

Witness Name: Alasdair Murray

Statement No: WITN3076002

Exhibits:

Dated: 16 February 2021

INFECTED BLOOD INQUIRY

SECOND WRITTEN STATEMENT OF ALASDAIR MURRAY

I, Alasdair Murray, will say as follows: -

1. I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006, dated 16 September 2020. I previously provided a statement to the Inquiry dated 23 April 2019 (statement no: WITN3076001) in response to a Rule 9 request dated 4 April 2019.
2. I have done my best to assist the Inquiry in this lengthy statement in response to the list of 115 questions in the Rule 9 request. However, I should make clear at the outset that it is based largely on my recollection of events, many of which took place a number of years ago. My recollection in relation to many of the matters raised in the Rule 9 request is unfortunately limited. Since I am no longer a Trustee and MFT and MFET have closed, I no longer have access to any of their documents. I have been supplied with a small number of documents identified by the Inquiry team as potentially relevant, but I acknowledge that there may be other documents in MFT and MFET's archives which may demonstrate that my recollection of factual matters is inaccurate or incomplete.

Section 1: Introduction

3. My professional background is in journalism and public policy. I was business, economics and Brussels correspondent with the Mail on Sunday and the Times between 1995 and 2000. I then worked at two think tanks: I was deputy director at Centre for European Reform and then director at CentreForum between 2000 and 2010. From 2010 to 2019, I was a director at Quiller Consultants, a public affairs and strategic communications consultancy. I am currently Director of External Affairs at KPMG UK, the accountancy firm.
4. In addition to my roles at the MacFarlane Trust (“MFT”), I have also had other non-executive roles alongside my professional work. I was a non-executive Board director of Centre for European Reform Limited from 1 September 2001 until 10 December 2018. I have been a Trustee of the charity British Future since 8 July 2011. I have also been a director of the Ramp project since 20 December 2019.
5. I became a Trustee of the MacFarlane Trust in 2014 following an application process and interview with the chief executive and then chair, and subsequently approval by the Board of Trustees. I was appointed by the Board of Trustees as Chair in May 2016 and I remained Chair until the Trust’s closure in February 2019. When I was appointed Chair of MFT I replaced the previous chair as a director of MFET Limited (“MFET”) from 27 May 2016 until the company’s dissolution on 26 March 2019.
6. My role as a trustee of the MacFarlane Trust and subsequently Chair was the same as the role performed by all charity trustees. In summary, my focus was on ensuring that the charity carried out its purposes for the public benefit in accordance with its governing document and the law, ensuring that its charitable funds were managed responsibly, holding the Chief Executive and her staff accountable and ensuring that the charity was accountable to beneficiaries.

7. So far as I can recall, I was provided with an induction pack on joining MFT and held introductory meetings with the chair and chief executive. I also had the opportunity to meet informally with the majority of the other Trustees in the first few months following my appointment.
8. I was also briefed on the role and responsibilities of my role as a director of MFET by the MFT Chief Executive, although having already been a Trustee for over two years, I had some knowledge of the role anyway.
9. As a Trustee of MFT, I would spend approximately 1 to 2 days a month on Board papers and meetings and responding to requests for trustee consideration of matters dealt with in between the Board meetings (for example commenting on letters to the Department of Health ("DoH")).
10. Following my appointment as Chair of MFT, this time commitment increased to around 3 days a month. In addition to the tasks outlined above, this included a greater degree of support for the chief executive and staff team, representing MFT in external meetings especially during the process of reform and ultimately closure, and a larger quantity of correspondence.
11. MFET existed solely as a vehicle to distribute the government set regular payments to beneficiaries and required only a limited commitment over and above the time spent on MFT due to the overlap of issues. This extra time was spent primarily on approving the accounts and involvement in end year processes.
12. I have been asked to confirm whether I am or have been a member of any other committees, associations, parties, societies or groups relevant to the Inquiry's Terms of Reference. I confirm that I do not and have not held any relevant memberships.
13. I have also been asked to confirm whether I 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. I have not been involved in any other such inquiries.

Section 2: Establishment of the MFT and MFET

14. MFT was established in the 1980s and had been operating for many years by the time I became a Trustee. In my role as a Trustee and subsequently Chair, I was always focused on MFT’s charitable objects which were:

“To provide financial assistance and other benefits to meet any charitable need of:

5.1.1.

(i) individuals with haemophilia and bleeding disorders who have received blood, blood products or tissue from the National Health Service and in consequence are suffering from acquired immune deficiency syndrome or are infected with human immunodeficiency virus including individuals who have been co-infected with both human immunodeficiency virus and the hepatitis c virus: and

(ii) an individual who has been so infected by a person in 5.1.1(i); and

5.1.2

the partners, parents, carers, children and dependents of a primary beneficiary and the partners, parents, carers, children and dependants of a primary beneficiary who has died.”

15. MFT was regulated by the Charity Commission in the same way as any other charity. MFT was required to submit annual returns, accounts and a trustees’ annual report to the Charity Commission each year.
16. MFET was set up in 2010 to make regular non-charitable payments to beneficiaries following recommendations made by the independent inquiry led by Lord Archer. MFET was established as a limited company on a not-

for-profit basis solely to deliver these payments. The Eileen Trust and MFT chairs served as the directors. Staffing and other resources were provided by the Alliance House team that supported all of the Alliance House Organisations. As a limited company, MFET was required to comply with company law, including the submission of annual accounts and returns to Companies House.

Appointment of Trustees/Directors

17. I understand from conversations with other members of the MFT Board that before I became a Trustee, there was a period when both the DoH and the Haemophilia Society played a role in appointing some Trustees of MFT. However, during my time as a Trustee, the Board was solely responsible for appointing new Trustees. While there was a discussion at the Board meeting on 26 January 2015 about asking the Haemophilia Society to nominate a new Trustee, this action was not carried out as shown by the minutes of the Board meeting on 27 April 2015, which also confirm it was not necessary due to a change in the Trust deed in 2012. When appointing Trustees, the Board sought to achieve a balance of skills and experience including 'user' (beneficiary) Trustees and those with specialist knowledge including medical and financial expertise. During my time as a Trustee, there were two 'user' Trustees on the Board. Trustees needed to be re-appointed every 3 years. So far as I am aware, there was no limit on the number of times a Trustee could be re-appointed.
18. As noted above, the Chairs of MFT and the Eileen Trust served as directors of MFET by virtue of their office.
19. My recollection is that Trustee positions were advertised on the MFT website. There may have been other means by which adverts were circulated. As I recall, I was made aware of the Trustee role that I ultimately filled via a charity focused recruitment firm.
20. I have been asked to confirm whether there were sufficient applicants of suitable quality or whether MFT struggled to appoint trustees/directors for

MFT and MFET. During my time on the Board, there were no further appointments made so the issue did not arise. I recall that we discussed Trustee recruitment during my time as Chair of MFT but we decided not seek to recruit additional Trustees because our expectation was that MFT would be merged with the other Alliance House Organisations, such that fewer Trustees would ultimately be required than the Alliance House Organisations had collectively at the time. Once it became clear in March 2017 that MFT would be closing, there would have been no purpose in recruiting additional Trustees. Had MFT not been closed, I think it would have been desirable to appoint additional trustees who had not served previously.

