

Witness Name: Roger Evans
Statement No.: WITN3859001
Exhibits: N/A
Dated: 10th November 2019

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF ROGER EVANS

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 23 October 2019.

I, Roger Evans, will say as follows: -

Section 1: Introduction

1. My name is Roger Evans. My address is [GRO-C] London [GRO-C] [GRO-C] and my date of birth is [GRO-C] 1945. I am a member of the Institute of Health Services Management and a fellow at the Royal Society of Arts.
2. From 2007 to 2012 I was a Trustee of the Macfarlane Trust (MFT) and from 2012 to 2016 I was Chair of the MFT. I was also Interim Chief Executive of the Haemophilia Society from March to July 2007 and a Board Member of the Caxton Foundation from 2011 to 2012.
3. I spent 37 years as an NHS manager, including 13 as Chief Executive of two NHS Hospital Trusts. I stood down from these positions seven years before my association with the Macfarlane Trust. Since 2000, I have been undertaking occasional health related consultancy work and running high profile charities. I am now semi retired.
4. With the exception of the Haemophilia Society position all the relevant appointments were voluntary and unpaid. I was offered the Macfarlane Trust board and Chairman positions following external recruitment processes. I had virtually no previous

knowledge of the appalling experiences of the affected men, boys and their families. I took on the appointments as I believed I had the experience to help in a small way. I believe I did so.

Section 2: Responses to criticism of W1122

5. MFT stopped funding the bulletin board when it was used as a site for unpleasant and personal exchanges between Macfarlane beneficiaries and towards the CEO and myself. The statement in paragraph 19 (redacted question 9) of W1122's statement is just one example. We did not think it appropriate for the Trust to be associated with these exchanges. We were neither looking to divide beneficiaries was nor to exercise control in any way.
6. We didn't withdraw the winter fuel allowance. That was never my opinion.
7. I may well have mentioned "austerity". This would have been in the context of the Government's economy programme and the impact on the MFT's allocation from DH. The CEO and I argued, forcefully, with DH for improved funding. Beneficiaries' payments were agreed by the full Macfarlane Trust Board, on the CEO's recommendation. I would need to see the supporting minute W1122 refers to.
8. There was a fundamental difference of opinion between two or three board members (including W1122) and the rest of the board/CEO. The former were proposing a public, aggressive, approach during annual funding negotiations with the Department of Health. The rest of the board, CEO and I took the line that we should be more measured and negotiate with the DH. We also had residual reserves of about 4 Million pounds, which didn't help our case. As I informed the board on several occasions, I adopted a very tough attitude with the DH when we met; meetings with were not comfortable for DH. Public campaigning was the job of the Haemophilia Society and MPs. The former appeared not to have the appetite to do so.
9. A fellow Trustee tabled a draft letter at a Board meeting, without notice and contrary to standing orders. It was intended for the board to send to DH regarding funding. It was a carefully crafted letter and neither I nor the CEO were given advance notice of the intention or content. W1122 was complicit. The letter was written in hostile terms and worded in a way that, if DH did not agree to the impossible demands contained in the letter, I would have had no alternative but to resign as Chairman. There was no way

DH would have agreed to the content and I still suspect that the prime objective was to put me in an impossible position, rather than having any realistic expectation of it leading to increased funding. I refused to sign it, as did nearly all the other board members.

10. My prime concern was to negotiate the best possible deal for beneficiaries, working within the best allocation we could agree with DH. The board agreed that we must not give beneficiaries unrealistic expectations. Many beneficiaries were angered by the DH establishing the Caxton Foundation, with generous funding. I understood their feelings but not their response. W1122, encouraged by another board member, advocated a high profile, aggressive, campaign to seek additional funding. The rest of the board, including the other User Trustees, did not agree with them. I was striving to represent the interests of MFT with DH, in a statesmenlike manner, not as a campaigner.
11. There was no conflict of interest. For much of the time I was Trustee and Chair, I took part in occasional NHS Gateway Reviews. This was a process whereby a small team visited an NHS Trust, for 3-4 days advising them on major change management. I declared this, and other commitments, when I became a board member. When I was appointed as Chairman W1122, was on the appointments committee, He did not raise it at that time.
12. Processing funds i.e. spending the allocation from DH was part, but not all, of the MFT's work, MFT was, de facto, an arm of Government, similar to an NGO, despite it being a registers charity
13. We had a very difficult job to do, in the financial climate; unity and discretion were imperative. W1122's behaviour was the antithesis of these and unbecoming of a board member. Following complaints from fellow board members I had a conversation with him to that effect. The statement in redacted question 9 illustrates the climate in which we were working. W1122 subsequently resigned.
14. I wanted to strengthen board unity I, therefore, arranged to meet a trustee colleague of W1122 at the St. Ermin Hotel for a one to one talk about my concerns over our relationship and his behaviour as a board member. Without inform me, he brought two more trustees with them, one of whom was W1122. The invitee turned round the meeting to criticize my chairmanship, in an unpleasant and disrespectful manner.

