There was absolutely no reason why the Grants Committee could not function in the same way as the NSSC had done whereby a user trustee would leave the room if their own application was being discussed. This change removed one of the last veneers of beneficiary involvement with the MFT's operation.

59. Why did the NSSC Committee request information regarding Skipton Applications before deciding on grant applications? [MACF0000149_011]

128. I do not recall precisely but I think it would have been an issue of income assessment because the detail that appears to be of interest is when a beneficiary received their lump sum Skipton payments. I suspect it was to check for applications being made at around the same time a lump sum had been paid by Skipton – in such circumstances, the applications would in all likelihood, be refused.

129. There was also the fact that MFT could only (by its deed) pay grants for issues arising from HIV, not HCV and we were advised that we needed to check this point.

60. Why was the NSSC replaced with the Grants Committee? What difference did it make to the process? You may find this document of assistance [MACF0000026_086].

130. I have no idea what the reason for this change was, it was the idea of Roger Evans and Jan Barlow and the question should be answerable by them. I cannot recall what the grant guidelines were which are referred to in MACF0000026_86 contained.

131. I can say with confidence that whatever change was made to the applications process, it would not have been made with a view to making

it easier, fairer or more straight forward for registrants to make applications.

61. Were you involved in the Grants Committee?. If so, in what role?

132. No, I was never involved and was against the formation of this Committee – it was ensured by Roger and Jan that neither I nor many other user trustees, could be involved by the addition of the rules which I discussed earlier about grant applications. My opposition is recording in the board minutes of 12 May 2014 [WITN1122033].

Loans made by the MFT

62. Please describe how the decision to make loans and advances rather than give grants came about as a matter of policy, and how the Board considered this was consistent with the MFT's charitable purpose if known to you.

133. I wasn't a trustee at the time that loans started to be given so I do not know how the policy came about.

134. I have always opposed the MFT making loans because if you had a good enough reason to warrant a loan being made then you had a good enough reason to deserve a grant. This was demonstrated several times during my time at MFT when an applicant would be offered a loan, refuse it and then be given a grant instead. This shows to me clearly that there was no difference between the criteria for a grant or a loan and that the loans were a try-on to recover as much money as possible from the beneficiaries.

135. I do not think that the policy of making loans was consistent with the MFT's charitable purpose and I think that the charging of interest was certainly something that a charity should not have been doing; I think it was immoral.

63. Were loans or awards made contingent on beneficiaries accepting the services of a financial advisor? If so, what was the criteria for such a condition to apply?

136. I do not know the answer to this question; I do not recall this being a stipulation.

64. Please describe any role you had in approving loans and/or advances made by the MFT to beneficiaries.

137. There was no difference between a loan and advance other than purely semantic. When the term 'loan' was used, the beneficiaries' repayments would be deducted from their regular payments. When the term 'advance' came to be used, precisely the same thing happened.

138. I had no role in approving loans beyond sitting on the NSSC when others offered them; I was profoundly against making loans or advances as a matter of principle.

65. Please confirm whether the MFT sought legal advice with regard to the loans made by the Trust. If so, what did that advice say (please note that legal professional privilege has been waived by the MFT)? Did you agree with that advice? Did the MFT act in accordance with that advice?

139. I do not know whether advice was sought or not and if it was, I never had sight of it or a summary of its content.

66. Under what circumstances would the MFT write off unsecured loans? You may wish to consider [MACF0000012_152] and [MACF0000023_048] when providing your response. Did the MFT write off any loans during your tenure? If so, please give details.

140. I do not know whether there were specific circumstances when loans would be written off but generally, when the beneficiary had died or where there was no prospect of a full repayment, sometimes agreements would be reached.

67. Under what circumstances would the MFT permit a second secured loan on a property? You may wish to refer to [MACF0000012_152] when providing your answer.

141. I do not know the answer to this question and am unable to suggest an answer from the minutes to which I am referred.

68. In an NSSC meeting on 7 September 2011 [MACF0000023_049], Christopher Fitzgerald emphasised that the MFT must have a form of security when offering a loan, either through a means to recoup the loan or through the Trust not agreeing to non-interest bearing unsecured loans. Was this a change in policy in so far as you are aware? Why was it necessary for this to be emphasised at this time? Had the financial situation within the Trust changed? How did this affect the operations of the NSSC if at all?