21. As charity trustees, the Trustees of MFT did not receive remuneration of any kind. As far as I recall, the only expenses paid were for basic travel to allow Trustees, who were travelling from further afield, to attend meetings in person where possible. User Trustees were allowed to apply for financial assistance in the same way as any other beneficiary.
22. The directors of MFET were not remunerated nor were any expenses paid that I recall.
23. I have been asked to comment on the advantages and disadvantages of the fact that there was an overlap of trustees/directors between the Alliance House Organisations. I only had experience of this through my dual membership of the Boards of MFT and MFET. In my view, there were some limited benefits in terms of the fact that both the beneficiary community and the staff team for these two organisations were identical. I am not aware of any substantial disadvantages. Trustees were aware of the duty to maintain strict confidentiality and in my time there was no occasion where the Alliance House Organisations risked being in conflict with each other.

Appointment of Chair

24. My appointment as Chair was similarly a matter for the Board of MFT with no outside involvement. I have no knowledge of whether the DoH or other organisations were involved in the appointment of any of my predecessors as Chair.
25. As far as I recall, like other Trustees, the Chair needed to be re-appointed every 3 years with no limit on the number of times this could take place.
26. In common with the other Trustees, the Chair was not entitled to remuneration of any kind and I did not receive any. I was entitled to claim basic expenses in the same way as the other Trustees, but I do not recall making any such claims personally, as I was normally in London for work in any case.

Structure of the AHOs

27. MFET and MFT shared staff, premises and resources. As noted above, MFET was set up as a separate organisation as the government regular payments introduced from 2010 were not charitable. Although MFET was set up before I became a Trustee, my understanding from Board members is that all potential beneficiaries were contacted individually by MFET and consent was sought for the use of their data to deliver payments. As far as I recall from my time as a director of MFET I was informed by staff that its data was kept separate and would have been limited only to that needed to deliver payment. I did not have access to the relevant systems myself, so I have no direct knowledge of the data that was stored by MFT and MFET respectively. A similar process for seeking consent for data transfer was followed during the handover from MFT/MFET to the NHS Business Services Authority ("NHS BSA").
28. Caxton Foundation acted as employer for staff of all five Alliance House Organisations. This decision pre-dated my appointment as a Trustee of

MFT and I do not know the original reason why Caxton Foundation was chosen. I would add that in my experience as Chair, this appeared a straightforward and practical arrangement to control staff and other costs.

29. I have been asked to comment on the relationship between MFT, MFET and the other Alliance House Organisations. All of the charities were independent of each other and contact was limited mainly to common issues around staff and premises. As the government began a proposed reform of financial assistance from 2016, there was some discussion between the Alliance House Organisations that led to a basic agreement of the principle of merging the organisations to create just one Trust. The government then changed direction towards complete closure of all the AHOs, so little detailed work was done to develop the proposal.
30. The Trustees worked closely with the Chief Executive and senior staff of MFT and in my experience there was a good working relationship. I do not recall during my period at the Trust any specific difficulties between the staff and Trustees. In my experience, the staff I had direct contact with were professional and committed. This is borne out by the hard work they carried out during the transfer to the NHS BSA and then subsequent closure of the Trust, even though it meant ultimately losing their jobs.

Relationship with Government

31. In my time at the Trust, both MFT and MFET were entirely independent of government in terms of personnel and governance. I do not recall the government seeking to direct, in any way, the content of MFT policies, the kind of payments it made or the quantum of its grants.
32. However, the government directly provided MFT with its annual funding and hence the overall funds available to distribute to beneficiaries were ultimately determined by the government.

33. MFET was established solely as a payments vehicle for the regular government payment introduced in 2010. The government set the amount and quantum of this payment and then allocated that money to MFET to distribute.
34. I had some personal interactions with the DoH in my role as Trustee and subsequently Chair of MFT. My interactions were mainly with Ailsa Wright, who was deputy director in the Emergency Preparedness and Health Protection Policy Directorate and MFT's chief contact at DoH during my tenure. I cannot recall the names of any other DoH officials who may have been present at meetings I attended with DoH. My recollection is that my personal interactions were cordial but workmanlike. As a Trustee, my direct contact was limited. However, this increased during my time as Chair not least because of the need to manage the transfer to the NHS BSA and then the closure of the Trust (and MFET).
35. In this context, I have been invited by the Inquiry to comment on a letter sent by Jan Barlow, Chief Executive of the Alliance House Organisations, to the DoH dated 30 November 2017 [MACF0000061_012]. The letter includes reference to discussions that I had with Ailsa Wight of the DoH in which I informed her that MFT intended to run down its reserves prior to closure by running a one-off, time-limited grants programme to fund specialist health-related equipment and health and mobility related adaptations and improvements to property. This discussion is an example of the kind of interaction I had with the DoH, in which I shared information concerning MFT's activities for the benefit of its beneficiaries.
36. I am asked to confirm whether MFT and MFET raised any concerns and issues with the DoH about the funding, structure, organisation or running of the Alliance House Organisations, the involvement of the DoH, or about any other matter. The Board repeatedly requested increased funding for MFT through its annual budget allocation. However, the government considered that while the Board was able to run down its reserves this should be considered as part of the regular annual funding, hence reducing the

amount it needed to allocate. This funding issue which would have arisen when the reserves were fully depleted was not resolved, as the Trust ultimately closed before the reserves were exhausted. I was responsible in my time as Chair for requesting funding for MFT from the financial year 2017-18 which only covers around six months when the charity was providing full support before the transfer to NHS BSA. As my letter to Ailsa Wright on 10 February 2017 [MACF0000061_50] shows, I asked for the DoH to provide sufficient funding so that there was no risk that MFT would have to reduce the levels of support provided before the new system of funding was established. The letter also refers to previous requests made by MFT for increased funding and the fact this was not forthcoming.

