Witness Name: Paul Biddle
Statement No.: WITN5253001
Exhibits: None
Dated: 13 January 2021

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF PAUL BIDDLE

I, Paul Biddle, provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 3 November 2020.

I, Paul Biddle, will say as follows: -

Section 1: Introduction

1. I am Paul Richard Biddle FCA and I was born on GRO-C 1945. My address is GRO-C I am a Chartered Accountant. I have done my best to answer the detailed questions in the Rule 9 request by reference to the documents that the Inquiry has provided. However, a number of the questions relate to events a number of years ago, which I cannot recall in detail. There are also questions about matters that I was not directly involved in as a trustee. The documents available to the Inquiry may shed further light on some of these matters.

2. I am currently a Non-Executive Director of WJL Group Limited (formerly W&J Linney Ltd) (2002 to Date); Surrey & Sussex Healthcare NHS Trust, where I also Chair the Audit & Assurance Committee (2014 to Date) and King Edward VII's Hospital (2019 to Date). Previously I held the following Executive Positions:

- Royal Surrey County Hospital NHS FT – Director of Finance 2003 - 2013
- Jarvis plc – Chief Exec., Jarvis Systems & Technologies 2001 – 2002
- NatWest Group – Chief Financial Officer Retail & Commercial Businesses 1994 – 2000
- Digital Equipment Co Ltd – Director, Finance 1987 – 1994
- Rank Xerox – Regional Controller; Director Planning, Information & Finance (UK) 1973 – 1987
- Unilever, Birds Eye Foods – Commercial Manager 1969 – 1973
- Bovril – Mgt Accountant 1968 – 1969
- Deloitte & Co – Chartered Accountant 1963 – 1968

I have also held the following positions in the not-for-profit sector:

- Crafts Council – Deputy Chair; Chair F & GP 1997 – 2004
- Action Research – Treasurer 2000 – 2009
- CAF Bank – Director, Chair of Audit, Risk and Compliance Committee 2007 – 2017
- Frensham Heights School – Treasurer and Governor 1999 – 2006

I was also a non-executive director and Chair of the Audit Committee of Charteris plc from 2000 – 2009.

3. I was a Trustee of the Macfarlane Trust from 2014 – 2019. I was approached by a search firm and invited to apply for the position of Trustee. I was subsequently interviewed by the then Chairman, Roger Evans, and offered the position. I was Chair of Grants Committee from 2015 – 2019. I was asked by the Board to take on this role, which I agreed to do as part of my contribution to MFT.

4. My responsibility as a Trustee was for governance and the overall strategic direction of the Trust within its charitable objectives to administer financial & advisory support to beneficiaries – i.e. haemophiliacs who were infected with HIV as a result of contaminated NHS blood products and their spouses, partners, carers and dependents. I had specific responsibility for overseeing the financial management of the Trust (in particular the annual plan, budgets,

periodic forecasts and annual accounts) and its investment strategy (including reviewing the investment manager's performance). As Chair of the Grants Committee my responsibility was to consider applications for grants and recommendations by the Executive (Chief Executive, Jan Barlow & Director of Operations, Victoria Prouse) and make decisions on those applications in accordance with the criteria for making grants approved by the Trustees.

5. My induction to the role of Trustee was limited to meetings with the Chairman, other Trustees and the Chief Executive. I also read the previous Annual Financial Report.

6. I understood the aims, objectives & philosophy of the Trust was to provide financial and advisory support to beneficiaries and those affected by contaminated blood, within the financial resources provided by the DoH.

7. My time was primarily spent on preparing for and attending Trustee Board meetings and Grants Committee meetings. I spent 2-3 days on this bi-monthly, or as required. Latterly, the Grants Committee met more frequently by phone remotely to review applications.

8. I have not been a member of any committees, associations, parties, societies or groups relevant to the Inquiry's Terms of Reference.

