

Witness Name: ROSAMUND RILEY

Statement No: WITN5263001

Exhibits: None

Dated:

11 February 2021

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF ROSAMUND RILEY

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

I, Rosamund Riley, 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 ET and the MFT.

1. Name: Rosamund Avril Parkinson (Nee Riley), Address: GRO-C
GRO-C Qualifications: Degree in Information Systems and Management, Introduction in Benefits Advice, Haemophilia Awareness Seminars and HIV Seminars.

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

2. I have worked as an administrator/PA for most of my career leading up to my role with the MFT. The organisations that I have worked for are listed below but the dates given are approximate:

- 1984 – 1987 Alfred Marks (employment agency – administrator for various organisations)
- 1989 Community Health Team (Administrator for Social Workers who supported people living with HIV/AIDS)
- 1989 – 1990 Charing Cross Hospital (Administrator)
- 1990 – 1992 Wimpey Construction (Course Coordinator then progressed to PA to the Director)
- 1992 – 1994 Hammersmith Hospital (PA to the A&E Consultant)
- 1995 – 1998 Adecco (employment agency – medical secretary for various hospitals and doctors surgeries)
- 1998 – 1999 Self-employed Administrator & IT Tutor
- 1999 B2B Chemicals (Administrator)

Please set out the positions you have held at the ET and the MFT, including on the National Support Services Committee (“NSSC”), any other committees, working parties or groups relevant to the Inquiry’s Terms of Reference, and describe how you came to be appointed to those positions.

3. Job roles within the MFT:

- Admin Support
- Support Services Officer
- Office Manager
- Support Services Manager
- Welfare Support Manager

- Admin Support (2000-2002 MFT/ET)
- Support Services Officer (2002-2003 MFT/ET)
- Office Manager (2003-2004 MFT/ET)
- Support Services Manager (2005-2013 MFT)
- Welfare Support Manager (2011-2013 Caxton Foundation)

Please specify whether you worked full or part time for the ET and the MFT.

4. I worked full time for the MFT, which initially also included providing administration support for the ET.

Please set out whether you were employed by the ET and the MFT, or whether you were engaged on a different basis. If so, please specify.

5. See above

Please describe your role and responsibilities in the above positions, and the dates you held them.

6. My responsibilities included but were not limited to admin duties, answering the telephones, processing grants, preparing cases for the Trustees consideration, preparing reports for the Trustees, attending board meetings, coordinating events and any other tasks that were asked of me.

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.

7. No memberships

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.

8. None

Section 2: Your role

What induction, training and information did you receive from the ET and/or the MFT as to their functions, aims and objectives?

9. When I started at the MFT/ET, I believe the staff consisted of a fully qualified social worker, a trainee social worker and a benefits advisor. From what I remember, I had an induction from the SW who explained why the Trusts were set up and what our responsibilities were.

Were you involved in drawing up strategies, protocols or guidance (including the Office Guidelines) for the operation of the MFT and/or the ET? If so, which strategies? Please can you provide examples of the guidance and reports you were required to prepare.

10. In my capacity of Support Services Manager and under the instructions of the CEO and Trustees, I was required to prepare reports and guidelines for their approval.
11. From the information provided by yourselves, documentation that I had prepared or was involved with included but was not limited to the Office Guidelines, Infected Intimates Review, Widows Review.

What was your view on circulating guidance/policies/criteria to the MFT/and or the ET applicants? Were the guidelines/policies/criteria applied by the MFT or the ET made available to applicants? If not, why not?

12. I believe the Office Guidelines was made available to the registrants.

Did you attend Board Meetings at ET and MFT? If so, how often and what was your role?

13. I attended board meetings for the MFT and ET in my capacity of Support Services Manager and later as the Welfare Support Manager for the Caxton Foundation.

Who did you report to at the ET and the MFT? Did this change over time?

14. Although I provided admin support to all members of staff, I believe all staff members reported to the CEO. Initially, this was Ann Hithersay, followed by Martin Harvey, and lastly Jan Barlow.

What role did you have in determining applications for grants and loans? Did your role change after being promoted to Support Services Manager? If so, how?

15. As administrator for the Trust, I was responsible for processing grant requests from the social workers. Later as the office manager, I had a bit more involvement with the preparation of board meetings, typing up case notes etc. in support of grant requests. When I became the Support Services Manager, I was responsible for preparing and presenting grant requests to the Trustees and provided recommendations. My role was as an advocate for the grants to be made but the decision as to whether the grants were awarded was down to the Trustees. I was not involved with large loan applications but may have been asked to do some administration work relating to them. However, when small loans were made available, I was tasked with taking these requests to the Trustees/ NSSC for approval and for providing finance with the relevant paperwork to implement the loans.

What was the effect of the financial constraints on the MFT in 2014/2015 (see MACF0000171_049] on the grants and loans made to beneficiaries that year? Did you have any influence in the decision making that year?

16. I am unable to answer as I was made redundant in 2013.

Was there any overlap between your role and the role of the social worker, and/or the benefits advisor and/or the financial advisor? Please give details.