37. We also raised concerns over the initial plans for financial reform, specifically that the proposals risked making many beneficiaries worse off than before (for example see the Alliance House Organisations' response to the DoH consultation [CAXT0000094_121]). Related to this, the MFT Board was also concerned that the new discretionary funding was not initially planned to cover all aspects of grants that MFT provided. This was acknowledged by the government and led to more funding being provided than originally planned when the transfer finally took place.
38. I have been asked to comment on the minutes of an MFT trustee meeting dated 31 July 2017 [MACF0000027_110] which the Rule 9 request says "state the DoH asked the MFT to write to beneficiaries on the DOH's behalf regarding the Public Inquiry". This was not a request for MFT itself to write to beneficiaries, but rather a request for MFT to pass on information from the government about the Public Inquiry. My recollection was that the Board agreed to send out the information, taking the view that this detail should be available to beneficiaries.
39. I recall that we received a small number of similar requests during the period of financial reform, not just from the government but also the All Party Parliamentary Group on Haemophilia and Contaminated Blood ("APPG") as

shown for example in the Board Minutes of 28 July 2014. The staff team always reviewed the content of any such letters to ensure it was accurate and suitable for beneficiaries. They also made sure that it was clearly stated that while this was not a communication from MFT, no beneficiary data had been shared with DOH (or any other organisation).

40. I am also asked to confirm what contact MFT and MFET had with the Department of Work and Pensions (“DWP”) and its predecessors in relation to welfare benefits. I do not recall having any contact with DWP during my time at the Trust. I recall some discussion to the effect that there had been issues about benefits being wrongly stopped in the past where beneficiaries had received assistance from the Alliance House organisations, and that MFT had worked with DWP to clarify the rules and raise awareness. As far as I recall, benefit issues were dealt with by staff on a case by case basis. I do not recall the issue being raised with the Board.
41. In terms of the working relationship between MFT/MFET and DoH, as noted above, our chief contact during the period I was at the Trust was Ailsa Wright. My contact with DoH became more regular during the financial assistance reform process, first to ensure the smooth transfer to the NHS BSA and subsequently to inform the DoH of progress on the closure process. I do not recall any specific difficulties in the working relationship, although the Trust and DoH did not agree on all matters (see for example the annual budget process to which I refer below).

Section 3: Funding/finances of the MFT and MFET

Macfarlane Trust

42. During my time at the Trust, MFT made an annual request for funding based on our assessment of likely need. There were two repeated problems with the process. First, as previously noted, the Trustees did not regard the amount allocated as sufficient to meet beneficiary need without using part of MFT’s reserves. Second, as far as I can recall, in most financial years the government did not confirm our funding allocation until the new financial

year had started, which created uncertainty about whether we would have the funding necessary to deliver the support we had planned to provide to beneficiaries (and absent the reserves could have posed cash flow problems).

43. I am asked to confirm what information MFT had about the beneficiary population and what was required to meet their needs, and whether this information was provided to the government. This information was managed by the relevant operational staff led by the Chief Executive and Director of Operations and as I recall, Trustees did not see detailed personal data. It was always supplied directly by the beneficiary with their consent when applying for a grant or regular payment. No personal data was shared with the government.
44. Information concerning the funding provided to MFT is set out in MFT's annual reports. I believe that in total, approximately £72 million of funding was provided to MFT in its 30 year existence.
45. As previously noted in this statement (and confirmed in the letter [MACF00000061_50] for example), the Trustees did not view the government's funding as adequate. In particular, to maintain parity with previous funding of support to beneficiaries, it relied on MFT running down its reserves, a position which was not sustainable. As far as I recall, the delay in agreeing the timing and quantum of the final allocations heightened uncertainty about the transfer to NHS BSA and caused further concern among beneficiaries that the changes could disadvantage them (see for example, the minutes Part B of the Board meeting on 30 January 2017).
46. Once the transfer to NHS BSA was complete this became less of a problem as that organisation was now responsible for all the regular funding. However, MFT required small further additional administrative funding (which the government provided) to ensure the smooth closure of the Trust without reducing the money available for beneficiaries.

47. During my time at the Trust, I do not recall any opportunities or procedures to acquire additional money as the financial year progressed. Funding was always agreed on an annual (or pro rata) basis.
48. I recall meeting with the DoH to discuss our annual accounts each year, once they had been finalised. This would normally include the Chair and Chief Executive from MFT and relevant officials from DOH. These meetings were not part of any formal process from MFT's perspective. I do not have a specific recollection of formal minutes being taken, although I expect that officials from DoH took a note and sent MFT a copy.
49. In addition to the annual reviews, there were occasional ad hoc meetings as required. The agenda could be set either by DOH or MFT depending on who had requested the meetings. The majority of these meetings that I can recall concerned the reform of financial assistance, transfer to NHS BSA and the closure of the Trusts. All Trustees were kept informed either at Board meetings or via email if there was a big gap until the next meeting and had the opportunity to contribute. I cannot recall any formal minutes being produced of these ad hoc meetings.
50. I am asked to provide details of the two meetings referenced in the Caxton Trustee Ltd Board minutes dated 15 November 2017 [CAXT0000094_021] which it appears that I attended with Chris Pond, Chair of Caxton Foundation and Caxton Trustee Ltd. I cannot recall the specific content of these meetings except that the first included an introduction to the Trusts for the new director at DoH. At this point there were relatively regular discussions with DoH given the transfer to NHS BSA, the planned closure of the Trusts and, as noted in the minutes, the first preparations for the public inquiry.
51. I confirm that in addition to the funding provided to MFT by the government, there were two small legacy funds, known as the Wilson and Honeycombe Funds. My understanding is that the former was a donation made by a solicitors' firm and the latter derived from a bequest. These were available

to support bereaved spouses/partners in developing their financial and social independence. The amounts and spending would have been contained in the MFT annual reports. Prior to the closure of MFT, the Board decided to run a one-off, time-limited grants programme to disburse the remaining sums in these two funds (as recorded in the minutes of Part B of the Board meeting on 29 January 2018). The residual balance of the Honeycombe Fund was added to the general reserves which were transferred to the Terrence Higgins Trust ("THT") on MFT's closure (see the Board minutes of 1 November 2018). I discuss the transfer to THT in further detail below.

MFET Limited

52. As stated above, MFET was simply a vehicle to distribute the government regular payments. The government determined the amount of the payment and consequently the level of funding needed and allocated this to MFET for distribution.
53. The government had fixed the amount of the payment which I recall was uprated each year in a similar fashion to how benefits were reviewed and uprated. As noted above, MFET was a payment vehicle for this fixed sum and there was no mechanism for MFT or MFET to discuss the amount of funding with the government.
54. So far as I am aware, MFET held only the data that it needed to make the payments. MFET did not determine eligibility for the payments and did not hold information about the beneficiary population and what was required to meet their needs.
55. MFET did not have any annual meetings or reviews with DoH and so far as I recall there were no ad hoc meetings specific to MFET. As far as I recall, there may have been some limited discussion of MFET in the context of MFT's annual meeting with DoH to review MFT's accounts, or in ad hoc meetings concerning reform and closure.