142. I do not know the answers to these questions.

69. The email from Russell Mischon dated 6 November 2020 [MACF0000134_017] sets out his review of the loans granted by MFT. It appears that a number of loans had been granted to beneficiaries who may have been entitled to other payments (backdated payments are mentioned). Are you aware of how this could have come about?

143. I do not recall the specific circumstances but Russell's email reads to me as dealing with circumstances where loans had been made and the beneficiary had subsequently become entitled to a lump sum or back payment. In these circumstances, the MFT were looking to pay

down the loans rather than give the lump sum or back payment to the beneficiary who held the loan.

144. I believe that there were other circumstances where loans were given in the anticipation of a further lump sum or back payment falling due from which repayments could be taken. In these situations, the loan would have been made to allow the beneficiary to have immediate access to the monies. Examples of this can be seen in the NSSC minutes which I was referred to in previous questions where loans were made pending consideration of whether a grant could be awarded under the scheme to run down the reserves post-Archer.

The NSSC

70. Why was the decision made to stop publishing Office Guidelines? What impact did that have on beneficiaries in your view?

145. I think that the decision was taken to stop publishing to ease the burden of work on the office staff – the consequences were that beneficiaries would have even less idea about how to deal with the Trust.

71. Why were Trustee Guidelines (known as an Aide Memoire) introduced and to be used instead of the Office Guidelines? [MACF0000139_050]

146. I cannot remember very much about this at all; the fact that the guidelines are changed and not given to applicants suggests to me that whatever transparency there had been to that point was being lost.

72. The reference to ‘a running total’ and the Committee being able to see areas on which the NSSC ‘may be overspending’ infers that grants were not always given on merit but on being from an area that did not have an overspend [MACF0000143_014]. Is this a correct or inaccurate inference to make?

147. I'm not sure when a grants budget was introduced, I know it was Roger Evans who introduced it and that there had never been a budget before then.

148. I don't think the minute I am referred to is necessarily saying that a grant area which was not overspent would be more likely to see approvals. Rather, I think it is suggesting that a grant was less likely to be approved if it was for something which fell into an overspend area.

149. However you cut it, it is quite clear that the merit of an application alone was not the only consideration.

Exceptional Circumstances

At an MFT NSSC meeting on 7 December 2011 [MACF0000023_049], there was a suggestion that the Chair should put a carefully worded notice on the Trust website that grants might be made available in 'exceptional circumstances'. What were the 'exceptional circumstances' under which a beneficiary could apply for a Grant? Were they shared with applicants?

150. I do not know what was in the Chair's mind at the time but not too long after this, at a NSSC meeting on 18 July 2012 [MACF0000025_035], Russell Mishcon gave a definition to be used for exceptional circumstances as follows:-

"Exceptional Circumstances are circumstances which have arisen or are threatened which, in the opinion of the NSSC/Board of Trustees, are unlikely to have been anticipated by the beneficiary in the ordinary course of events and/or it is unreasonable to expect a beneficiary to have to deal with the financial outcome from their normal income."

73. It was noted in the MFT Board minutes on 29 April 2013 that Jan Barlow and Roger Evans would draft a list of items that would be excluded from consideration of grants. You may wish to refer to [MACF0000024_047] when answering the following questions:

- a. What items were excluded from the consideration of grants?**
- b. Why were these items excluded?**
- c. Were beneficiaries informed of this? If so, how?**

151. I have located the exhibited list [WITN11220034] which sets out the items for which grants would be refused as a matter of course. I do not know why these specific items were excluded because I wasn't involved in any procedures that dealt with grant applications. I do not think that the list would have been shared with beneficiaries, I think that they only found out that the items were unclaimable if they made an application.

Non-financial Support

74. What if any non-financial support was available to eligible beneficiaries of the MFT? Was the availability of non-financial support made known to the potential beneficiaries, and if so how?

152. At various times there was a social worker, a financial adviser and a benefits adviser but I believe that all of these were done away with by the latter days of the MFT.

153. Other non-financial support included the online bulletin board and things like weekends away, both of these were abolished by Roger as the MFT became more distant from the beneficiaries.

