

Witness Name:Jude Cohen
Statement No: WITN4565001
Exhibits: none

Dated: 9th February 2021

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF JUDE COHEN

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006, dated 9 December 2020 and the Inquiry's subsequent agreement (on 12 January 2021) to extend the deadline for my response to 29 January 2021, for which I am grateful. This response takes into account the documents that have been provided to me to-date. Should the Inquiry identify further documents that are relevant to my work with the Macfarlane Trust, I respectfully request that I be given the opportunity to consider them and if necessary, to provide a further statement in response.

I, Jude Cohen, former Head of Support Services for the MacFarlane Trust, will say as follows: -

Section 1: Introduction

1. Please set out your name, address, date of birth and any relevant professional qualifications relevant to your work at the Macfarlane Trust [the MFT].

1. My name is Jude Cohen. I live at My
date of birth is 1954.

2. I hold no relevant professional qualifications relevant to my work at the Macfarlane Trust ('the MFT').

2. Please describe your employment history including the various roles and responsibilities that you have held throughout your career, as well as the dates.

3. The following is a summary of my employment history, but I must stress that the dates are all approximate: since retirement in 2014 I have destroyed all of my previous employment information, so have no record of the precise dates that these employments started / ended:

May 2014 - present	-	Retired
2009 - 2014	-	Director of Operations and Chief Executive of the Minster Centre , (a Psychotherapy and Counselling Training Centre and provider of therapeutic services for refugees and victims of torture and those affected by domestic violence) Overall management of organisation including: <ul style="list-style-type: none"> - Servicing the Board of Trustees - Finance - Human Resources - Premises - IT - Business and Strategic Planning
2006 - 2009	-	A number of posts, the longest as Head of Development, for the UK Council for Psychotherapy (umbrella organisation for training organisations, developing and maintaining professional standards, and holder of National Registers for Psychotherapists and Counsellors) Project management including: <ul style="list-style-type: none"> - Development of a Professional College structure

		<ul style="list-style-type: none"> - Organisation of residential Annual Conferences - Editing and design of the quarterly journal <i>The Psychotherapist</i> - Design and development of a new website - Acting as General Manager for three periods during staff vacancies.
1 October 2004 - mid-September 2005	-	Head of Support Services, MacFarlane Trust – see question 3 below for details of role
2003 - 2004	-	Executive Director, Weight Concern (part time) <ul style="list-style-type: none"> - Servicing the Board of Trustees - Producing funding applications - Writing and re-design of the website
2003 - 2004	-	Administrator, Royal London Society (part time) <ul style="list-style-type: none"> - Servicing the Board of Trustees - Administering a small grants programme to support the rehabilitation of prisoners and ex-offenders
2002	-	Grants Programme Manager, the Women's Nationwide Campaign for Cancer Control (part-time) <ul style="list-style-type: none"> - Identifying appropriate organisations - Negotiating and distributing grants - Financial Reporting - Legal closure of charity
1998 - 2002	-	Chief Executive, the Women's Nationwide Campaign for Cancer Control <ul style="list-style-type: none"> - Servicing the Board of Trustees - Financial management - Staff and premises management - Strategic planning

1994 - 1997	-	<p>Chief Officer, Age Concern Bexley</p> <ul style="list-style-type: none"> - Servicing the Board of Trustees - Staff and premises management - Negotiating funding contracts with Social Services - Production of the organisation's newsletter and directory
1993 - 1994	-	<p>Community Alarm Service Manager, Royal Borough of Kensington and Chelsea</p> <ul style="list-style-type: none"> - Managing a team of wardens offering 24 hour, 365 days a year support to vulnerable residents of Kensington and Chelsea - Negotiating funding contracts with Social Services - Securing the acquisition and installation of a new computerised control centre
1990 - 1993	-	<p>Marketing Manager, AAH Meditel (supplier of computer systems to GPs)</p> <ul style="list-style-type: none"> - Market research - Product promotion - Media relations - Technical authorship
1988 - 1989	-	<p>Systems Analyst, IMI Computing</p> <ul style="list-style-type: none"> - Maintaining and updating historical computer programmes
1985 - 1988	-	<p>Undergraduate in Social Policy and Administration at Leeds University</p>
1975 - 1985	-	<p>Family responsibilities</p>
1972 - 1975	-	<p>Operating Theatre Technician, Grimsby General Hospital</p>
1970 - 1972	-	<p>Office Junior, Scartho Road Hospital General Office</p>

3. Please set out the positions you have held at the MFT, including any committees, working parties or groups relevant to the Inquiry's Terms of Reference, and describe how you came to be appointed to those positions.

4. I served as Head of Support Services from 1st October 2004 until mid-September 2005. Part of my role was to service the National Support Services Committee ('NSSC'), though I was not a member (i.e. I did not have a vote). In fact, I was not a member of any committees at the MFT, although I did attend some committee meetings to provide information, make recommendations, take minutes etc.
5. I cannot recall much of any meetings other than the NSSC and have relied greatly upon the papers supplied by the Inquiry to remind me of my experiences during this time.
6. I know that I attended one or two meetings of the Partnership Group but have little memory of them, although I do recall they were reputed as often being acrimonious and appeared to be a cause of considerable tension to the Chief Executive and the Chair of the MFT.
7. On one occasion, I think I attended part of a meeting of the Board of Trustees, but other than that, I have no other memory of attending Board meetings.
8. My attendance at the above meetings is referred to in an article that I contributed to the MFT's 'Winter 2004' newsletter, shortly after I had taken up my post with the trust [MACF0000004_052].

4. Please specify whether you worked full or part time for the MFT, and whether you were employed by the MFT or engaged on a different basis.

9. I was a full-time employee of the MFT.

5. Please describe your role and responsibilities in your position as head of support services. Who did you report to at the MFT?

10. Before answering this question, it is important that I clarify something: I have noticed that on a number of occasions the questions asked of me refer to my role as being 'Head of Social Services' and the proposed RSWs as being 'Regional Social Workers'. On other occasions the questions refer to my role as 'Head of Support Services' and to 'Regional Support Workers'. The latter are the correct terms. I have never been a social worker and as far as I am aware it was not intended that the RSWs would be social workers either. It was expected that, if needed, registrants would have their own local authority social workers. This is an important distinction, as it reflects upon the type and range of support the MFT offered to registrants.
11. This is also a convenient point at which to make one further clarification: in some of the answers which follow I refer to the beneficiaries of the MFT, who were people infected with HIV through NHS blood products, their families, and any partners who were subsequently infected. Support for families could and often did extend beyond bereavement. This leads to a potential confusion when I answer questions, some of which relate to 'beneficiaries' and some to 'the bereaved', who were themselves also legally 'beneficiaries'. In an attempt to assist clarity and understanding and so as to differentiate between the different sub-groups of beneficiaries I have therefore used the term 'registrants' to refer to those actually infected with HIV and the terms 'families' and 'the bereaved' when these apply, in relation to them. When I then use the term 'beneficiaries', this is to encapsulate all of these groups.
12. Having provided these clarifications, I now turn to the questions in hand.
13. As Head of Support Services, my primary role was to deal with applications for one-off grant assistance from beneficiaries of the MFT. This included processing grants that could be approved within the office under set guidelines; making recommendations to the NSSC regarding applications for grants that fell outside of those guidelines; taking minutes of meetings; notifying registrants of the outcome of their applications; and producing the necessary paperwork for these to be processed.

14. I also made recommendations on changes to grant-making policies, produced information for the newsletter and the website on the grants available, and attended conferences and other registrants' meetings.

15. When I was appointed, it had also been intended that I would recruit and manage a team of Regional Support Workers (RSWs) who would have taken on the bulk of the grant-making processes. But, as I explain later in this statement, this did not occur during the period of my employment, for various reasons.

16. As Head of Support Services, I reported directly to the Chief Executive, who at the time was Martin Harvey.

6. How frequently did you attend Board Meetings at the MFT?

17. As stated above, I can only recall one such attendance, to meet members of the Board when I was newly appointed (see [MACF0000019_126]). There may have been other occasions, but I cannot remember any, and I have not been provided with any further Board minutes to indicate that I did.

7. What induction, training and information did you receive from the MFT as to its functions, aims and objectives? In particular, was there any specialist training provided to the Support Services team to inform their understanding about the chronic impacts of living with HIV? What training was offered to support services staff on how financial assistance can alleviate the difficulties faced by beneficiaries?