56. As previously noted, MFET solely existed as a vehicle for distributing the government's regular payment and had no other sources of funding.

Financial management/governance

57. As noted previously, MFT made an annual request to the DoH for funding based on its assessment of budgetary needs for the coming year. The assessment was made after considering a number of factors including the experience of previous years and knowledge of the needs of the beneficiary population gained via a variety of routes including information supplied in support of applications for grants and MFT regular payments (see for example the discussion in the minutes of the Board meeting of 26 October 2015). As stated above, MFT believed that the government was not fully meeting the needs of beneficiaries but the reserve was being used to plug the gap as far as possible.
58. I am asked to comment on the impact for MFT of spikes in applications and the amounts of funding being applied for by beneficiaries. As far as I recall, there were no major fluctuations in demand during the period that I was a Trustee/Chair. MFT could access its reserves to help smooth out any spikes in demand if needed.
59. I am asked to comment on the level of government funding that I consider would have been adequate, and the impact of underfunding on the Alliance House Organisations. As previously noted, the funding provided for MFT did not meet its annual outgoings and we had to rely on the reserves to make up the difference, a position that would not have been sustainable in the medium term. The Trust would have liked the opportunity to further expand funding to respond to the changing needs of the beneficiaries (for example, the increasing need for age-related support) and the impact of underfunding was that this expansion was not possible.
60. The framework for the reserves policy was agreed by the Board before I became a Trustee. This was in line with the Charity Commission advice to ultimately hold 3-6 months of running costs in reserve (which in MFT's case was approximately £750,000) (this is confirmed in MFT's letter

[MACF00000061_50] to which I refer above). Consequently, the Board agreed to reduce over time the accrued reserves to that level. The Board continued to follow this approach until its closure. It should be noted that if MFT had remained in operation, the expectation was that from the financial year 2019-2020, the reserves policy would have been met.

61. Clearly the level of reserves impacted on the MFT's negotiations with the government for increased allocations.

62. I am asked to confirm what steps MFT took to cut its operational costs so as to maximise the monies available for beneficiaries. The Alliance House Organisations as a group sought to minimise operational expenditure by sharing major costs including staff, premises and other major services (such as photocopiers etc). In my experience, the staff team worked hard to keep costs under control and service contracts and other spending were always carefully considered. It should be noted that operational costs were a fully transparent element of the annual funding request to the government and separate from the funding available for beneficiaries. Therefore, it should not be assumed that any further reduction in costs would have increased the funds available rather than reduced the overall allocation to MFT.

63. I recall references being made in Board discussions to a review of staff salaries with relevant benchmarking which was undertaken not long before I joined as a Trustee. My recollection is that during my time as a Trustee and Chair, salary increases were restricted to scale rises and a cost of living increase that required approval by the Boards of all the relevant Alliance House Organisations (see for example part B of the Board minutes of 27 April 2015 at 764.15(ii)) .

Section 4: Eligibility for the Macfarlane Trust

64. Neither the Board of MFT nor the Board of MFET played any role in determining new applications to become a beneficiary of either MFT or

MFET, so I am unable to comment on the procedural requirements or eligibility criteria. I expect that most beneficiaries would have been assessed as meeting the relevant eligibility criteria to become a beneficiary of MFT before I became a Trustee in 2014, since MFT was already well established at that point and significant time had elapsed since infected blood products had been used in the 1970s and 1980s. I cannot recall discussion of new applications or eligibility criteria at Board meetings.

65. In the case of MFET, I believe that applications for the government regular payments were made to the DoH. So far as I am aware MFET and MFT were not involved in assessing these applications.
66. I do not recall any issues being raised with the Board concerning the substantive or the procedural eligibility requirements for the MFT.
67. I have no knowledge of any procedure for reviewing, appealing against, or complaining about, a determination that an applicant did not meet the eligibility criteria for the MFT. Eligibility was simply not a matter I can recall being discussed by the Board during my tenure.
68. I am asked to confirm whether I was involved in formulating MFT's policy that payments should continue to be made to the beneficiary's household for 12 months after the death of an infected beneficiary. So far as I can recall, this change had already been made at the point when I joined the Board. I do not recall a discussion of this policy during my time as a Trustee and as such did not form a view on its fairness.

Section 5: Decisions on substantive applications within the Macfarlane Trust

The process

69. MFT's Grants Guidelines set out the approach in detail and are presumably available to the Inquiry (this is referenced in the Board minutes of 28 July 2014). So far as I recall, the core principles were that staff were delegated authority to make small grants. Applications for larger grants were

considered by the Grants Committee, a sub-committee of the Board. The Grants Committee met approximately every 6 weeks. I was never a member of the Grants Committee. The Board would consider appeals against decisions by the Grants Committee to refuse a grant. Where an application for a grant was made by a 'user' trustee, the application would be considered by the Board rather than the Grants Committee, with the applicant recused from the process.

70. My recollection is that the Grants Guidelines were developed over time and amended to reflect the changing needs of beneficiaries. For example, I believe from discussion at the Board that prior to me joining the Board support was extended to include civil partners following feedback from beneficiaries. I do not recall being involved in amending the Grants or Office Guidelines during my time as chair of MFT. As noted elsewhere in this statement, I took over as Chair with the government's reform of financial support already underway and the focus during my tenure was on helping ensure this process was smooth and successful. I recall that guidance on grants and the application process was provided directly to beneficiaries on a regular basis and was also available on MFT's website. It should be noted that the beneficiary community was relatively small overall and MFT staff were in regular contact with beneficiaries in relation to the administration of grants and MFT regular payments, so there were opportunities for beneficiaries to provide feedback. I expect that medical advice was sought to inform the Grants Guidelines, although I do not have any specific recollection of this. Any medical advice is likely to have been sought by the staff and would have been reported to the Board where specific changes to the Grants Guidelines were proposed.
71. I cannot recall the exact procedural requirements that beneficiaries had to satisfy when applying for a grant. The Grants Guidelines provided details of the documentation required. As far as I recall, applications for grants required some supporting evidence on the cost of the item requested and, in some instances, medical evidence if it was a grant directly related to

medical need (for example, mobility). The staff team would work with beneficiaries to ensure that all the necessary information was provided.