17. There were a lot of changes during my employment at the Trust and in the absence of a social worker and a benefits advisor, I was eventually promoted to the role of Support Services Manager. As part of this role, I was responsible

for overseeing the processing of grants; ensuring that they met the office guidelines and if not, preparing the cases so that they could be presented to the Trustees for consideration. I also liaised with social workers, the independent financial advisor and the independent benefits advisor as the range of assistance required by the beneficiaries was varied. I also undertook home visits with social workers, senior nurses or the Support Services Officer.

In particular, why did you attend the National Support Services Committee (NSSC) meetings? What was your role and what were your responsibilities on that committee? Please outline your responsibilities within the NSSC. Were you a decision maker?

18. I was responsible for preparing case papers in support of grant requests outside of the office guidelines. My role was to put forward cases to the NSSC with my recommendations however, it was up to the Trustees to make the decision on whether these grants would be awarded or not.

Did you make home visits? If so, what was the purpose of these visits?

19. As mentioned in point 16, I did undertake home visits for a variety of reasons; these included but were not limited to:

- Requests made to the Trust by beneficiaries that were outside the office guidelines remit
- Requests by social workers
- Requests by the Trustees
- Requests by beneficiaries

Were there guidelines as to when a home visit was considered appropriate? If so, what were they? If not, what criteria did you apply? You may wish to consult [MACF0000257_003] when providing your response.

20. I believe that there were guidelines as to when a home visit was considered appropriate but even though I have referred to MACF0000257_003, I cannot remember what the procedure was.

What kind of follow-up care did you provide to beneficiaries following their interviews? You may wish to consult [MACF0000060_092] when providing your response. Did you find that beneficiaries often needed after-care support?

21. I have referred to MACF0000060_092 but have no recollection of what this is referring to.

Did you supervise caseworkers? If so, did they all perform the same function or did they have responsibility for different issues i.e. debt problems? How many case workers were there?

22. At the MFT, we were not referred to as case workers. I supervised the Support Services Officer and later, when the Caxton Foundation was set up, we recruited a junior administrator to assist with processing grants.

Did you have a role in organising Beneficiary Weekends and other MFT sponsored away days? Please give details.

23. I was involved with organising events. Initially, I was responsible for all the admin tasks involved with sourcing venues and liaising with hotel staff. As I progressed in my role, I became responsible for coordinating and overseeing the running of events.

Please describe your working relationship with Linda Haigh. How did your role interact with Linda Haigh, as Finance Manager?

24. Linda Haigh was the Finance Manager.

25. It was my job to check the grant payment forms and also small loan request forms (both office and those agreed by the Trustees) so that the Finance Manager could release the funds to the beneficiaries. My team and I also had

the task of collating and reviewing the data from the census forms to ensure that the monthly payments were correct and again, this information would be forwarded to the Finance Manager for processing.

Please describe your working relationship with Neil Bateman. How did your role interact with Neil Bateman, as Independent Benefits Advisor?

26. Neil Bateman was an Independent Benefits Advisor who provided registrants with benefits advice.

27. Support Services would make referrals to Neil Bateman for benefits advice. Occasionally I would accompany Neil Bateman and the CE to the DWP offices to ensure that any changes to the system would not negatively impact our beneficiaries.

Did you find that beneficiaries often needed after-care support following their interviews?

28. I did not see home visits as being interviews but it was apparent that some of our beneficiaries did require emotional support, which was generally provided by their Social Workers

Section 3: The structure of the ET and the MFT

Please explain the extent to which the Alliance House Organisations ('AHO') shared premises, staff and resources. What impact did this have on data sharing and confidentiality and how were such issues managed? How were documents and information stored by the ET and the MFT? Was information shared across the AHOs? If so, were registrants aware of this? Did employees have access to the paper records of other Alliance House Organisations (AHOs) they were not employed by?

29. The MFT had a separate office and storage room at the rear of AHOs. I am not sure if the filing cabinets were original housed in the main office area but at

some point, the storage room was modified so that it could accommodate a kitchenette, server and filing cabinets. Once the Caxton Foundation was set up, the Trust acquired additional space at the basement of the building. I think that all the doors to the areas belonging to the Trusts had codes that were only known to staff who worked for the Trust; I do not believe that other tenants in the building had access to these areas.

30. As far as I remember, initially files belonging to both the MFT and ET beneficiaries were housed in the same room and all employees had access to them. However, when the ET was looked after by Susan Daniels, I believe she had sole access to these files. When the Caxton Foundation was launched, they shared the same employees and so their files were housed in the same room as the MFT files.

Please set out your recollection of the relationship between the different AHO

31. As far as I can remember, the relationship between the different AHOs organisations was a professional one.

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 ET and the MFT and how, if at all, were they resolved?

32. I had a professional relationship with senior management; I was employed to do a job, which I did to the best of my ability.

Please describe Susan Daniels' role at the MFT and the ET and your working relationship with Ms Daniels.

