

Witness Name: JAN BARLOW

Statement No: WITN3108010

Exhibits: N/A

Dated: 18 February 2021

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF JAN BARLOW

I provide this statement in response to a notice under subsection 21(2)(b) of the Inquiries Act 2005, dated 15 January 2021.

I, Jan Barlow, of GRO-C dob GRO-C, will say as follows: -

I have done my best to answer the very detailed questions posed in the section 21 notice. I left my post in 2018 and no longer have access to the AHO's documents, so this statement is inevitably based on my incomplete recollection of events which took place some years ago. In relation to some questions, I have either no recollection or only a vague recollection of the matters raised. The details of applicable policies and procedure should be evident from the documents available to the Inquiry. The Inquiry team have provided me with some documents which they have identified as potentially relevant. However, I cannot rule out that there may be other documents in the AHOs' archives (to which the Inquiry has access) which demonstrate that my recollection is incorrect.

I would also reiterate for the record that I never received the Rule 9 request referred to in this s. 21 notice, which the Inquiry states was sent to me on 2 July 2019. As I never received this, I could not respond to it.

Part A: Elizabeth Carroll's Witness Statement

1(a) Historically, I had understood that the relationship between the AHOs and the Haemophilia Society had been cordial, and this was the impression I had in meetings

with Chris James, Liz Carroll's predecessor, during my early months at Alliance House. Following Ms Carroll's appointment, my recollection is that the relationship between the AHOs and the Haemophilia Society continued to be cordial, although I also cannot recollect there being a significant amount of regular contact between the organisations, nor Ms Carroll and myself as the respective CEOs, prior to the "Dispute" she refers to.

- 1(b) MFT had originally been set up by the Secretary of State and DHSC was the sole funder of MFT, so it is a matter of fact that one of MFT's roles was the stewardship of those DHSC funds allocated to it. MFT's broader charitable role was to ensure those funds reached those in its beneficiary community in financial need. MFT did also advocate for the community, such as when it responded, together with the other AHOs, to DHSC's January 2016 consultation document, the proposals in which would have resulted in many MFT beneficiaries being worse off financially.
- 1(c) MFT did lobby DHSC for additional funding for MFT on an ongoing basis, as discussed in previous statements.
- 1(d) MFT did not undertake fundraising during my time in the organisation, and as far as I am aware, had never done so. Fundraising, particularly public fundraising, can be a labour-intensive and expensive activity, which the organisation would not have had the funds to engage in. My recollection is also that the DHSC imposed a ceiling on staffing numbers, and as I understood it, would not have been open to MFT using the funds it allocated for fundraising purposes.
- 2(a)(b) Due to the passage of time I cannot recall the specifics of what Ms Carroll is referring to in her statement. However, Grants guidelines were published and made available to beneficiaries, including on the MFT website, and I cannot envisage that we would not have been happy for the Haemophilia Society to publish the same information on their website. If Ms Carroll is referring to Office Guidelines, as previously advised to the Inquiry, the Office Guidelines reflected the delegated authority that staff had to approve applications for grants without reference to the Grants Committee. My recollection is that the Office Guidelines were not published/circulated to beneficiaries as they were guidelines, and in certain circumstances, a beneficiary might be able to receive a repeat grant, or a larger grant for something covered under Office Guidelines, through the Grants Committee.

3. Neither I nor Roger Evans made the comments Ms Carroll alleged we made, and the Haemophilia Society subsequently issued a public retraction and apology to myself, Roger Evans, and the Trustees of MFT. This public retraction and apology acknowledged that we had not made the comments.
4. Due to the passage of time I cannot recall whether I took notes of meetings with Ms Carroll, and if I did, I have not retained these.
5. Given that neither I nor Roger Evans made the comments Ms Carroll alleged we made, and the Haemophilia Society subsequently admitted that we had not done so when it issued a public retraction and apology to myself, Roger Evans, and the Trustees of MFT, I agree that MFT's trust in, and therefore relationship with, the Haemophilia Society were damaged by the false allegation. However, as there was little regular contact with the Haemophilia Society prior to these false allegations being made, it did not impact on MFT's work.
6. As I recall, MFT and the Haemophilia Society continued to communicate on relevant issues after the false allegations made by Ms Carroll, although I cannot recall much direct contact between myself and her. However, as stated previously, as there was little regular contact with the Haemophilia Society prior to these false allegations being made, it did not impact on MFT's work.

