Witness Name: GRO-B
Statement No.: WITN1387014
Exhibits: **None**
Dated: 23 February 2021

INFECTED BLOOD INQUIRY

SECOND WRITTEN STATEMENT
OF GRO-B

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 27 January 2021.

I, GRO-B, 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 Macfarlane Trust (MFT).

1. My name is GRO-B of GRO-B and my date of birth is GRO-B 1964. I was a User Trustee of the MFT and to the best of my recollection there were no formal qualifications required for the position of user trustee. I am writing this statement without access to any documents other than those supplied to me by the Inquiry.

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

2. The Haemophilia Society had a right to nominate trustees to the board of the MFT under the MFT's deed of trust and I was one of the Haemophilia Society's appointments. I served as an MFT trustee from around 2005 to 2012.

3. I also sat on the National Support Services Committee ("NSSC") which dealt with beneficiaries' applications for discretionary grants from the MFT; the Honeycombe Legacy which administered grants to the bereaved for educational purposes and I also attended the Partnership Group which was intended to act as a bridge between the MFT and its beneficiaries.

4. I was appointed to the NSSC and Honeycombe Legacy by volunteering and was then nominated and appointed by the existing members, if I remember correctly.

Please explain how you were appointed to the role of Trustee with the MFT.

5. I cannot remember precisely how I came to be appointed as a trustee, but I think that there was an application process to the Haemophilia Society; I vaguely remember talking to Ann Hithersay and asking her whether she thought I should apply, she told me that I should. I assume I then made a successful application and was nominated as an MFT trustee by the Society.

Please describe your role and responsibilities as a Trustee with the MFT.

6. I understood that I had the normal responsibilities of a trustee; that I would be involved in overseeing the finances of the trust, be briefed on the accounts and investments and be involved in forming policies of the trust such as in relation to making representations to government about funding.

7. In addition, I would also attend meetings of the board of trustees as well as monthly meetings of the NSSC. Broadly speaking, MFT meetings would discuss general policy whereas NSSC meetings were concerned with grant requests by beneficiaries.

8. I also attended the Partnership group but to the best of my recollection only ever attended as a beneficiary and not in my role as trustee, I did this often in conjunction with Alan Burgess. Unfortunately, it became apparent that although I was a

Haemophilia Society appointed trustee there was no mechanism for either Alan or myself to report any concerns back to the Society.

9. Ultimately, the role of "user trustee" I believe was one of almost advocacy for the rest of the beneficiary community as it became apparent how little was known about the difficulties faced by infected and affected families in daily life by those at the MFT.

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

10. I had a broad understanding of the MFT before I joined as a trustee.

11. I remember attending a residential training course over a weekend in Hampshire and this included an induction pack and if I recall correctly, several small presentations on aspects of being a trustee.

12. As can be seen from many of the documents which were appended to the Rule 9 request sent to me, MFT's articles of association and objects were a relatively frequent topic of discussion at MFT board meetings. I had a good understanding of the functions, aims and objectives of MFT through these meetings and discussions.

How frequently did you attend Board Meetings at the MFT?

13. I attended MFT board meetings four times per year.

Why was the Stage 2 Working Party formed? How were you selected to become a member?

14. The Stage 2 Working Party was formed to consider how non-infected beneficiaries could be supported so this would include bereaved widows and dependent children.

15. I cannot recall how I came to be involved but it was probably simply that it was felt that a user trustee should sit on the group.

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.

16. In addition to my involvement with MFT, its committees and the Partnership Group, I have also been a member and trustee of the Haemophilia Society and a member of the Birchgrove campaign Group.

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.

17. I was involved in the HIV litigation which culminated in the 1991 settlement agreement and thereafter, I was also involved in the US litigation to which Lieff Cabraser Heimann & Bernstein were the lead counsel. I understand that the Inquiry has obtained many of the papers relevant to the US Litigation from LCHB. The US litigation was dismissed on the grounds that the case would be better heard in the United Kingdom – some years after the litigation concluded, a nominal payment was made to all of the claimants by the pharmaceuticals.

18. I had no involvement with Archer.

19. Finally, and more recently, I sought legal advice to bring a judicial review dealing with the disparities between the English and Scottish infected blood support schemes.

Section 2: the structure of 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 MFT? Was information shared across the AHOs? If so, were registrants aware of this?

20. As the name indicates, the Alliance House Organisations shared occupation of Alliance House; I don't recall the precise arrangements but MFT and Skipton both worked across the same open-plan floor in the one office.

21. During my time as trustee, I believe that MFT records were kept in paper form and held in filing cabinets in the space shared with Skipton, there were also records kept on computer, but I do not know how comprehensive they were. There would be nothing to stop an employee of Skipton accessing records of an MFT registrant and vice versa insofar as I am aware.

22. I had no involvement with staffing arrangements but at any given time, I think that there were seven to ten employees. In my Rule 9 request, I have been referred to MACF0000023_020 which is the minute of a meeting of the MFT board which records that MFT provided administrative services to the Eileen Trust, Skipton Fund and MFET Limited and it was hoped, would do so also for Caxton. This document confirms that up until this point, MFT's staff had also serviced the other support schemes; shortly after this meeting, Caxton took up the administrative burden.

23. The minutes also illustrate that it was at DoH's insistence that staff were generic across all the support schemes; I assume that this insistence was predicated on an attempt to save costs.

24. As I remember it, the set-up at Alliance house meant that there could be no realistic expectation of confidentiality between the AHOs as the staff worked across organisations. However, I would certainly have expected strict confidentiality within.

