

Witness Name: ANTHONY GEORGE YEAMAN

Statement No: WITN4725001

Exhibits: None

Dated: 15 March 2021

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF ANTHONY GEORGE YEAMAN

I provide this statement in response to a Rule 9 Request dated made under the Inquiries Act 2005.

I, Anthony George Yeaman, will say as follows: -

Section 1: Introduction

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

1. My full name is Anthony George Yeaman. My date of birth is GRO-C

1961 and my address is:

c/o Weightmans LLP

St Philips Point, Temple Row, Birmingham,

West Midlands, B2 5AF, England

Tel: GRO-C

2. I am a solicitor and a partner with the firm of Weightmans LLP and the Deputy Chair of West Midlands Ambulance University NHS Foundation Trust. I was admitted as a solicitor on 1 February 1988. This was not the reason for my appointment as a Trustee of the Macfarlane Trust (MFT). I explain below that my acceptance of the appointment was out of a desire to fulfil some further public service but I note that minutes of the meeting discussing my appointment

[MACF0000006_059] refer to the fact that it would be valuable to the Trust to have someone with legal skills on the Board. This did not mean that I was providing formal legal advice, but there were occasions when I had relevant knowledge or contacts by virtue of being a lawyer, which assisted the Trust, such as in the approach to the Coroner and a presentation I gave on the Human Rights Act, discussed below. MFT had their own lawyers.

3. I wish to say at the outset that I am keen to assist the Inquiry as best I can but regret that I have very little recollection of the matters which are the subject of the questions. My only actual memories after nearly 20 years are of how I became a Trustee; of attending meetings at the offices of the MFT in London at which grant applications were discussed and of Chris Hodgson being a co-trustee as I knew him through the Haemophilia Society and my then wife, Jane. I have a relatively vague memory of attending a training day (referred to below) and that I gave a presentation on the Human Rights Act but beyond that I could only really comment by reciting what is set out in the documents provided to me and which speak for themselves.

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

Employment History

4. I started my career as a lawyer working as a junior law clerk with the firm of Bernard Chill and Axtell between 1978-1980.
5. I worked as a legal assistant at the British Gas Corporation, later British Gas from 1980-1986.
6. Between 1986 and 1988 I worked as a legal assistant/trainee solicitor/solicitor at the firm of Brown Hovelt and Co.
7. Between 1988 and 1994 I joined the NHS as the Assistant Regional Solicitor at Wessex Regional Health Authority (RHA). I joined the property department but

soon moved to clinical and litigation. This included work for the Regional Health Authorities and through them District Health Authorities in relation to the initial phase of the HIV litigation. Wessex Regional Health Authority covered a number of hospitals including Southampton, Dorset, Portsmouth and the Haemophilia Centre run (from recollection) from Basingstoke Hospital. The lead consultant, Dr Tony Aronstam, had an office at Lord Mayor Treloar College. I have described below how I became a Trustee of MFT but essentially it originated with my involvement in this litigation fairly early in my career, through which I met my wife and through her working as a nursing sister at Lord Mayor Treloar College and involvement with Chris Hodgson and the Haemophilia Society.

8. In 1994 I joined the firm of Beachcroft Stanley (now DAC Beachcroft LLP) when the RHA legal teams were being contracted out of the NHS. During my time there I acted for the NHS Litigation Authority and for NHS Bodies, including health authorities and individual NHS Trusts in clinical negligence and wider healthcare advisory work. I no longer acted for Wessex Regional Health Authority from that point and my involvement in the HIV litigation ceased.
9. I became a partner in the firm in around 1997.
10. In September 2001, I joined the firm of Weightmans LLP in their Birmingham office, where I became Head of Healthcare and shortly thereafter the regional office managing partner and subsequently a member of the strategy board. I was very busy in these new roles and far less able to attend Trustee meetings than I had hoped. I am still a partner at Weightmans and continue to work for the NHS Litigation Authority (now known as NHS Resolution) and in wider healthcare advisory work.
11. My experience in advising health authorities has extended to most aspects of their work over the years.
12. When I was employed as an in-house solicitor with Wessex Regional Health Authority, early in my career, the in-house legal team initially coordinated the response to the first generic summons and for a few months helped coordinate

the other NHS health authorities, in collating evidence to respond to the HIV litigation. I was asked to attend at various hospitals to take statements from treating clinicians and secure relevant medical records. The team was then based in Winchester and I lived in GRO-C Hampshire.