18. I cannot recall receiving any induction training from the MFT, nor can I remember any other training being offered.

8. To what extent did the MFT provide support to yourself throughout your time as Head of Support Services to manage your workload? When answering this

question, you may wish to refer to a memo you wrote to the Chief Executive dated 19 May 2005 [MACF0000001_082].

19. Prior to my memo of the 19 May 2005 [MACF0000001_082], I do not recall being offered any support to deal with my workload. Nor do I recall any form of regular or irregular supervision meetings with the Chief Executive, which is where I would have expected my workload to be discussed as a matter of course.

20. The problems with my workload were exacerbated by the fact that as I became more and more successful in my attempts to increase the range of grants available and spread knowledge of these to registrants, the more applications I received, and the greater my workload became.

21. Following the memo of 19 May 2005 [MACF0000001_082], an administrative assistant was appointed to help with the routine handling of grant applications, which reduced my workload a little. However, despite this assistance, as the processing of applications was only a part of my workload, the on-going increase in applications, including those that required referral to the NSSC, continued to take up most of my time and resulted in my overall workload remaining unmanageable.

9. Can you outline the circumstances which preceded the employment of an Assistant to the Head of Support Services? Can you outline the effect of this on your workload? You may wish to refer to board minutes dated 8 April 2005 [MACF0000110_076].

22. As mentioned in my response to question 8, the attempts I led to make grant-making more consistent and to make registrants more aware of what they could claim for, resulted in a large increase in the number of applications we received and a subsequent increase in my workload.

23. As there were then so many applications to be processed and many of these could be dealt with by the simple application of written criteria (i.e. in the

Office Guidelines, which I describe further below), the appointment of an administrative assistant to deal with the paperwork that was involved, was an efficient and appropriate way of improving the grant-making process for registrants, reducing the overall administrative cost to the MFT and, to an extent, my workload.

24. However, in the absence of the anticipated team of RSWs, whose role it would have been to identify and deal with registrants' needs for financial assistance at a local level, the appointment of an administrative assistant did not help sufficiently to reduce my workload to a manageable level.

10. 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.

25. To the best of my knowledge and memory I have not belonged to any other committees, associations, parties, societies or groups relevant to the Inquiry's Terms of Reference.

11. Please confirm whether you have provided evidence to, or have been involved in, any other inquiries, investigations or criminal or civil litigation in relation to human immunodeficiency virus ("HIV") and/or hepatitis B virus ("HBV") and/or hepatitis C virus ("HCV") infections and/or variant Creutzfeldt-Jakob disease ("vCJD") in blood and/or blood products. Please provide details of your involvement and copies of any statements or reports which you provided.

26. I have not.

Section 2: The structure of the Macfarlane Trust

12. Please explain the extent to which the Alliance House Organisations¹ ('AHO') shared premises, staff and resources. Please also answer the following questions:

27. Due to the time that has elapsed and a lack of involvement with them, I am uncertain as to whether the other AHO staff who shared the MFT office space worked for the Skipton Fund Limited or the Eileen Trust or both. Their desks were in the centre of an open-plan office. I believe their role was to administer grants to people infected with Hepatitis C through NHS supplied blood products, but I know no further details about their work.

28. The Chief Executive of the MFT had a separate office, but I believe he was also the Chief Executive of either the Skipton Fund or the Eileen Trust, or possibly both. I believe that the Chair and two of the MFT trustees also held paid posts within the Skipton Fund Limited, which I understood from a conversation with the Chief Executive had been set up by the MFT as a limited company rather than a charity, so that the Chair and MFT trustees could receive payment for their work, although I know no further details regarding this.

29. I have no memory of ever hearing about or knowing of the Caxton Foundation which I think may have been established sometime after I left the MFT.

(a) What impact did this have on data sharing and confidentiality and how were such issues managed? How were documents and information stored by the MFT?

30. I remember the MFT registrants' files were stored in cupboards in a separate room opposite the main office, which was unlocked during the day. So far as I recall that room also contained the area in which the kitchenette was located. I believe the other AHOs may have also stored their records in this location,

¹ i.e. the Macfarlane Trust, the Eileen Trust, The Macfarlane and Eileen Trust Limited, the Caxton Foundation and the Skipton Fund.

although I cannot claim to know this for certain. As the kitchenette area was shared with the other AHOs, theoretically it would have been possible for staff from another of the AHOs to obtain access to MFT's files, although I am not aware that this ever happened.

31. Conversations in the shared offices were also obviously capable of being overheard, although I never specifically listened in, so do not know if any confidential matters were discussed by the other AHO staff, or what measures were taken to ensure confidentiality. In any event, I would have expected that the staff of each of the AHOs were subject to the same duties of confidentiality and therefore even if they had become privy to any confidential information, that confidence would have been maintained.

32. With regards to the MFT registrants, I do not believe any particular measures were taken by the MFT staff to preserve confidentiality, other than always referring to registrants by their identifying registration number when producing written documents. Registrants were, however, often referred to verbally by name within the office, particularly ones who sat on committees or attended conferences and were therefore better known and more likely to be in contact with staff. In my experience, these conversations could easily have been overheard by the other AHO staff.

(b) Was information shared across the AHOs? If so, were registrants aware of this?

33. I had no reason to and did not knowingly share information with the other AHOs.

34. As mentioned under question 12(a), I cannot recall whether or not registrants of both the MFT and the other AHOs had shared folders in our filing room.

35. I do not know if the other AHOs had access to the MFT files or shared documents on our computer system.

36. I believe that the MFT Finance Officer processed payments for the other AHOs as well, which would have resulted in her storing information on her computer. If this was the case, I do not know if this was in different computer programmes or all in one shared programme. I note that certain details about this are contained within a report that has recently been provided to me [MACF0000014_045], although as this was outside of my remit, I do not feel in a position to comment upon the content further.

37. I also cannot comment on whether registrants were aware of any information-sharing between AHOs. If they were, I certainly don't recall this ever being drawn to my attention.

13. Please set out your recollection of the relationship between the different AHOs.

38. Although I have no memory of the work of the other AHOs, I do remember the relationship between their staff and the MFT staff as being friendly, when we interacted over coffee-making facilities etc.

39. There was no sense of secrecy or deliberate distancing between the groups. At the instigation of the Chief Executive, staff of the different organisations also socialised together as a group occasionally at lunch time, outside of the office.

14. Please describe the working relationship between yourself and the senior management. Were there any difficulties? If so, what were they, how did they impact on the running of the MFT and how, if at all, were they resolved?

40. By senior staff I assume you mean the Chief Executive, Martin Harvey. For the majority of my time at the MFT our relationship appeared collegiate and unnoteworthy.

41. Towards the end of my employment with the MFT, however, my relationship with the Chief Executive deteriorated. My requests for support with my ever-

increasing workload and the stress I was experiencing due to the emotional aspects of my work were dismissed by him as insignificant. I also found that he undermined my work by attempting to scapegoat me for his actions and for committee decisions, causing unhappiness within elements of the registrant community and thereby eroding the effectiveness of my work in supporting registrants.

42. The deterioration in our relationship ended in me leaving my employment with the MFT. As I explain in response to question 48 below, after my employment with the MFT ended, I signed an agreement which I believe prevents me from providing any further details about this issue, on grounds of confidentiality.

Section 3: The work of the MFT

Identifying beneficiaries

15. Who was responsible during your time at the MFT (if anyone) for identifying new beneficiaries?

43. I do not know who was responsible for identifying new beneficiaries.

16. If it was you – what steps did you take to identify new beneficiaries? How successful were they? Could more have been done? If so, what? Why were those steps not taken?

44. It was not my responsibility.

Eligibility and registration as a beneficiary at the MFT

17. Who was responsible during your time at the MFT for assessing whether an applicant met the eligibility criteria to become a beneficiary of the MFT?

