

Independent Review of the work of the We Love Manchester Emergency Fund



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Foreword

The tragic consequences of the Arena attack in Manchester in May 2017 shook the city, the UK and the world. Within hours donations were pouring in from people and organisations who wanted to send immediate help and support to the families of the 22 people who lost their lives and for the many hundreds who were injured. The We Love Manchester Emergency Fund was the charity formed in the days that followed, to oversee and direct the distribution of those donations.

During the time that I have chaired the We Love Manchester Emergency Fund Trustees' meetings we have had many complex and challenging discussions and decisions to make. We are hugely grateful to those who so willingly shared their experiences and learning from previous terrorist attacks with us. From the outset we were aware of the significant responsibilities vested in us to make sure that the huge sums of money raised in donations from the public and organisations around the world were distributed to those so tragically bereaved, those injured and most in need.

As 2017 drew to a close and we started to think about commemorating the one-year anniversary of the Arena attack, we decided to commission an independent review that would look at the first year of activity of the Emergency Fund and how we, as Trustees, had undertaken our work.

We believed that our work might be of interest and value to others should there ever be a need to manage a similar disaster fund through gift or grant making, although hopefully never again in such dreadful circumstances. There will almost certainly be points of interest for many in the wider grant-making community. Such a review would sit alongside official annual reports and audited accounts required from a charity. It would take note of the findings of Lord Kerslake, whose report considered the immediate response from agencies and organisations to the Arena attack, but we wanted to confine this review specifically to how we set about our work.

We were delighted to secure Steer Economic Development, part of Steer, for this purpose. They have worked closely with Trustees, with stakeholders, partners and officers who have been most closely involved in our activities. We are hugely grateful to them for this report and to Jenny Watson CBE, who agreed to act as an independent commissioner to provide challenge to and scrutiny of the review process. We have learned lessons, and with hindsight we see that we might have done some things differently, but the review shows we have much to be proud of.

It is hard to contemplate anything of the magnitude of the attack in Manchester happening again, but I hope this Review provides a legacy that will assist others should there ever be a need to share our experiences.

Councillor Sue Murphy CBE

Chair of the We Love Manchester Emergency Fund, May 2017- August 2018

Executive Summary

Introduction

No two terror attacks or disasters are identical, and therefore no emergency fund can operate in precisely the same way as those which precede it. However, in such times it is natural to look to past experiences to inform action. A number of individuals who had been involved in the response to the 7/7 London bombings in 2005, and other incidents around the world, provided absolutely critical input and support as the We Love Manchester Emergency Fund was formed. However, a key challenge for Trustees was limited documentation of the activities, and even more crucially, the learnings of those who had gone before them. The way they worked, the decisions they made, who they involved and, upon reflection, whether they would have done anything differently. This review therefore considers the process by which Trustees administered and distributed donations received by the Fund in the first year, capturing and preserving the lessons learned for the future benefit of others discharging similar duties.

It is challenging to distil these learnings into an executive summary, detached from the descriptions in the main body of the report which are essential to a full understanding and appreciation of the Fund's work. However, in the interest of providing any future Trustees with a rapid digest of key information, we present here a series of reflections on 'What worked well?' and, with the benefit of hindsight, 'What could have been done differently?' Firstly, though, it is important to set out a number of points of context that have been pivotal in shaping the Fund's work.

Context

The Manchester Arena attack on 22 May 2017 was the deadliest terror attack on UK soil since the 7/7 London bombings in 2005 and deliberately targeted young concert goers and their families. The explosion killed 22 people, with hundreds more experiencing physical and psychological injuries. Ten of the 22 who died were under the age of 20, and 79 children were among the physically injured. People across the world grieved alongside Manchester for those who lost their loved ones, or were injured.

In a highly emotionally charged environment, Trustees worked to distribute donations which poured in on an unprecedented scale. Within just 24 hours of the attack, £2m had been pledged. One year later, by 22 May 2018, donations totalled c£21m.