Section 7: Complaints and appeals

75. Was there an appeals process, written or otherwise, prior to February 2013 for decisions made by the NSSC? If not, why was it now

introduced? You may wish to refer to [MACF0000143_013] when providing your answer.

154. Yes, it was simply that if an application was refused either by the office staff or the NSSC then it could be referred to the board of trustees. This process existed from the beginning of my time as a trustee.

76. How common was it for decisions to be appealed? How many appeals were you aware of being launched during your tenure? How frequently did appeals succeed?

155. My recollection is that there were very few appeals and my memory is not good enough to guess at what proportion succeeded or failed.

77. Was there a complaints process? If so how did it operate?

156. I don't think there was any formal complaints process and I think that any complaints that were made were made to the Chair or Chief Executive. I don't recall being involved in the resolution of any complaint.

78. How common was it for the MFT to receive complaints? How many complaints were you aware of being made? How frequently were complaints upheld?

157. Because I wasn't involved, I couldn't say how common complaints were. I was certainly aware of the general dissatisfaction with MFT of the beneficiaries through my work with the Partnership Group and Birchgrove but I do not know how many complaints were made about specific incidents.

Section 8: Engagement with the beneficiary community

79. What steps did the MFT take to engage with and understand their beneficiary community?

158. The Partnership Group was the only way that I can really think of besides the weekends away. Toward the end of its life, MFT had deliberately become more distant from the beneficiaries in my opinion and this distance was encouraged by the Chair and Chief Executive. It can be seen from the minutes of a meeting between Caxton and MFT on 19 December 2012 [CAXT0000068_010] that steps were being actively taken to reduce the Chief Executive's contact with beneficiaries.

80. On the subject of the MFT Partnership Group meetings:

- a. What impact, if any, did these meetings have on the way the MFT operated?**
- b. Were there any problems encountered in the running of the group/meeting and how were they handled?**
- c. How did you handle attending both in your capacity as a user trustee and as a registrant?**
- d. What, if anything, was lost on its closure?**
- e. In Partnership Group meeting minutes from 8 December 2003 [MACF0000088_012], the idea that it could become an independent lobbying body was discussed. What happened to this idea?**

159. The Partnership Group had very little if any impact on the MFT's operation; I understand that the addition of user trustees to the MFT board was as a result of PG pressure, but this is the only achievement I can think of in terms of changing the way the MFT functioned.

160. Meetings could be lively but that was because of the anger felt toward MFT by the registrants. I don't remember a meeting ever 'crossing the line' it was never offensive or insulting.

161. I remember one problem with the administration of the Group meetings when Roger Evans tried to have his own set of minutes issued rather than those agreed by the rest of the attendees, but this is the only real problem that springs to mind. The two sets of contrasting minutes are exhibited [WITN1122035] and [WITN1122036] – Roger objected to it being recorded that he had advised the Partnership Group on how they might go about seeking Russell Mishcon's removal as a trustee.

162. I attended the Partnership Group meetings as a registrant primarily but occasionally switched hats.

163. With specific reference to the minutes to which I am referred, I do not know what happened to the suggestion that the Group could lobby but it never happened to my knowledge.

81. It was noted by the Chairman [MACF0000015_003] that some Trustees felt they were without 'hard information' regarding the bereaved community. How did this lack of information affect the work of the MF? In the meeting on 1 September 2010 the MFT invited the attendance of a senior social worker and clinician nurse specialist to provide information about the beneficiary community:

- (i) What do you recall of that meeting?**
- (ii) Did the information given to the MFT accord with your knowledge of the community?**
- (iii) Were any other steps taken by the MFT to address this lack of information? Please give details.**

164. I don't remember this meeting, but I think it is fair to say that widows, like other beneficiaries had an array of different needs. Some widows were able to rebuild new lives, some were left physically and psychologically wrecked by their experiences.

165. I think that the widows were generally an afterthought for the Trust, and I don't recall any specific steps being taken to increase the Trust's understanding of the circumstances of the bereaved.

82. The Inquiry understand that home visits were introduced both to assess the needs of the beneficiary community [MACF0000015_003] to assist the MFT apply its reserves, and to visit the bereaved to ask questions about their property, contents insurance, personal insurance and benefits they received [MACF0000134_025 at p.12] amongst other things.