45. I do not know who was responsible for registering new beneficiaries for any of the AHOs.

18. If it was you – please answer the following questions:

- (a) Did you make these decisions to register beneficiaries alone or as part of a group/committee? If so, please give details.**
- (b) Were there written criteria for you to apply when assessing these applications? Can you recall what the criteria was? If so, please set it out.**
- (c) How clear was the criteria and how straightforward to apply? Please describe any difficulties you had in doing so.**
- (d) What were the common reasons applicants did not meet the eligibility criteria?**
- (e) Did you think the criteria were fair? If not, please say why. Were you able to raise this with senior management? If not, why not? If you did – what was the response?**
- (f) What was the process if you deemed an applicant ineligible?**
- (g) What proportion of applications were deemed eligible and what proportion ineligible?**
- (h) Were reasons for deeming an applicant ineligible provided?**

46. I did not carry responsibility for this, so questions 18(a) to 18 (h) are not applicable

Applications for payments and grants

19. Who was responsible during your time at the MFT for assessing individual applications for grants/funding?

47. Initially, I was the person primarily responsible for assessing individual grant applications, although at times the Chief Executive took action and later some of the responsibility was passed to my administrative assistant.

48. As I describe in more detail below, part of the initial assessment process was determining whether applications came within the Office Guidelines or should be passed to the NSSC for decision.

20. If it was you – please answer the following questions:

(a) What kind of applications were you able to determine?

49. In order to describe the processes involved adequately and deal with a number of interrelated questions I will detail the processes at different times during my employment.

50. On my first day at the MFT I was handed a pile of grant requests along with a document setting out guidelines concerning the grants that I could approve personally. I believe this list had been used by the former member of staff who had had responsibility for this activity, and in her absence by the Chief Executive and the Office Manager in dealing with applications. I have recently been provided with a document [MACF0000011_031] which is dated as coming into effect in October 2001. This predates my appointment by some three years, and I am unable to confirm if that is the document I was presented with, which I recall being shorter, but some of the items contained within it do conform with my memory of the pre-existing office guidelines, so it is possible.

51. At that time, any applications for grants that were not on the list were supposed to be referred to the NSSC for decision.

52. Over the first few weeks, as I started applying these criteria to the backlog of applications that had been saved for my start, I received various complaints from registrants in response to applications that I had turned down. As a result, I soon realised that the existing guidelines had not been followed consistently, up until that point. Indeed, it appeared to me that some registrants who were active on committees and registrants' groups had been given grants that were not on the list of guidelines, without their application

having been referred to the NSSC. Naturally, I was concerned about this potential favouritism and lack of fairness.

53. I recall one registrant who year-after-year had applied for funding for music lessons for his children and had received these without reference to the NSSC or its predecessor. When I informed him that his latest application had to be referred to the NSSC, he reacted with shock that the grant he was applying for could not be approved by the office. It was my impression that he honestly did not know that this was the case and had assumed that anyone could apply successfully, as he had.

54. As I gained experience of taking larger-scale grant applications to the NSSC, it also seemed to me that the committee's decisions were often inconsistent and made on an ad hoc basis. When I questioned this ad hoc approach to grant-making, I was informed by the Chair, Peter Stevens, that as charity trustees, they were expected to make ad hoc and discretionary payments and not to have a blanket approach to similar applications. I personally did not believe this to be true, but as I was new in post and still in my probationary period, I did not feel I was in a position to contradict and challenge the accepted view of the charity's Board, who had received advice from the Chief Executive.

55. Shortly after taking up my position and as a result of the issues I had identified, I therefore wrote a two-part report for the NSSC (see: **[AHOH0000055]** and **[AHOH0000056]**) detailing some of the discrepancies between the grant guidelines contained in the MFT handbook, the Office Guidelines and what had actually been taking place, and made recommendations for changes to those guidelines and policies.

56. Following the meeting on the 27 October 2004 and with the agreement of the NSSC, I then went on to create the guidelines shown under **[EILN0000003_179]** (the "Office Guidelines"). When doing so, I always assumed that the NSSC agreed to these changes being implemented because we all felt that the existing system was both inefficient and unfair.

However, as I discovered, the creation of new guidelines was not without its difficulties, as new concerns were also then identified and, as such, I needed to gain agreement to various changes, in what became a multi-stage process. Evidence of this iterative process can be seen in a report that I prepared for a meeting of the NSSC on the 1 December 2004 [MACF0000107_002].

57. As these more detailed Office Guidelines were approved, more grants fell under the remit of 'office action', whereby staff members were authorised to take action in awarding grants in specified circumstances. Examples of these kinds of grants can be seen in [EILN0000003_179]. As I have explained above, applications that did not come within the guidelines were instead referred to the NSSC for a decision.

(b) Did you make these decisions alone or as part of a group/committee. If so, please give details.

58. As mentioned in response to question 20(a) above, part of the assessment process was determining whether I could make the decisions myself (i.e. they were within the Office Guidelines) or whether applications needed to be passed to the NSSC for a decision.

59. If an application was to be considered by the NSSC, I would prepare a note of any other grants received by the applicant in the last 12 months and would provide a recommendation to the committee. As I have explained above, I did not have a vote on any of the applications and all decisions were made by the members of the NSSC, not always in accordance with my recommendations.

(c) Were the procedural requirements that had to be complied with clear? Were they written down? If so, did the applicants have access to those requirements? If so, how?

60. Over time, with the production of clearer guidelines, I believe grant-making became more consistent, although the guidelines were still supposed to

remain secret. This secrecy was of limited success due to some registrants passing on to others information as to grants they had received.

61. Shortly prior to my arrival, the MFT's email system had been hacked (see reference in [HSOC0005357]) leading to some registrants having access to office and grant information and sharing it with others. Whilst I believed in greater transparency for the grants process, the hacking was obviously a cause for concern for the MFT and I understand that IT consultants were engaged to tighten-up its IT security. My own belief is that the hackers were not looking for the guidelines specifically but were simply looking for any information with which to embarrass or incriminate the MFT, part of the climate of distrust between the MFT and beneficiary community that existed at the time. So far as I am aware, no-one ever found out who had been responsible for the hacking, although there was some speculation within the office.

(d) What was the burden and standard of proof for such applications?

62. This varied depending upon the nature of the grant requested. For example, there might be a need for supporting documentation, e.g. a consultant's letter supporting an application for a respite break, although I cannot now recall the details of these requirements.

(e) Were you aware of beneficiaries who were unable to satisfy the procedural requirements such as providing supporting documentation? What if any adjustments or provision were made for determining such applications?

63. I cannot recall any such difficulties, with the exception of the provision of receipts which registrants either lost or did not collect in the first place. It had been reaffirmed at a meeting of the NSSC on the 27 October 2004 [MACF000014_038] that grants which were not backed by receipts would be treated as loans, which clearly had an impact on registrants who had to pay back these loans out of their monthly payments that they received from the MFT. As I explain in response to question 21(e) below, this was a policy that

had been in place since prior to my arrival, which I understand was implemented following discussions with the MFT's auditors.

64. As may be seen from the minutes of the Partnership Group meeting on the 13 December 2004 [MACF0000014_041], I considered that this policy should have been made clear to registrants from the outset and included within the first letter that was sent to them. However, that approach was rejected by the Partnership Group, which decided that registrants should only be informed in a follow up letter, should one prove necessary, that a failure to provide evidence of expenditure would result in their grant being converted into a loan. Personally, I considered this was inappropriate because by the time a registrant received a follow-up letter, it may have been too late to request the receipt. However, this was the decision of the group and as it was agreed by the Chief Executive, I was required to implement it.

(f) Did you consider the procedural requirements to be appropriate? The Inquiry has heard evidence that they were unduly burdensome such that some applicants simply gave up. How do you respond to this evidence?

65. I have not been provided with the evidence referred to in the question and as I do not know specifically what the evidence related to, I do not feel I can really comment upon it.

66. However, at a general level, when I began in post I felt that the current lack of guidelines and transparency made the grants process more difficult and as such that it was inefficient. I always felt there should be clear and consistent levels of support, including details of how to apply, to make it easier for registrants to know what they could ask for, make the application process simpler and make the process of awarding grants simpler and speedier.

67. I cannot say for certain why there was a reluctance to publicise the help that was available. It seemed to me that there may have been different motives involved, not all of which I would consider exemplary, for example the lack of explicit guidance gave the trustees greater discretion, and it may be that some

of the trustees liked the feeling of power and/or the ability to decide who were the deserving registrants and who were not. However, I should emphasise that this was merely my impression at the time and my feelings since, when trying to understand their motivations, and not something for which I had any evidence.

68. A further issue of concern to me was the fact that when it was agreed that the criteria for more of the grants should be published, the NSSC still did not want the amounts of potential funding included with those details. Again, I felt this was wrong, as people might waste time applying for an amount that they simply would not get.