72. As to what proportion of applications were granted and refused, I recall that these metrics were reported by the staff team to Trustees via a data dashboard at each Board meeting and should be available to the Inquiry. So far as I recall, the vast majority of applications were granted.
73. The main reason why applications were refused was because they were outside the scope of the Grants Guidelines. More occasionally, an applicant may have failed to provide sufficient supporting information. However, as noted above the staff team would always work with the applicant to try and prevent this outcome.
74. As to whether there was procedure in place to consider applications made on an urgent basis, I recall that there was an emergency grant process which I believe could be paid on the same day. I do not recall the details of this procedure.
75. As noted above, the staff team worked to provide practical support to beneficiaries when needed to help them fill the applications and achieve a successful grant application.
76. I do not have information concerning the number of beneficiaries/applicants assisted by the MFT during my time as a Trustee and Chair. These metrics were supplied to the Board in the data dashboard to which I refer above.
77. I am asked to describe the payments made by MFT to beneficiaries and how they were assessed/quantified, distinguishing between (i) regular payments, (ii) lump sum payments, and (iii) other payments for specific expenses or items. The process was documented in detail by the staff team, and those documents should be available to the Inquiry. In those circumstances, I respectfully suggest that the Inquiry would not be assisted by my very high level and incomplete recollections in respect of the process. The administrative detail of the process was a matter for the staff team

rather than me as a Trustee and latterly Chair of MFT. Further, as noted above, I was never a member for the Grants Committee, so I do not have detailed knowledge of the process from that perspective.

78. I am asked to confirm whether the success or otherwise of an application depended on the number of applications made to MFT per year, or whether each application was considered on its merits, irrespective of the overall demand on the relevant fund. To the best of my knowledge, each application was considered entirely on its own merits.
79. I am asked to confirm whether MFT considered the amount of money previously given to an applicant from MFT or other Alliance House organisation. To the best of my recollection, the Trust did not, when determining an application, consider the total amount of monies received by the application from MFT or any other Alliance House organisation.
80. As a charity, MFT had to establish need for its grants and income payments. For grants the main measure of need was related to the specific request, for example mobility aids. The MFT regular payments were means tested as this established income need and ensured that the financial support provided was greatest for those with the greatest need. To the best of my recollection, income brackets were reviewed annually and publicised to beneficiaries both through direct communication and via the website.
81. The regular payments made by MFT were of course entirely separate from the regular government payments made through MFET, which were payments at a flat rate and were not means tested.
82. In the period during which I was a Trustee and Chair at MFT, my view is that MFT decision-making, within the context of the organisation's charitable structure and financial limits, was consistent and fair. There were well-defined policies, robust processes and a good quality staff team in place to support grant-making and other key decisions. As previously noted, a data dashboard was also discussed at each Board meeting which provided key metrics on performance such as speed of response. I acknowledge that

there is an entirely separate question (on which I comment further below) as to whether the funding provided by the government, and the decision to distribute it through charitable organisations, represented a fair settlement from the perspective of the beneficiaries.

Loans made by the MFT

83. I am asked to confirm whether, by the time I became a Trustee of MFT, the only loans being made were advances on beneficiaries' regular payments. To the best of my recollection, there were no loans made during my time at the Trust apart from advances on regular payments.
84. The advances were a means of providing emergency support for spending that fell outside the scope of grants specified in the Grants Guidelines but would in time be covered by the regular payments.
85. I do not believe that advances were contingent on taking advice although I recall that if wider financial problems played a role in the request for emergency funding, MFT would on occasion recommend to the beneficiary that financial advice was sought. In such cases, MFT would pay for the financial advice.
86. I have no recollection of being involved personally in approving advances on regular payment. Most, if not all, were for relatively small sums and were dealt with by the staff team under their delegated authority.
87. I am aware that MFT's policy concerning equity loans changed some years before I became a Trustee in 2014, when a decision was taken to no longer make such loans. I do not have detailed knowledge of the reasons for that policy change. To the best of my understanding from subsequent Board discussions, the change reflected the view of the Trustees at the time that since the Trust's funding had changed and stabilised, there was no longer a need to seek to preserve its capital through equity loans. I understand the Trust originally only received a one-off lump sum at its inception with no certainty about how long it would need to provide funding for beneficiaries.

88. I am asked to confirm in what circumstances loans to beneficiaries were written off. Although I have no specific recollection of this, I note from the Board minutes dated 31 July 2017 that the Board decided to write off one unsecured loan for £8,310 at the point of transfer of funds, on advice from our lawyers that it was likely to be irrecoverable. The Board appears to have taken a similar decision for a small loan in 2014 (see the Part B minutes from 28 July 2014). I cannot recall any other loans to beneficiaries that were written off.
89. The 31 July 2017 Board minutes also record that the Board decided that, at the point of transfer of funds, it should write off £6,123.50 of advances to seven beneficiaries. This was again on advice from our lawyers that these would be unrecoverable.
90. I am asked to confirm what legal advice was provided regarding MFT's decision in relation to the future of MFT loans at the point of transfer of funds. As would be expected in any transaction of this type, we took legal advice around the transfer of the reserve and all the loans to THT to ensure it was fully legally compliant. It should be noted that THT also conducted its own due diligence and took legal advice on the transfer. I no longer have access to the legal advice received, although I believe that it was provided to the Inquiry by MFT prior to its closure. I believe that the 31 July 2017 Board minutes record the substance of the Trustee's deliberations on the topic, informed by the legal advice received. As set out in my first witness statement to the Inquiry, the position in respect of loans was reviewed in July 2018 following my meeting with Mrs Clair Walton, her sister and Nadhim Zahawi MP in May 2018.
91. I am asked to confirm why the Trustees decided not to write-off the outstanding beneficiary loans on the closure of MFT. By the time of closure, there were only a small number of outstanding loans. The Board took the view that it would be unfair on the vast majority of beneficiaries, who had either never held a loan or previously repaid one, to write off the remainder. As noted above, before we could confirm this arrangement MFT, and THT,

needed to complete the necessary legal work. DoH were informed of the Board's proposed approach in the Chief Executive's letter dated 30 November 2017 [MACF0000061_012].

92. As to the arrangements made for managing the loans following the closure, the loans were transferred in full, along with the outstanding reserves, to THT in December 2018. The loans were transferred on identical terms and formed part of the overall assets available for future distribution to all the beneficiaries. However, once transferred, decisions about the future management became a matter for THT.

Non-financial Support

93. To the best of my recollection, during my time as a Trustee, non-financial support was limited to advice closely linked to household finances, for example debt and benefits advice (described in the Alliance House Organisations' response to the DoH consultation [CAXT0000094_121]). I believe this was advertised to beneficiaries both via the newsletter and the website. The staff team would also alert beneficiaries to its availability during the grants application process if they believed it would be useful to the particular beneficiary.