13. This work included being asked to go to see Dr Aronstam, who I think was employed out of Basingstoke and partly based at Lord Mayor Treloar's College which included a medical centre and school for boys with varying health conditions including haemophilia. I recall attending at Lord Mayor Treloar's College to see him and it was there that I met Jane Kershaw who was a junior Sister / Haemophilia Sister and whom I later married. Jane was very active in haemophilia care and I too became interested in the work. I also had some involvement with the Haemophilia Society. Jane worked closely with Chris Hodgson, whom I knew through her.
14. I did not directly advise Lord Mayor Treloar's but I did speak to Dr Aronstam and other haemophilia doctors who were employed by the District or Regional Health Authority and I was initially involved in disclosure of records and preparation of evidence in response to the claim.
15. After that, and from recollection following a tender process, a defence liaison group of lawyers was put together for the various health service defendants, which was coordinated by Davis Arnold Cooper (who many years later and after my departure from Beachcroft Stanley merged with Beachcroft Stanley to form the firm DAC Beachcroft).
16. My involvement in the litigation ceased when I moved to Beachcroft Stanley after the RHA legal team was contracted out. I had wanted to stay within the NHS if that had been possible, but it was not. I did however want to try to continue to make a contribution in public service and because of my interest in the Haemophilia Society, through Jane originally and then meeting Chris Hodgson, I was asked to become a Trustee of MFT.

17. In my career I have held a number of roles within the public sector, first starting with my 6 years at the British Gas Corporation. From my time as an in-house NHS lawyer I was committed to public service. After Jane and I separated (we subsequently divorced), I moved to Birmingham, changed firms and re-married, it was difficult for me to maintain my involvement in the MFT but I did still want to continue my commitment to public service and in 2006, I became a non-executive director of the West Midlands Ambulance Service NHS Trust [now West Midlands Ambulance Service University NHS Foundation Trust] and from about 2013 the Deputy Chair. I have been actively involved in the integration and merger of 4 other NHS ambulance services, the move to foundation trust status and lately university trust status; we have instigated a ground-breaking service reconfiguration making this one of the best performing NHS trusts in the country. My role is in holding, with the other non-executive directors, the executive team to account and in setting the overall strategy amongst other duties, I have worked as a non- executive for the last 14 years.

Please set out the positions you have held at the MFT including with 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.

Role and Responsibilities as an MFT Trustee

18. I have no paperwork from this time but I believe I became a trustee of the MFT in around 2000 and according to the documents provided to me attended my first meeting on 3 October 2000 [MACF0000006_032]. I am not certain when I ceased to be a Trustee but note from the papers provided [MACF0000014_206] there is reference to me not being a trustee by January 2005.

19. At the first meeting I was invited with another newly appointed Trustee to explain why we had agreed to become Trustees. It is noted that I had been appointed by the Haemophilia Society and said that I had been a lawyer for many years and an in-house lawyer with the NHS for 6 years before joining a leading law firm, working on health-related issues. Whilst working for the NHS I had met my wife, who had been working as a haemophilia sister at the time. Through my own work and my wife's knowledge I had become very interested in

the work of the Trust and was eager to give something back by becoming a Trustee.

Please describe your role and responsibilities in the above positions.

20. My role and responsibilities essentially consisted of attending meetings and considering grant applications, always with a view to agreeing these if we could. I'm afraid that I have very little memory of it beyond that. As I have said, at the time I was getting divorced, relocating from London to Birmingham, changing jobs, remarrying and seeing my children long distance in Hampshire as well as having further children following my remarriage. I no longer have any relevant papers.