During the emergency response, and indeed for much of the first year, Trustees have navigated a changing and uncertain situation, distributing money in phases of payments to balance a dynamic total value of donations with an evolving understanding of the injuries suffered. As soon as 1 June 2017, £1.0m was committed for distribution to the bereaved next of kin and a cohort of those who were injured. This was followed on 13 June 2017 by a further £4.4m to the bereaved next of kin and those hospitalised for seven nights or longer. Over the course of the year, almost £19m has been distributed, all of which has been under the intense public scrutiny of social media and 24/7 news.

The Fund has broken new ground. It is the first emergency fund to specifically distribute payments as gifts to those suffering psychological injuries as the result of an attack or disaster, rather than to enable treatment. This has required working completely without precedent and has been underpinned by extremely strong and effective working relationships with clinicians. Whilst in the context of this attack it has been possible to make payments to those with psychological injuries, it does not mean that all future funds can, will, or should do the same.

Strong collaborative working at all levels, between Trustees, across agencies, with support staff, has been a critical success factor for the Fund. Based in a large city region, with a number of devolved powers and strong institutions, the Fund has been able to work closely with, and leverage, the resources and infrastructure of several local organisations. This local leadership has been invaluable, but also crucial has been the support of national organisations such as Victim Support (VS) and the British Red Cross (BRC), particularly their capacity to mobilise the operational ‘machinery’ that supports fund distribution.

Trustees dedicated a considerable amount of time and showed clear commitment to administering the Fund. It is clear that at all times they, and support staff, acted with the best intentions, and though there are aspects that have been identified as areas that *could* have been done differently, is important that these do not detract from the outstanding achievements of the Fund since it was formed.

Reflections

The reflections on ‘What worked well?’ and ‘What could have been done differently?’ are arranged in a series of themes, which consistently recurred through the process of undertaking the review: mission, governance, operations, information and communication.

Mission: clarity on what, why and how

What worked well?

- Establishing early clarity on the Fund’s purpose and mission;
- Making an early decision on the status of payments as gifts, distributed equally to victims and bereaved next of kin, regardless of means and without affecting tax or benefit status;
- Strong local leadership from the City Council from the outset;
- Convening rapidly and moving quickly to ‘own’ the appeal and giving space, so reducing the potential for fraudulent online giving accounts to be created;
- Creating a brand that the public could engage with, which became a fulcrum for how the city was responding.

What could have been done differently?

- Although clearly established amongst Trustees from an early point, there could have been improved documentation and communication of the Fund’s purpose and mission;
- As time progressed and Trustees considered phases of payments to enable treatment, in addition to gifts, they could have communicated more clearly their deliberations and justifications for this.

Governance: the right experience, structures, protocols and adhering to procedures

What worked well?

- Having a multi-disciplinary team of Trustees, drawn from senior positions in key organisations involved in the emergency response, in combination with others with strong connections to the city and relevant national infrastructures. In addition to their own knowledge and experience, these individuals could leverage wider relationships to gather expertise and advice;
- Developing strong collective responsibility through consensus decision making;
- Ensuring robust discussion by creating space for honest, open, careful consideration and debate.

What could have been done differently?

- Some Trustees had pre-existing working relationships, others didn't. There could have been greater effort to introduce and integrate as a group;
- Greater discussion around Governance roles at the outset and a review of Governance as the Fund moved forward from the immediate emergency response;
- Clearly defined and documented decision-making protocols.

Operations: the right people at the right time, strong processes and infrastructures

What worked well?

- Strong local partnerships across key organisations: Manchester City Council (MCC) Greater Manchester Police (GMP), Resilience Hub, National Health Service (NHS);
- Local ownership, direction & leadership combined with effective utilisation of VS & BRC infrastructure & 'machinery' to support the process of collecting and distributing money, and provide support for victims;
- High levels of staff resource provided by MCC to support and deliver financial, legal and communications activity.

What could have been done differently?

- Securing dedicated administrative support staff for the Fund at the outset, getting the right people, with the right skills and who are able to commit the time necessary;
- Putting in place core operational processes and procedures sooner;
- Taking time to reflect, anticipate issues that may arise and proactively plan ahead.

Information: an effective evidence base, contextual advice and guidance

What worked well?

- Establishing and maintaining a victim list to enable evidence-based decisions to be made;
- The cross-agency working required to develop the victim list, crucial support was provided by Trustees to marshal information from within their organisations;
- Using clinical advice and input to inform decision making;
- Using broad injury categories to make initial payments, which were maintained throughout and any refinements made within (rather than changing them) as more information became known.