9. I have not provided evidence to, or been involved in, any other inquiries, investigations or criminal or civil litigation in relation to HIV, hepatitis B, hepatitis C or vCJD in blood or blood products.

Section 2: The AHOs

Appointments of Trustees

10. As I recall, other than the 'user' trustees and medical trustee, Trustee appointments were made through search firms and open adverts, following which candidates were interviewed by the Chair. The aim was to secure

relevant experience to the Trust Board – for example in my case finance, investment management, healthcare & not for profit experience. The Board included two beneficiaries (one of whom I understand was nominated by the Haemophilia Society), a hospital consultant (who I understand was nominated by the DoH), our Chair (Alasdair Murray) with PR/political lobbying industry experience, and three other Trustees appointed by the Board. The Chief Executive and Director of Operations attended all Trustee meetings except where they were excluded (Part B) – e.g. discussion of remuneration.

11. As stated above, I believe that the DoH nominated the medical Trustee and that one of the beneficiary trustees was nominated by the Haemophilia Society.

12. As stated above, I believe that the positions were advertised and that search firms were also used to identify suitable candidates.

13. The mix of experience of Trustees was balanced to meet the needs of the Trust. Once the decision was made to wind up AHO in 2017, the Board considered that the appointment of new Trustees would be difficult. I and other Trustees at the time agreed to extend our terms until the Trust's remaining assets were transferred to an appropriate charity with similar aims to MFT.

14. As stated above, I recall that there were two "user" trustees, one of whom was nominated by the Haemophilia Society. The medical trustee was nominated by the DoH.

15. I do not recall the period of service of a Trustee or whether there was a limit on the number of terms that could be served.

16. Trustees received no remuneration. I never claimed travel expenses but I recall they were claimed by some Trustees.

17. I do not recall any overlap of Trustees between the AHOs. The Chief Executive and Director of Operations may have had broader responsibilities beyond MFT.

Structure of the AHOs

18. MFT and the other AHOs shared premises and resources, which made economic sense given their size. I cannot recall the arrangements, if any, for sharing data or access to information across AHOs. I recall there was a Service Level Agreement with Caxton Foundation for the services provided.

19. The arrangement by which Caxton Foundation acted as employer for all AHO employees was in place when I was appointed. I am not aware of the reasons why it was set up in that way.

20. The relationship with the different AHOs was handled by our Chair and the Chief Executive – I was not involved.

21. There was a good working relationship between the Chief Executive, Director of Operations and the Trustees. I had a high opinion of their capabilities & commitment to MFT – especially from 2016/17 given the uncertainty over the future of MFT.

22. MFT was a registered charity and filed its accounts with the Charity Commission.

Relationship with Government

23. DoH provided MFT's annual funding and had oversight of our purpose and finances. I am not aware of the extent of their detailed involvement as this was handled by the Chair and CEO.

24. Concerns were raised about the adequacy of MFT's funding – this was done primarily through our Chief Executive with the agreement of the Board. I was

not involved, other than through the Trustee Board meetings, in discussions with and approaches to the DoH.

25. I was not aware of any contact with the DWP or of beneficiaries having benefits stopped as a result of assistance received from the AHOs.

26. I recall that there was a nominated contact at the DOH – that contact may have changed over time. As noted above, I was not involved in interactions between MFT and DoH other than through the Trustee Board meetings.

Section 3: Funding/finances of the AHO's

27. During my time as a Trustee, a request for funding was made to DoH annually. The funding provided was broadly at the same level as the prior year, which supported continued regular payments at the same level. I recall that there was a cost-of-living increase in 2014/15 and that funding was subsequently frozen for 2015/16. An approach was made for a larger increase in funding for 2014/15 which was not agreed. A similar request for an increase in funding was made for 2015/16, which was also turned down.

28. I was not aware of the process used by DoH to set our funding for the ensuing year. The budget was essentially based on prior year with an uplift for inflation. I was not party to meetings with DoH relating to requests for an increase in funding, other than our Board having sight of the written requests for increased funding. The Chief Executive reported back to the Trustees on these discussions.