Unfortunately, we were not able to have the one to one clear the air talk, I intended. I wrote to W1122 offering to meet him in Ipswich, to build bridges. He declined.

15. Regarding his second assertion, as well as W1122, there were two other User Trustees. on the board. GRO-C Neither I nor the CEO played any part in their appointment. Indeed, I had not met them until they came onto the board. I was not creating a “clique” of User Trustees. I was engaging closely with all board members. Unfortunately, Mr Burgess, and another trustee, were not responsive to being team players.

Section 3: Other Issues

16. I welcome, greatly, the inquiry which is now taking place. I was unaware of the abuse caused to the health of these men and boys until I was appointed as a trustee of the Macfarlane Trust in 2007. I am still shocked by what happened. I feel great compassion for all those affected and the hurt and grief they are still feeling. Many are living in abject poverty, as well as suffering from chronic health conditions. No Government has addressed the need to give them regular incomes which allow them to lead more comfortable lives. In 2015/16, my last year as Chairman, individuals infected with HIV received 14,719 pounds non discretionary payments, plus winter fuel allowance etc. This was way beneath the Government’s minimum wage level and the men and their families had special financial needs over and above most families. I trust that your inquiry will lead to justice and proper compensation for all those affected.
17. I am setting out below evidence which I trust will assist the inquiry team in preparing their report and recommendations.
18. The Macfarlane Trust was set up in 1988 by British Government “to support people with haemophilia who were infected with HIV as a result of contaminated blood products, and their spouses, partners, carers and dependents”. The Macfarlane Trust was a registered charity but was, de facto, an arm of Government. The Macfarlane Trust (MFT) received annual funding from the Department of Health.
19. In my opinion, the Macfarlane Trust was not the right vehicle to provide financial, and other support on behalf of Government. The MFT provided a screen between Central Government and those abused, for nearly 30 years. This distanced the Government

from the understandable emotions of those affected. Unsurprisingly, many turned to MFT as the butt of their feelings.

20. Initially the Government allocated a lump sum to MFT but then that was exhausted, annual allocations were given. From before 2007 the allocation process was based on DH's Government Public Spending Review results. There was never the opportunity to negotiate a significant increase. Some of the men were unable to seek employment, owing to their health issues, and they and their families were living in poverty with incomes well below Government minimum living income levels. There was a difference of opinion regarding the relationship of MFT to DH, and our approach, and nature of relationship, with DH. Fundamentally, our responsibility was to negotiate the best possible annual financial allocation, to support the beneficiary community. Being an arm of DH we could not be a campaigning body.
21. Confronting DH in an aggressive and threatening manner, then expecting meaningful negotiations, with them, was not, in the view of most of the board, a productive way to behave. During my time as Chairman I sought meetings with two Ministers of Health. One met me, was sympathetic to the need for a large increase in funding, but nothing happened. The other refused to meet me and said I should deal with the civil servants. At Partnership Group meetings, I urged beneficiaries to engage with their MPs.
22. The Haemophilia Society was the appropriate body to campaign for their rights; they are independent of Government. They did not do this. I sensed they fought shy of involving themselves in a, potentially, volatile situation.
23. Later on, the formation of the Caxton Foundation became a major issue with trustees and the beneficiaries.