What could have been done differently?

- Improved processes for verifying information on next of kin;
- Using different indicators as a proxy for severity of injury than the initial length of stay category;
- Lower differential values between initial payment categories, whilst evidence base established;
- Securing advice on the longer-term process of rehabilitation, either in the form of a Trustee with this experience, or an advisor to the Board.

Communication: effectively covering press/media and engagement with victims

What worked well?

- Putting a communication strategy in place;
- Having press representation on the Board;
- Excellent PR management to maintain the Fund as a positive news story in the press;
- Once in post, the COO developed and maintained strong communication with victims.

What could have been done differently?

- Stronger communications with victims in the first three months, better management of mailbox in the beginning and a clear point of contact during the emergency response period;
- More direct communication with victims throughout, to update on Fund activities and Trustee deliberations and to 'answer questions before they are posed';
- Having strong digital infrastructure in place as soon as possible after forming: a well-managed email inbox, an active social media presence, and a dedicated website.

1 Introduction

- 1.1 On 22 May 2017 a suicide bomber detonated a bomb in the foyer area of the Manchester Arena at the end of an Ariana Grande concert. This attack targeted the young, mainly female, fan base of the American singer, along with their families. The explosion killed 22 people, with hundreds more experiencing physical and psychological injuries.
- 1.2 There was an immediate outpouring of shock, grief and outrage at the atrocity in Manchester and a determination across the city to stand together with those affected to show solidarity and support. The vigil which brought thousands of Mancunians and visitors onto the streets the next day embodied that determination. Immediately the Manchester Evening News, the British Red Cross (BRC) and The Lord Mayor of Manchester's Charity started to receive donations from the city, the UK and from around the world for the bereaved and injured.
- 1.3 It was recognised that these donations needed to be co-ordinated and distributed quickly to those who had been most seriously impacted by the attack. By the 26 May 2017, the We Love Manchester Emergency Fund (hereafter referred to as 'the Fund') had been established and was registered officially as a Charity on 30 May 2017 (Charity number 1173260).

Box 1-1: The We Love Manchester Emergency Fund Charitable Objectives

The We Love Manchester Emergency Fund was established to:

- Relieve sickness or disability, whether physical or mental, of victims of the disaster and their dependants;
- Relieve financial need among the victims and survivors of the disaster including families and dependants of those killed or injured;
- Support such other charitable purposes as the Trustees shall consider appropriate.

- 1.4 In a highly emotionally charged environment a group of nine Trustees formed and administered the immediate emergency response. The Trustees took learnings and advice from those with experience of managing the Fund set up to distribute donations following the 7/7 attack in London in 2005.
- 1.5 On 1 June 2017, £1.0m was committed for distribution to the bereaved next of kin and a cohort of those who were injured. This was followed on 13 June 2017 by a further £4.4m to the bereaved next of kin and those hospitalised for seven nights or longer.
- 1.6 Once the immediate response was delivered, two additional Trustees were brought on to the Board and, as the Fund continued to grow, further decisions were taken to determine how to distribute donations to victims of the attack. One year later, by 22 May 2018, c£21m had been donated, c£19m of which had been distributed.
- 1.7 Approaching the anniversary of the attack, Trustees decided to commission a review of their work in this first year to capture lessons for the future benefit of others discharging similar duties.

Scope

- 1.8 This report is an Independent Review (hereafter referred to as ‘the review’) of the work undertaken by the Fund to distribute donations. It was not within the scope of this review to assess the impact of the Fund, but to consider the process through which Trustees administered and distributed monies, exploring the following areas:
- How the evidential base was created to make informed decisions;
 - How information about categories of injury was obtained and utilised, the timeliness of this and impact on decision-making;
 - How needs were assessed, prioritised and balanced with affordability;
 - The speed and timing of decision-making regarding levels of awards and different categories of injury;
 - The impact of decisions on future manoeuvrability, later decisions and fund allocation;
 - How governance and Trustee structure was determined and lessons drawn from other Trusts;
 - The role of the Fund as a rallying point for raising money and securing wider community and professional support;
 - The effectiveness of communication strategies and awareness programmes, relationships with donors and the public;
 - The application and effectiveness of its complaints procedure; and
 - The extent to which best practice has been achieved, in the context of similar funds, and lessons learned.