29. As I recall MFT's understanding of the financial position of beneficiaries was limited to reviewing applications for grants – this required a statement of income from all sources & expenditure. Details of individual cases was not shared with the DoH.

30. The individual years funding was disclosed in MFT's annual accounts. This funding was supplemented by utilising MFT's reserves, which were

progressively reducing, to fund grants. When MFT was wound up in 2019 the residual reserves were £1.16m, after two final rounds of grant applications, which was passed over to the Terrance Higgins Trust. The Grants budget in 2014/15 was £190,000. By way of example, the funding allocation for 2015/16 was frozen at £2.2m – this was supplemented by drawing down from reserves.

31. MFT made representations to DoH for increases in funding. It was clear from the applications for grants in some cases to cover basic needs, that a number of our beneficiaries were struggling financially. MFT grants helped but it was clear that more could have been done through increases in regular payments, if funding had been available.

32. Written requests were made to DoH to increase funding when agreeing the budget for the ensuing year. I do not recall requests for "top ups" during the financial year.

33. I cannot recall the detail of the DoH response to our requests for additional funding in January 2016 other than it was declined – our budget for the year had been prepared in anticipation that the request for additional funding would be declined.

34. I cannot recall the reasons for the underspend against the budget for 2014/15. We were funding our grants from reserves which were progressively reducing – we were concerned about the impact on beneficiaries of running our reserves down to a minimum level and not being able to continue to fund grants. I did not enquire with the DoH whether it would be possible to carry forward underspends in our grants budgets as to the best of my recollection grants were being funded from reserves.

35. Other than the annual funding from DoH, the only source of funds was from reserves – any overspend in the current year would reduce available funding in subsequent years. I cannot recall a change in criteria to be applied to

applications in 2015, and I cannot recall a budget being increased - care was taken to manage grants to an agreed annual budget.

36. I cannot recall the DoH's response to the concerns raised by MFT in early 2017. MFT continued to maintain support to Beneficiaries by running down reserves.

37. As I recall, DoH agreed to provide additional funding for part of the 2017/18 year until the transfer to Business Services Authority. I cannot recall the amount.

38. As I recall, sufficient funding was received to maintain regular payments as a result of a request for additional funding made in the light of the transfer being delayed. In conjunction with using our reserves, we were in a position.to run two final rounds of applications for grants.

39. I recall that there were annual meetings between MFT and the DoH, principally concerning the following year's funding. I did not attend. The CEO put forward requests for additional funding which had been discussed and agreed by the Board. The Chief Executive typically reported back at our next Trustee meeting. I do not recall seeing formal minutes of the meetings.

40. I cannot recall being aware of other specific meetings between MFT's Chief Executive and the DoH apart from the annual meetings. I did not attend any such meetings. I understood there to be informal telephone or email exchanges between the Chief Executive and DoH.

41. The principal source of funding to MFT was from the Government – there was a small amount of income from investments. There was also a small legacy fund – the Honeycombe Legacy - available to support applications for training, business qualifications or start up. I cannot recall the amount.

Financial management/governance

42. Annual budgets were prepared for approval by the Trustees prior to the start of the financial year for approval by the Board. The budgets were based on the payments and grants made in the prior year. There was not a process in place that enabled us to assess the needs of the beneficiaries – we sought to maintain the level of financial support at the same level as the prior year. As noted at paragraphs 31 - 33 above, requests for additional funding were made - it would have been imprudent to prepare budgets on the basis of requests for increased funding which in reality did not materialise.

43. An annual phased budget for grant applications was agreed by the Trustees – actual monthly spend was reported to the Board. I cannot recall an application being turned down purely on budget grounds.