33. Susan Daniels was an Independent Financial Advisor and did case work for the ET.

Section 4: The work of the ET and MFT

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

34. I am not sure who was responsible for identifying new beneficiaries; this might have been the role of the DoH.

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?

35. See above.

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

36. I think the DoH would pass on information to the Trustees and they would assess whether an applicant met the eligibility criteria to become a beneficiary but I am not really sure.

If it was you – please answer the following questions:

- (a) Did you make these decisions 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?

37. N/A

The Inquiry has heard evidence that the procedural requirements set by the AHOs were unduly burdensome such that some applicants simply gave up.

(a) How do you respond to this evidence?

(b) Were you aware of beneficiaries who were unable to satisfy the procedural requirements for the ET and the MFT such as providing supporting documentation?

(c) What, if any, adjustments or provision were made for determining such applications? Was assistance making applications provided?

38.

(a) I believe that some registrants felt this way.

(b) I believe that some registrants were unable to satisfy the procedural requirements.

(c) I don't think any adjustments were made but I believe that staff tried to support the beneficiaries as much as possible with their requests. We would also encourage beneficiaries to seek assistance from third parties i.e. social workers, Terrence Higgins Trust etc.

Please explain how the list of documentation that needed to be provided to the Trust in order for financial requests to be accepted was determined?

39. This would have probably been agreed by the Trustees.

For beneficiaries that were rejected for insufficient information towards their financial assistance applications, were they given the opportunity to rectify and/or provide more information? If not, why not.

40. Beneficiaries could appeal against the decision by providing additional information.

How did the Trust approach a beneficiary's refusal to complete an income and expenditure form? Was this a common position taken by beneficiaries? You may wish to refer to [MACF0000141_004] when answering this question.

41. I have referred to MACF0000141_004 but cannot remember what approach was taken by the Trust for those who did not want to complete the income and expenditure form.

In an email chain between Martin Harvey and Ian Hayes [MACF0000134_033], Ian Hayes sets out a number of charity complaints, particularly referring to the "intrusive nature of the information requested" by the MFT. Did you think the MFT process for financial assistance applications was "intrusive?" If so, did you take any steps to address this? Please describe them.

42. I believe that a few beneficiaries did feel that some of the processes were intrusive. However, it was not in my remit to question the decisions made by the CE or Trustees.

What practical support or assistance was available to applicants to help them in making applications? Did many applicants take advantage of this assistance?

43. Many beneficiaries would ring the office for assistance on making grant applications. Regardless of the type of request made, we would provide them with as much information as possible. If the request did not fall under the office guidelines, we would recommend that they speak to someone who could assist them, which may have involved a referral. I believe that most of the time, beneficiaries would take advantage of the assistance offered.

In what situations would a claim be deferred? Could the beneficiary appeal a deferral?

44. I think that there were different reasons for deferring a case. From what I can remember, beneficiaries could appeal to the NSSC for a maximum of three times. If they were still not happy with the decision then the beneficiary could request that their case be presented to the full board of Trustees for a decision however, their decision of the full board would be final.

Was there a procedure for granting urgent applications? If so, what was it?

45. In the case of urgent requests, I believe that the CE would liaise with the head of the NSSC and/or Chairman and provide background information as to why the application was urgent. If it was agreed that there was a need for the request to be granted urgently, the grant would be processed through the office. The CE would then put together a report detailing the request, the process that had been undertaken and the outcome including the amount agreed and what, if any, additional support or information was required. This information would be presented to the NSSC at the next meeting.

What was the reason for an applicant needing to provide two quotes for a grant to go to the NSSC? [MACF0000258_094].

46. I believe the reason for 2 quotes was to give the Trustees an estimate of the amount required.

How did the ET and the MFT handle sensitive data?

47. All information relating to a beneficiary would be filed in their individual folder.

Please provide your view on the consistency and fairness of decision making by the ET and the MFT when assessing applications. In particular please set out whether the concerns raised in the meeting of the NSSC [MACF0000101_023] that "...there was a degree of inconsistency in the treatment of infected intimates." were resolved.

48. With reference to MACF0000101_023, I believe that this related to the way the Trust provided assistance to main beneficiary and how this differed to the assistance provided to their partners/wives (infected intimates). I think that initially infected intimates, who were married or living with the main beneficiary, had to apply through their partner. However, over the years, it became apparent that this needed to change so that infected intimates could apply in their own right, which did eventually happen.

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

49. We had the office guidelines to enable grants to be processed within the office (normally by the Support Services Manager and/or Support Services Officer) and grants that were outside this remit were taken to the Trustees for consideration.