69. My view was that the MFT existed to support beneficiaries and should be assessing what resources it needed in order to do that, then allocating what it had fairly and consistently. That was my view then and it remains my view now. Anecdotally, however, I was told by the Chief Executive, Martin Harvey, that the MFT couldn't have more funding from the government because the previous year they had underspent.

70. If you look at my paper [MACF0000101_079] you will see my views on why transparency was desirable. If there was restricted funding available, then I thought then (and I believe now) that it would have been better to fund fewer things but let everyone know what was potentially available. It also seemed obvious to me that the simpler the grants criteria were, the fewer that would need to be referred to the NSSC for a decision, potentially leading to refusals, notification of the refusals, appeals etc. Furthermore, whilst the impact of these changes would have been to increase my workload on the one hand, it would have also decreased it on the other, as greater public awareness of the grants that were available, would have made the process simpler to administer, which is also less expensive.

71. I do acknowledge that there was a risk that some registrants may have viewed the published list of grants available as a 'shopping list', but I also felt that many would not do so because they were already aware of some of the

potential grants and yet did not make any applications. Indeed, there is one case I remember well, in which a registrant and his infected wife went for 12 years without claiming any grants and only finally decided to do so because they needed something and had used up all their savings.

72. Looking back on the changes that I introduced, I believe that each of the processes, including the development of clear guidelines, and the greater publicity given to what registrants could apply for, brought about some improvements to the MFT and the beneficiary community, but considerably more work was still needed to address these difficulties at the point that I left the MFT.

(g) The Inquiry understands the MFT produced Office Guidelines for use when assessing grant applications (for example, the Office Guidelines for grants which was created in January 2005 can be accessed at [EILN0000003_179]). Were there any other written criteria for you to apply when assessing such applications? If so, please set out the criteria used.

73. As referred to earlier, on my first day at the MFT I was handed a document with guidelines as to the grants that could be approved within the office. They may or may not be found in document [MACF0000011_031] - my memory is insufficient to confirm this - but they were not the version of the Office Guidelines that can be seen at [EILN0000003_179]. The initial guidelines were superseded by those referred to in the question, which as I have explained, were produced by me in January 2005.

74. Other than these guidelines, I have seen reference to the 'MFT Handbook' in my report [AHO0000055] and [AHO0000056]. I cannot now recall this handbook or anything about its origins or availability, other than to say that to the best of my recollection, it was never referred to by office staff dealing with grant applications. I believe we only looked at the Office Guidelines in determining whether financial support could be provided by the office, or needed to be referred to the NSSC for a decision.

(h) How clear was the criteria and how straightforward to apply? Please describe any difficulties you had in doing so.

75. As far as I can remember, the guidelines I was presented with when I started at the MFT offered a few very basic grants and should have been straightforward to apply, however in reality it seemed that they were largely ignored.

76. The Office Guidelines that I produced, which were introduced in January 2005, were more complicated in the sense that they dealt with the widely varying situations of registrants, but I also believe that they were relatively straightforward and easy to follow when dealing with individual applications.

(i) Did you have to take into account whether the budget for that particular year had been spent when deciding whether to grant an application for a grant/funding?

77. No, as I was never at any point during my employment at the Trust, given any indication of what the budget was for any or all of the grants. Naturally, I assumed affordability would be an issue, as no organisation has limitless funds, but the Chief Executive was responsible for the budget and he never raised any concerns about this with me.

78. I can, however, recall the Chief Executive mentioning to me on one occasion that the Department of Health (DoH) representative had rejected his request for further funding in the next financial year, because the MFT had not spent all of the previous year's funding, resulting in a surplus. The Chief Executive appeared put out by this, which he saw as criticism, when he felt his approach was "*good husbandry*".

(j) Were the grants means tested? What were the income brackets applied? Were the income brackets published? If so, where and how could the beneficiaries access this information?

79. I suspect, though do not know, that regular payments would have been means-tested, but I do not know the criteria.

80. My recollection is that one-off grants were not means-tested during my time at the MFT.

(k) Did you 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, how

81. When putting forward a recommendation to the NSSC for a grant application, I gave information on previous grants awarded. Under the revised Office Guidelines for grants, the amount of grants received by an applicant in the past year was one of the criteria for whether the application needed to be referred to the NSSC for decision (i.e. if an applicant had exceeded the permitted amount that could be awarded by the office, under the Office Guidelines; see: [EILN0000003_079] at paragraph 2).

82. I have no memory of giving information on an applicant's benefits status or indeed whether we even had such records. During my time at the MFT we did not have an application form, we asked for letters of application, and I do not believe we asked applicants to confirm their benefits status as part of the application process.

(l) Did you think the criteria were fair? If not, please say why. Were you able to raise this with senior management? If not, why not? If you did – what was the response?.

83. The following (in italics) is an extract from a paper I submitted to the NSSC on 2nd September 2005 [MACF0000101_079] which I believe clearly shows that I thought the existing criteria were unfair and should be changed. I believe the paper ultimately resulted in the NSSC agreeing to the adoption of the Office Guidelines [EILN0000003_179].

...the current policy of not informing registrants of grant-making policies is leading to unfairness and causing unhappiness and extra stress for registrants. I have attached (B) correspondence from registrants regarding this, but have had similar views expressed verbally by many others.

Unfairness

The office guidelines are not a complete secret, I have had them commented upon in detail by a registrant who says he has a copy that came via "the hacker". Other registrants are finding out how much they can apply for by simple trial and error, applying and seeing how much they get. This kind of information spreads via networks and the website bulletin board.

There are, therefore, some registrants who know exactly what they can apply for. This puts them in a position of advantage when compared to others who do not and leads to a situation where there is no consistency or fairness in who gets grants and who doesn't. Only those who ask get grants, and the fact that they ask is not an accurate measure of need: some people may be in desperate need but not ask because they do not realise they can apply for that type of grant.

Unhappiness and extra stress

In my experience, when people find out belatedly that they could have asked for assistance in the past but didn't because they didn't know, they become angry. "Why didn't you tell us we could apply for a ...?"

If we do not tell people what they can apply for but simply say they should apply, we build expectations and they can be angry when turned down. "Why didn't you tell me I was wasting my time applying?"

Similarly, if we tell people what they can apply for but not how much, it can be even worse. "Why won't you give me enough to afford to buy it? You agree I need it, but won't give me enough for it."

If a registrant puts effort into applying for one grant and is turned down, they may not apply again for something that would receive funding.

For some of our registrants applying for a grant is a stressful experience, and it should be as simple and straightforward as possible. The more ill they are, the easier it needs to be.

Potential difficulties

Some members have in the past expressed the view that advertising the office guidelines will lead to a massive call on the Trust's resources as people apply for everything they can. There is not, however, any evidence to support this.

For example, on three occasions recently people have applied for loans and, when told they could apply for grants instead, have said they do not want grants, they just want a loan. It is also clear that people will not apply for a grant for a washing machine just because it is available, if they do not need a washing machine.

There will obviously be an increase in demand if the guidelines are published because people who are in need that at present do not apply, will be encouraged to. This does not, however, seem a bad thing, since we are possibly not meeting the needs of some of those registrants most in need: the ones who are relatively isolated and not in contact with others to find out what they can apply for.

84. As I recall, this paper was part of the process of establishing the new Office Guidelines and starting to publicise these to registrants.

85. At the point I joined the MFT, the Chief Executive was relatively new in office, and the NSSC was also new. Prior to my arrival, the member of staff who had previously dealt with grant requests had been on long-term sickness absence and I believe there had also been a review of the support available, following

a recognition of registrants' increased longevity. It therefore seems as though, when I joined the MFT, there were a number of reasons why the time was right for the introduction of new guidelines.

86. Looking back at this period, I feel that all those involved in running the MFT at that time were committed to changes in the administration of grants and in the support offered to registrants, although we disagreed on many aspects of what these changes should be or how they could best be achieved. But whether they were to be positive or negative changes, change takes time, and registrants were left in a situation of uncertainty whilst change was planned and introduced. Regrettably, the existing climate of antagonism and distrust between the MFT and the beneficiary community was therefore exacerbated by the delays.

(m) What were the common reasons applicants did not meet the criteria to be awarded a grant?

87. I cannot recall any particular reasons why applicants were turned down, other than their applications being outside of the guidelines that were in place at the time and their application then being refused by the NSSC.