44. In my time as a Trustee we requested increases in funding from the DoH which were refused. This limited our ability to increase our financial support to beneficiaries. I like to think that we were able to maintain the basics of a decent life for our beneficiaries but would like to have done more. The level of regular payments that MFT was able to provide was such that in some cases beneficiaries applied for grants for items which might be viewed as basic needs. Ideally the level of regular payments would have been expected to fund these types of items. It is difficult to form a clear view of the adequacy of the funding of MFT and I am not in a position to assess the impact on beneficiaries of any possible "underfunding" by DoH.

45. As is standard practice in charities, the Trustees agreed to maintain a general reserve equivalent to 3-6 months of expenditure – this was agreed at £750k in 2014. My understanding is that this was consistent with earlier years and maintained at this level going forward. The balance of the reserves was available for distribution. Had there been a full distribution of these reserves this would have resulted in a "cliff edge" effect with less funding available to beneficiaries going forward. The Trustees felt it was in the best interests of beneficiaries to maintain the level of funding for Grants for as long as

possible, recognising the uncertainty in future levels of government funding. This resulted in a gradual rundown in the level of MFT's reserves each year. The final level of reserves of £1.16m was after two final rounds of grant applications and we were pleased to be in a position to pass this on to the Terence Higgins Trust.

46. I cannot recall the level of MFT's reserves impeding or having an impact on MFT's negotiations with DoH in respect of funding, although there was recognition by DoH that our reserves provided the source of funding for grants. Once the decision was taken by the Government to transfer the management of regular payments to beneficiaries to the NHS BSA, drawing down on MFT's reserves allowed grants to be continued to our beneficiaries.

47. The operational costs of MFT were maintained at a minimal level to support our activities. This was reviewed as part of Board approval of the annual budget.

48. Annual salary increases were agreed at a level which the Trustees considered was consistent with levels of remuneration in the charitable sector generally and, as I recall, matched inflation.

49. As stated at paragraph 4 above, part of my role was oversight of MFT's investment strategy. From 2014 the Trust was drawing on its investments to maintain the support to beneficiaries and with no additional allocation from DoH was reporting a deficit. It was therefore decided to reduce the risk exposure from holding equities and increase our fixed interest and cash holdings.

50. I am asked to describe the actions taken following the MFT Board meeting on 27 October 2014 at which there was a discussion about the possibility of reshaping the investment portfolio to alleviate the ongoing deficit. The actions taken were those described above: reducing our exposure to equities to reduce the risks in our investments given the need to progressively run down

our investment holdings over the next 2/3 years to maintain our grants funding.

Section 4: Identifying beneficiaries for the Macfarlane Trust

51. I cannot recall whose responsibility it was to identify potential beneficiaries of MFT. I assume it was the Executive.

52. I cannot recall how potential beneficiaries were identified.

53. My understanding was that MFT's communication was restricted to our beneficiaries.

54. I assumed that our beneficiaries included everyone eligible for assistance, so I did not consider that action was required to reach people who might be eligible.

Section 5: Eligibility for the Macfarlane Trust

55. I cannot recall who set the eligibility requirements for MFT.

56. I was only aware that MFT was established in 1988 to administer a £10m fund provided by the Government to assist people with haemophilia who had been infected with HIV through NHS treatment of their condition with contaminated blood products. I was not aware of a written policy publicly available or accessible to applicants other than through contact with the Executive & Office of the Trust.

57. I do not recall being consulted about the eligibility requirements.

58. I cannot recall the detail of the eligibility requirements beyond the basic position set out at paragraph 56 above, or whether they changed over time.

59. I am not aware of the eligibility requirements of the other AHOs or how they differed from MFT's eligibility requirements.