If it was you – please answer the following questions:

- (a) **What kind of applications were you able to determine?**
- (b) **Did you make these decisions alone or as part of a group/committee? If so, please give details.**
- (c) **Was there written criteria for you to apply when assessing these applications? Can you recall what the criteria was? If so, please set it out.**
- (d) **Describe the process you went through in determining an application.**
- (e) **Was it common to contact third parties such as clinicians for further information? Please give details.**
- (f) **How clear was the criteria and how straightforward was it to apply? Please describe any difficulties you had in doing so.**
- (g) **Did you have to take account whether the budget for that particular year had been spent when deciding whether to grant an application for a grant/funding?**

- (h) **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?**
- (i) **Did you consider the amount of money previously given to an applicant from (i) the ET/MFT, and/or (ii) other AHO's, and/or income from benefits when determining each application? If so, how?**
- (j) **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?**
- (k) **What were the common reasons applicants did not meet the criteria to be awarded a grant?**
- (l) **If you turned an application down, what happened?**
- (m) **What proportion of applications were turned down by you?**
- (n) **Did you give reasons for refusing an application?**

50.

- a) All grants that fell within the office guidelines could be processed by either the Support Services Officer or the Support Services Manager.
- b) See above.
- c) See above.
- d) See above.
- e) Depending on the nature of the request would depend on whether there was a need to contact third parties.
- f) I believe the office guidelines were pretty clear but beneficiaries were not always able to get the supporting information required to process the grant.
- g) I think that during the last few years of my employment with the Trust, an annual budget was allocated for grant expenditure.
- h) I don't think the grants were means tested but it may have been something that the Trustees considered when assessing grant requests outside of the office guidelines.
- i) If a beneficiary had received a lot of grants in a year or the amount in the grants awarded was over a certain amount then this would be

taken into consideration and may mean that future grants for that year would need to be presented to the NSSC.

- j) It was important to ensure that all beneficiaries were able to apply for grants as and when required. However, there was a limit to the amount of money available to the Trust so certain criteria was applied to ensure fairness for all.
- k) Reasons were varied.
- l) A letter would be sent to the beneficiary and they would be given the opportunity to appeal against the decision.
- m) I did not turn down grant requests if they did not come under the office guidelines then we would prepare a case for the Trustees to consider.
- n) As far as I am aware, if an application was refused then reasons would be given.

How did the MFT and the ET determine when an application had to be put forward to the board, or whether the Chief Executive could make a decision on a request for financial assistance? Were decisions made by the Chief Executive guided by any guidelines or discretionary? Please refer to [MACF0000262_049] and [MACF0000262_023] when providing your response.

51.If a request did not fall under the office guidelines then a case would be presented to the Trustees for consideration. Occasionally, a request would be deemed urgent and the CE would process it as detailed in point 45.

How frequently did you provide your views to the Trustees at the MFT and the ET on applications that they were determining? Were the Trustees receptive to your input?

52.I would provide recommendations on each case that was presented to the NSSC but the final decision was down to the Trustees.

What were the criteria to receive a community care grant?

- (a) Did it cover household items such as beds? Please refer to [MACF0000225_001] when providing your answer.

(b) Did it include white goods? If so, how was an assessment made as to whether these were necessary? Please see [MACF0000012_042] and [MACF0000122_019].

(c) When was money awarded and when were vouchers?

53. I cannot remember what the criteria was for receiving a Community Care Grant

a) Having referred to MACF0000225_001, it appears that it did cover household items such as beds.

b) Having referred to MACF0000012_042 and MACF0000122_019 it appears that it also covered white goods.

c) I think money was awarded for things like services provided and vouchers were awarded for purchases.

Was the policy on offering respite grants only to patients who had been bed bound or in hospital reviewed? [MACF0000107_010] Why was it brought in, in the first place? Were stakeholders and the beneficiary community informed?

54. I cannot remember what the policy on respite breaks were or whether this was reviewed but in reference to MACF0000107_010, the letter suggests that at some point the policy around respite breaks did change.

What was the Honeycombe Legacy? How were grants made from it?

55. The Honeycombe Legacy was money that was left to the Trust by a widow Mrs Honeycombe (I believe). I am not sure if there were any specific instructions on what the money should be used for but the Trust decided to use it to provide grants to widows of the MFT to enable them to pursue careers and further their education.

Did you think the decision of bringing widows up to an income of £12,000 by way of regulated payments was an appropriate way to meet the needs of that cohort, as identified by you? [MACF0000015_003]

56. The suggestion of bringing widows income up to £12,000 as referred to in MACF0000015_003, was put forward and discussed by the Trustees and Social Workers as the Trust had established that quite a few widows were under this banding and it was hoped that this would encourage more widows to get in touch with the MFT knowing that support would be available.

With reference to [MACF0000098_010] and [MACF0000098_015];

- (a) Please describe any MFT policy that provided financial support to widows.**
- (b) Did you assist in the drafting of any such policy, if not who drafted it?**
- (c) Did the policy change over the years? If so, how and for what reason?**
- (d) Was there a separate policy for finances to widows once they were in new relationships? If so, please explain the reasoning for this.**

57.

- (a) I cannot recollect the policies that were implemented regarding supporting widows; I can only refer to the documents that you already have in your possession.
- (b) I believe that in my role as Support Services Manager I would be required to draft up various documentation for the Trustees to consider.
- (c) It is very likely that policies changed over the years but I cannot recollect how or why.
- (d) I am not sure what the policy was with regards to widows in a new relationship. However, I think that the MFT was of the opinion that widows in new relationships would receive support from their new partners and would not require as much assistance as widows struggling on their own.