88. As I have described elsewhere in this statement, I felt the decisions of the NSSC were not always consistent, and therefore their reasons for awarding or refusing an application were not consistent either.

(n) If you turned an application down, what happened?

89. When applicants were sent a letter informing them that their application was unsuccessful, it also outlined how they could appeal against this decision.

90. I have provided further details about the appeals process in my answer to question 39 below.

(o) What proportion of applications were turned down by you?

91. I am afraid I cannot now remember how many applications were received or turned down.

(p) Did you give reasons for refusing an application?

92. I believe I did, where I could, but I recall that often I simply did not understand why the NSSC turned down some applications whilst agreeing others, as their decision-making often seemed unfair and inconsistent. I would ask the committee what their reasons were, but even after having heard their answers, these often remained unclear to me, or to reflect a bias towards or against certain applicants. As I have mentioned elsewhere, the trustees believed that their role was to make ad hoc decisions, rather than to apply a blanket approach, and so any decisions which they made could seemingly be justified on that basis. I have seen that the Board of Trustees also felt that the records of NSSC's decision-making could have been more informative, particularly in giving reasons why an application had been declined, and that reflected my own thinking on the matter and the difficulties I faced in elucidating the NSSC's reasons (see: [HSOC0005357]).

93. On occasion, when an application was refused, I tried to soften the blow for registrants and to protect the NSSC members from criticism, by stating that the trustees had limited budgets to allocate, rather than unprofessionally informing the registrants that I did not understand the trustees' reasoning or that I disagreed with it. At the time, I assumed that there must have been a limited budget and that this was why the trustees were reluctant to award too many grants. It was only later, in a conversation with the Chief Executive, that I discovered that the organisation was in surplus and had been refused increased funding from the DoH, due to its previous year's underspend.

(q) What difficulties did beneficiaries face whilst applying for financial support from the MFT?

94. Initially the lack of clear guidelines as to the funding available was obviously a major hindrance to beneficiaries in applying for financial support.

95. At the time I also assumed that general tiredness and other medical symptoms, including the side-effects of medication, might make it difficult for some beneficiaries to summon enough energy, concentrate on and complete applications. I also knew that across the general population many people find completing forms and letter-writing difficult, and that this may prove a hindrance to beneficiaries.

96. I felt it was also likely that some registrants found the process intrusive and, as I reported had been stated at the Birmingham partnership meeting in November 2004 [MACF0000107_015], some simply wanted to be given adequate financial support and to be left alone.

97. Other than the above, I do not know what other difficulties beneficiaries may have faced when applying for financial support from the MFT.

(r) What practical support or assistance was available to applicants to help them in making applications for financial support? Did many applicants take advantage of this assistance? To what extent were you involved in providing this support or assistance?

98. In terms of the practical support available, I have little knowledge of this. I do recall that a social worker in Birmingham was supporting local registrants with making applications, but I am unaware of this happening elsewhere or as a matter of course. If I was asked by a registrant if they could apply for financial support from the MFT I would assist them if I could, for example, in recommending a letter of application and the type of information to include. However, this type of support was rarely requested from me.

99. If this question encompasses the receipt of financial support from the state, then I believe there was a benefits advisor in post at MFT before I was appointed but they left before I started in post and there appeared to be no

intention of replacing them. I was not qualified or experienced in benefits advice so would not have offered this to registrants and cannot recall ever being asked to do so.

100. It has recently been drawn to my attention that in December 2004, Martin Harvey stated that one of my duties as the new Head of Support Services would be to evaluate how best to integrate the benefits advisory service into the developing arrangements for the delivery of support services [MACF000004_52]. I cannot remember this ever being a priority or being seen as particularly important and, in fact, if it had not been for the documentary evidence, I would not have thought it was ever much of an issue. I acknowledge that on reflection this may appear remiss, however as I never received any requests for such advice, prioritising my ongoing work was my focus.

21. Please answer the following questions about the National Support Services Committee:

(a) How long on average would applicants wait for a decision from the NSSC?

101. Depending on when the application was received, it would go to the next meeting of the committee, with the deadline for submissions being shortly before the date I sent papers out to the Committee (which was approximately a week before the meeting). Letters informing registrants if they had been successful or not, were sent out less than a week after the meeting.

102. I cannot, after this length of time, remember how often meetings were held, but the inquiry should be able to discover this based on the minutes of the committee that are available.

(b) When presenting cases to the NSSC, were you fully involved and aware of each case before it was presented?

103. I believe so. As far as I can recall, during my time in office I was the only person who wrote the reports containing supporting information and recommendations for applications.

(c) How frequently did you provide your views to the Trustees on applications that they were determining? Were the Trustees receptive to your input?

104. For clarification, not all trustees were members of the NSSC.

105. When I presented an application to the NSSC I always included a recommendation, but the decision was taken by the members of the committee.

106. It was far from uncommon for trustees to decide against my recommendation. As I have mentioned above, I felt their decisions were often inconsistent and I did not always understand why they decided against an application, and even when I asked for their reasons, I often found these difficult to understand and therefore found it difficult to explain to registrants why their application had been unsuccessful.

(d) What measures were in place to ensure all the requisite supporting information was available before the meetings took place?

107. Although the Inquiry used the word “perquisite” in this question, which I understand means a perk or fringe benefit enjoyed as a result of holding a position, I have assumed that it intended to ask me about the “prerequisite” supporting information that needed to be in place before a meeting took place. I have therefore answered the question below on that basis.

108. When applications were received, I would review the information provided and decide whether this was all that was required to put the application before the committee. If it was not, I would write back to the applicant asking them for more information / supporting evidence. If an applicant refused to provide any more information / evidence then their

application went forwards to the NSSC, with the fact of that refusal being referenced in my report.

109. On occasion, the NSSC would also ask for additional information that I had no reason to anticipate. Regrettably, this further delayed applications and increased frustration amongst registrants, as may be seen from:
[MACF0000101_087].

(e) The minutes of the NSSC meeting dated 27 October 2004 records that the NSSC policy was to treat approved grants as loans if receipts were not returned by beneficiaries and deductions made from regular payments [MACF0000014_038]. Why did the MFT agree to this policy and what other alternative solutions were considered by the NSSC before agreeing to this policy?

110. I believe the minutes referred to in this question reflect a restating of an existing policy, as I was not at the MFT when the original decision was made. I believe the policy was as a result of the auditor asking the MFT to provide adequate receipts to show that money had been spent appropriately, although I was not party to this discussion with the auditor.

111. During the period I was in post, no alternative solution was put forward or discussed by the NSSC.

22. Why did the Macfarlane Trust decide to take out equity shares on registrant properties? See, for example the briefing note you authored about an arrangement with a beneficiary at MACF0000265_001. What were your views on such arrangements and to what extent did you consider the practice achieved the aims and principles of the Trust?

112. Secured loans had been in place for a number of years before I joined the MFT. I believe they were instigated in the early years of the charity to deal with registrants' uncertain futures, insecure financial positions and rapidly

developing situations, although this belief is based on second-hand information which may not be complete / correct.

113. Whether these secured loans were appropriate is difficult to comment upon in retrospect. It appears that they were an attempt to help registrants and their families avoid losing their homes and, as such, could be viewed as appropriate. But what is unclear to me is whether they were the best way of achieving this. Without knowledge of the MFT's financial position and the other demands upon its resources at the time each loan was agreed, it is not clear to me whether alternative support could or should have been offered by the MFT.

23. In so far as you were aware, what external legal advice was sought by the Macfarlane Trust to execute secured loans paperwork?

114. I was only party to one request for a secured loan, where a registrant facing hostility from neighbours wanted to purchase another property and move out ASAP, before their first property sold.

115. A solicitor was asked to deal with the paperwork and advised against the loan as the property was a park home, and as a result was not adequate security. To the best of my knowledge the loan did not go ahead.

24. Can you outline the circumstances which led to a full appraisal of the grants office guidelines? [see the attached Chief Executive Report - MACF0000014_023]. Please expand on the changes made within these guidelines and the effects these changes had on the Trust and for the beneficiaries.

116. I do not know the full circumstance leading to the review of grants' office guidelines, but as mentioned elsewhere the guidelines in place were clearly failing to adequately meet the beneficiaries' needs and due to their secrecy and inconsistency in application, were a source of criticism of the

MFT. I believe others were also aware of the failings of the process, and my appointment gave the organisation an opportunity to review this issue.