Approach

- 1.9 The review has been completed through an independent and impartial process. It has included a desk-based review of board minutes and relevant accompanying papers and data produced by or for the Fund, as well as a series of interviews with:
- Trustees of the Fund;
 - Operational staff of the Fund;
 - Advisers; and
 - Individuals with experience of the management, administration and operation of other, similar emergency/disaster funds.

1.10 The names and organisations of individuals consulted with as part of this review are included in Appendix A.

1.11 Jenny Watson CBE acted as an independent commissioner, providing challenge and scrutiny to the process.

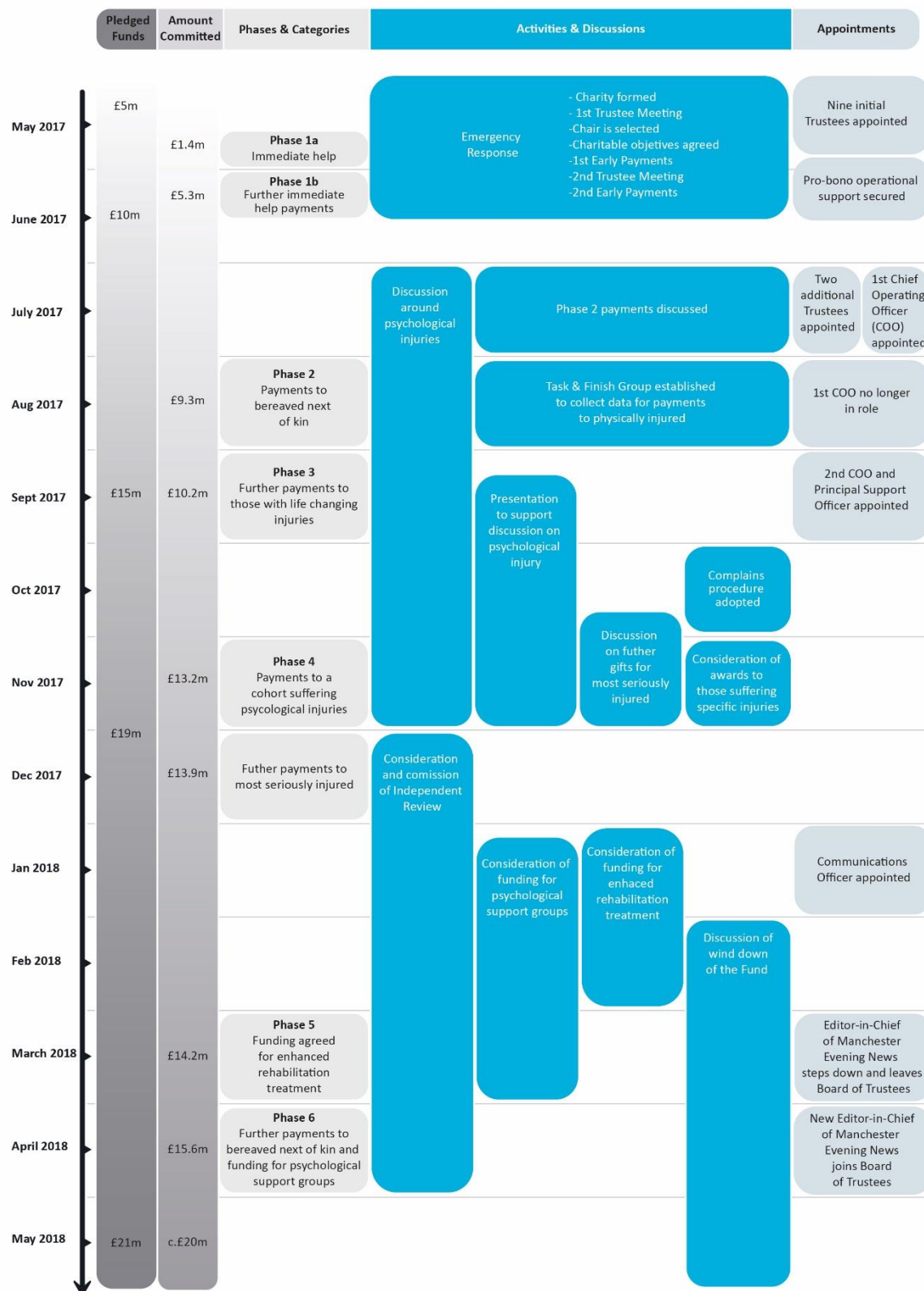
Areas out of Scope of this Review

- 1.12 The objective of this review has been to consider the work of the Fund, not any other responses to the 22 May 2017 terror attack in Manchester. It was not within scope of this report to consider or duplicate any of the work of The Kerslake Arena Review (The Kerslake Review), the non-statutory independent review of the events and aftermath of the Manchester arena terrorist attack, which focussed on the co-ordination and mechanics of the immediate response to the attack. This review is also not a financial audit, which has been completed separately by Price Waterhouse Coopers alongside the Annual Report for the Fund.

Structure of this Document

- 1.13 The next page presents a chronological account of the 12 months following the establishment of the Fund and the immediate emergency response. Following this, the remainder of the document is structured as follows:
- **Section 2: The Fund's Activities:** An overview of the actions and decisions of Trustees in the immediate response, judged to be the time from the day of the attack to decisions being finalised for the first phase of payments from the Fund, and over the rest of the first year up to the end of May 2018.
 - **Section 3: Reflections:** Our reflections on the work of the Trustees and learnings from the management of other disaster funds, considering what has worked well and whether there are any aspects that could have been done differently.
- 1.14 In addition to details of consultees, the appendix contains:
- **Appendices B & C:** A daily breakdown of the activities of the Fund in the immediate emergency response and main activities in each month from July 2017 – May 2018.
 - **Appendix D:** A detailed description of the categories to which Trustees have worked in making payments from the Fund.
 - **Appendix E:** A list of references for external reports identified in the process of undertaking the review.

Timeline