A time-share in Greece owned by a beneficiary was accepted by the NSSC so it may be made available to the beneficiary community by a system of ballot. Was this offer accepted? Was the ballot system put in place? Did beneficiaries use it? Did employees of the MFT use it? [MACF0000186_013]

58. As far as I know, the time-share in Greece was not used.

Please refer to the enclosed document entitled Ref: 1512 Debt Report that you wrote on 10 February 2009 [MACF0000258_150], and answer the following questions.

- (a) What was the purpose of your debt reports?**
- (b) What was the purpose of your Preliminary Recommendation(s) and who were they directed to?**
- (c) How often were your recommendations followed? What was your working relationship with the THT? How did the MFT come to use case managers/counsellors from the THT to advise registrants on their debts? Please see [MACF0000258_153] as an example.**

59.

- a) The purpose of the debt reports were to provide the Trustees with all the information relating to the debt issues faced by the beneficiary. The objective of this was to enable the Trustees to look at the best way of assisting the beneficiary with resolving their debt problems.
- b) The purpose of the Preliminary Recommendation(s) was to get the Trustees to consider ways in which they could provide the beneficiary with some breathing space. With the support of debt advisors, the beneficiary could then have a chance to look at how to resolve their debt problems.
- c) I do not know how many times the recommendations were followed. I had a good working relationship with the THT. The MFT lacked the resources to be able to provide the non-financial support that our beneficiaries needed. I am not sure how it came about that the MFT began using the services of the THT but they are very knowledgeable about the issues faced by people living with HIV/AIDS and could provide support to beneficiaries in areas that were outside of the grant system.

On 30 July 2006, you prepared a document entitled Infected Intimates - Regular Payment Review [MACF0000116_131, enclosed]. Please refer to the document and answer the following questions:

- (a) What was the purpose of this review?**
- (b) Was it part of your role to review beneficiary files and identify beneficiaries who had received over-payments?**
- (c) Did the Trust pursue beneficiaries who had received over-payments?**
- (d) How was the situation handled when beneficiaries were unable, or refused, to repay overpaid monies?**

60.

- (a) It appears that the purpose of the review was to establish whether infected intimates were receiving the correct monthly payments.
- (b) It was my role to conduct reviews as and when requested by the CE and/or Trustees.
- (c) As far as I can remember, the Trust did not pursue beneficiaries who had received over-payments.
- (d) I do not think this was an issue as I believe that overpayments did not have to be repaid. From what I can remember, the Trust would notify the beneficiary of the discrepancy and let them know that their monthly payments were going to be increased/decreased accordingly; it is possible that they would also be given 3 months' notice before the change in payments but I cannot say for sure.

Was there a monthly maximum limit to the amount the MFT would allocate on grants?

- 61. I think at some point the DoH put a freeze on the amount of money that they gave to the MFT. I believe that this led to the MFT allocating pots of money to various activities within the Trust.

Were the MFT and/or the ET sufficiently resourced in your view? If not, what impact did this have?

62. It did become apparent that the MFT was not sufficiently resourced and meant the Trust had to cut back on their expenditure.

With reference to [EILN0000003_054], there was a deliberate underspending for the previous year to provide for [2007's] increase in rates for regular payments. Was underspending used at other times to ring-fence money? If so, when?

63. I cannot recall whether underspending was used to ring-fence money.

What regular payments were made to beneficiaries? How did this change over time?

64. You will have to refer to documentation in your possession for information on the regular payments made as this did change over time and I cannot recall how.

Why was a means testing system brought in in 2013? Were registrants' consulted on this change of policy? You may wish to refer to [MACF0000060_070] when giving your response.

65. I cannot recall the means testing system referred to in MACF0000060_070.

What happened if a registrant failed to complete the census? Did top-up payments only go to those that completed it? [MACF0000074_024]

66. I am not sure; I think that if registrants did not complete the census form then they would receive the lowest banding of the top-up payment.

In what circumstances were regular payments withdrawn from beneficiaries? Was consideration given to the beneficiaries age, fragility and circumstance before doing so? You may wish to refer to [MACF0000134_014] when responding.

67. Correspondence received like MACF0000134_014 would have been viewed on a case by case basis and presented to the Trustees for consideration. Home visits would also be considered to see if there was any additional support that the Trust could provide.

Why were widows excluded from receiving a winter fuel payment? Did this change over time?

68. I cannot remember why widows were excluded from receiving a winter fuel payment or whether this changed over time.

What was the reasoning behind including the income of dependent children over 25 years old living in the household when calculating a beneficiaries' income? You may wish to refer to [MACF0000227_014] when providing your answer.

69. I think it was assumed that dependent children over the age of 25 years would be receiving money in their own right. If so, the Trustees considered this money as part of the household income and should therefore be included when calculating a beneficiary's income.

Did you play a role in the consideration and/or determination of applications for loans including the decision to grant equity sharing loans to beneficiaries? If so, please give details.