60. I cannot recall the requirements for medical evidence to support eligibility.

61. I am not aware of who set the procedural requirements for an applicant.

62. I am not aware of the procedural requirements for establishing eligibility.

63. I am not aware of whether the procedural requirements were written down and publicly available.

64. I do not know whether there were differences in the procedural criteria between the different AHOs.

65. I do not recall the Trustees reviewing the eligibility requirements.

66. I do not recall who determined whether a person met the eligibility requirements

67. I do not recall any concerns being raised about either the substantive or procedural eligibility requirements.

Section 6: Decisions on substantive applications within the Macfarlane Trust

The process

68. Applications were submitted to MFT. If the application was within the delegated authority of office staff under the Office Guidelines (covered by the Grants Guidelines agreed in May 2014 [MACF0000171_042]), staff could agree the application. Other applications were reviewed by the Executive before being submitted to the Grants Committee with a recommendation for consideration and approval by reference to the 2014 Grants Guidelines. Decisions on individual applications were only made on an exceptional basis at Board level.

69. The Grants Guidelines agreed by the Board in 2014 [MACF0000171_042] specified the criteria for applications and financial limits. The medical Trustee was available to provide medical input as appropriate. The user trustees provided a beneficiary perspective. Essentially the categories were accommodation (e.g. boiler/window repairs); stress/health concerns (including respite breaks); mobility; financial (e.g. bereavement grants); and debt assistance. There was also support for beneficiaries to receive education and training funding to establish a business activity through the Honeycombe Legacy.

70. In making an application for support an applicant had to provide details of all sources of income and expenditure and provide quotes for e.g. building work. I cannot recall the procedural requirements being periodically reviewed. I cannot recall beneficiaries being unable to satisfy procedural requirements; the office was available to help with an application where needed.

71. The transition from the National Support Services Committee to the Grants Committee took place at around the time I joined MFT. I did not have detailed knowledge of the criteria and process applied by the National Support Services Committee so I am unable to comment on the differences from the approach adopted by the Grants Committee.

72. I cannot recall the proportion of applications granted or refused.

73. Applications could be refused if they didn't meet agreed criteria and this was communicated back to the applicant.

74. On occasions and where appropriate a referral was made to a debt advisor to help a beneficiary manage their debt situation.

75. Where appropriate the opinion of external advisors was taken into account by MFT when making decisions on grant applications.

76. The Grants Committee met by phone or communicated by e-mail where applications needed to be considered on an urgent basis.

77. MFT's office staff were available to give support to applicants when making applications.

78. I cannot recall the numbers of beneficiaries who received assistance.

79. Regular payments to beneficiaries were made in accordance with the criteria set by the DoH – these were increased significantly from July 2016 following the Prime Minister's response to the consultation. I cannot recall the position in respect of lump sum payments. I have addressed the position in respect of grants above.

80. Each application was considered on its own merits and whether it met MFT's criteria. Success or otherwise did not depend on the number of applications made per year.

81. I cannot recall the percentage of applications that were successful each year.

82. I recall that the office made the Grants Committee aware of previous amounts received from MFT. I cannot recall the extent to which the Committee considered the amounts received by an applicant previously from MFT, other AHOs or benefits. An application had to include a statement of income from all sources and expenditure.

83. Whilst the grants were not specifically means tested a statement of income from all sources and expenditure had to be submitted. No "income brackets" were applied. The Grants Committee assessed each application on its own merits. The Income and Expenditure statements enabled us to assess whether a beneficiary had available income to meet the need to which the application for a grant related. I do not recall the Grants Committee considering the detailed makeup of the beneficiary's expenditure. The office were always available to help with completing these statements.

84. I cannot recall the reasons for stopping supporting requests for general household items or whether there were exceptions to the new policy.

85. 'Welfare of the dependent' primarily related to their health or incapacity. The request for a grant for a burglar alarm referenced at [MACF0000027_116] was not considered to be health related.

86. The Grants Committee did not usually agree a grant for property repairs or improvements for recent house purchases as it was expected that a property suitable to an applicant's needs would have been purchased. It was rare for applications to be refused on that basis. I cannot recall how consideration was given to the applicant's affordability other than through consideration of their income and expenditure submission.