2 The Fund's Activities

2.1 This section considers the core activities of the Trustees over the first year, beginning with the immediate response of the Fund and the actions taken by Trustees that enabled the distribution of the first phase of payments. This is followed by the actions taken and decisions made by Trustees in the 11 months following the first phase of payments, up to May 2018.

The Immediate Response

- The day following the attack, Manchester City Council (MCC) was operating in an Emergency Response situation, responding to several aspects of the events of the previous evening. One of these aspects was how the Council should respond to the need to co-ordinate the administration and distribution of the already high volumes of donations that were being received by the Manchester Evening News (which launched the *We Stand Together* appeal on 23 May 2017), the BRC and Manchester's Lord Mayor's Charity.

2.2 A group of senior staff and Councillors, already active in the response to the attack, came together to discuss the best course of action. The use of the Lord Mayor's Charity (LMC) to administer donations was discussed, however it quickly became apparent that this would not be appropriate, as it could only be used to distribute funds to residents of Manchester and victims came from a much broader geography. Further, as a permanent charitable fund, it did not align with the timebound nature of an emergency fund. As such, while the LMC was a useful vehicle to temporarily, safely and securely hold donations, it was not appropriate for the objectives of the Emergency Fund. There was also discussion to join with the BRC under a single fundraising page, rather than create another separate MCC page, but there was a strong sense that the Council should take a lead, therefore a separate charity led from Manchester was decided upon.

2.3 Working closely with the Charity Commission, the Fund was established and a group of Trustees formed. In the days preceding the first Trustee meeting, information was gathered, and advice was taken on how to proceed. Trustees had no comparable incident to draw on; the closest UK comparator was the 2005 London 7/7 bombings and the subsequent establishment of the London Bombings Relief Charitable Fund (LBRCF). Advice from those who had been instrumental in this fund was obtained. The BRC also provided a considerable amount of advice and support, drawing on experience of fund co-ordination in response to previous UK and international terror attacks and disasters. The proactive support of these colleagues, through numerous visits and phone calls, was crucial in these early days.