117. The guidelines as shown under [EILN0000003_179], simplified the processing of applications considerably, although the continued secrecy did not bring about all of the improvements that were hoped for, in terms of the ease of administration, improving the lives of beneficiaries or building trust between the MFT and beneficiaries.

25. Please consider the attached briefing paper produced by the NSSC [MACF0000101_079] and a complaint by a beneficiary about the lack of clear guidelines [MACF0000101_081].

(a) At what point did the MFT become aware of the 'unfair advantage' certain beneficiaries held as a result of their knowledge about grant making policies? [MACF0000101_079]. How did the MFT rectify this issue?

118. I cannot comment on what the MFT knew before my arrival, but as contained in my report referred to in my response to question 20(l) above [MACF0000101_079], from the 2 September 2005 trustees were certainly aware of this concern.

119. The provision of clear Office Guidelines and publication of grant eligibility criteria assisted in rectifying the unfair advantage that had existed in the system. I do not know what other action the MFT took to deal with the issue, as the initial changes were not complete (in terms of publicising grant availability) when I left in mid-September 2005. I also do not know what other changes were made by the MFT at a later date.

(b) Was it policy of the Trust to keep the office guidelines a “secret”? Can you clarify why the MFT did not make these policies available to all?

120. Before I arrived at the MFT, it was the MFT policy to keep grant guidelines a secret. When I questioned this, I was told that if registrants knew

of the guidelines, they would apply for more grants. I personally disagreed with the policy and felt that information should be made available in the interests of fairness and clarity. During my time in office, I therefore systematically worked to make the guidelines clearer, fairer, and better known. I also challenged this issue in my report [MACF0000101_079] as detailed to in my response to question 20(l) above.

(c) What did the Macfarlane Trust do in response to the complaint to ensure beneficiaries were aware of the types of grants they could apply for? [MACF0000101_081] Were guidelines policies made available to beneficiaries? Why or why not?

121. During my time in office (which was less than a year) information on grant availability started to be made more available to beneficiaries. However, in order to manage demand and protect MFTs financial stability it was agreed that the new grant making policies should be advertised to registrants a few at a time, so as to accurately assess financial demand and ensure it would not outstrip available funds before offering more. This process was based on the proposal I had suggested in my report to the NSSC dated the 25 August 2005 [MACF0000101_079 at page 4, §1] and was started before I left MFT, but I cannot comment on how well it continued after my departure.

26. How were beneficiaries and their consultants updated about changes to the types of grants available in the office guidelines made available to beneficiaries or consultants? When answering this question, you may wish to consider a complaint letter from University Hospital Birmingham to the MFT about the information provided by the Trust about requirements for a support letter [MACF0000101_087].

122. As outlined earlier, work was underway on expanding the publication of grant availability when I left the MFT in mid-September 2005.

123. The complaint letter from University Hospital Birmingham [MACF0000101_087] would only have been received by the Chief Executive,

Martin Harvey, shortly before my departure and I do not recall ever having seen it. I do, however, recall the application itself and was equally unhappy when the NSSC asked for further information from the consultant, as they had accepted other applications with similar letters to the one we had already received. But this reflects, yet again, what I have explained was the ad hoc and inconsistent approach of the committee in dealing with applications.

124. I cannot comment upon how the policies I developed were implemented or advertised after I had left the MFT, as this is not something of which I am aware.

27. Regarding the 'round robin' process for consideration of grants, please answer the following questions

(a) Was there another procedure in place to consider applications made on an urgent basis? If so, what was it? Did this process change over time?

125. Not that I am aware of or can remember, although I believe that before my appointment, the Chief Executive made a number of decisions that fell outside the existing office guidelines. This may have been due to urgency, but I simply do not know.

(b) Can you outline the process of the 'round robin' to seek members' views for urgent assistance and can you detail your role within this process?

126. The importance of responding as quickly as possible to grant applications was not simply a matter of dealing with urgent requests, but also an acceptance of the fact that all the grants were extremely important in supporting registrants' everyday lives. Any unnecessary delay was thereby to be avoided as a matter of principle.

127. That being said, I can only remember one instance of a 'round robin' being invoked, when only one trustee was able to attend a planned NSSC meeting. To avoid keeping registrants waiting until the next meeting we

decided to undertake a round robin, which was a process that involved sending a summary of all the applications out to the trustees and asking them to respond to me in writing on an urgent basis. Where there was unanimous or majority agreement (3 out of 4), grants were processed immediately in order to avoid keeping people waiting. If there was not a majority agreement however, then the decision was deferred until the next meeting. The occasion I recall included 47 applications that were dealt with via the round robin and nine that were deferred to the next meeting and is recorded in document [MACF0000101_119].

(c) What was considered 'urgent assistance' and did this change overtime?

128. As stated above, I cannot recall other requests for urgent assistance, but I am sure these would have been dealt with on a case-by-case basis. For example, I believe there was one case where a registrant asked for taxi fares to attend a hospital appointment that week, and this was approved, but I cannot remember if this was dealt with using office guidelines or was seen as urgent assistance.

28. Please provide your view on the consistency and fairness of decision making by the MFT when assessing applications. When answering this question, you may wish to refer to correspondence between yourself and a beneficiary at MACF0000101_065 and MACF0000229_006. What policies and processes were put in place to ensure decision making was transparent and consistent when approving financial assistance?

129. I agreed completely with the view of the correspondents cited. Please see my response to question 20(l) which clearly shows my views on this and which led to the changes in policy and production and publicity of clearer and more exhaustive guidelines.

Non financial support

29. Referring to the Families Support Group referred to in the attached minutes [MACF0000101_112], please answer the below questions:

(a) Were you involved in the Families Support Group? If so, in what way were you involved in this group?

130. As noted in the minutes [MACF0000101_112] it was agreed at the meeting on the 29 July 2005 that I was to facilitate the setting up of a Families Support Group, with administrative assistance from the Support Service Officer. However, I left the MFT less than two months later, and cannot recall any meetings of the Group during my remaining time at the MFT.

(b) How long did the Families Support Group run for?

131. As noted above, it was agreed on the 29 July 2005 that the Group should be established. I have no memory of it meeting before I left the MFT in mid-September and have no knowledge of how long the group may have run for after my departure.

(c) To what extent did the Group benefit the beneficiary community?

132. I do not have the knowledge to answer this; see (b) above.

(d) Did it impact upon any MFT policies?

133. I do not have the knowledge to answer this, see (b) above.

(e) Did you consider the level of support available to the bereaved was sufficient? Why or why not?

134. Lack of clarity or publicity of assistance available meant that many of the bereaved received little or no support, which they might have done had they asked.

135. Additionally, the lack of any contact with many of the bereaved meant that their situations and needs were unknown, making the need for support impossible to quantify.

30. What other non-financial support was available to eligible beneficiaries of the MFT? In particular was assistance given to beneficiaries with access to benefits and other services? If so, please give details of the kind of assistance available.

136. I am not aware of assistance being given with access to benefits or other services, although I know there was a benefits advisor in post before I started at the MFT. As stated above, I was never asked for benefits advice by beneficiaries or asked to offer it by the MFT management.

137. There was also an Independent Financial Advisor, Susan Daniels, who was available to give advice, although obviously their advice was confidential. I do not know any details of what was involved, although I expect it related to investments and mortgages.

138. As I have mentioned elsewhere, conferences and meetings were organised for beneficiaries, but they were not my responsibility and I do not know their purpose.

139. Finally, I also believe some of the bereaved received counselling. I do not know whether this was also in place for registrants.

31. What was your role in delivering this support?

140. I handled grant requests from the bereaved in the same way that I handled requests from other beneficiaries, dealing with them under the Office Guidelines or referring them to the NSSC as appropriate.

141. I cannot recall any requests for non-financial support.

32. Please describe how you delivered this support? How did you communicate with beneficiaries? Did you make home visits? If so, in what circumstances and for what purpose?

142. As mentioned above, I have no memory of my role involving the offering of non-financial support. Other staff were responsible for the conferences offered to registrants and to the bereaved and I believe some of the bereaved received ongoing counselling, but do not know when this started or how long it continued for, as it preceded my time in office.