Section 6: Complaints, reviews and appeals

94. MFT had an appeals process enabling beneficiaries to challenge the refusal of applications for financial support. The appeals process was documented, and is presumably available to the Inquiry. To the best of my recollection, the initial appeal would be considered on the papers by the Grants Committee. If the applicant was still dissatisfied, they had a right to escalate their appeal to the Board, which again considered the matter on the papers. The Trustees who made the original decision played no part in decision making on the appeal(s). A written explanation of the outcome of the appeal was provided to the applicant. There was no fee for applicants to appeal.

95. To the best of my recollection, appeals were rare. As noted previously, guidance and policy in relation to grants was well developed and the staff team worked hard to support applicants. I cannot recall how frequently appeals succeeded, but the data matrix to which I refer above should contain some details.
96. I am asked to confirm whether MFT had a complaints process, and if so how it operated. So far as I recall, complaints would initially be directed to the CEO. If not resolved, they would be escalated to the Board. If a complaint related to the CEO, it would be considered by the Board. I do not recall handling any complaints at the Board level while I was a Trustee/Chair of MFT. I am not aware how many complaints were made or how frequently they were upheld. Since none were escalated to Board level so far as I can recall, I suspect that there were relatively few complaints and those that were made were resolved by the CEO to the complainant's satisfaction, otherwise they would have been escalated. On occasions issues were raised by beneficiaries which were considered by the Chair and/or the Board – for example the concerns raised by Mrs Walton and subsequently her MP on her behalf concerning MFT's policy in relation to loans, which were addressed in my first witness statement to the Inquiry. However, I did not consider such concerns in respect of MFT's policies to be complaints raised under MFT's complaints process.
97. Details of the appeals process were available to beneficiaries via the website and the newsletter. Beneficiaries had access to direct staff emails to register complaints.

Section 7: Engagement with the beneficiary community

98. MFT had ongoing contact with its small but diverse group of beneficiaries via a variety of means. The grants and regular payment process meant that staff were directly in touch with beneficiaries across the year. Throughout the financial reform and closure process, MFT issued a series of communications and asked beneficiaries to feedback any concerns or

comments in addition to a regular newsletter. These concerns were logged and relayed to the Board. As noted above, the staff team would also work intensively with beneficiaries to ease the passage of grant and other applications. The 'user' Trustees, who were closely integrated into wider networks of the beneficiaries, would also provide feedback to the Board.

99. As far as I recall, no groups or meetings involving the beneficiary community were set up during my time as a Trustee of Chair of MFT or director of MFET.
100. I am asked for my views on why MFT's Partnership Group ceased to exist in 2014. Although I am not aware of the exact date when the Partnership Group ceased, I believe this was before I became a Trustee of MFT. I recall some discussions with other Trustees to the effect that the Partnership Group meetings had become poorly attended and were not therefore representative of the full beneficiary community, and that some attendees had experienced verbal abuse by other attendees during the sessions. As noted above, MFT had a variety of ways to canvass the opinions of beneficiaries on the running and operation of MFT. In addition, the APPG carried out a survey of registrants, with the administrative support of MFT, which was published in 2015. By the time I became Chair in May 2016, the government had begun the financial reform process and the creation of a single scheme administrator and the focus was on ensuring this transition was smooth and successful. Against that background, replacing the Partnership Group was not something that the Trustees considered.
101. During my period as a Trustee and Chair of MFT I would describe the relationship between the senior management/Board and the beneficiary community as mixed. For the majority of beneficiaries, the relationship was largely positive as evidenced by the APPG report and beneficiary feedback (for example see the Part B Minutes to the Board meeting on 26 January 2015). However, I recall that there were some beneficiaries who felt that they had been badly treated by the Trust in the past. While the specific difficulties varied, the criticisms reflected, in my view, a deeper structural

problem in the relationship between the Trust and the beneficiary community which was a result of its charitable structure and inadequate funding by the government. As a consequence, I considered that the only means of improving MFT's relationship with the beneficiary community as a whole would be a more deep seated reform of the financial provision. My period as Chair of MFT was spent in steering through the financial reform process, the transfer to NHS BSA and then the closure of MFT.

Section 8: Relationships with other organisations

102. I am asked to comment on MFT and MFET's interactions with the Haemophilia Society. As far as I can recall during my time as a Trustee and Chair, there were a limited number of interactions, principally through the Society's role as the secretariat of the APPG and then as a member of the DoH reference group during the financial reform process (of which MFT was also a member).
103. I am asked to comment on difficulties in the working relationship between MFT/MFET and the Haemophilia Society. I do recall that there were some tensions as a result of the different roles of the two organisations. As noted previously, the role of MFT was to deliver financial support to the beneficiary community. The Haemophilia Society had a broader role which in part saw it act as a campaigning organisation for beneficiaries including around the level and type of financial support. However, to the best of my recollection this tension did not cause any specific problems that needed resolution during my time as Chair. The relationship with the Society during my tenure as Chair was cordial: we shared a common desire to deliver the best outcome for beneficiaries that we could.
104. I am asked to comment on whether the relationship between the MFT and the Haemophilia Society changed following allegations made by Liz Carroll in February 2015. This took place relatively soon after I became a Trustee and I do not have any knowledge of how it may have changed the relationship between MFT and the Society, beyond the reference in the Board minutes

of 6 March 2015 to the Board agreeing that MFT should in future communicate with the Haemophilia Society via the Society's Chair and as noted previously the decision at the Board meeting of 27 April 2015 not to ask HS to nominate a Trustee.

105. I am asked to confirm whether, during my tenure with MFT and MFET, there were there any directors/trustees of MFT and MFET who were also trustees of the Haemophilia Society. As I recall, GRO-A a Trustee of MFT, was also a Trustee of the Haemophilia Society during much of the time I was a Trustee/Chair of MFT. I do not believe this had a material impact on the relationship between the two organisations.
106. I am asked to confirm what interactions MFT and MFET had with the UK Haemophilia Centre Directors Organisation. I cannot recall any interactions or involvement with the UK Haemophilia Centre Directors Organisation during my time as a Trustee/Chair of MFT.
107. I am asked to confirm which clinicians I was in regular contact with during my time at with MFT and MFET. Dr Vanessa Martlew was a Trustee of MFT during my time at the Trust, so I had regular contact with her. I believe that the staff team had contact with other clinicians and there was also at least one clinician on the DoH reference group to which I refer above.