Part B: Further questions relating to your s.21 response dated 22 December 2020

Section 1: Introduction

7. CEO, the Caxton Foundation and the Macfarlane Trust; interim CEO, Berkshire Women's Aid; CEO, the Firefighters Charity; CEO, Battersea Dogs & Cats Home; CEO, Brook Advisory Centres; Head of Corporate Affairs, Save the Children.
8. The CF/MFT CEO role included the following:
 - Supporting the boards, including working closely with the Chairs of the boards and the Chairs of board subcommittees; attending board/board subcommittee meetings, providing reports on the organisations' activities and developments in the external environment (eg political developments) which could impact on the organisations' work

- Ensuring the preparation of an annual budget and ensuring the organisation worked within it;
- Communicating the organisations' work to the beneficiary community, attending Partnership Group meetings (where applicable), ensuring transparency with regard to what support was available and how to access it
- Ensuring payments were made to beneficiaries in line with the criteria set down by the trustees and with committee decisions
- Ensuring the organisations worked with the relevant legal and charity frameworks
- Recruiting, leading and managing the staff team, including annual appraisals; ensuring HR policies and processes were up to date and in line with latest legislation
- Attending regular/ad hoc meetings with the Minister, DHSC, and other politicians
- Representing the organisation at external events and fora

Section 2: Operation of MacFarlane Trust and Caxton Foundation

9. During my tenure, CF acted as the employer for all staff. Prior to the establishment of CF, I understand MFT had acted as the employer for all staff. I understand there had been a review of the pay and grading system either just before staff were TUPE'd from MFT to CF, or just after CF started. I was not aware that the pay and grading system was out of line with the charitable sector and presume the board, who had overall responsibility for pay, did not believe so either, as the board never instructed me to undertake a further review.
10. Pennysmart provided specialist money management advice services and expert advice that MFT/CF were not able to provide in-house. Due to the passage of time I cannot recall whether steps were taken to review the services provided by Pennysmart, and if there were, any details.
11. Due to the passage of time I cannot recall whether MFT/CF received complaints about Pennysmart.
12. Due to the passage of time I cannot recall why a communications strategy was not developed.
13. Due to the passage of time I cannot recall why a formal financial strategy was not developed by MFT. However, in outline, MFT continued to lobby DHSC for additional

funding due to the shortfall (the difference between the amount required to maintain historic levels of support and the amount DHSC provided), whilst MFT made up the shortfall year by year using reserves. This could not have continued, as ultimately the reserves would have been used up, but before this position was reached, DHSC made the decision to transfer support for beneficiaries from the AHOs to the NHS Business Services Authority.

Section 3: Relationship with Government

14. As I recall, Ailsa Wight was one of the DHSC team throughout, but other members of the team changed. I can remember some names but not others: Kypros Menicou, Naomi (can't remember surname), Donna (can't remember surname), Rowena (can't remember surname).
15. The "policy changes" I referred to were DHSC policy changes.
16. As I recall, ad hoc discussions were fed back either orally or included in reports at board meetings.
17. MFT and CF were independent of DHSC, and were governed by their respective Trust Deeds and charity law. DHSC played no role in the way the organisations carried out their roles on a day to day basis, eg in terms of the criteria for grants or the regular payments scheme, which payments were received by which beneficiaries. DHSC carried an oversight role in relation to the funds it allocated to MFT and CF via an annual review meeting with each to discuss their annual accounts.
18. As stated previously, the annual allocation for MFT was less than the organisation needed to maintain the historic level of payments it made to beneficiaries, and this was raised on an ongoing basis with DHSC, without any additional funding being made available. In relation to CF, additional funding had been requested in order to run a more generous regular payments scheme, but this was not forthcoming, and a scheme with a lower level of payments had to be implemented.
19. Due to the passage of time I cannot recall whether MFT/CF received complaints about the external benefits adviser.

Section 4: Funding/finances of the AHOs

20. The level of reserves was a board decision and I cannot recall having any involvement.
21. I do not know whether the level of reserves impacted upon MFT's negotiations with DHSC for increased funding, and I do not recall at any point being told by DHSC that it would be open to discussing an increase in funding once the reserves were significantly reduced.
22. Due to the passage of time I can no longer recall the detail.
23. I do not recall any discussions regarding relocating outside of London during my tenure; I do not know whether such discussions had taken place in previous years. As I recall, during my tenure, CF, as the leaseholder, was tied into a five year lease with the landlord, and at the point at which there could have been discussions about whether to continue to be based at Alliance House, the decision had been taken by DHSC to move support for beneficiaries from the AHOs to the NHS Business Services Authority.

Section 6: Decisions on substantive applications within the MFT and CF

24. The MFT Support Services Officer made the initial assessment of applications based on the Office Guidelines, and the Director of Operations reviewed and ratified the decision, ensuring the decision was in line with the Office Guidelines criteria. If the Director of Operations was away, I reviewed and ratified the decision.
25. As I recall, revisions to MFT Office Guidelines did not occur frequently. As I recall, changes were usually identified and suggested by other members of the staff team (not myself) who worked with the Office Guidelines on a regular basis, eg if it was felt that the financial limit for an item was no longer appropriate as prices had increased.
26. As stated previously, the policies were largely established at that point, and I do not recall the detail of any revisions that may have been made subsequently.
27. The decision to include Skipton Stage 2 regular payments had been made prior to my appointment. Since I was not involved I do not know the reason for this decision and therefore cannot comment on its fairness or otherwise.