21. It appears from the documents provided to me by the Inquiry, but I have no real memory of it beyond what is set out within them that:

- a. According to minutes of a meeting on 24 April 2001 [MACF0000006_003] there was discussion of the review of Trust Strategy and the considerable financial constraints. The Chairman proposed that a small working group be set up to assist staff and bring recommendations to the Trust Board. He proposed that I and 2 others do this, because we would bring fresh thinking to the Board and were not attached to any Centre. By that time, I had been a Trustee for about six months and working remotely from London. I cannot recall what happened after that I'm afraid. I do not recall that group meeting or whether a report was produced.
- b. At the same meeting there was discussion of inquests following death from HIV with verdicts of misadventure and reference to negligence and the distress that inquests caused to families, particularly where it was in a small community. It was agreed that I and Peter Stevens should seek a meeting with the Westminster Coroner to clarify the current position and seek his help with this. Again I am unable to recall whether this happened.
- c. I see I was also involved in relation to some loan documents, as described below.

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

Induction and training relevant to role at MFT

22. I was aware of the tragedy affecting haemophiliacs and the work of MFT both from my own work and through my then wife, as described. HIV in the beginning was regarded as what amounted to a terminal condition. I had some background knowledge and great sympathy and that had led me to feel honoured to accept the appointment.

23. Other than my very limited recall, the documents provided to assist me in making this statement suggest that the induction and training which I received from the MFT in relation to its functions, aims and objectives was by way of a Trustees' Update Day on 23 Nov 2000 as described in minutes of the meeting of 23 Jan 2001, [MACF0000006_013] (at which I was not present). The training day was about a month after I attended my first meeting.

24. The summary noted that the day had been designed to enable the full Trust Board to receive presentations on two broad ranges of issues:

- the impact on personal and family life of living with haemophilia and HIV (and in virtually all cases Hepatitis C as well); and
- current treatment options and their effects.

25. Detail is provided as is the fact that Dr Mark Winter presented on treatments for HCV and HIV and it is noted that I gave an overview of the Human Rights Act, and of particular relevance the right to have a family.

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

26. The time devoted to the role consisted of attending meetings approximately every 3 months (when I was able to do so, which was not always the case in light of work commitments) and participating in various working groups,

sub-committees or ad hoc pieces of specific work, as discussed above and below.

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.

27. As explained, after I moved to Birmingham and moved firms, it was with great regret that I was less able to attend meetings and participate than I would have hoped. It appears from the sets of minutes provided to me that I attended 6 meetings over a period of years on 3/10/00; 24/04/01; 23/10/01; 28/05/02; 30/07/02 and 27/10/03.

28. I am a Member of the Law Society and was admitted as a solicitor from 1st February 1988

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.

29. As described above, in the very early course of the litigation, I was part of the team of solicitors and barristers advising some of the defendants to the HIV litigation including gathering evidence.

Section 2: Establishment of the Trusts and Schemes

What did you understand the aims and objectives of the Macfarlane Trust to be? What principles or philosophy underpinned its establishment?

30. I understood the aims and objectives of the MFT to be as set out in the Strategic Review document, a copy of which has been provided to me [MACF0000045_019] to recognise the special case for financial and other support to be given to those people with haemophilia who had been infected

with HIV through NHS treatment with contaminated blood products in the late 1970s and early 1980s.

31. According to the Final report of the Strategic Review in 1999, the year before I was appointed [MACF0000045_019] £24million was made available so that £20,000 could be paid to each registrant. Additional funds were provided from time to time, including a sum of £42 million to bring an end to the HIV litigation. Many patients were co-infected with Hepatitis C which caused increased suffering and difficulties with treatment.

32. As treatments developed, life expectancy was extended and the needs of the registrants and their families changed. As well as the physical effects of the infections, those affected suffered psychologically and emotionally.

Please set out how, as a charity, the Macfarlane Trust was regulated.