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

25. My only recollection is that there may have been trustees who sat on more than one board at the same time.

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

26. During my time as a trustee, Martin Harvey was the Chief Executive and I believe Roz Riley was classed as the office manager although if I remember correctly her title changed. I would like to think that I was on friendly terms with the staff but my interaction with them was limited.

27. Martin was an affable man, and we shared some interests. I believe he was involved with a local animal welfare charity if I remember correctly.

28. I do not believe the staff of MFT had much input into the structure of the office but as a trustee I was only present at the office during meetings. I cannot recollect any specific problems that were discussed but I am sure there must have been at some point.

Section 3: Identifying beneficiaries

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

29. Other than the wife of a registrant who had tested late, I cannot recollect any new beneficiaries of the MFT.

If you were involved – what steps did you take to identify new beneficiaries? How successful were they? Could more have been done? If so, what?

30. This question is probably more pertinent to establishment of Skipton beneficiaries rather than my time at MFT and I had no involvement with Skipton.

31. As my previous answer, I think this question has more relevance to Skipton and not the MFT.

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

32. Initially, in the very early years I cannot recollect any real engagement other than a brief news sheet (not sure when that started) however the MFT was I believe a short term fix due to registrant mortality being so high.

33. The MFT's formative years coincided with a time of enormous fear for its beneficiaries who either believed that they had a very short lifespan or believed that their partner did and would die soon. This was a time when support services such as a helpline and counselling would have been invaluable but there was nothing of the sort.

34. I believe it was Anne Hithersay in the late 90s who established the Partnership Group, and I became a member. As I have said previously, the Partnership Group was intended to be a voice for the beneficiary community which would be heard by the MFT, this is set out in the minute of the inaugural meeting on 14 May 1999 [MACF0000007_204].

35. The Partnership Group had some achievements and notably, I recall it was pressure from the Partnership Group and Anne which led to the establishment of user trustees on the MFT board. If I were to sum up the main aim of the Partnership Group in one sentence, it was to be a bridge between the registrants and the MFT to establish how the Trust could best support the registrants.

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?

36. I am not entirely sure what is meant by 'senior management' within the MFT as there was not really that type of structure as such, but I think that the relationship between the beneficiaries and the office manager was generally positive; I felt that Roz tried to do the best she could with what she had to work with. The problem for beneficiaries with the MFT was the decisions taken by the trustees on occasions.

37. I do recollect feeling that the majority of the board seemed more concerned with holding on to the reserves than they did of looking towards the registrant community and how they could be helped.

38. I recall there being a constant eye on the maintaining of the trust's reserves at £4m and an absolute refusal to accept the argument put forward by some of the trustees (including myself) that the only way to get DoH to properly fund MFT was to spend what we had.

39. In my opinion, the reserves should have been utilised to increase regular payments to beneficiaries, to take a more consistent approach to the awarding of grants and to better support the increasing number of bereaved widows.

Section 4: Eligibility for the MFT

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

40. Save for the one case I have already mentioned, MFT's beneficiaries had all been registered by MFT before I became a trustee.

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?

41. As noted above, I am unable to help with these questions as I have no knowledge of how the eligibility of new applicants was assessed because there were none.

The MFT had a number of discussions surrounding the treatment of the widow and bereaved beneficiary community and their eligibility for support. Please provide your view on (i) whether the widow and the bereaved community should have been

considered eligible for support earlier and (ii) the suitability of the support offered by the MFT to them. You may wish to refer to [MACF0000015_003] and [MACF0000018_011].

42. It is important to consider that haemophilia widows/widowers have not suffered a spontaneous bereavement; they nursed and cared for their infected partner up until their death and had to deal with horrific experiences which scarred them. They had to endure the stigma of AIDS with their infected partner and they experienced the same social isolation and abuse. They did this knowing that they would outlive their partner and that for many of them, they would be left in destitution; there was nothing that could be done about this, they couldn't work more or get a better job (or in some cases, even work at all) because their time was dedicated to the care of their infected partner.

43. These experiences left many of the bereaved, disabled – either physically through the labour of lifting and caring for their partners and/or psychologically through the sheer trauma of what they had been through.

44. This is a point that has never been fully appreciated by the DoH, DWP or many of the MFT trustees. In the case of the trustees (and probably as a result of their interactions with government) there was a pervading belief that any additional support for widows would come at the cost of additional support to infected or primary beneficiaries. The use of the term 'primary beneficiary' is of itself interesting because the logical inference is that the widows were secondary beneficiaries.

45. I don't believe that it was ever the case that additional support for widows would have come at the expense of support for infected beneficiaries; the biggest barrier to enhanced support for both categories of beneficiary was the abject refusal of the MFT trustees to spend the trust's reserves. In fact, it can be seen from the minutes of the MFT meeting on 19 July 2010 [MACF0000015_002] that rather than bereaved support coming at the expense of infected beneficiary support, it was the exact opposite - £2m had been allocated to MFT by DoH for the purposes of supporting widows and half of it was spent on primary beneficiaries. To add to this, means testing was also introduced to the support that was to be made available to widows from the residual £1m.

46. In direct answer to the question posed by the Inquiry, the support for widows was not adequate and remains inadequate to this day. More should have been done from the

inception of the trust to identify and support widows financially but also psychologically – many were left with no support at all at a time when they needed it most.

47. The only positive aspect of MFT's support for widows that I can recall was the Honeycombe Legacy which provided funds for those widows who were able to start again to train, retrain or engage in further education.

At the first meeting of the Working Party [MACF0000018_011], it was recognised that a policy for widows needed to be devised and implemented. Was this achieved and if so, how? In particular, did the Working Party establish a criteria for the eligibility of disabled widows?