70. The Trust introduced a system whereby beneficiaries could request loans payable from their discretionary payments. As far as I can remember, all loan requests had to be presented to the Trustees for approval and I was responsible for relaying the outcome to the beneficiary, ensuring that if the beneficiary was happy for the loan to go ahead that their regular payments would be adjusted accordingly. I believe that equity sharing loans was a finance function, which was overseen by the CE, Trustees and Finance Manager.

Please describe the different types of loans and advances provided by the MFT to beneficiaries during your time there.

71. MFT registrants were able to get loans against their properties and I believe there may have been one or two bridging loans agreed during my time at the Trust. A lot of registrants found it difficult to get loans from banks so the MFT introduced small loans (under £5,000 I believe), which were repayable from their monthly payments.

Please describe how the MFT's decision to make loans and advances rather than give grants came about as a matter of policy. Please include specific reference to the decision to grant equity sharing loans.

72. The Trust had a finite amount of money and as mentioned above, beneficiaries could not always get loans from their banks etc. so the option of small loans repayable from their monthly payments was made available to them.

The process used to grant registrants equity share loans or loans against their property were at the discretion of the Trustees and CE.

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

73. See above.

Did you have any concerns about whether granting equity sharing loans was consistent with the MFT's charitable purpose? If so, what were those concerns and who did you raise them with?

74. See above.

In a letter to a beneficiary dated 11 March 2010, it appears that the NSSC had not been aware that the MFT's equity share in the property equated to £54,400

[MACF0000043_185]. Were the amounts of equity loans given to beneficiaries regularly monitored? Were the amounts of the equity loans capped?

75. See above.

Please describe any criteria you used to select recipients for the different types of loans made by the MFT to beneficiaries, and confirm who drafted those criteria.

76. See above.

When making a loan, was the ability to repay within a set timeframe considered? Was there a list of acceptable uses for a loan i.e. Education and home improvement? If so, who decided the uses?

77. I cannot remember what loans were used for but I think home improvements was one of them.

Was it part of your role to recommend beneficiaries entering into a loan arrangement with MFT should seek independent financial advice?

78. When entering into a small loan agreement, a standard letter would be sent to the beneficiary. This did include the recommendation to seek financial advice, which I believe is a legal requirement for when a person enters into a loan agreement.

Did the MFT contribute to the cost of that financial advice?

79. I don't know if the MFT contributed to the cost of a financial advisor with regards to these loans.

Did people usually seek such advice? Please see [MACF0000042_013] as an example.

80. I don't know if beneficiaries sought the advice of a financial advisor in relation to these loans.

Did the trust consider or enact a form of signposting to reputable financial advisors? [MACF0000257_003]

81. With reference to MACF0000247-003, it looks as though the MFT did signpost registrants to financial advisors.

Please refer to the enclosed document Report to National Support Services Committee - Financial Assistance & Loan [MACF0000137_036]. Why was a secured loan suggested even though the beneficiary had specifically stated that she did not want a secured loan due to being "paranoyed [sic] about losing her property"?

82. I cannot remember why a secured loan was recommended.

Did you ever determine the monthly repayment due on loans to beneficiaries? If so, how did you calculate the appropriate figures? If not, who did?

83. I don't remember; I think that loan repayments were determined by the Trustees.

In what circumstances were outstanding loan monies turned into grants? You may wish to refer to [MACF0000210_004] when providing your answer.

84. I cannot remember what the circumstances were surrounding loans being turned into grants.

In a letter to a registrant following a home visit, you relay that the Committee "felt it would be more beneficial" if the registrant asked their bank to increase its loan to enable the registrant to repay the MFT [MACF0000210_006]. Was it a common practice to ask beneficiaries to increase their bank loans to repay the Trust? Why was it preferable for the beneficiary to switch its loan provider?

85. Reading the contents of the document MACF0000210_006, it looks like the beneficiary wanted to re-mortgage her property but needed the Trust's permission. I cannot say for sure but it looks like the proposal that was made allowed the beneficiary to pay off the loan to the Trust so that she could change providers without the consent of the MFT.

How much control did beneficiaries have over their repayment plans? Was there a policy to reflect this? If not, why not?

86. I don't know how much control beneficiaries had over their repayment plans.

How did the trust deal with supporting the beneficiaries, acknowledging that loan repayments, rather than grants, may have caused beneficiaries additional stress? Please see [MACF0000014_108] by way of an example.

87. Where it could be shown that loan repayments rather than grants could cause additional stress to the registrant, these requests would be presented back to the Trustees for consideration.

What non-financial help were you and the MFT expected to give to beneficiaries, if any? If you did provide non-financial help what was your role in that?

88. We were a grant giving trust and so request that were made for non-financial help would be sign-posted to third parties with the consent of the beneficiary

What if any non-financial support was available to eligible beneficiaries of the ET? 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.

89. I do not have much recollection of how the ET was managed and would suggest that questions related to ET should be made to Susan Daniels.

What was your role in delivering this support?

90. See above.

Please describe how you delivered this support? How did you communicate with beneficiaries? Did you make home visits? In what circumstances and for what purpose?