Consistency of decisions

87. I felt that the Grants Committees' decisions when assessing applications were consistent and fair and in line with our established criteria. All members of the Grants Committee contributed to ensuring decisions were consistent, principally by reference to our Grants Guidelines. Occasional references were made to earlier decisions on similar applications to ensure consistency. All applications were initially reviewed by the Executive before being reviewed by the Grants Committee.

88. I cannot recall the detail of the policy on grants for furniture and household items, but broadly such grants had to meet health requirements.

89. There were occasional situations where the Grants Committee agreed an application in exceptional circumstances despite the criteria not being met. For example, a grant might be made on compassionate grounds where the application met the spirit of our criteria – e.g. respite breaks. The driving lessons (£750) were considered necessary to support the applicant's voluntary work and met the criteria of the Honeycomb legacy.

90. As I recall the MFT grants guidelines were updated in 2014 at the request of the Trustees by the Executive to ensure they fully reflected the criteria for making grants and the monetary values were appropriate. The aim was to ensure consistency by the MFT office and the Grants Committee in agreeing applications. I cannot recall how the changes were communicated to beneficiaries.

91. I cannot recall the circumstances which led to an increase in awards for Motability deposits or why this appears not to have been reflected in the Office Guidelines.

Loans made by the Macfarlane Trust

92. I cannot recall a specific policy decision encouraging loans rather than grants. There were times when loans were made, if the income of a beneficiary could support repayment: for example, to enable repairs or improvements to be made to a property. The May 2014 Grants Guidelines allowed for advances from regular payments, with the office having authority for up to £3,000 and where they were confident of repayment.

93. The Grants Guidelines allowed for advances to be made from regular payments for beneficiaries where the criteria for grant were not met. The amount awarded had to be repaid within 24 months.

94. I cannot recall the circumstances when loans or awards required the services of a financial advisor.

95. I chaired the Grants Committee from 2015 which approved loans and advances on the recommendations of the Executive – we would always aim to reach a unanimous decision after hearing everyone's views.

96. I cannot recall the specific criteria used to select recipients for loans other than confirming that the net income of the beneficiary was sufficient to repay the loan.

97. I cannot recall specific incidents when MFT sought legal advice with regard to loans made.

98. Advances from regular payments had to be repaid within 24 months. The Board considered that a period of 24 months was appropriate for repayment from income of an advance.

99. My only recollection was the uncertainty we faced waiting for the DoH consultation on the future of the AHOs requiring us to minimise granting new advances which potentially could extend beyond the period of our operation.

100. I do not recall any exceptions to the policy that a loan could not be written off.

Non-financial Support

101. The MFT office staff were available to provide non-financial support and advice if requested, and introductions to external advisers – I assumed that was made known to beneficiaries.

Section 7: Complaints and appeals

102. There was an appeal procedure where beneficiaries did not agree with the decision made by the Grants Committee. As I recall, an appeal would be submitted to the office for consideration who would make a recommendation to the Grants Committee. All Grants Committee decisions were recorded in the Minutes and reported to the Trustee Board. I cannot recall the detailed procedure to be followed in making an appeal.

103. I cannot recall the number of appeals during my tenure. It was unusual for an appeal to succeed as it would have brought into question the agreed guidelines for grants.

104. I cannot recall the complaints process in detail. A complaint would be submitted initially to the MFT office. I recall that there were times when the Board were made aware of a complaint.

105. I recall the number of complaints was small and often raised by the same beneficiaries. I cannot recall which beneficiaries or the nature of the concerns raised.

106. I understood the appeal and complaints procedure was available to beneficiaries.

Section 8: Engagement with the beneficiary community

107. As a Trustee I had no direct involvement in MFT's engagement with the beneficiary community apart from through input from the two 'user' trustees who sat on the Board. I understood there to be regular communication between the MFT office and the beneficiaries.

108. I am not aware of what groups or meetings took place involving the beneficiary community.

109. I understood there to be a good relationship between the senior management of the MFT and the beneficiary community – although I was aware of a small minority who felt MFT was not acting in their best interests and not pushing the DoH to increase their financial support. The Trustees supported the representations made to the DoH by the Executive for additional financial support.