Section 9: Reform of MFT and MFET

108. I am asked for my views on the changes made to MFT and MFET as a result of the Archer Inquiry. The Archer inquiry and the subsequent implementation of many of its recommendations predated my appointment as a Trustee of MFT by several years, so it is difficult for me to make a definitive assessment of the impact of the changes on the organisations. My impression was that the introduction of the regular government payment administered by MFET had eased, although not resolved, some of the immediate financial issues faced by the beneficiaries. However, the reforms

did not deal with the wider issue of redress, nor the years of underfunding of MFT by the government.

109. I am asked to confirm my involvement in the preparatory work undertaken by MFT before the APPG Inquiry Hearing in September 2014. I can recall providing some informal advice to the CEO and Chair, since I had some knowledge of parliamentary committees of this kind and of the political process more widely. I cannot recall the details of the input I provided.
110. I am also asked for my views on the APPG Inquiry Report published in January 2015. As recorded in part B of the Board Minutes from 26 January 2015 I said I felt the report was about as good as could be expected. This is because in my experience of this kind of parliamentary report, there is a risk the conclusions will be politicised and may not attempt to give a fully balanced overview of all the issues. However, as far as I can recall, that was not the case with the APPG report. The report recognised that the views of the beneficiary community were mixed, with the majority positive or neutral about MFT. It also noted that the root cause of many of the difficulties the Trust faced were structural. I cannot recall the details, but in so far as the APPG's recommendations sought to improve the financial support provided for beneficiaries, it was a welcome direction of travel. As far as I can recall, this was the broad view of the Board.
111. Jan Barlow's comment in her paper to the Board [MACF0000022_012] that the APPG report was "*nowhere near as bad as it could have been*" appears to me to be consistent with my own view, outlined above, so I would broadly agree for the reasons already discussed.
112. I did not speak to the APPG inquiry "in confidence" expressing concerns about the way in which MFT was run, as described in Board paper [MACF0000022_012]. I do not know which Trustees or former Trustees of MFT did so.

113. I am asked to confirm whether DoH addressed the issues raised in the joint response sent by the Alliance House Organisations [CAXT0000094_121] in response to the government's January 2016 consultation. As far as I can recall, DoH did address a number of the main issues raised in the consultation document. Between our response to the January 2016 consultation and the transfer to NHS BSA in the autumn of 2018, the overall level of funding was increased and provision was made for discretionary grant support which was not in the original proposals. I cannot remember the precise timeline for the changes although this should be apparent from the DOH consultation and further announcements.
114. I am asked to confirm whether I raised any objection to the changes suggested or requested additional time to consider the impact. As shown in [CAXT0000094_121], the Alliance House Organisations provided a detailed response (which I agreed with) to the original DoH proposals and cautioned strongly that they risked making some beneficiaries worse off. In particular, I and the other Trustees of MFT had concerns that the original financial reform package was not well designed and did not include any discretionary grant capacity. As noted above, the DoH did consider our analysis and over time made the financial reform package more generous and comprehensive than originally proposed.
115. I am asked to provide details of any other consultation or reform process, or any response to a consultation or reform process, in respect of MFT and MFET that I was involved in. I cannot recall being involved in any other response to a consultation or a reform process that was not directly connected to the financial reform process and transfer to NHS BSA from 2016-2018 discussed above.
116. I am asked to comment on a reference in a report from the Chief Executive at Caxton Trustee Ltd to its Board on 9 November 2016 [CAXT0000094_055], concerning my involvement in discussions to engage a specialist company to assist with the bid writing and submission to DoH for the new single scheme administrator to replace the existing Alliance House Organisations. As far as I can recall, DoH had said that it would need

to run a full procurement competition for a new single scheme administrator and we had received indications that larger outsourcing firms with specialist bid-writing teams would participate (see for example the Part B minutes of the Board meeting on 31 October 2016). Since the Boards of the Alliance House Organisations had decided collectively to submit a bid and had no experience in preparing government procurement bids, it was agreed that specialist advice was required to help with a complex and burdensome process. Since the procurement competition was subsequently cancelled, I do not recall if any payments were ever made. If they were, this cost would have come from the existing professional services budget line and would not have impacted on the funds available for distribution to beneficiaries.

117. The Alliance House Organisations already operated with a single staff and premises, so the creation of a single entity to act as the new single scheme administrator would have been an evolution rather than a radical departure. It would have helped simplify governance across the organisations and may have also helped make the system of financial support more transparent and easier to understand for stakeholders. On the other hand, there were risks including concerns from some beneficiaries that their specific needs would no longer be a priority without a dedicated Trust. However, on balance, I felt that the benefits outweighed the risks and I considered that the needs of beneficiaries were more likely to be met by a new organisation created by merging the Alliance House Organisations, than by a scheme administered by a commercial provider with no experience of the needs of beneficiaries.
118. I am asked to comment on my attendance at meetings of the DoH Reference Group. As far as I can recall, the purpose of the group was for stakeholders to feed into DoH's work on the financial reform process. DoH set the agenda. The meetings were attended by the DoH officials working on the reform package and a mix of stakeholders including representatives of the Alliance House organisations and the Haemophilia Society, and medical experts, among others. To the best of my recollection, minutes were produced by the DOH.

119. I am asked to comment on whether the DoH Reference Group was a success. In my view it did have some positive impact, in the sense that DoH did make changes to the financial package to address problems which had been highlighted by the Reference Group.
120. I am asked to confirm the issue with the DoH Reference Group that made Roger Evans resign. I cannot recall the details of the specific issue beyond those set out in the Board minutes of 27 May 2016.
121. I am asked to comment on whether the viewpoints of those from the existing schemes were taken into account in the DOH's planning on the transfer. My recollection is that the decision to transfer financial support to NHS BSA was made by DoH with no consultation. Once this decision had been taken, we worked with DoH to try and ensure the transfer was done in as smooth a fashion as possible. This included feeding in our knowledge of beneficiary concerns over the transfer, especially around the transfer of data.
122. I am asked to confirm how information was shared between the MFT and MFET when effecting the transfer to the new service. As far as I can recall, MFT wrote to beneficiaries to ask consent for the transfer of data to NHS BSA. This consent was logged and the staff team chased up any beneficiaries who had not responded to seek to ensure that no payments were interrupted. MFT took legal advice about what data could be transferred and to the best of my recollection this advice stated very clearly the Trust should only transfer the minimum needed for NHS BSA to be able to make its payments. To the best of my recollection, the Minister was informed of this position and that ended the correspondence on this issue.