143. I also have little memory of communicating with beneficiaries as a group. I recall that newsletters were distributed to registrants and have been provided with an example from shortly after I joined the trust [MACF000004_052], to which I contributed a short article. I do not recall whether I did so again during my time with the MFT. It is possible that copies of other editions may be available from the MFT's files or may have been retained by registrants, or their families, who I understand are in contact with the Inquiry. There was also an MFT website, but I do not remember being involved in it at any stage.

144. In terms of face-to-face contact, I can only recall one home visit to a registrant and I cannot now remember why this was necessary. I have a sense that there may have been other home visits, but I cannot remember these, other than to say that I do not recall ever making a home visit to a bereaved registrant, (which I think I would have remembered).

145. I also recall attending a bereavement weekend for families of deceased registrants, which took place in quite an expensive hotel with all the meals

and facilities you would expect from such an establishment, and with counsellors present if needed. I also attended a weekend conference for registrants that included workshops and alternative therapies, along with social opportunities. On these occasions, I spoke to some of the beneficiaries as one would imagine, although I do not recall anything of what we discussed. I am afraid I do not know how it was decided who should be invited to attend.

33. Was the availability of non-financial support made known to the potential beneficiaries, and if so how?

146. Whilst I recall the various forms of non-financial support set out above, I have no knowledge as to how and why these activities were established or indeed if and why they were limited to the few that attended. As with many things during my time at the MFT, I got the impression that this support was long-established and dated from the early days of the MFT.

Engagement with the beneficiary community

34. Please consider the following minutes relating to the Partnership Group to answer the questions below: meeting dated 4 March 2004 [MACF0000088_011]; meeting dated 1 October 2004 [MACF0000019_130] and meeting dated 13 December 2004 [MACF0000014_041].

(a) What was the purpose of the partnership groups?

147. I do not know what the purpose of the partnership groups was, they were in existence before I joined the MFT.

(b) How were the participants, including beneficiaries, selected for these meetings?

148. I do not know how participants were selected.

(c) Did the MFT partnership also contain representatives from campaign groups?

149. I do not know if the partnership groups also contained representatives from campaign groups, what these groups were, or what their membership was.

(d) Please comment on how being beneficiary led affected the functioning of the group(s).

150. As this group was the responsibility of the Chief Executive, I had little involvement in its conduct or outcomes. I was also unaware of the group's role and purpose, so am unable to comment on its functioning.

(e) How often did the MFT group meetings take place?

151. At this distance in time, I cannot remember how often they took place.

(f) What impact, if any, did the MFT partnership group have on the way the MFT operated?

152. I do not know, so cannot comment on the impact the partnership group had on the way the MFT operated.

(g) Why in your view did the MFT Partnership Group work appear to fail?

153. I am not aware of the purpose of the partnerships group and did not know that it appeared to fail, so I therefore cannot comment on this issue.

(h) To what extent did the Partnership Groups meeting benefit or disadvantage the Macfarlane Trust?

154. It could be argued that any opportunity for improving communications would be a good thing as there was so much antagonism between registrants

and the MFT. However, I do not feel I am in a position to comment knowledgeably about this, because it was not part of my responsibilities, I did not know its purpose of status and although I attended some meetings of the group and answered questions when asked, I did not prepare papers for or contribute to the agendas for any of the meetings that I attended.

(i) In the Macfarlane Trust Partnership Group meeting held on 4 March 2005, discussion was held on the introduction of Regional Social Workers. In what way did the group's opinion of the RSW affect the outcome of the introduction?

155. When I was appointed, it was with the expectation of recruiting a team of Regional Support Workers (RSWs) (not Regional Social Workers), who would each have responsibility for beneficiaries within their area.

156. As far as I am aware, no work had been done to further this prior to my arrival, in terms of preparing job descriptions or person specifications for the posts.

157. In my report to the NSSC meeting on 1st December 2004
[MACF0000014_052] I wrote:

Even though recruiting the RSWs should theoretically help reduce my workload, I am happy to delay the recruitment for three main reasons:

- to go ahead with the recruitment at this stage would make the communications exercise seem like a shallow attempt to mask a fait accompli, which it is not*
- at this stage we do not actually have firm plans as to what RSW's role will be*
- to recruit now without having dealt with the underlying problems and unhappiness of registrants may result in our ultimate failure to bring about a sustainable and effective team.*

158. As shown in the minutes of the Partnership Group referred to in this question, some registrants were opposed to the appointment of RSWs, as they distrusted the reasons behind the creation of the posts. The Partnership Group's view was also a major contributory factor to the MFT delaying the introduction of RSWs, as RSWs would clearly not have been welcomed and this could have led to a further deterioration in relationships between the MFT and registrants.

159. As I left the MFT less than six months after the meeting on the 5 March 2005, I do not know if RSWs were ever introduced.

(j) Did the input from the Partnership Group benefit the request for funding from the DoH? In what way did it influence the report outlining the reasons for the need for funding?

160. I was not in any way involved in any request for funding from the DoH or the report referred to, so cannot answer this question.

(k) At the MFT Partnership Group meeting above, certain issues were raised through a petition. It was outlined that the Group felt there was a severe lack of communication between all parties and as a result a newsletter was to be sent out to regularly update registrants. To what extent did this newsletter meet this aim? Was anything else done to address these issues and to what extent did it accomplish the aims?

161. I do not recall seeing the petition referred to.

162. In principle, I thought the newsletter was a useful attempt to improve communications. However, as I was only in post for less than six months following the meeting, I do not know how effective it became. I would also say that the registrants are the only ones who can comment with authority as to its effectiveness, as it was they who had previously lacked an understanding of the MFT's activities.

163. In addition to the newsletter, it was also agreed that the website should be better utilised to communicate with the registrants, but again I cannot comment on its effectiveness.

35. What other steps did the MFT take to engage with and understand their beneficiary community? Were you involved in any such work? If so, please describe your role. How successful were these steps? Could more have been done in your view? If so, what?

164. I do not know what other steps were taken by the MFT to engage with the beneficiary community. I was a middle-ranking member of staff with limited power and responsibility and started at the organisation after it had held a review of beneficiaries' needs. This led to the creation of my post and the proposal regarding recruiting RSWs that I have referred to above. From day one I was completely focussed on dealing with a backlog of outstanding requests for funding to meet beneficiaries' stated needs and attempting to streamline and make more consistent the grant-making process.

165. On reflection, I am sure more could have been done to build better relationships with beneficiaries, including by quickly publishing full and explicit grant guidelines and implementing these fairly and rapidly. That might have started to rebuild trust and a feeling amongst registrants that the MFT existed for their benefit and not as some sort of barrier to be overcome or, worse, a tool of the government that had badly let them down and refused to accept its responsibility.

36. Please consider the minutes of the MFT Partnership Group meeting dated 1 October 2004 [MACF0000019_130].

(a) What was the relationship between the senior management/board of the MFT and the beneficiary community?

166. I felt many registrants were (understandably and justifiably) angry at the way they had been treated by the health service and the government and saw the MFT as a representative of the government. There also appeared to be a view that the MFT intended to deprive them of some of the financial support they felt they were entitled to. As such, the relationship between the MFT management/board and beneficiaries often appeared antagonistic and distrustful.

167. It appeared to me, from the way they spoke of the Partnership Group in general and of some of the beneficiaries in particular, that the Chief Executive and Chair of the MFT felt that many beneficiaries were frankly a nuisance, rather than the charity's raison d'être. I recall that they were tense before meetings with the Partnership Group and approached these as if they were expecting a battle. They also spoke disparagingly of some registrants and appeared to try and undermine their attempts to raise complaints or concerns.

(b) Did you consider there was a climate of fear? Could the relationship have been improved in your view?

168. As shown in the written evidence, it did seem to me that some registrants were fearful of losing the support that they received from the MFT [MACF0000107_015] and, as the minutes of the meeting on the 1 October 2004 record [MACF00000019_130], some felt they could not approach the Chief Executive to discuss any matters of concern.

169. I believed, and still believe, that openness and transparency about the levels of financial assistance available and how to apply, along with consistency in grant-making, would have helped reduce the level of fear amongst registrants. I would like to think that the updated Office Guidelines which I prepared therefore resulted in some improvement. However, under the circumstances surrounding their infection and the history of funding from the DoH and from the MFT up until that point, this climate of fear and antagonism was not surprising.

(c) What impact did the use of the website bulletin board have on this relationship? What other steps did you and the Trust take to improve the relationships between beneficiaries and senior management/the board?