48. I cannot recollect any specifics, but I believe something similar to that proposed by Roger Evans in the meeting of 1 September 2010 [MACF0000015_003] was ultimately implemented i.e. a minimum income was ensured which, through its nature, was necessarily means tested.

Overall, do you consider the Working Party achieved what it set out to achieve? Please explain the reasons for your answer. You may wish to refer to [MACF0000124_083] and [MACF0000018_056].

49. If the Working Party's aims were to ensure adequate support for widows then no, those aims were not achieved. I think this primarily because I am yet to come across a widow who feels that they have been adequately supported by MFT. Even now, at the time of writing this statement, widows outside of Scotland have no guarantee of income, they have no financial security, and they are subject to annual means testing to make sure that they remain eligible for the payments that they do receive.

50. More specifically and dealing with the documents to which I am referred, the minutes from 2 April 2008 [MACF0000124_083] show that the focus of the Working Party was on trying to empower widows to move on with their lives. This is fine for any widows who were able to do so but it demonstrates the lack of acknowledgment I discussed earlier about the extent to which many widows had been harmed in their own right by the contaminated blood scandal. The removal of an additional payment of £30 to widows on benefits was miserly and I do not see how this could be reconciled with the trust's primary function of relieving the financial hardship of its beneficiaries.

The minutes of the board meeting of 21 April 2008 [MACF0000018_056] considered the work of the Working Party to be ongoing. Were there any further meetings so far as you can recall, after this date?

51. I do not recall any further meeting taking place.

Section 5: Decisions on applications

Who was responsible during your time at the MFT (if anyone) for assessing individual applications for grants/funding?

52. If I recall correctly, members of the office team would receive the grant request from the registrant then if there was all the supporting documentation this would be drafted into an application request to be presented at the next NSSC meeting. There was however also a set of office-based grants which could be applied for usually in emergency circumstances which could be awarded fairly quickly however this list changed frequently.

53. I sat on both the NSSC and the MFT board of trustees and so I was involved in making decisions although the ultimate decision was made by majority decision of either the NSSC or MFT as appropriate.

If it was you – please answer the following questions:

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

54. Any kind of application that was submitted – this could range from house repairs to food supplements, from help with the cost of training courses to problems with credit card debt. Any application for a grant or loan could be dealt with by the NSSC.

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

55. As a member of the NSSC and as a trustee of MFT

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

56. The procedural requirements were never clear in my opinion and they changed frequently. Insofar as I remember, the procedure was always written down and published online but that presupposes that all registrants had access to the internet. I also recall times when the information on the MFT website was out of date so a registrant could believe that they were following the correct procedure only to later find out that they may not have been.

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

57. To some degree, variable. I can remember instances of Martin Harvey waving applications through on the basis that the applicant was a "good egg". Much also depended on the mood of particular trustees at the meeting.

58. In terms of the evidence required to support an application, this would include demonstrating that other bodies who might provide assistance, such as the local authority, had first been approached and refused to provide funding, there would need to be medical evidence where appropriate to support an application and for most applications, multiple quotes would need to be obtained to prove that the best price had been achieved.

59. It would be difficult to say that the burden or standard of proof was fixed and consistent because it was not. Applications were treated on a case-by-case basis and there was no system of precedent. I remember that we (the Birchgrove Group) occasionally published lists of items in the Birchgrove Newsletter which showed the inconsistency.

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

60. Yes, I was aware that many registrants struggled with the procedural requirements of applying for grants or loans and there was virtually no adjustment made for these cases by MFT.

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

61. No, I do not think the procedural requirements were appropriate. I understand that the exercise of discretion in making grants had to be justified but I do not agree with the lengths to which some were taken.

62. The procedures should have started from the foundations of looking at the trust's beneficiaries; they should have considered the circumstances of those beneficiaries and should have been prepared accordingly.

63. As in the general population, there were those who were of the age that they had professions and careers but there were also those who had been infected in their early years and for them, the fairly complex grant application process could be extremely difficult if not impossible to complete.

(g) 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.

64. I don't recall there ever being written criteria as to how an application should be determined; there were requirements for the application which I have set out above but not for the actual determination of whether a grant should be made save that regard needed to be had to the objects of the MFT. I remember there being discussion about amendment to the objects of the trust where a new form of support was established.

65. It is probably the lack of any rules on how an application should be determined that led to the inherent inconsistency in the decisions made as to whether grants should be approved or not.

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

66. I don't remember budgets being set but I remember being told what had been spent on a monthly basis and then the spend was set out annually and compared to the previous year's spend.

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

67. Per above, I do not believe that there were budgets during my time as a trustee.

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

68. I don't think there was initially but at some point, an income and expenditure form was introduced and had to accompany every application for a grant. This would have been taken into consideration by the NSSC when making decisions on applications.

69. Aside from this form, I remember other factors being taken into account for instance, I can remember the case of an application being made to repair windows which were leaking. The application was supported with quotes and with a picture of the damage that had been done through the leak. In the photograph of the damage, there was a side table with a packet of cigarettes on it and in the corner of the picture, there was a video games console. I remember GRO-D directing that the application should not be looked on favourably because of the cigarettes and computer, this sort of attitude was not uncommon with some trustees.

70. After this incident, Alan Burgess and I used to discreetly advise people to make sure that none of their possessions were visible in photos sent to the MFT as supporting evidence for grant applications.

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

71. As I remember, this could be a consideration. The applications were supposed to be dealt with anonymously, but trustees would sometimes know who the applicant was or

be able to figure it out from the detail of the application – this gave rise to Martin Harvey's "good egg" assessment of occasional applications.