28. Due to the passage of time, I cannot recall the detail of this. However, you cite an internal document, which I imagine was the Office Guidelines document. As stated previously, the Office Guidelines were not published/circulated to beneficiaries as they were guidelines, and in certain circumstances, a beneficiary might be able to receive a repeat grant, or a larger grant for something covered under Office Guidelines, through the Grants Committee. See 2(a,b) above.
29. I interpret this question as asking what action was taken to encourage beneficiaries to divulge their infected status. I have no recollection that this was ever done, and is not something MFT would have actively encouraged, as we were fully aware of the sensitivities of someone disclosing their infected status. One of the benefits of working through Pennysmart for money management advice, was that there was no direct association with MFT when discussions were taking place eg with creditors.
- 30(a) The practice of making loans was one which had been introduced into the organisation many years before I joined. I understood that this was something MFT had originally introduced because financial institutions such as banks, building societies etc would not at that time lend money to anyone who was HIV positive. My recollection is that we did not make loans during my time at MFT; if we did, there were very few. I therefore cannot comment on whether it was common practice for loans given by the MFT to accrue interest, as my recollection is that the practice of making loans had ceased. Prior to my joining the organisation, I understand many loans had been repaid. I cannot recall the detail of which loans were still in place during my tenure or whether interest accrued on them.
- 30(b,c) I was not in post when the loan referred to was made, and I do not know what the rationale for the structuring of the loan was. However, my understanding is that legal advice had always been sought when setting up loans. I understood that in the early years after its establishment, MFT did not receive annual funding allocations in the way that it did during my time in my post, but had instead received larger amounts of money that were intended by the government to last over a longer, unspecified period of time. If the trustees at that time had not known when or whether further funds would be forthcoming, one rationale might have been to protect any money loaned out so that it did not lose value in the intervening period and could therefore be used for the benefit of another beneficiary/beneficiaries when the loan was repaid.

31. Please see 30(b,c) above.
32. CF staff made recommendations to the NWC and Board when policies were being updated, based on their daily experience of working with the policies. For example, when Office Guidelines were updated, staff recommended changes such as where financial limits needed to be increased because the price of items had increased, eg white goods.
33. Due to the passage of time I can no longer recall specific examples.
34. In relation to making financial awards to beneficiaries, eg grants, charitable need meant that the beneficiary did not have the ability to fund the item themselves.
35. Due to the passage of time I can no longer remember which other grant making organisations were reviewed for comparison.
36. I cannot recall a specific review of the consistency of NWC decisions being undertaken. However, one reason staff attended the committee was to be able to provide assistance with ensuring consistent decisions were taken by providing input with regard to similar cases in the past and the decisions that had been reached on those cases.
37. Due to the passage of time I can no longer recall if there were any such cases.

Section 8: Engagement with the beneficiary community

38. The Partnership Groups were the means by which beneficiaries gave feedback to the organisations. These have been discussed in detail in previous statement/s.
Beneficiary trustees also provided a beneficiary perspective.
39. After beneficiaries disbanded the MFT Partnership Group, MFT communicated with beneficiaries by writing to them directly and via the website.
40. As far as I can recall, it was a board decision to close the MFT bulletin board due to concerns that, as it had become a forum where beneficiaries were hostile to each other, there were legal implications for MFT of hosting such a forum that was moderated by a beneficiary, not by MFT.

Section 9: Relationships with other organisations

41. I considered the AHOs fit for the purpose they had been established for, ie to distribute to beneficiaries such funding as the government made available for charitable need. We were aware that some beneficiaries did not consider the organisations fit for purpose, but I believe that was because they wished the organisations to have a purpose they had not been set up to have, such as the charities being able to give the beneficiaries funding without having to demonstrate charitable need, which the charities could not do due to limited funding and the need to operate within charity law.
42. Due to the passage of time I cannot recall my opinion at the time.
43. In relation to “negotiation”, this referred to the fact that the annual funding allocation was not a two-way process between DHSC and the charities. As discussed in previous statements, DHSC **was** lobbied for increased funding for MFT/CF, specifically in relation to increasing the level of the annual allocation for MFT and increasing the level of funding for CF in order for CF to provide a more generous regular payments scheme. I do not recall whether consideration was given to mounting a publicity campaign. My recollection is that the DHSC imposed a ceiling on staffing numbers, and as I understood it, would not have been open to MFT using the funds it allocated for the purposes of mounting a publicity campaign of this nature.

Statement of Truth

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

Signed

GRO-C

Dated 18 February 2021