91. See above.

The Inquiry understands that ET ran a helpline [EILN0000006_003]. Who answered these calls? What sort of help was sought?

92. I was not employed by the Trust in 1994.

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

93. Please see point 88.

Section 5: Relationship with beneficiaries

What steps did the ET and 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?

- (a) How often did the Trust hold events?**
- (b) How were they received?**
- (c) Did the MFT do enough to engage in your view?**

94. The Trust held events, liaised with Social Workers and third parties including the THT and Haemophilia Society to try and understand the needs of the beneficiary community, which the Support Services team was actively involved

in. I believe that steps taken to improve engagement between the Trust and beneficiary community was a positive step.

- (a) There were different events but the Trust normally held 1 – 3 a year depending on the need.
- (b) The turn-out for these events were pretty good, which is why the Trust continued to have them.
- (c) Having events was a way for beneficiaries to have a safe place to meet people in a similar situation to themselves. It also provided staff and trustees the opportunity to engage with beneficiaries.

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

95. I do not know what the relationship between the senior management/board and the beneficiary community was like.

How frequently did the MFT and the ET keep in touch with their beneficiaries?

- (a) How did the Trust keep in touch with the beneficiaries?**
- (b) Were you involved in newsletters or any other sorts of communication?**
- (c) How often were updates to beneficiaries provided?**

96. The Trust was frequently in touch with beneficiaries.

- (a) The Trust would keep in touch with beneficiaries through the newsletter, website, letters and events.
- (b) The Support Services Team would contribute to the newsletter and other communications as and when required.
- (c) I cannot remember how often updates were given to beneficiaries.

Section 6: Relationship with government

Please describe the working relationship between the MFT, the ET and the Department of Health (DOH). 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 the ET and how, if at all, were they resolved?

97. I believe the CE and Chairman of the Trustees were largely responsible for liaising with the DoH. I do not know if there was a particular point of contact or if there were any difficulties with their relationship.

To what extent was the MFT and the ET independent from the Government and did this change over time? How much oversight did the DOH (or any other Government department) have over the MFT and the ET? In particular, did the DOH have any involvement with and/or give any direction/guidance to the MFT and/or the ET (and if so, what?) as to:

- (a) The content of any policies adopted by the MFT and the ET, with specific reference to:**
 - i. The policies adopted by the MFT regarding charges on beneficiaries' properties;**
 - ii. The policy on when a beneficiary was required to sell their home in order to repay a charge/loan to the MFT and/or the ET;**
 - iii. Retrospective grant policies;**
 - iv. Policies regarding help with assisted fertility of beneficiaries who already had a child/children;**
 - v. Staffing bonus calculations; and**
 - vi. The policy of introducing a means tested system of payments.**
- (b) How the MFT and the ET should discharge their responsibilities to the beneficiaries. If so, what advice was given by the DHSC, and was it taken?**
 - i. The kinds of applications the MFT and the ET should grant or reject, in particular did the DOH see and/or have input into the criteria adopted by the MFT and the ET on applications?**
 - ii. The quantum of the grants/payments made by the MFT and the ET.**

98. See above.

To the extent that you have not already answered above, please describe any involvement with and/or direction/guidance given by the DOH (or any other Government department) to the MFT and the ET as to:

- (a) the content of any policies adopted**
- (b) how they should discharge its responsibilities to the beneficiaries**
- (c) the kinds of applications they should grant**
- (d) the quantum of the grants/payments they should make**

99. See above.

Did you (or were you aware of anyone else within the MFT or the ET) raise any concerns with the DOH about the funding, structure, organisation or running of the MFT and/or the ET? If so please give details. How did the DOH respond? Did you consider their response adequate?

100. I believe that any concerns raised with the DoH would have been made by either the CE or Chairman.

What if any contact did the MFT and the ET 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? If so, please provide details.**
- (b) Did either AHO take any steps to prevent this happening? If so, what? If not, why not?**
- (c) Did either AHO raise this issue with the DWP/its predecessors and if so what was the response?**

101. There were concerns that registrants would suffer as a result of the changes in the way the DWP would assess payments for people who were unable to work due to long term illness. The CE at the time arranged a meeting with the DWP to try and put a case to them that the registrants should be exempt from

these changes. I believe that it was agreed that should a registrant risk having their benefits stopped or reduced as a result of these changes that staff could contact a member of the DWP who would be able to look into the issue on a case by case basis.

Please explain the role you had in providing welfare benefits advice to beneficiaries/Trust colleagues, particularly following the Introduction to Welfare Benefits training session you attended on 14 May 2010 [MACF0000015_061]. How did you/the Trust liaise with the government to get the best deal for beneficiaries in terms of benefit payments?

102. The Welfare Benefits training that I had provided me with an insight as to the complexities of the benefits system. However, when I first started working for the Trust, we had our own Benefits Advisor. When they left, the Trust utilised the services of an independent Benefits Advisor to assist registrants with their benefit issues.

To your knowledge, do you know whether anyone else liaised with the benefits during your time with the Trust?