72. My own view was that the resources of the applicant were immaterial, that the trust was there to alleviate the hardship of the beneficiaries caused by HIV and that if they needed something to improve their health, the MFT should be there to assist.

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

73. I do not think the criteria were fair, the system of assessment was unfair. The system was impossible to navigate for some beneficiaries which of itself, is fundamentally unfair. The applications which were determined were not, in my opinion determined fairly because there was no consistency to the decision making. Flicking through the minutes of the NSSC where individual applications are discussed, they are rife with apparent contrasts – take for example cases 7 and 8 in the minutes of 3 August 2011 – two widows applying for grants for redecorating, one is granted and one is declined on the basis that backdated payments will be made which ought to cover the work – they were both presumably going to receive back payments so how is it fair that one is granted and one is not?

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

74. Insufficient supporting evidence was the most commonly cited reason, but I felt the true reason was really the mood of the trustees when the application was determined. Medical evidence would be put in support of applications and if the trustees were caught on the wrong day, the medical evidence might be twisted to be used as a reason for not approving the grant.

75. GRO-B a fantastic social worker Mark Simmons, who prepared excellent reports for use as medical evidence to the MFT. The reports were professional and set out the exact reasons why an individual would benefit from that specific request to the trust; they stuck to the facts, never exaggerated but carefully explained the reason why a beneficiary needed something. A number of trustees hated these reports because they made it nearly impossible for an application to be refused – there feelings ran so

strongly that there came a point when any application supported by a report of Mark's was put to the back of the list for consideration on that day.

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

76. The applicant could appeal a decision by the NSSC to the board of trustees.

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

77. I don't recall but I would think 40-50% of grant applications were refused over my time at MFT.

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

78. A brief letter would be sent to unsuccessful applicants but there was no detailed explanation of the NSSC's thought process in arriving at the decisions they had made.

How frequently did you provide your views on application decisions? Was the Trust receptive to your input?

79. I think I would have commented on most applications as that was my role at the NSSC unless I declared an interest, sometimes my opinions were received well but other times, definitely not.

80. Although the NSSC had an appointed Chair for meetings, discussions could be led by other members, and this would usually happen when they had some knowledge of the applicant and would advocate on their behalf. I did not think this was a very fair approach.

Was there a procedure in place to consider applications made on an urgent basis? If so, what was that procedure?

81. Yes, there was a round-robin system where urgent applications could be emailed round the members of the NSSC.

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

82. I do not recall any practical support or assistance offered by MFT to applicants, the only assistance usually would come from the registrants Haemophilia unit doctors and staff with help filling in an application and supplying supporting letters, however that is if you were lucky enough to have such a unit as many did not.

83. To the best of my recollection, outside of this, we tried to provide what guidance we could through the Birchgrove Group where possible.

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

84. For the reasons I have already set out, I do not believe there was any consistency or real fairness.

Loans

In your view, was the MFT's policy on providing loans reasonably clear for both Trustees and beneficiaries to understand? If not, please explain why. You may wish to refer to [MACF0000101_058].

85. The policy on loans was neither clear nor fair to beneficiaries. The first point to consider is why it was ever necessary to make loans because as far as I recall, the loans were made for the same types of requests as the grants. If you were deserving of a loan then surely, you were deserving of a grant.

86. The minutes to which I am referred do not, to my mind, set out the basis of a policy for making loans which should include the circumstances where a loan would be appropriate and preferrable to a grant. Instead, the discussion deals with how it can be ensured that loans are repaid.

Can you recall the reasoning behind only using equity share arrangements where extreme need was demonstrated? You may wish to refer to [MACF0000101_058].

87. I do not recall the reasoning though I suspect the repayment through equity exchange seemed less guaranteed so it would accordingly be used less often.

In a meeting of the Board of Trustees held on Monday 26 January 2009 [MACF0000012_097], it was noted that the loans policy had been altered to enable the Trust to charge interest at 1% above the Bank of England base rate from time to time with a maximum cap of 5%. Can you recall the reasoning behind increasing the Trusts interest rate? Were there discussions around whether this increased interest rate would be viewed as profit making? In your opinion, was this interest rate in keeping with the charitable purpose of the MFT?

88. I recall the introduction of an interest charge on loans was vehemently opposed by Alan Burgess and me and was in no way in-keeping with the charitable purpose of MFT. This was another example of the MFT being operated as a business rather than a charity.

89. I recall an example of the idiosyncratic way that MFT dealt with policies is contained in the same minutes to which I am referred under the heading “Tempur Mattress” where the policy is set out as requiring beneficiaries to take a 60-day trial to ensure a £200 discount. Why not simply come to an arrangement with the supplier that the discount would be applied without the need for a trial period? Instead, a level of bureaucracy was inserted which beneficiaries had to navigate.

90. I do not know why the rate was set as it was, but I think it was profoundly wrong that interest was charged at all.

In an email from you to ‘Chris’ dated 28 November 2006 [HSOC0005284], you raised problems with the way loans were given and then pressure put on people regarding repayment. You also stated you had concerns about the introduction of means testing and felt that the MFT was becoming unsympathetic.

(a) Who is Chris? How did Chris respond to this email?

91. This email was written to Chris James, the CEO at the time of the Haemophilia Society. I don’t remember receiving an emailed response but shortly afterward, I met Chris with Alan Burgess to discuss the concerns that Alan and I shared about the running of MFT.

(b) Did you have concerns about the circumstances in which loans were offered (as opposed to giving grants for example)? Please give details.

92. Yes, as I have already set out, I think that in the vast majority of cases, grants should have been given and not loans.