33. According to the Strategic Review, the Trust was governed by the Trust Deed under the control of 10 trustees, six of whom were appointed by the Haemophilia Society and four by the Secretary of State for Health. There were two user Trustees [HSOC0005357]. As explained, my role as a Trustee was not based on being a professional trustee in an advisory capacity but as a volunteer who wanted to give something back to society through public service. My appointment was via the Haemophilia Society. The documents [eg MACF0000006_001] provided show that formal legal advice was provided to the Trust by the law firm Berwin Leighton Paisner.

34. I am not able to comment from memory on how the Trust was regulated other than to confirm that the documents provided show that the Trust was audited by the Department of Health (minutes of the meeting of 17 July 2001 [MACF0000006_002] at which I was not present) and the application of the Charities Act 2000 was discussed at the meeting on 24 April 2001 [MACF0000006_003].

35. The principles and philosophy which underpinned the Trust's establishment were as described above. Within our powers, we wanted to provide practical

assistance and support and the minutes of discussions and my memory, such as it is, suggest that we tried to ensure this was holistic, and to establish what the issues were for registrants and how the funds available could be put to optimum benefit and effect, across their collective and individual needs.

The Skipton Fund

Please describe your involvement with and/or recollection of the circumstances in which the Skipton Fund was established. You may find it helpful to refer to the MFT board minutes held on 27 October 2003 [MACF0000009_008] and what did you understand the aims and objectives of the Skipton Fund to be? What principles or philosophy underpinned its establishment?

36. I have very little recall of the establishment of the Skipton Fund. I note the report of discussions which had taken place on this with the Department of Health in the MFT board minutes of a meeting on 27 October 2003, which I am recorded as having attended. [MACF0000009_008]. The minutes note the basis of the scheme proposed by the Department of Health for a UK-wide ex-gratia Hepatitis C payment scheme. There had been two meetings with the Department (on 18 September and 13 October 2003). The MFT had been represented at the meetings by the Chair and incoming and outgoing Chief Executives.

An email from Dr Mark Winter dated 3 October 2003 [SKIP0000032_247], sets out his concerns on the implementation of the Hepatitis C payments. Did you and/or other trustees of the board share these concerns at this time?

37. From the documents provided, upon which I have been asked to comment specifically, it appears that Dr Mark Winter had particular concerns about the differences between Hepatitis C and HIV which he set out in an email of 3 October 2003 [SKIP0000032_247]. These appear mainly to have related to having an understanding of eligibility and how this would be determined – for example, what about antibody positive but virally negative patients, or those who had had transfusions; who would look into that and how would there be concrete and measurable criteria of ill-health? It appears that he felt that we needed to see the Department's proposals to ensure they were workable. It

seems from his email that there had been discussion of the issues between Trustees, which I cannot now recall. I would think that Trustees would have wanted to ensure that the scheme was applied consistently and fairly and on recognised and as far as possible clearly understood criteria.

38. It appears that the Trustees' position would have been advised to the Department via the attendance of the Chair and Chief Executive(s) at the meetings but this is just an assumption now based on the documents provided to me.

What involvement (to your knowledge) did the Department of Health or any other Government department have in the setting up of the Skipton Fund? In answering this question please address the following matters:

- a. Were you involved in any consultation by the Department of Health or any other Government department about the establishment of the Skipton Fund, its functions, aims and objectives?**
- b. If so, please describe that process and set out the contribution you made to the consultation.**
- c. Was there any discussion as to why the Government chose to distribute monies via the Alliance House Organisations ('AHOs') rather than directly? What, if anything, were said to be the risks and benefits of this scheme?**
- d. Was there any discussion as to why the Government chose to exclude those who contracted Hepatitis B from the scheme?**

39. I do not have any greater understanding of the Skipton Fund. I was not involved beyond being present at the meeting described above when it was discussed. I have no recollection and do not believe I was involved in any meetings with Government Departments in setting it up. The documents provided to me suggest that the MFT involvement was via the Chair and Chief Executive, as I would expect to be the role of the professional members of the Board.

40. I do not know why the Government chose the Alliance House Organisations to distribute the funds for the Hepatitis C Scheme, or why it did not include those who had been infected with Hepatitis B.