2.4 The initial group of Trustees had strong local links and some had roles within other organisations that were also involved in the emergency response (the National Health Service (NHS), and Greater Manchester Police (GMP) and Manchester Evening News (MEN)). The nine founding Trustees were:

- **Sir Howard Bernstein:** The former Chief Executive of Manchester City Council, an experienced strategic advisor to many UK public, private and academic institutions.
- **Carol Culley:** The City Treasurer of Manchester City Council with expertise in finance, performance management, governance and assurance. Carol is a Trustee on several boards in Greater Manchester.
- **Rachel Downey:** A Chartered Accountant and Project Director of Manchester Life. Rachel has worked on urban regeneration projects in Manchester for 25 years and is also a Trustee of the Lord Mayor’s Charity.
- **Chief Constable Ian Hopkins QPM:** The Chief Constable of Greater Manchester Police. He is a fellow of the Chartered Management Institute and holds an MBA in Operations Management. He is also a Director of Marketing Manchester and a non-executive Director of the College of Policing.
- **Rob Irvine:** Editor in Chief at Manchester Evening News when he became a Trustee, a role he left in March 2018. He was previously editor of the Daily Post.
- **Councillor Sue Murphy CBE:** A councillor representing Brooklands Ward in Wythenshawe. She has been an elected member of Manchester City Council since 1995 and has been joint deputy leader of the Council since 2010.
- **Joanne Roney OBE:** Manchester City Council’s current Chief Executive. She has worked in this role since 2017, and previously as Chief Executive of Wakefield Council.
- **Jon Rouse CBE:** Chief Officer of Greater Manchester Health and Social Care Partnership since 2016. Previously to this he was Director General at the Department of Health.
- **Liz Treacy:** Now Solicitor and Monitoring Officer for the Greater Manchester Combined Authority, at the time MCC City Solicitor, managing the Council’s in-house legal team. She worked for Manchester City Council for over 27 years.

2.5 Prior to the first meeting on 31 May 2017, papers were drafted to be tabled at the first Trustee meeting. Jacqui Dennis, (Deputy City Solicitor at Manchester City Council), Mark Astarita OBE (then Fundraising Director at BRC) and Martin Halliwell (Chief Financial Officer of BRC) were also in attendance for the first meeting. During the meeting the Trustees decided:

- Councillor Sue Murphy would Chair the Fund;
- The charitable objects of the Fund;
- To take a phased approach to making payments from the Fund (in line with the model used by LBRCF) to ensure payments were made in the context of the Fund total;
- Categories and values for Phase 1 payments (later to become Phase 1a);
- To initially delegate day-to-day operational matters (including finance matters) to Carol Culley and Joanne Roney.

2.6 The consistent advice from those who had experience of previous disaster funds was that speed was of the essence in making an early round of payments; with a rapid response being important to maintain and build public confidence in the Fund, in addition to the obvious imperative of quickly distributing donations to those in need.

2.7 The evidence available to Trustees at this point was limited, with only the current scale of the Fund, number of deaths and approximate number of injured known. However, it was also clear that following the attack people had immediate financial needs, such as making funeral arrangements or living costs (such as food, accommodation, clothing) whilst staying far from home with family critically injured in hospital. In this context, initial broad categories were decided.

Box 2-1: Phase 1a Payments

During the first Trustee meeting, it was agreed that Phase 1a would provide payments to individuals in the following categories:

- £20,000 to the bereaved next of kin;
- £10,000 to those hospitalised for a period of 7 nights or longer;
- £3,500 to those hospitalised overnight.

- 2.8 Once Trustees had set the categories of payments for Phase 1, verification forms for potential applicants were developed based on those used in London in 2005. Victim Support (VS) and Family Liaison Officers (FLOs) from GMP supported those impacted in applying to the Fund. The identities of the bereaved next of kin were verified by FLOs, who were the main point of contact for the Fund. Applications from the injured were cross checked with NHS data to verify the injury.
- 2.9 On 1 June 2017 payments to victims began to be processed, made possible by the resource and infrastructure of the BRC. Between 2 and 13 June 2017, the Fund had already made circa £1m of payments.
- 2.10 When Trustees convened for the second time on 13 June 2017, a financial update was provided on both donations received and payments out. Taking into account the scale of the Fund and the desire to match the momentum of donations with distributions, Trustees decided to make further early payments (Phase 1b) to the bereaved next of kin and those hospitalised for a period of 7 nights or longer.
- 2.11 It was noted that an evidence-based approach would need to be developed for the next phase of payments. A press release was issued the following day and the further payments were made. This concluded the immediate response.