(c) Can you explain how the MFT was putting pressure on beneficiaries to repay their loans?

93. I recall the focus was on how the loan would be repaid. I think that the minutes of the NSSC on 2/3 September 2005 discuss repayment terms because the trustees were thinking about how long they would need to deduct sums from regular payments in order to recover the sum loaned. It was clearly felt by the MFT that it would be acceptable to take 30% of a beneficiary's regular payments to service a loan.

94. The MFT would write to people with loans frequently suggesting deductions from their monthly payments, the loans were frequently secured over property and a perfect example of the approach taken is set out in the minutes of 1 October 2008 [MACF0000127_056]. Cases 1 and 3, at the foot of page two, deal with two loans where it is said that the Chief Executive will maintain regular contact with creditors to ensure that no opportunity to secure repayment of the loans is missed.

(d) What were the MFTs general practices in relation to loan repayment?

95. I don't recall enough consistency to term any of the actions 'general practice'. My overarching recollections are that loans would be given with an agreement about methods of repayment and that there might be security taken by MFT if the beneficiary owned property. Some loans might be left without much chasing whilst others, as can be seen from the example given in my previous answer, were chased frequently and without much regard for the wellbeing of the beneficiary.

(e) Were there discussions in the MFT about introducing means testing into the application decision process?

96. The ongoing discussions that I recall concerning means testing were what I would call means testing by stealth, there were discussions of income and expenditure for

households and at a later date, census forms came in as a compulsory form of gathering more private and personal information.

In your view, why had the MFT become unsympathetic to the beneficiary communities needs?

97. Many of the professional trustees and chief executives simply had a very different life experience to the beneficiaries of the trusts. The circumstances of a haemophiliac infected with HIV were so remote that there was no way that they could understand the perspective of the beneficiaries and therefore, it was very difficult to empathise.

98. Some of the trustees were simply, in my view, unfit to be anywhere near a charity of any kind; they were entirely devoid of empathy.

99. I recall certain trustees were consumed with running the MFT like a business rather than a mechanism to alleviate the suffering of the beneficiaries – running the MFT almost like a pay-day loans company was a perfect example of this.

100. I think also that those few trustees who ventured to a Partnership Group meeting saw the most able-bodied and vocal registrants and resented the money paid to them through the MFT. I think that the immediate perception was of people who looked relatively healthy; certain trustees had not the medical or historical insight to understand the true problems being experienced by even the healthy-looking beneficiaries.

Non-financial support

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

101. At various times, the MFT had a benefits advisor, a social worker and a financial advisor. These positions were all restricted and/or removed as time went on until there was no non-financial support available.

102. As time went on, MFT became more insular in my opinion and increasingly removed from the beneficiaries. There was a beneficiary chat line that was closed, a

bulletin board on the website, which was shut down and ultimately, the Partnership Group was culled.

103. All of these things had made the MFT more caring and more fit for its purpose of supporting registrants going forward. Ultimately, MFT could have been a vehicle for good but in the end, all it did was generate bitterness and heartache and was at the end, an arm's length organisation.

Discussions outlined in [MACF0000045_012] state that the MFT was attempting to establish a nationwide network of regional workers with the intention that the Trust would be in a better position to deal directly with the needs of registrants.

(a) Was this implemented?

104. There were regional social workers GRO-B Mark Simmons, was excellent as I have already referred to. I do not recall whether there ended up being full national coverage, but the positions were eventually cut as all non-financial support was eliminated by MFT.

(b) What were the kinds of direct help the regional social workers were there to provide?

105. As I recall they would have assisted with things like benefits applications MFT applications, requests for disabled adaptations etc.

(c) Was the balance between the provision of direct help and financial assistance a success in your view?

106. No there was no balance and there was no national balance for registrants to seek help and advice as previously stated, some were lucky with hands-on social workers or Haemophilia Units, others were not.

(d) Were social workers sufficiently involved in the review and assessment of beneficiaries needs in your view?

107. No, I do not believe there was sufficient involvement by any means.

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

108. When there was non-financial support available for example a benefits advisor, then yes, registrants would have known through the newsletter or even through their Haemophilia Unit however, I must stress that this was obviously when such services were available.

Section 6: The NSSC

How was it decided which cases should be referred to the National Support Services Committee (NSSC)?

109. This would have been determined by the office staff. Following receipt of an application, some would have been allocated office grants and the rest were put to that month's NSSC meeting for determination. It was also possible that an application could be refused by the office staff or passed to the Chief Executive for them to refuse.

In your view, was there sufficient medical experience within the NSSC panel and sufficient consideration of medical expertise when considering applications? When answering this question, you may wish to refer to minutes of the Partnership Group dated 17 July 2006 [HSOC0005423].

110. The minutes to which I am referred speak for themselves; there was no medical presence on the NSSC and Dr Winter's receipt of applications makes no difference to this if he never played a role in adjudicating upon whether a grant should be made or not.

111. In my opinion, as there was no medical expertise on the NSSC, it follows that there was insufficient consideration of medical opinions in the determination of grant applications and as I mentioned before, medical evidence sent in support from outside the trust i.e. from a social worker, may have an adverse effect on an application.

At a meeting of the NSSC held on 1 October 2008 [MACF0000127_056], in relation to supplemental payments you opined that it was important for the beneficiaries to be

confident that a "lump sum" payment was certain rather than face the inconsistency associated with ad hoc "one off' payments.

(a) In your view, were the award of discretionary grants made by the MFT done so inconsistently? If so, why was this?