Was there any discussion about the discrepancies between the support offered through the schemes for those infected with HIV and the scheme for those infected with Hepatitis C?

41. One of the points set out in the Department proposals for the scheme seems to have been that it would not make payments to the bereaved. I have been asked to comment on this but have no actual recall of this discussion which refers to the Department reporting that the scheme 'would follow' the Chisolm Proposals. The debate between the Trustees is noted to be wide-ranging and vigorous. One of the conditions (condition g) agreed for continuing discussions was that: *'it be made clear that the campaign for bereaved families should be left to the recognised campaigning bodies'*.

Please outline how the "Chisholm Proposals" were determined. Did you have an influence in these? You may wish to refer to the MFT board minutes held on 27 October 2003 [MACF0000009_008].

a. Please *explain* why it was proposed that no payments were to be made by the Skipton Fund to the bereaved. Do you think this was fair?

42. In response to question 18, based on my values and sympathies, I do not think I would have agreed with the proposal to exclude bereaved families. The MFT itself was very concerned to do what we could for the bereaved, including the Bereavement Project, discussed for example in document [MACF0000006_032] and the MFT was concerned with relief of those persons suffering or in need of assistance who were spouses, parents, children or other dependants of those who had died.

43. Beyond noting the references described above in the minutes provided to me, I have no memory, knowledge or experience that would qualify me to comment on these points.

Section 3: The AHOs

Did you have reporting obligations to the Haemophilia Society following your appointment as trustee on their behalf? What were they? Did this increase your workload?

44. I do not recall having any formal process for reporting to the Haemophilia Society as their nominated Trustee. At the time when I was a Trustee, Chris Hodgson was also a Haemophilia Society Trustee and as he was Chairman of the Haemophilia Society I expect that he was the channel of communication in addition to the minutes.

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

45. The role of trustee was voluntary and from recollection was not remunerated other than in relation to expenses. I cannot now recall the basis of reimbursement but assume it would cover travel to attend meetings and events, such as the Trustee Update Day.

Please describe the working relationship between the trustees of the MFT and the senior management. Were you aware of 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?

46. I do not recall any difficulties in the working relationship with the senior management team. I have a fairly vague memory of Peter Stevens chairing meetings and that there were two Chief Executives during my time as Trustee.

Relationship with Government

To what extent was the MFT independent from the Government? How much oversight did the Department of Health (or any other Government department) have over the relevant the MFT? In particular, 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 composition of the board for the MFT.***
- b. the content of any policies adopted by the AHO;***
- c. how the AHO should discharge its responsibilities to the beneficiaries;***

- d. the kinds of applications the AHO should grant; and/or**
- e. the quantum of the grants/payments it should make?**

47. The Minutes provided to me show that a number of the Trustees were appointed by the Department of Health and discuss various meetings with the Department and Ministers.

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 AHO, 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? and please describe the working relationship between the MFT and the Department of Health. Was there a particular point of contact? If so, who was that? Were you aware of 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?

48. All I am able to say from my own knowledge and experience, based on what I can remember is that liaison with the Department was through the Chair and Chief Executive, as would be expected of the executive team and that the presence of any DH representative at Trust Board meetings was I think from recollection occasional. I remember that we did have to seek top-up funding and that this was usually granted without any problem.

Section 4: Funding/finances of the AHOs

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?

49. My understanding was that the Trust was funded directly by the Government and by investment returns on those funds. The minutes show that the investments were affected by a slump in the stock market and we had to seek top up funds from the Department.

50. I note that the minutes of the meeting on 25 April 2005 [HSOC0005357] also refer to the Trust having received a legacy. It appears that the Chairman felt that the income derived from the legacy should be used for a purpose other than a contribution to the general fund such as a bursary for education or training. It

was resolved that the Chief Executive would establish if the legacy could be established as a project funding, using the name of the donor.

Section 5: Identifying beneficiaries for the AHOs

Whose responsibility was it to identify potential beneficiaries for the MFT and how were potential beneficiaries of the MFT identified?