- a. What did you think of the decision to make home visits?**
- b. How were they received by the beneficiary community?**

166. As I have said previously, I was completely against home visits being conducted and I considered them to be intrusive and unnecessary. I do not believe they were well received and particularly not by widows; the minutes we looked at in the previous similar question record the distress that was being caused by these visits.

83. During an MFT meeting on 21 January 2013 [MACF0000024_002], the perceived breakdown of communications between the beneficiary community and the MFT Board was noted. Why was there a breakdown in communication between the beneficiary community and the Board? Was this breakdown resolved? Please give details.

167. I believe that on this occasion, relations had broken down because Roger had closed down the Bulletin Board which had always been a great place for beneficiaries to exchange ideas.

168. Roger did away with the Bulletin Board on the basis that it had become too difficult to police the abuse that passed on there – he relied on a two-year-old exchange to support this view. The truth was that Roger and Jan didn't like what the beneficiaries had to say about them on the Bulletin Board and I don't think they liked the beneficiaries being

in contact with one another because this led to beneficiaries co-ordinating their expressions of dissatisfaction.

169. The problems were never resolved and in October 2014, I wrote to Roger in great detail [WITN1122037] setting out all of the grievances I and other beneficiaries had with the MFT under his and Jan's stewardship.

84. What was the relationship between the senior management/board of the MFT and the beneficiary community? Could this have been improved in your view? What steps did you take to improve the relationships?

170. The best way to describe the relationship after Roger became Chair was toxic. Roger and Jan were bent on keeping the operation of the MFT as distant as possible from the beneficiaries and no amount of protestation changed their approach.

Section 9: Relationships with other organisations

85. Please describe the working relationship between the MFT and the Haemophilia Society. Were you aware of any difficulties during your tenure? If so, what were they, how did they impact on the running of the MFT and how if at all, were they resolved?

171. There was a fairly good relationship between the Society and the MFT during my time as a trustee and up until 29 January 2015. I recall no major issues between the two organisations whilst I was a trustee.

86. During your tenure with the MFT, who were the trustees who were also trustees of the Haemophilia Society? Did this have an impact on the relationship between the two organisations? Please give details.

172. I am sorry but I cannot recall with sufficient accuracy who held trusteeships of both organisations simultaneously.

87. During your tenure as the Chairman of the Birchgrove Group , did you have any interaction with the MFT? If so, during what period and what was your experience?

173. One incident sticks in my mind. Peter Stevens had sent some emails which were clearly not intended for public consumption and which referred to the beneficiaries of MFT as “whinging haemos”. This exchange followed a separate series of emails between Gordon Clarke and Peter Stevens where Gordon referred to the beneficiary community as “the great unwashed. The Birchgrove Group happened to come by these emails.

174. The Birchgrove board spoke first with Ann Hithersay at a meeting at the Copthorne Hotel in London and she advised that Peter should be called to answer for his comments.

175. It is a measure of the influence that Birchgrove had at the time that we were able to summon Peter and Martin Harvey to our offices in Cardiff and demand an explanation.

176. Peter apologised profusely for sending the emails and we agreed that would be an end to the matter.

Section 10: Reform of the MFT

88. Please provide details of any consultation or reform process you were involved in, in respect of the MFT.

177. I sat on the reserves committee which was intended to be a consultative body to determine how the reserves should be spent but, as I have already explained, I did not have a great deal of influence.

89. What was your view of the changes made to the MFT, including the non-discretionary disbursement scheme, as a result of the Archer Inquiry? Did any changes work well?

178. Primarily, that the changes did not go far enough, and that Lord Archer's recommendations ought to have been implemented. The sums given to beneficiaries left many well below the poverty line and nowhere near the average wage.

179. This was not a view shared by some of the other trustees; Roger Evans in particular took the view that the beneficiaries were all now sufficiently supported and this was used as a basis to withdraw grants, fuel payments and other assistances that the beneficiaries had previously enjoyed.

Section 11: Your previous statements to the Inquiry

90. At paragraph 36 of your second statement, you state it was standard practice to conduct meetings which included five trustees sitting on the boards of both the MFT and the Haemophilia Society (HSOC). How did this impact on the running of the MFT?

180. The detail given at paragraph 36 of my statement is incorrect; there was never, to my recollection, five people who simultaneously held trusteeships of the MFT and the Society. I cannot remember the point I was trying to make.