112. Yes, there was always uncertainty about the winter fuel payment which caused a lot of anxiety amongst beneficiaries. It was a running theme that if cuts had to be made, it was always the beneficiaries who took the hit, a shortfall would never be made up by cutting a member of the office staff or re-locating to cheaper premises, which had been raised a few times.

(b) How did the MFT respond to this feedback?

113. As I recollect the usual response was, “we are living in harsh times”, or words to that effect. Largely, most criticism was ignored.

In a meeting of the NSSC on 5 October 2005, it was acknowledged that changes in the policy position on respite breaks had led to a ‘policy trap’ [MACF0000014_227]. Can you explain what was meant by this?

114. On reading the available documents, I can only presume that the summer payment was to alleviate the need to apply for a respite grant but cannot recollect why it was a ‘policy trap’.

The Inquiry understands that the NSSC implemented a policy of converting grant payments to loans if receipts were not provided by the beneficiary to prove what the grant had been spent on. What was the reasoning behind this? Did you agree with it? How many beneficiaries had their grants converted to loans for this reason?

115. This issue is dealt with at page two of the minutes of the NSSC meeting held on 5 October 2005; I cannot recall the discussion in any great detail, but I suspect the reason for the policy involved the recovery of VAT. It can be seen from the discussion on Tempur mattresses on the first page of those minutes that VAT recoveries were to be pursued with vigour.

116. I suspect another reason was also to have as evidence, a paper trail of where the MFT's funds had been spent but if this was a reason, it was probably secondary to the VAT recoveries.

117. On the basis that I disagreed with the Trust making loans full stop, I certainly disagreed with grants being converted into loans and especially for something so petty as failing to provide a receipt. I do not know how many grants were converted to loans, I do not recall any.

Section 7: The Partnership Group

What were the aims and objectives of the Partnership Group? Do you think the Partnership Group achieved those aims and objectives? If yes, how so? If not, why not, and what acted as a barrier to those objectives being achieved?

118. My recollection was that the Partnership Group's purpose was to act as a voice for the beneficiaries which would be heard by the MFT. The Partnership Group had some successes such as the appointment of user trustees to MFT but its success and influence waned until the point at which it was ultimately done away with by Roger Evans, very few times did trustees attend.

119. I think the chief barrier to the Group's success was the lack of interest shown by the trustees – the lack of engagement was even noted in some of the minutes of Partnership Group meetings (notably HSOC0005423) where the absence of any non-user MFT trustee is recorded and commented upon.

120. It is my opinion that the trustees had an idea of how the MFT should be run and that Partnership Group proposals would be incorporated, providing they were in keeping with that idea but would be discarded if they were not.

(a) How did you come to be involved in the Partnership Group?

121. To the best of my recollection, I was invited to join by Ann Hithersay.

(b) How many people were members of the Partnership Group?

122. As far as I can recall, at any given time, the Group had around 15 members though sometimes a lot less and sometimes, a lot more.

(c) Who were the members comprised of, such as- beneficiaries, trustees, or MFT staff? How did they come to be part of the Partnership Group?

123. I believe that Ann Hithersay was a member for the MFT and Chris Hodgson for the Society and the rest were MFT beneficiaries, primarily in their own right but some also attended on behalf of campaign groups. I believe Dr Mark Winter attended a single meeting. Obviously, representatives changed as the years and attitudes went on and as far as I recall my last PG meeting Jan Barlow and Roger Evans represented the MFT.

(d) How did the Partnership Group interact with other organisations such as the Haemophilia Society and the Birchgrove Group?

124. Through having members who were also members of organisations such as the Society and Birchgrove. The idea would be that the Society's representatives would bring forward points raised by their membership and would report back to them and likewise, I and other members of the Birchgrove Group would do the same for our membership – we used to report back via the Birchgrove Newsletter.

(e) How frequently did the Partnership Group meet?

125. I believe at its height, The Partnership Group met quarterly.

In a meeting of the Macfarlane Trust Partnership Group held on 17 July 2006 [HSOC0005423], concerns were raised that grants were being denied by the MFT on financial grounds. Can you recall why the Partnership Group held this view? What was the MFT response to these concerns?

126. I believe The Partnership Group held this view because grants which should have been made were not being made because of a desire to protect the MFT's reserves. This is why there was such strong opinion that the reserves should be utilised for the benefit of registrants.

127. Examples of this behaviour can be found aplenty in the last minutes of an NSSC meeting which took place before this Partnership Group meeting and which I have been sent by the Inquiry [MACF0000101_055]. These minutes discuss a resolution to cease the practice of paying for gym memberships which were essential to keep some registrants mobile, they discuss turning grants into loans if people fail to provide receipts and there is an individual case discussed where 50% of the money is issued by grant and 50% by loan – as I said previously, if the circumstances justified a grant then a grant rather than a loan should have been given.

128. As far as I recall These examples are borne out of the penny-pinching approach taken by MFT which itself, in my opinion, was borne out of underfunding and absolute refusal to diminish the Trust's reserves.

129. MFT had, as is acknowledged in the Partnership Group's minutes, applied for additional funding to DoH but this was only one part of the equation; I and others always felt that the only way to force DoH to provide adequate further funding was to first spend the money we had.

In a meeting of the MFT Partnership Group held on 23 September 2005 [MACF0000014_119], it was noted that there had been considerable confusion amongst the beneficiary community regarding the grants allocation procedure and that beneficiaries were seeking clarity and consistency for the application procedure. In your view, were the applications procedures and eligibility criteria clear for beneficiaries? Can you recall the MFTs response to these issues raised by the beneficiary community?