170. I am not sure who the bulletin board was run by or who accessed it, and I have no memory of seeing it. I know there was one computerised website / forum that was only accessible to beneficiaries, which may have been the bulletin board referred to in the question, but if so, obviously as a member of staff I did not have access to it.

171. I am afraid I have no memory of the MFT website.

172. I cannot comment knowledgeably upon steps taken by the MFT to improve the relationship between beneficiaries and senior management / the board, as I was focussed upon the issues relating to grant-making and controlling my workload, as I have referred to above.

37. Why did the MFT seek to use the Terrence Higgins Trust (THT) to assist in the delivery of support to beneficiaries? In so far as you are aware, did the arrangement between the THT and the MFT go ahead? If so, what impact did this arrangement have on the support available to beneficiaries? If not, why not? When answering this question, you may wish to refer to the Partnership Group Meeting dated 4 March 2005 [MACF0000019_130]

173. Other than the information given in the minutes of the Partnership Group meeting on the 4 March 2005 [MACF0000088_011] (and not [MACF0000019_130] as stated in the question), I do not know why the MFT / THT partnership was considered, which side instigated discussions or whether it went ahead. If it did, I think it must have been after I left the MFT.

38. Please consider a report you authorised for the NSSC meeting dated 1 December 2004 [MACF0000107_015]. The report noted that registrants held a hostile view on Regional Social Workers and feared their main role was to “spy on registrants” and provide information to the MFT.

(a) Why did the MFT propose to use Regional Support Workers in delivery of support to registrants?

174. I believe the MFT proposed the use of Regional Support Workers (not Social Workers) in order to provide closer contact with and greater awareness of the needs of registrants, in order to be able to better support them. The decision was, however, made before my appointment and no RSWs had been recruited by the time I left, so I did not see any job descriptions or other documents to support this belief.

(b) Do you believe the views of beneficiaries that RSWs were going to “spy on registrants” and provide information to the MFT were founded? Why or why not?

175. Whilst I would have expected that RSWs to provide information to the MFT, I hope that this would have been intended to help the MFT determine how better to support registrants, rather than the negative connotations which attach to the word ‘spying’.

176. I understand, however, why some registrants were against the proposals, as all they wanted was financial support and to be ‘left alone’, and apart from fearing that RSWs reports might lead to them having their regular payments cut, they also feared that the MFT’s resources would be spent on staffing, rather than directly on the beneficiary community.

(c) If so far as you are aware, was the proposal to have RSWs introduced? Why or why not?

177. I do not know if RSWs were eventually introduced, as I was in post for less than a year and this had not occurred before I left in September 2005. I have referred under question 34(i) above to the appointment of RSWs being delayed due to the registrants’ resistance, which was the ongoing position when I left the MFT.

Section 4: Complaints and appeals

39. Was there an appeal procedure for the MFT? If so, did you play any part in it? If so, please describe your role.

178. There was the opportunity to appeal against NSSC decisions regarding grant applications, by writing a letter outlining the reason(s) for the appeal to myself. I then took the appeal to the NSSC with a further recommendation.

179. On two occasions, I can remember my original recommendation had been to award the grant and this had been turned down by the NSSC. Upon appeal, however, the sum was granted without any further information or reason being offered by the NSSC, which I found unsettling.

180. Other than appeals of the NSSC's decisions, I am not aware of any other appeal processes within the MFT.

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

181. I am not aware of any official complaints process at the MFT. Individual letters of complaint were dealt with by the person they were sent to. I received a number of such letters following the refusal of grant applications, and these were dealt with as appropriate and as far as I am aware did not result in further correspondence.

41. How common was it for the MFT to receive complaints? How many complaints were you aware of being made during the time you were employed by the MFT?

182. I cannot recall any formal complaints being made.

42. What information was provided to beneficiaries about the appeal and complaints procedure?

183. When grant applications were turned down, I wrote to registrants outlining how they could appeal against the decision. I have no knowledge of any other appeal or complaints procedure or how they were communicated to registrants.

43. Did potential beneficiaries or beneficiaries articulate concerns about the MFT to you? If so, what was the nature of their concerns and how frequently were these issues raised with you? Were you able to bring them to the attention of the senior management? If so, what was the response? If not, why not?

184. The only concerns I can recall were about the availability or otherwise of grants and, in particular, the lack of clear guidance as to what could be applied for and what could not. I brought this to the attention of senior management, in discussion with the Chief Executive and by writing reports for the NSSC and the Board (see my response to question 20(I)). These included recommending changes in grants that were awarded as a routine and as to how grants availability was publicised to registrants. Only some of these changes were agreed.

Section 5: Relationship with Government

44. Were you aware of any oversight by the Department of Health (or any other Government department) over the MFT?

185. I have no knowledge of this.

In particular, did the Department of Health have any involvement with and/or give any direction/guidance to the MFT (and if so, what?) in so far as you were aware as to:

(a) the content of any policies adopted by the MFT;

186. I have no knowledge of this.

(b) how the MFT should discharge its responsibilities to the beneficiaries;

187. I have no knowledge of this.

(c) the kinds of applications the MFT should grant; and/or

188. I have no knowledge of this.

(d) the quantum of the grants/payments it should make?

189. I have no knowledge of this.

45. Did you, or others within the MFT, raise any concerns and issues with the Department of Health about the funding, structure, organisation or running of the MFT, or about the involvement of the Department of Health, or about any other matter? If so, please explain what concerns and issues were raised. What was the response of the Department to those matters being raised?

190. I had no involvement or contact with the DoH on any issue and I have no knowledge of others raising such concerns or issues with them.

46. 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?

191. I have no knowledge of this occurring.

(b) Did the MFT take any steps to prevent this happening? If so, what? If not, why not?

192. I have no knowledge of this.

(c) Did the MFT raise this issue with the DWP/its predecessors and if so what was the response?

193. I have no knowledge of this.

(d) Within the meeting of the NSSC on 5 January 2005 [MACF0000014_069], it states that as Head of Social Services you helped assist beneficiaries when it came to DWP investigations. In what way did you support these beneficiaries?

194. I was Head of Support Services, not Head of Social Services.

195. The only support I can recall giving registrants with the DWP related to attempts to take savings accrued from MFT payments into account when assessing benefits. To the best of my memory, I believe that there was documentation showing that money received from the MFT was exempt, copies of which I provided to both the registrants concerned and the DWP.

196. I have no memory of providing any other support to beneficiaries with any aspect of DWP claims.

Section 6: Other

47. Do you consider that the MFT was well run? Do you consider that it achieved its aims and objectives? Were there difficulties or shortcomings in the way in which the relevant AHO operated or in its dealings with beneficiaries and applicants for assistance?

197. I do not believe the MFT was well run and I thought this at the time. The main difficulty I observed was that it lacked clarity and consistency in the support it offered to beneficiaries.

198. In hindsight, I consider part of its problem was that it did not appear to have a published strategic plan or clear objectives, but it may be that I was simply unaware of these.

199. As I said at the time, being unclear about what it was trying to achieve and what support it offered led to beneficiaries not being able to seek the support that they required. The lack of consistency also encouraged the climate of fear amongst some beneficiaries who would not complain or seek further assistance in case they lost the assistance they already received.

200. However, as noted in my response to question 20(l), there did appear to be concerted efforts by recently appointed staff and the Board of Trustees to improve the situation. Having left the MFT in September 2005 I do not know how successful these attempts were.

48. Please summarise the circumstances around your departure from the MFT and reasons you left the organisation.

201. As a result of a written agreement that I signed after my employment with the MFT came to an end, I believe that I am unable to provide details of the circumstances of my departure to the Inquiry, on grounds of confidentiality. Unfortunately, I have not retained a copy of that agreement and although I have asked whether one may be available from the retained records of the MFT, to-date a copy has not been provided. I would certainly wish to see a copy of this agreement before determining whether there is any further information that I can give to the Inquiry in response to this question.

202. I understand that the Inquiry has the power to issue a Notice under s.21 of the Inquiries Act 2005 to require me to provide evidence, but that I cannot be required to give evidence of matters that I could not be required to give if the proceedings of the Inquiry were civil proceedings: s.22 Inquiries Act 2005. Should the Inquiry therefore consider it fair, necessary and proportionate to issue me with a s.21 Notice, I reserve the right, at this stage, to rely upon s.22.

203. I hope the Inquiry will understand the reasons for this response and will think carefully before determining that the evidence I might give in response to