51. I cannot now recall how beneficiaries were identified. The minutes provided to me [MACF0000009_179] do refer to newly identified dependents and include a 'New Registrants' Update'.

52. I have no further knowledge but think that the Haemophilia Society would have been a good source of information on this as would the haemophilia centres and medical and other staff. As Trustees we were keen to provide financial and other support to meet the need of all those who were entitled.

Section 6: Eligibility for the MFT

What were the eligibility requirements for being accepted as a beneficiary of the MFT? Did they change over your tenure and, if so, how?

53. I cannot now recall the eligibility requirements. I am sorry that I cannot assist the Inquiry on this.

Section 7: Decisions on substantive applications within the MFT

The process

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?***

54. I cannot now recall any detail of the process. Amongst the documents provided to me by the Inquiry is document [MACF0000011_072] which is titled 'Proposals for Revision of Structure of Grant Payments' written by the Chairman Peter Stevens dated 18 July 2002 which discusses the position on payments and proposed changes.

55. I do recall discussing grant applications and agreeing these wherever we could, but also trying to be fair to all beneficiaries in the grants that were approved. I recall that they were mostly for comparatively small sums and think the majority were approved.

With reference to the board minutes [MACF0000011_004], please describe:

- a. the process the Trustees went through to determine the proposals for a review of payments of the MFT.**
- b. your influence in the proposals to fund Ancillary Costs of Fertility Treatment**
- c. How the MFT determined "non-copers" and the decisions made to account for these individuals.**

56. I cannot now recall what happened in relation to the group I was appointed to and the documents provided to me do not assist on this. After 20 years I'm afraid I also cannot recall the position on grants for ancillary costs of fertility treatment.

57. I have been asked how the Trust determined 'non-copers'. I have no actual memory of this term but think it is possibly a reference to those who made a greater number of applications than others in a comparable situation and who some felt could be supported to manage more effectively. The system of regular payments was brought in, as far as I can infer, with the intention of avoiding the need for beneficiaries to have to make a separate application every time they needed something and in the hope of providing greater financial security and independence.

Loans made by the MacFarlane Trust

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 Macfarlane Trust's charitable purpose.

58. I am not able to say how the system of loans and advances came about. It was already established by the time I became a Trustee. I have no further recollection after so long.

59. I think that we tried to maximise the funds available and the assistance we were able to give by a combination of grants and loans including where the financial support provided was for the purpose of providing a means to earn an income. For example, the minutes of the meeting on 28 July 2003, which I was not able to attend [MACF0000009_179] record the approval of a grant of £10,000 and a loan of £10,000 secured by an exchange of letters to enable a registrant to study for a further degree in Spain.

Please confirm whether the Macfarlane Trust 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 Macfarlane Trust)? Did you agree with that advice? Did the Macfarlane Trust act in accordance with that advice?

60. I have been asked to explain my role in advising the Trust on a loan agreement. As described above, I did not provide legal advice to the Trust which had its own solicitors. I would have provided informed comment on legal issues and other issues based on my experience and on the professional advice received to assist as a trustee; as I have noted above the Trust had its own lawyers, whose role it was to provide this advice.

The minutes of the Macfarlane Trust Board of Trustees meeting held 23 October 2001 [MACF0000006_001] include discussion on a loan agreement as an alternative to placing a charge on a registrant's property. Please explain:

- a. your role in advising the Trust on the loan agreement, you may also wish to refer to further MFT Board Minutes, 12 May 2003

[MACF0000009_081] which refers to a draft letter being prepared by yourself for the provision for loans to be sent to beneficiaries.