103. I cannot remember.

Section 7: Relationship with Other Organizations

Please describe your working relationship with NHS workers, medical professionals and social workers.

104. I believe I had a good working relationship with NHS Workers, Medical Professionals and Social Workers.

Please describe your working relationship with the UKHCDO and with individual clinicians.

105. My relationship with organisations relating to Haemophilia and clinicians was a professional one.

Please describe your relationship with the Haemophilia Society.

106. I believe I had a good working relationship with the Haemophilia Society.

Please describe the working relationship between the NSSC and the Honeycombe Legacy.

107. From what I remember, the NSSC would make decisions on grants/payments made from the Honeycombe Legacy, which was set up to assist widows.

Describe the relationship between the MFT and the Terrence Higgins Trust. Please explain:

(a) What the pilot scheme was [MACF0000109_006] and how it worked. Was the pilot a success? Did it lead to a long term arrangement? If so, please describe it.

(b) What is the Activate Project? What did it achieve? See the Minutes of Macfarlane Trust Activate Meeting dated 15 June 2009 [MACF0000128_032]

108. The Trust approached the THT to see if they were able to assist us with non-financial queries from our beneficiaries i.e. advice, counselling, signposting.

a) It would appear by the document MACF0000109_006, that a referral scheme to the THT was implemented and approved by the Trustees.

b) I have referred to MACF0000128_032 but have no recollection of what the Activate Project was set up for.

Section 8: Complaints and appeals

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

109. From what I can remember, beneficiaries could appeal to the NSSC for a maximum of three times. If they were still not happy with the decision then the beneficiary could request that their case be presented to the full board of Trustees for a decision however, the decision by the full Trustees board would be final.

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

110. There was a complaints process and I believe in the first instance, it would be down to the Support Services Manager to investigate. If this was not successful or the complaint was about the Support Services Manager or the complaint was made directly to Senior Management or the Board then it would be passed to the CE to investigate.

How common was it for the MFT and ET to receive complaints? How many complaints were you aware of being made?

111. I cannot remember how many complaints were received.

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

112. I believe that information regarding the appeals and complaints procedure was made available to beneficiaries.

How did the Trusts attempt to resolve criticisms that involved beneficiaries feeling like “beggars” by asking for financial assistance? You may wish to refer to [MACF0000225_001] for context.

113. I think the Trust tried to do their best under very difficult circumstances.

Did potential beneficiaries or beneficiaries articulate concerns about the MFT or ET 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?

114. Some beneficiaries did relay their concerns to us, which was largely to do with the fact that they had to go to the MFT for financial support and grants. It seemed that they would have preferred to have received decent compensation rather than having to rely on charity. I believe that this was common knowledge.

Please explain any responsibility you held in the event that a beneficiary complained? You may wish to refer to the enclosed trustee case papers, dated 26 October 2009 [MACF0000012_042].

115. I have recounted my memories of the complaints procedure at paragraph 110.

Section 9: Other

Do you think the policy arrangements under the Department of Health's response to the Archer proposals were appropriate? Please refer to the Minutes of the Meeting of the Board of Trustees held on Monday 27 April 2009 [MACF0000012_044] when providing your answer.

116. I don't know if the policy arrangements under the DoHs response to the Archer proposals were appropriate.

The Macfarlane Trust Annual Financial Report for the year ending 31 March 2014 [enclosed, MACF0000026_058] refers to a "Board-approved restructuring of the Support Services team."

- (a) Why was the Trust restructured at this time?**
- (b) How did it change the make-up of the Trust and the offering to beneficiaries?**
- (c) Why did you leave the Trust?**

117. From my recollection, the restructuring was as a result of the appointment of a new CE and a new Chairman. I was made redundant in August 2013 so cannot comment on the impact that this had on the beneficiaries or the Trust.

Please refer to [MACF0000122_008]. This case notes a Support Service Manager misleading a Primary Beneficiary inadvertently, how were situations like this handled by the Trust? Please describe the communication between Support Service Managers, the Trust and the NSSC. How often did this happen? Please provide examples.

118. In situations where miscommunication between staff and beneficiaries could potentially lead to difficulties for the registrant, it was down to the Support Services Manager to try and redress the issue by putting a case to the Trustees asking that they look favourably on the request. I do not know how often this happened and therefore, cannot give examples.

What led you to resign from the ET in the Summer of 1997?

119. I was not employed by the Trust at this time.

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

120. The ET consisted of a small number of beneficiaries and eventually it was decided that it would be better to employ someone who could assess their needs on a case by case basis; I think that this worked but I am not sure.

In your view, how did the annual funding allocation to the MFT affect its operation?

121. The cost of living rises but I believe that the funding received for the MFT remained the same therefore, it was not possible to provide the registrants with the same sort of support that they were previously use to.

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

122. I have no additional information that I can provide but it should be noted that everything that I have written is based on memories of an organisation that I left over 7 years ago. Therefore, my responses are based on what I think happened so please accept my apologies for any inaccuracies that may come to light.

Statement of Truth

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

Signed

GRO-C

Dated

11/02/2021