181. I apologise for this error and for my inability to correct it.

91. In your second written statement at paragraph 64, you state that Susan Daniels of the MFT advised you to take out an interest only mortgage, and that the savings you were subsequently forced to make to pay off the capital sum led to you being investigated multiple times by the

**DWP. In what context was this advice by Susan Daniels provided to you?
Please provide any supporting documentation of this advice should you
have retained it.**

182. Susan advised me and my wife in her capacity as the Trust's financial adviser and my capacity as a registrant. She referred us to Nationwide to whom my wife and I applied and were accepted.

183. I have nothing from Susan Daniels but I have retained the DWP investigation correspondence which I am happy to let the Inquiry have copies of if it so wishes.

Section 12: Other

92. To the extent that you have not already done so in a previous witness statement to the Inquiry, please describe your personal involvement with any of the Alliance House Organisations as a beneficiary.

184. My most memorable experience of the MFT as a beneficiary was when I needed to replace my shower with a wet room. My shower hung over the bath and I was finding it increasingly difficult to get inside the bath to take a shower.

185. Mark Simmons prepared a letter in support for me which explains why I needed the adjustment and an application was then sent to the MFT.

186. The documents relating to my application are exhibited [WITN1122038] and it can be seen that the NSSC refused the application because I had already had an allocation from the reserves.

187. I appealed the decision and the appeal was denied but I was offered a loan instead which I refused. I paid for the wet room myself in the end.

188. I was very angry about the whole process because an adjustment necessary for medical reasons was the whole point of the MFT and I could not understand how it could possibly be refused.

93. Please provide any other information and or views you may have that is relevant to our Terms of Reference.

189. In dealing with this final question, I would like to discuss two further matters. The first is to provide all the detail and documents that I have on the dispute between the MFT and the Society which arose from the meeting between Roger Evans, Jan Barlow and Liz Carroll on 29 January 2015. The second is to respond to the specific criticisms made of me by Roger Evan's in his witness statement.

MFT/Society Dispute

190. By the time the events leading to this dispute took place, I was not a trustee of the MFT but I was sitting on the board of trustees of the Society.

191. Liz Carroll attended a meeting with Jan Barlow and Roger Evans on 29 January 2015 and updated the board of the Society at a board meeting on 4 February 2015 [WITN1122039]. At the foot of page four of the minutes, Liz explains to the board that Jan Barlow had said that DoH ought to wait as long as possible to implement any further reforms as more beneficiaries would have died and so there would be less to pay.

192. When Liz recounted this conversation, I insisted that it be taken further and the other trustees felt strongly as well. It was resolved that Liz would write to the APPG expressing the view that the AHOs were not

fit for purpose and that beneficiaries had lost faith in them. On 8 February 2015, I sent Liz an email [WITN1122040] asking her to brief Alistair Burt MP on the content of her meeting with Roger and Jan, Liz agreed to do so.

193. On 10 February 2015, Liz circulated two draft letters – the first was to the Under Secretary of State for Public Health, Jane Ellison [WITN1122041] and the second was to Jan Barlow [WITN1122042].

194. On 23 February 2015 Roger called Liz to express his anger about the letter to Jane Ellison, he denies that Jan ever made the comments and says that if anyone did, it was him recounting an anecdote. Roger then threatened Liz with legal action. A copy of Liz's record of the call was email to the Society's trustees [WITN1122043].

195. Shortly afterward, Roger and Jan instructed solicitors to threaten Liz and the Society with Litigation. The deliberations of the Society's board are recorded in emails on 24 February 2015 [WITN1122044] and regrettably, though understandably, Liz was forced to retract her comments and the society published a lawyer agreed apology.

196. It is laughable that Roger and Jan have, in their statements sought to rely only on the correspondence between solicitors as evidence that Liz was lying. The correspondence I exhibit now shows clearly that Liz and the Society were bullied into submission by Roger and Jan. The letters from MFT purported to come from the entire MFT board though I would be surprised if this were the case given that two members of the MFT's board were Society appointees and I again would be surprised if they agreed to a course of action which could lead to the ruin of the Society.

197. I did make enquiries with Liz and Bernard about the MFT user trustees' involvement in the whole affair but I was never given any answer.