Section 9: Relationships with other organisations

110. I had no interaction with the Haemophilia Society. I cannot recall what other involvement or interactions MFT had with the Society.

111. I was not directly involved in and cannot recall details of the working relationship between MFT and the Haemophilia Society or any difficulties. I have no recollection of a meeting between Jan Barlow and Roger Evans with the Haemophilia Society in January 2015 or the difficulties which arose from that meeting. Roger Evans resigned as Chairman in May 2016 and was succeeded by Alasdair Murray.

112. I cannot recall whether any MFT trustees were also trustees of the Haemophilia Society. I recall that GRO-A was nominated as a MFT Trustee by the Haemophilia Society but I was not aware that he was a trustee of the Society.

113. I cannot recall MFT's involvement or interactions with the UK Haemophilia Centre Directors Organisation.

114. I was not directly involved in and cannot recall details of the working relationship between MFT and the UK Haemophilia Centre Directors Organisation or any difficulties.

115. I was not in regular contact with any clinicians during my work with MFT apart from the medical Trustee, Dr Vanessa Martlew, who sat on the Board.

Section 10: Reform of the Macfarlane Trust

116. As a Trustee I was aware that MFT provided input to the DoH relating to the government's proposals for reform of the MFT and the future provision of support to beneficiaries. I recall the Board discussing this input but I cannot recall the detail.

117. I recall that when we understood that the processing of regular payments would be transferred to the NHS Business Services, we were concerned that

the knowledge and understanding of beneficiaries' needs built up by MFT over a number of years would be lost. We were also concerned to ensure the charitable aspect in making grants to beneficiaries would be retained.

118. I cannot recall the extent to which the DoH addressed the issues raised by the AHOs in response to the January 2016 consultation document.

119. I do not recall the Trustees being in a position to object to the changes suggested or requesting additional time for consideration. I understood that the MFT had little influence on the new payment structure being proposed by the DoH.

120. I recall that the details of the new scheme were communicated to both the Trustees and the beneficiaries by our Chief Executive. I do not recall what was agreed in respect of information sharing or there being any problems with the transfer.

121. Naturally the Trustees' prime concern with the new schemes was to ensure all categories of our beneficiaries would not be worse off financially from both receipt of regular payments and grants, and that the charitable purpose of MFT as administered through the grants scheme would be continued. MFT were not part of the devising of the proposals and the issuing of the consultation document by the DoH.

Section 11: Other

122. I consider that MFT was professionally managed and we were fortunate to have Jan Barlow as Chief Executive and Victoria Prouse as Director of Operations, both of whom provided excellent leadership and commitment to the Charity through a difficult and uncertain time. The DoH imposed financial constraints on MFT which limited the extent to which we were able to improve the quality of life for a number of our beneficiaries. Each application for a grant or support was considered, bearing in mind the need and the fit to our criteria for support, the applicant's financial position and the need to manage

within our overall budget agreed with the Board. We always tried to be fair and sympathetic to individual's needs. I like to think we achieved that and provided meaningful support where there was hardship. When MFT was wound up we were able to transfer £1.16m of funds and assets to the Terrence Higgins Trust to enable continuing support to be provided to beneficiaries based on similar criteria as MFT. I chaired the Grants Committee based on considering the application, the Executive recommendations and relevant previous cases whilst seeking consensus of our Committee.

123. I recall that we were aware in July 2017 of the criticisms that were being made by the MP Nadhim Zahawi – my recollection was that the criticism was based on discussions with one beneficiary and was not a basis for criticising the work of MFT overall as a Charity.

124. I can only reiterate that I believe MFT was professionally managed and did all that it could to meet its charitable objectives to support the beneficiaries; always recognising the financial constraints imposed by the DoH.

Statement of Truth

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

GRO-C

Signed _____

Dated _13/01/2021_____