Macfarlane Trust

24. Nine trustees were appointed for periods of three years, renewable. Three were appointed by the Department of Health, three by MFT itself and three "User Trustees" by the Haemophilia Society (HS). The Macfarlane Trust had no influence over the HS appointees, contrary to W1122's' suggestion. Our positions were voluntary and unpaid.
25. The Macfarlane Trust had a number of key stakeholders

- Those people we were supporting."Beneficiaries"
- The Department of Health, as the sole fund provider
- Supporter groups set up by beneficiaries
There were several of these which were, essentially pressure groups. Their interests conflicted and relationship between them was not always harmonious
- The Haemophilia Society
- All Party Parliamentary Group (APPG)
- Individual MPs

The stakeholders had conflicting interests which was very challenging.

Trustee position

26. When I was appointed in 2007 the Chief Executive was Martin Harvey. He had already held this position for several years. Martin was an avuncular person who knew the community we served well. He appeared well liked by many beneficiaries and, generous grants were given to some. He also provided other support to the beneficiaries and their families, such as financial advice. These were well liked by some beneficiaries. It was very distressing to me when, in about 2011, he was diagnosed with terminal cancer. He passed away a year or so later. His absence caused lack of continuity.
27. Relationships with the DH were not, then, particularly business like. There had also been a major incident, within MFT a few years before. When I became Chairman, senior civil servants expressed concern about the financial management and some of the funding decisions made. They were also unhappy at the level of reserves when, at the same time MFT was asking for increased funding each year. Eventually, they required MFT to spend, and exhaust, reserves before they would allocate any more new money.
28. MFT held a significant reserves, of about 4 million pounds, which had been accumulated before my appointments. This was well above Charity Commission recommended reserve level. This impacted on us after I became Chairman.
29. I was a member of the National Support Services Committee (NSSC) for several years. This was the committee which considered fund applications from beneficiaries. The

process troubled me and I expressed my concerns. The beneficiaries were, essentially, subjected to a means test, in order to obtain even small sums of money. Applicants were required to complete a template in which they listed detailed family information, notably family income, spending habits and circumstances. The system was humiliating and intrusive. For instance, an applicant might apply for money to buy a new pair of glasses. They would have to go through this procedure; it was not unusual for NSSC to ask for more information, delaying a decision for at least a month. Sometimes they were visited at home. Even a suggestion was made that photographs of their homes should be taken. Happily, this never happened, to my knowledge.

30. Another example is that it would pay off beneficiaries' debts, on application. Some, we suspected, were aware of this and deliberately over committed themselves.

31. In 2011, after I ceased to be a member, the NSSC agreed to pay 70K to a beneficiary to set up a new business with no controls in place; the board reversed its decision, after I became Chairman; but 20K had already been spent. I don't recall the business ever being set up.

32. A consequence of this was that some knew how to benefit from the system. Others, more needy, did not.

33. Following the recommendations of the Archer Report, when I was Chairman, we introduced improved regular monthly payments, sufficient for families to manage their own financial affairs, deploying some of the reserve money. It gave families self respect. Many welcomed it. Others were not comfortable with change.

Chairman, Macfarlane Trust

34. I was appointed, in 2012, after an open recruitment campaign. Another board member applied, as well as externals. The Board's decision was a unanimous one. My appointment coincided with a very challenging period for the Trust.

35. Soon afterwards, the CEO, Martin Harvey, passed away. The MFT had a staff of six people. None were able to act as CEO and an interim appointee proved to be unsuitable.

36. Following the publication of the Archer Report' the Department of Health established the Caxton Foundation. Its responsibilities were to provide support for people with Hepatitis C and suffering from HIV. MFT did not support establishing another blood related organisation, making a total of five, but for amalgamation. Caxton was well funded, with new money, at a time when the MFT was not. Over the next five years there was discord with some MFT beneficiaries. There were perceptions amongst MFT beneficiaries that Caxton beneficiaries were receiving more favourable handouts than those of MFT. Suggestions were made to me that the CEO was biased towards the Caxton Foundation and not transparent with MFT.
37. Despite opposition from MFT, the DH decided that all MFT staff should transfer to the employment of Caxton, who would hold the administration budget. The intention was that this should be for administrative convenience and the CEO would be equally accountable to the Chairmen of both boards. In practice, it didn't work that way. Caxton Foundation Board agreed to appoint additional staff to deal with the associated work. This was seen by a number of MFT beneficiaries as spending money on administration whilst reducing benefits. (see paras. 19 and 20 of W1122's statement). The MFT had no influence over this; it was Caxton money. The statement in para. 24 of W1122's statement is not true.
38. Jan Barlow was appointed as Chief Executive in 2013. Recruitment agents were hired to help us make the appointment and the panel comprised two representatives from MFT and Caxton, and an external advisor. Her appointment was a unanimous decision. Contrary to para. 19 of W1122's statement I did not know Jan Barlow before she was appointed. Our relationship was always a professional one. I have had no contact with her since I stood down as Chairman.
39. During my professional career I came to understand the importance of unity between a Chairman and CEO, in public. There were areas of disagreement between Jan and myself but I always dealt with them in private. Publicly, we gave a united front with the board and beneficiaries, For example. I was steadfastly supported her at board meetings and elsewhere, although I often did not agree with her approach, it was essential to do so when we were being personally abused, personally and on line, insinuations made about us, the offices being stormed, then occupied by beneficiaries and, once, my being physically threatened after an APPG meeting in the Houses of Parliament.