Roger Evans' criticism of me

198. Roger makes several criticisms of me in his statement and begins with saying that I was a problematic board member of the MFT, that I was a source of tension and that I was not a team player. This came as a surprise considering the final MFT minutes I was sent [WITN1122045] record that I was to be invited to the next meeting so that the board could express their appreciation for my work over the years.

199. If I was difficult or wasn't a team player, it could only be because I spoke up when I thought something proposed was wrong and I didn't blindly agree to things for the sake of keeping a united front among the board members.

200. Next, Roger says that in my absence, the MFT board was strong, cohesive and focused. It does not surprise me that Roger welcomed my departure and the challenge I sometimes offered him. The emails I have exhibited in my response to question 18 show that other board members had reservations about Roger's stewardship of the trust.

201. Roger goes on to complain that I sent him unpleasant emails to his personal email account. I believe Roger is referring to the email exchange which I previously exhibited, and which runs from September to October 2014. I always corresponded with Roger via his Hotmail account as did the other trustees – this was the only email address I had for him. The emails I sent speak for themselves, but I do not think anything in them is offensive or inappropriate.

202. Roger then complains about the Russell Mishcon letter which I dealt with in my response to Question 18; he says that a letter was thrust into his hand and he and Jan were pressured to sign it; he says that Russell and I pushed for the MFT to campaign aggressively but that the rest. Roger says that he refused to sign the letter and his actions were supported by all of the other board members.

Russell Mishcon and I did not thrust the letter into Roger's hand, it was raised as any other business at a board meeting and the letter was raised calmly by Russell. Roger's absurd statement that he was supported by all of the other board members is demonstrably untrue and the emails I exhibit to my response to Question 18 show this. Out of the nine MFT board members, myself, Russell, Kate Evans, Matt Gregory and Elizabeth Boyd were in favour of the letter being sent; the majority was against Roger and there was certainly no unanimity of support for him.

To quote from those emails from Kate and Matt, a loss of faith in Roger was expressed because of his reluctance to consider difficult courses of action and he was told to consider whether he might have a conflict of interest if he felt incapable of rocking the boat with the DoH.

Finally, neither Russell nor I called for the MFT to campaign (aggressively or otherwise) we simply wanted to record that we did not see how we could fulfil the duties expected of us as trustees as a result of the DoH's persistent underfunding.

203. Roger goes on to discuss a meeting of the Partnership Group and an issue with the minutes. This is in fact the same meeting which I referred to previously where Roger sought to have the minutes changed to omit his suggestions about how Russell might be removed as a trustee. It can be seen from the minutes that I was present and I have no idea where his suggestion that I refused to attend meetings came from.

204. Finally, Roger accuses me of holding extreme views which were shared by only a minority of registrants; the beneficiaries spoke clearly in their responses to the APPG; a copy of the APPG's report is exhibited [WITN1122046] and illustrates the level of dissatisfaction with the MFT amongst the beneficiary community – I do not consider my views were

extreme or beyond those held by the majority of registrants. As to my views on Roger's chairmanship of the MFT, again, I was not alone in having concerns; Russell Mishcon and Elizabeth Boyd co-wrote to the Charity Commission and the Secretary of State on 12 February 2014 to complain about how the MFT was being run [WITN1122047] and [WITN1122048].

Other Comments

205. I have campaigned for over 30 years for justice for haemophiliacs and their families. In that time, I have lost my health, my life as it was, my friends, my business, my sanity and nearly lost my beloved wife, all through no fault of my own and through contaminated, NHS blood products.

206. I lost many friends along the way who were also colleagues on Birchgrove or who were fighting the same cause independently. At times like this, when I have to recall past events, I remember those friends who fought along with me, that have cruelly died, way before their time, leaving families devastated.

207. I have no idea why I have been spared and why there are so few of us left but I can feel the spirit of those friends with me in every sentence I have written in this statement. I can feel those friends urging me to tell the world of our experiences and how we were so badly treated by the trusts and schemes set up to help us. I feel I owe it to those who are no longer here, to do all I can to achieve the justice and dignity which the victims of the contaminated blood disaster deserve, but which so far, has been sadly denied.

Statement of Truth

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

Signed

GRO-C

Dated 22 February 2021.