130. As far as I recall, for the reasons I have already set out, the application process was not clear and could be inconsistent – the determination of the applications was certainly inconsistent. I don't recall what MFT's response was, but it cannot have been anything of significance because the application process remained oblique and inconsistent.

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

131. I do not recall that meeting, but I do however recall the meeting with Caroline Flint. As far as reporting back goes, I do not remember the actual guidelines other than not having any official method of reporting back to HSOC when we had concerns.

Section 8: Complaints and appeals

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

132. There was an appeal process for grant applications that had been turned down by the NSSC which would then be put in front of the board at the next meeting for the full board to review.

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

133. I cannot remember a formal complaint process other than writing to the office; some wrote to the Society instead I think.

How common was it for the MFT to receive complaints? How many complaints were you aware of being made during your time with the MFT?

134. I recall several complaints I made to MFT, but they were almost all dismissed. I recall one incident which is dealt with in the MFT's minutes of 23 July 2007 [MACF0000016_108] where Peter Stevens was found to have corresponded with a beneficiary in a way that was likely to cause offence; this is the only occasion I can recall when an apology was offered to a beneficiary.

135. I was also aware of several complaints made to the Charity Commission by registrants which were never taken further. I recall one incident when I went to speak with Martin Harvey and he was just finishing a call; when he hung up, he screwed a piece of paper up, threw it into the bin and said "that's another one dealt with" or words to that effect. I understood afterwards that what was discarded was a complaint by a registrant.

What information was provided to beneficiaries about any appeal and/or complaints procedure?

136. I do not recall specific information being provided to beneficiaries about either the appeals or complaints procedures. I assume that beneficiaries must have been told of a right to appeal a grant refusal otherwise the appeals wouldn't have happened, most likely information would have been sauced from the website and or the newsletter.

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

137. I was aware of beneficiaries concerns through two routes (1) my involvement with the Partnership Group; and (2) my involvement with the Birchgrove Group.

138. Concerns arising through the Partnership Group were minuted and the minutes were presented to MFT board meetings. These concerns tended to be more systemic in nature dealing with things like MFT's failure to utilise its reserves or the inconsistency in the determination of grant applications.

139. Concerns passed to me through the Birchgrove Group generally concerned individual problems like grants being rejected and I would discuss some of these issues with Martin Harvey in hypothetical conversations.

140. It became apparent fairly early on that there were a number of trustees who had louder voices and influence than others most of which were there many years past their specific terms and seemed to rotate between different boards.

Section 9: Relationship with Government

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

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

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

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

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

141. There was certainly interaction with the DoH and most meetings would be between Jonathan Stopes Roe and several others whose names I cannot recall at the DoH, Martin Harvey or whoever the Chief Executive happened to be at the time and a professional trustee. I only met Jonathan Stokes Roe once or twice and user trustees were kept away from interaction with DoH generally.

142. From the interactions I saw between Martin and Jonathan, I was left with the impression that MFT was little more than a DoH QUANGO but I am unable to be specific about the level of DoH's influence as a result of being kept at arm's length from the discussions by the Chief Executive and the non-user trustees.

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

143. I recall there was a fairly comprehensive report commissioned by Ann Hithersay whilst at the MFT and prepared by Hilary Barnard independently, this report covered all extra costs of living with HIV/AIDS. I believe it fell on deaf ears at the DoH. There was also the registrant census; I cannot recall what year this started but it asked for the personal details of the registrants and their circumstances.

144. As I recall, there was no special role as user trustee. We may have been asked the odd question, but we weren't used in any consultancy role. It was up to user trustees to try and point out to the rest of the board what policy decisions wouldn't work.

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

145. I believe as previously mentioned, the report drafted by Hilary Barnard went to the DoH and so did the census as far as I am aware. However, I wasn't aware of any response from DoH as only certain trustees would ever attend meetings with them and I do not recall any minutes ever having been provided.

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

146. To the best of my recollection, Christopher Fitzgerald was the only Chairman of the MFT who considered running down the reserves with a view to approaching government for more money. The attitude of all previous and subsequent Chairs was one it seemed, of 'don't rock the boat'. I recall Christopher being a breath of fresh air to some trustees as he did seem concerned that the MFT were sitting on the reserves whilst still attempting to save money, some trustees (including the user trustees) felt that any attempt to request further funding whilst sitting on £4 million did not make for a strong argument.

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

147. As a result of being kept at arm's length from DoH, I didn't have any access to raise any concerns. Outside of the business case documents, I have no idea what discussions were taking place between the Chief Executive, certain trustees and DoH which I was not privy to.

At a meeting of the MFT Board held on 21 January 2008 [MACF0000018_083], the Chairman confirmed that he would like to inform the DOH that the Trustees are willing to utilise up to 50% of the accumulated reserves to alleviate the need of the beneficiary community in certain areas. Can you explain why there was hesitancy around using the Trusts reserves? Why was it necessary to advise the DOH about the utilisation of the reserves?

148. As I recall Christopher Fitzgerald's idea of utilising the reserves was not universally welcomed, it certainly seemed as though some trustees were more than happy to not push for an uplift, it was as though certain trustees were not happy to depart from their established course and use up the reserves which until then, had been untouchable.

149. If I remember correctly, the need to inform DoH about MFT's intentions to use the reserves was borne out of this hesitancy and is explained by the comment that there needed to be the quid pro quo of assurances of sustained funding. Some of the trustees wanted the assurance that funds would be replenished before committing to spending the reserves.

In July 2006, the Minister of Public Health agreed to an 11% increase to the Trusts funding, however it was noted that the financial offer was viewed as disappointing by the Trust [HSOC0005412_002]. Why was this increased amount viewed as disappointing? Do you recall other circumstances where funding received was below the amount required by the AHOs?