- b. if “out of town” solicitors were sought for the purpose of placing charges on properties at a lower cost**
- c. how £10,000 was determined to be the level where a charge was to be taken on the property.**

61. The minutes of the meeting on 23 October 2001 **[MACF0000006_001]**, which I attended, note under the heading: ‘Secured Loans’ that the Trust’s solicitors Berwin Leighton Paisner had provided a draft loan agreement that might be used as an alternative to placing a charge on registrants’ property. It was proposed that the loan agreement be used for amounts up to a certain sum. That sum was then agreed to be up to £10,000. I am recorded as noting that the draft loan agreement would give a certain level of protection to the Trust but needed sharpening up. I would have thought that if there was to be a loan agreement, then it should fulfil its intended function and protect MFT. I indicated that out of town solicitors could be found who would deal with charges on property at lower cost than the Trust’s (City) solicitors. This was with the intention of preserving Trust funds for the beneficiaries.

62. The minutes of the meeting held on 12 May 2003 **[MACF0000009_081]** which it appears I was not able to attend, had some discussion of loans, including with regard to provision of loans made by exchange of letters. I have no memory of this now. The minutes record that the Finance Officer said that, following discussion with auditors, he proposed including provision in the accounts for loans that had been advanced to registrants on the basis of an exchange of letters. There is reference to me having prepared the letter (of which I have no recollection now), but the auditors recommending this provision. The provision proposed was £30,000 and this was approved unanimously. However, it appears that after further discussion with the auditors subsequent to this and legal advice from the Trust’s lawyers, no provision was deemed necessary against the loans. The sum of £30,000 seems relatively small against the total level of regular payments and single payments discussed in the documents provided as having been made annually.

Non-financial Support

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?

63. The Minutes of the meeting of 30 July 2002 [MACF0000011_004] discuss examples of various aspects of non-financial support that was available to registrants and the importance which the Trustees attached to this:

- the Services Standards Charter
- The work of the social worker in visiting registrants,
- The Benefits Advisor also made home visits and sometimes the social worker and Benefits Adviser made joint home visits

64. The Trust ran and funded various support groups and weekends including the Bereavement Project. These types of support would be discussed at the various weekends.

In a confidential report by MFT in 2002, concerns were raised about a number of complaints raised at the Haemophilia Centre at Manchester Royal Infirmary [MACF0000077_022]. It is noted in minutes of the MFT meeting held 28 May 2002 [MACF0000011_003] that you would be kept informed and copied with correspondence relating to a particular complaint. Please explain the following:

- a. What were the complaints?
- b. The role of the MFT in managing complaints such as this
- c. The responsibility you held in this regard
- d. Why you were chosen as the main contact to deal with the complaint.
- e. How the complaints were handled and the outcome.

65. I have been asked to explain the position in relation to a confidential report into a complaint relating to a member of staff at the Haemophilia Centre at Manchester Royal Infirmary a copy of which has been provided to me [MACF0000077_022]. I cannot remember any detail of this. It seems that the information was provided at a Bereavement weekend in Sheffield 21-23 September 2001. Four widows and one mother of patients at the Centre had

asked for a special meeting to share concerns about aspects of treatment and support over a period of about six years.

66. It was agreed by Trustees present at the Bereavement Weekend that the concerns would be reported to the next full meeting of the Trustee Board and that it would also be reported to the Haemophilia Society Trustee Board who had been present at the weekend.

67. The MFT Trustee Board considered the report at meetings in November 2001 and February 2002 and it was shared with the Chief Executive of the Haemophilia Society. Following comments from the Haemophilia Society, Trustees agreed that in the first instance the Chairman should telephone the Director at the Manchester Centre to advise him of an outline of the complaints and that the Report should then be sent to the Chief Executive of the Manchester NHS Trust for investigation.

68. According to MFT minutes dated 28 May 2002 **[MACF0000011_003]** a copy of which has been provided to me, Trustees asked that progress be closely monitored and that I should be copied into correspondence relating to the complaint. I assume this was because of my background as an NHS lawyer who had experience of dealing with such complaints. As with my role now at the Ambulance Trust, on important issues such as this, I would make a point of being asked to be kept closely informed in an area where my experience may be of assistance.

69. The minutes of the next Trust Board meeting on 30 July 2002 **[MACF0000011_004]** which I attended note that the Chief Executive reported on a very helpful meeting she and the Bereavement Counsellor had had with representatives of the Health Trust the previous week. It was agreed that there would be an informal meeting to decide the process and it was hoped there would be individual meetings with Joanna Fenning present if requested, to act as patient advocate.