40. The Macfarlane Trust faced a very challenging time during my four years as Chairman, arising from financial constraints, the establishment of the Caxton Foundation and DH plans to review tainted blood services.
41. Over the four years, relationships with the Caxton Foundation became strained. This came to a head in 2015. Caxton appointed a new Chair. He was elusive; for instance, I did not have any one to one meetings with him; four times we had appointments and he didn't appear. In, I think, early 2016, Jan Barlow went into hospital for complex but fairly routine surgery. During her few months of rehabilitation she was not contactable. Soon after she returned it became apparent that, whilst she was away, plans were being developed for the future of the services behind my back, probably with her participation. It came to a head when I overheard Jan advocating to DH officials that the Caxton Foundation take over the Macfarlane Trust. This was at odds with MFT's policy and, potentially explosive with beneficiaries. Not long afterwards it was bounced on me that a focus group had been set up by DH, to be chaired by the new Caxton Chairman, populated by Caxton Trustees and outsiders unknown to me. I was asked, at an hour's notice, to nominate one or two MFT focus group members, I suspect the Caxton Chairman and the joint CEO were the architects. I decided that the CEO had lost my trust and I could not cooperate with a scheme which was at odds with MFT beneficiary and board interests. Consequently, I resigned as Chairman, despite DH asking me to remain in some capacity.
42. As Chairman, my contact with beneficiaries was much less than that of the CEO, although I made a point of meeting as many as possible. This was at Partnership Group (PG) meetings, APPGs and Weekends Away. The first two were difficult occasions. The PG met every few months. They were instigated by MFT beneficiaries. I admired the initiative of the Chair. Only about 20 of the beneficiaries attended and maintaining order at the meetings became very difficult for him. He had no alternative but to disband them after three or four meetings.
43. I attended Weekend Away events (I think we held about two each year) on Friday evenings. I ate with beneficiaries and held Q and A sessions on Saturday mornings, then left. I enjoyed the company of those attending and I think this was mutual. I was sorry when we had no alternative but to stop them. Unfortunately, not all the User Trustees attended. We stopped Men Only weekends after there was a fight in a hotel bar in the early hours and an attendee, suffering from haemophilia, was rushed to hospital, with potentially serious injuries.

44. Contrary to some perceptions, I believe relationships with the diverse community of beneficiaries, was generally good; they lived throughout the UK and from diverse backgrounds, which made communications challenging. Most had little contact with us, although we kept them in the picture with a newsletter and other communications. There was a smaller group who were more active but held higher expectations of MFT than we could reasonably meet. This related to our funding position and our relationship with DH. A few of the more vocal members, would not accept that it would be counter-productive to campaign, aggressively, in public against DH, and then expect to meet with the same people to negotiate a good deal. for increased funding. The change of CEO, and mutual unfamiliarity, may have been a complicating factor. Regarding personal demands a very small number were unhappy at decisions reached by the NSSC, and board, and held grudges. They could be tenacious and one or two dominated Partnership Group meetings to the detriment of more general exchange of views and information

45. I hope my, rather lengthy, description is helpful to the Inquiry. Despite it being a very demanding time to be Chairman, and board member, I was privileged to have the opportunity to fill these positions. I hope the recommendations from the Inquiry will give some satisfaction to all of them, although nothing can put right the wrongs inflicted in the first place.

Statement of Truth

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

Signed _____ **GRO-C** _____

Dated 10th November 2019