150. I think that the offer made by DoH was viewed with disappointment because of the disparity between the additional amount sought (£4m) and the additional amount offered (£400k). I remember that there was optimism that the business case put forward was compelling and to only be offered an increase of 10% of the sum sought was obviously not something to celebrate.

151. The MFT trustees sought advice on their responsibilities as charitable trustees and some of us took the view that we may be unable to fulfil the duties of MFT trustees through the lack of adequate funding. We discussed resigning en-masse at a subsequent meeting of the board of trustees [MACF0000020_102] but I do not think that this threat was universally welcomed and ultimately never made to DoH.

In document [MACF0000025_009] proposals for the disbursement of the retained MFT reserves are listed and it is noted that you proposed to reintroduce winter payments and motability deposits. Why did you propose that reintroducing winter payments and motability deposits would be the best use for the money?

152. As I recall, it seemed that winter fuel payments were an equitable way to disburse the money; they would have benefited all of the registrants and they were

needed to ensure that beneficiaries could afford to keep warm during the winter. Winter payments were also comparatively easy to quantify so it was relatively simple to assess what the overall cost to the Trust would be.

153. Motability grants were also needed for the reasons set out in the minutes. Another advantage would have been the removal of a layer of bureaucracy as at the time the proposals were made, individual grant applications connected to Motability had to be run through the NSSC whereas my proposal would have allowed the applications to be approved by the office staff on paper.

154. This issue and these minutes were a prime example of the clique which existed amongst some of the trustees. Alan Burgess and I both put weeks' worth of effort into our proposals and really believed that they were sensible proposals which would benefit the maximum number of beneficiaries. When we arrived at the meeting, it was clear that a decision had been taken before the meeting began as to how the reserves would be spent.

Following the Archer Inquiry and subsequent report, the trust was expecting to have substantially more money available for one-off grants. Can you recall how the Trust planned to allocate the extra money assigned for one-off grants? How did the Trust come to the decision of how the money should be allocated? You may wish to refer to [MACF0000015_067].

155. I cannot recall the details of this meeting even after reviewing the referenced document.

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

(a) Were you aware of any beneficiaries having their benefits stopped as a result of the assistance they received from the AHOs?

156. Yes, I was aware that DWP began fraud investigations into some registrants for not disclosing the money they received from MFT during benefits assessments. Of course, beneficiaries were not required to disclose this income by the 1991 settlement agreement which gave rise to the MFT as we know it.

157. I think that the issue was taken seriously by MFT and was raised with government. I believe MFT prepared a letter for beneficiaries to use in the event that they were subjected to a fraud investigation and I think over time, there were a couple of iterations of this letter.

158. I understand that the problem has never been entirely resolved and EIBSS recipients still experience similar problems to this day.

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

159. I believe that Martin Harvey wrote to DWP and to HMRC about the issue, but I don't remember what response he received (if any).

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

160. If I recall correctly, aside from the steps already outlined, I believe that Roz Riley and a nurse from the Queen Elizabeth Haemophilia Centre met with DWP to discuss the problems experienced by registrants with the benefits system, but I am not fully aware of the purpose of this meeting or the outcome.

161. Whatever DWP's response at the time, I do not believe that the issue has been resolved even now and more general problems with the benefits system have increased as the system has evolved – the constant reassessment of infected haemophiliacs who have no prospect of improving health is one obvious example.

Section 10: Relationship with other organisations

Can you explain any role the Haemophilia Society had in appointing trustees or members of the MFT? You may wish to refer to [HSOC0027816].

162. When I began, the Society had the right to appoint four trustees to the board of MFT, MFT appointed four itself and DoH could appoint four trustees – the user trustees came from the Society's allocation [HSOC0027816].

163. Whilst the Society could appoint trustees to MFT, on the face of things, it was a little pointless as we were supposed to keep the detail of MFT board meetings confidential and there was no formal mechanism for reporting back to the Society.

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 MFT operated or in its dealings with beneficiaries and applicants for assistance?

164. In my opinion and in general, the answer to all of these questions is not as simple as yes or no, the MFT went through stages in its history where it could be helpful, contactable, supportive, and informative, the MFT however was never set up as a long-term organisation (for obvious reasons) and so really never had a proper formulated plan that it could build upon going forward.

165. At one stage, the MFT had a benefits adviser, social workers, a bereavement counsellor and a financial adviser but then at times it had none of these; this can be attributed not only to consistently insufficient funding but also to certain personalities some of which have served as trustees for many, many years and who have tended to try and mould the MFT into their own idea of how it should be.

166. It isn't too strong a comment to say that it seemed sometimes almost begrudging that registrants were given grants. Towards the end of the MFT, whilst it could have been a force for good it turned into a remote organisation that seemed as though it wanted no direct contact with its registrants. As far as aims and objectives are concerned, I've never been sure that it ever had specific aims as such.

Did you consider that as a 'user' Trustee, you were treated equally to other trustees?

167. My recollection is that no, I don't believe there was equality between trustees and not just user trustees, it was soon obvious after taking up my role that there was a certain clique on the board which seemed to lead discussions or take things in certain directions, obviously this happens in any form of business however I do not think this worked for the overall benefit of the MFT.

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

168. I don't believe there were any issues between the senior management and trustees in general, some trustees, I know would spend some extra time in the office but as far as I am aware this was not common amongst the wider board, to my mind the only senior management was Martin and Roz.

Statement of Truth

I believe that the content of this statement is true.

Signed: GRO-B …

GRO-B

Dated this 23rd day of February 2021