Section 10: Closure of the AHOs

123. I am asked to comment on the time-limited grants programme which it was decided to run to utilise MFT's reserves prior to its closure. As recorded

in the minutes of the Board meeting on 31 July 2017 (Part B) [MACF0000027_147], four options were discussed at that meeting in relation to the use of the reserves. As I recall, other potential ways of distributing the money had been considered, including the option of dividing the reserves equally between the beneficiaries. However, we were advised by the Chief Executive that this would not meet the definition of charitable need and the Board agreed with this analysis. A flat distribution of charitable funds would not meet the definition of charitable need, as demonstrated, for example, by the fact a non-charitable vehicle (MFET) had to be set up to distribute the government regular payments. It was not therefore pursued.

124. I supported a time-limited grants programme as the best way of ensuring that beneficiaries received the benefit of the remaining funds before the closure of the Trust
125. The criteria for the grants were chosen as the areas where the staff team assessed the greatest immediate need. We also believed that as predominantly big-ticket expenditure items, they were likely to have the biggest impact and would meet needs that were not expected to be covered by the NHS BSA scheme.
126. MFT wrote to all beneficiaries to make them aware of the grant scheme and encourage them to apply. The staff team worked intensively with beneficiaries to support them in making successful grant applications.
127. DoH was informed of the decision, but did not express an opinion, respecting the independence of the Board.
128. The time-limited grants programme had no impact on the timeline for the closure of the Trust. There was a work plan to steadily wind up all the Alliance House Organisations as can be seen in the letter to the Department of Health dated 30 November 2017 [MACF0000061_012] with MFT not due to be closed until the end of the lease on Alliance House in February 2019.

DoH was fully aware of this timetable and kept regularly briefed on progress.

129. I am asked to confirm how much money was transferred to THT when MFT closed. The exact figure is contained in the final MFT annual report to which the Inquiry will have access, but as far as I recall it was in the region of £1 million.
130. I am asked to confirm what consultation took place on the decision to transfer residual funds to THT and whether other organisations were considered. DOH were made aware of the plan but were not consulted. Beneficiaries were not consulted directly for two reasons. First, we were under strong pressure from DOH to stick to the closure timetable and we did not have time to conduct a meaningful consultation. Even if there had been sufficient time to consult fully, there would not have been time to execute a different course of action. We did consider alternative courses of action, for example establishing a legacy MFT fund that would run out the remaining reserves. The Board concluded that this would be impractical and administratively expensive.
131. In terms of a transfer, we were looking for a charity that had the resource capability and the relevant experience to give us confidence the funds would be well-managed in the future. The chosen organisation also needed to be willing to take on this task. This inevitably restricted the number of organisations suitable for a transfer and THT was identified as probably the only one that fitted all these criteria and developed proposals to develop their support services to people living with HIV through contaminated blood to meet MFT beneficiaries' needs. A restriction was placed on the funds so that they can only be used to support haemophiliacs who were infected with HIV as a result of contaminated NHS blood products, and their spouses, partners, and dependents. Further details are set out in the Board minutes of 1 November 2018. I do not recall the precise nature of the data transferred to THT with the funds. However, my understanding is that

sufficient information was provided to enable THT to manage the funds in line with the restriction while fully respecting data privacy requirements.

132. I am asked to confirm why MFT did not simply disburse the remaining funds to the beneficiary population. As noted above, such an option did not meet the definition of charitable need. In any event, it would not have been straightforward simply to disburse the funds. Some form of criteria would still have been needed as to who should benefit, which may well have proved divisive - for example the extent to which families should benefit. It would also have been necessary to ensure that any such payments were not perceived by beneficiaries or other stakeholders as a compensation payment.
133. I am asked to comment on the plans made for the storage of the MFT electronic files, including files specifically from the email server, upon the closure of MFT. As far as I can recall, all the files were stored on a secure encrypted hard drive which is now in the custody of the Skipton Fund, together with all other MFT and MFET data. Throughout the closure process we took regular legal advice and kept in contact with the Public Inquiry on our plans to ensure that the data was safely stored for the Inquiry to access while continuing to meet data privacy requirements. This included at least two visits by the Inquiry's staff to MFT's offices prior to closure (as recorded in the Board minutes of 1 November 2018 at 975.18)

Section 11: Other

134. I am asked to respond to criticisms made by Clair Walton at paragraph 110 of her witness statement. I have previously responded to these criticisms in my statement to the Inquiry dated 23 April 2019 (statement no: WITN3076001). I have nothing further to add.
135. I am asked to confirm whether information on grants, awards or funds received by beneficiaries was ever shared between the MFT, the MFET and other Alliance House Organisations during my tenure. To the best of my knowledge, no information on grants, awards or funds received by

beneficiaries was shared between the different Alliance House Organisations. As explained above in relation to MFET, basic beneficiary data necessary to make payments may have been shared when new schemes were established and consent sought to the use of data for that purpose, but I have no knowledge of any transfers of data concerning grants, awards or funds received from other Alliance House Organisations.

136. I am asked to comment on the reaction of the Board to the announcement of a Public Inquiry. As far as I can recall, the Board welcomed the announcement of a Public Inquiry. The beneficiary community had been calling for a Public Inquiry for many years. The Board believed it would provide an opportunity to examine in full the large number of issues surrounding the treatment of beneficiaries over the last three decades and ultimately to consider the possibility of meaningful redress.
137. I am asked whether I consider that MFT and MFET were well run and achieved their aims and objectives.
138. In the little over four years I was a Trustee, I believe MFT and MFET were well run in the sense that they delivered financial assistance efficiently using well developed and coherent policies. The Trusts were also able to play an important role in helping the government to understand beneficiary needs during the financial reform process and help ensure a better outcome for beneficiaries. The transfer to NHS BSA and subsequent closure and transfer of funds to THT was relatively smooth and did not lead to any interruption in support for the beneficiaries.
139. In these ways, MFT was meeting its aims and objectives. However, the legacy of inadequate financial resourcing and the charitable nature of the Trust (the requirement to prove need) meant the Trusts were never able to meet the full expectations of beneficiaries.
140. Even if funding had relatively improved in MFT's final years, there were legacy issues which were to a large extent a product of the shifting pattern

of government funding over the three decades of MFT's existence and which continued to sour relationships with a minority of beneficiaries. Scarce resources meant that the Trust was often forced to make difficult decisions when seeking to ensure fairness for the beneficiary community, even if this sometimes was perceived as clashing with an individual beneficiary's own sense of fairness. In my view, the government's decision, from the Archer report onwards, to move away from charitable support for beneficiaries was correct, providing it does not lead in the future to less generous financial provision.

141. Above all, the Trusts (as a whole) were not set up or equipped to deal with the larger question of redress. It is my hope that this latter question will finally be resolved following the Public Inquiry.

Statement of Truth

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

Signed

GRO-C

16 February 2021