70. The minutes of the next meeting on 29 October 2002 [MACF0000011_002] which I was not able to attend, record that a meeting had taken place with one of the widows who had complained and it was agreed that her complaint would be fully investigated with the Trust's Bereavement Counsellor acting as her advocate. No other members who had brought up the complaints felt able to pursue the matter any further. I am afraid that I am not able to comment on what happened from my own knowledge and memory and that is the extent of the documents provided to me.

Section 8: Complaints and appeals

Was there an appeal procedure for the MFT? If so, what was it and how did it operate? Who determined the appeal and were they the same staff who made the original decision? In particular:

- a. Was there any right to give evidence or make representations in person?
- b. Was a representative permitted to accompany the applicant?
- c. What was the standard of review or appeal?
- d. Who heard the reviews or appeal? Did this include the original decision-maker?
- e. Were written reasons provided?
- f. Were there any time limits or fees for the bringing of a review or appeal?

71. I cannot recall the system for complaints and appeals.

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

72. I note from the sets of minutes provided to me [MACF0000011_004] there was discussion of the proposed Service Standards Charter which included a complaints procedure. I do not know what the final form of it was as I cannot recall, no copy has been provided and I no longer have any documents.

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?

73. There appears to have been some system of appeal as appeals are discussed in some of the minutes provided to me.

Section 9: Engagement with the beneficiary community

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

74. Engagement with the beneficiary group included the Partnership Group which features in the sets of minutes provided to me.

Did the MFT set up any groups or meetings involving the beneficiary community? If so:

- a. What was the purpose of the groups/meetings?
- b. How often did they take place?
- c. Who set the agenda?
- d. Who attended the meetings and how were the beneficiaries selected for these meetings?
- e. What impact, if any, did these have on the way the MFT operated?
- f. Were there any problems encountered in the running of the group/meeting and how were they handled?

75. The documents also include reference to a Review which was to include a number of focus groups and those invited to participate so far included men who were employed and working; infected intimates and bereaved families.

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?

76. The MFT held conferences and seminars for registrants as described in the various documents provided to me [MACF0000009_179, MACF0000019_126] and the possibility of holding an away-day for trustees to be addressed by registrants.

Section 10: Relationships with other organisations

What involvement or interactions did the MFT have with the Haemophilia Society?

77. I note that the minutes of the meeting on 28 July 2003, which I was not able to attend [MACF0000009_179] in discussing an update on the Long Term Review

refer to the overlap between the MFT and the Haemophilia Society in that both organisations were directly related to providing services to people with haemophilia and HIV.

Please describe the working relationship between the MFT and the Haemophilia Society. Were you aware of 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?

78. It was proposed that Hilary Barnard would be asked to examine 'functional overlap' and duplication. There is reference [MACF0000019_093] to the Haemophilia Society being keen to maintain the good working relationship with the Trust.

What involvement or interactions did the MFT have with the UK Haemophilia Centre Directors Organisation?

79. I have no recollection of any difficulties in the working relationship between MFT and the UK Haemophilia Doctors Organisation. The only doctor I recall I had any kind of relevant working relationship with during my time as a Trustee was Dr Mark Winter who was a haemophilia doctor and the medical Trustee on MFT.

Section 11: Other

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?

80. We tried to do our best as Trustees working within the terms of the Trust and the funding available to identify needs and support beneficiaries wherever practically possible, seeking to apply the funds as fairly as we could in the circumstances and provide other non-financial forms of support.

Please describe the events leading up to your retirement as an MFT trustee.

81. After I moved to Birmingham, remarried and had young children it became increasingly difficult for me to attend meetings and devote the time required to the role and I stepped down.

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

82. I do have great personal sympathy for the terrible circumstances that the individuals affected by these events have had to endure.

83. I wish I had a clearer memory and that I was better able to assist the Inquiry.

Statement of Truth

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

Signed

GRO-C

Dated

15/3/21