Box 2-2: Phase 1b Payments

During the second Trustee meeting, it was agreed that Phase 1b would provide an additional payment to individuals in the following categories:

- £50,000 to the bereaved next of kin;
- £50,000 to those hospitalised for a period of 7 nights or longer.

The First Year

- 2.12 In the first year, Trustees met a total of 15 times. In the first three months Trustees usually met every two weeks. In August the frequency of meetings reduced to every three weeks, until the end of the year when meetings were held monthly. It should be noted that although the move out of emergency response meant that it was possible to reduce the frequency of meetings, the range of things requiring discussion meant that the length of meetings increased.
- 2.13 As the Fund continued to receive donations, and the nature and severity of injuries became clearer, Trustees had to decide how the rest of the monies would be distributed. There was no longer the same level of need for rapid payments, as such an evidence base was developed, and more time and consideration taken in decision making. This reflects the move from an

immediate emergency response position to a more sustained position (described by some as more ‘sophisticated’) of charitable giving.

2.14 A Task and Finish Group was established by MCC to develop the evidence base and coordinate and cross check the several sets of victim data available from different sources, such as VS, GMP’s witness list and records held by the NHS. This established an initial list of all those known *at that point in time* to have been affected by the attack in some way, and where possible, the nature of the impact and severity of injury. Maintaining the victim list has been an important ongoing task for the Fund, capturing changing information as individual’s injuries evolve and new information as those affected continue to come forward.

2.15 Whilst the evidence base was developed two further Trustee meetings were held. Key developments for the Fund were:

- Recognition of the benefit of having Trustees with third sector experience, and the subsequent appointment of additional Trustees:
 - **Edith Conn OBE JP DL:** British Red Cross president for North West Area since 2005, Edith is a trustee on several boards, as well as a Patron of several different charities.
 - **Les Mosco:** A board director in public and private sectors and currently trustee for independent charity Victim Support. He specialises in procurement, contracting, government relations and strategic advice.
- The development of a communications strategy by the communications team at Manchester City Council.
- Delegated authority was given to Sue Murphy and Carol Culley in respect of payments for exceptional hardship. Liz Treacy subsequently joined this group.
- Payments for those suffering psychological injury started to be discussed.
- A Chief Operating Officer (COO) was recruited. However, the appointment was unsuccessful and a temporary arrangement was made with BRC to provide support for victims via a 24-hour phonenumber, whilst the Fund sought permanent operational resource.

2.16 By the meeting on 14 August 2017 progress had been made in developing the evidence base and model for the next phase of payments. However, it was identified that further information was needed for those most seriously injured and with life changing injuries. Whilst this was collated, Trustees agreed to make a further phase of payments totalling £3.9m to the bereaved next of kin, taking the total amount for this category to £250k. Payments were processed, and a press release was issued.

Box 2-3: Phase 2 Payments

It was agreed that Phase 2 would provide additional payments to individuals in the following categories:

- £180,000 to the bereaved next of kin.

2.17 At the next Trustee meeting, on 5 September 2017, a paper was tabled to provide an update on the status of physical injuries. Further information was also presented to Trustees by an NHS clinician on those most seriously injured. Clinical advice was provided on the categorisation of those most seriously injured and Trustees were made aware of the likelihood of those sustaining physical injuries moving between injury categories.

Box 2-4: Physical injury categorisation

Categories were decided to differentiate between:

- Those where it is known that the injuries meet any definition of life changing;
- Those where it is believed that, from a physical perspective, they will largely or fully recover from their injuries;
- Those where further time is needed to assess longer term prognosis and outcomes.

- 2.18 During this meeting, based on the information that was given, Trustees agreed on the next phase of payments (Phase 3) totalling £908k, and a report outlining the financial implications of these decisions was requested.

Box 2-5: Phase 3 payments

It was agreed that Phase 3 would provide additional payments to individuals in the following categories:

- People who have received life-changing injuries – including paralysis, loss of limbs or other major injuries – a further payment of £40,000. As they had already received £60,000 from the Fund for being hospitalised for seven nights or more this brought the total they received to £100,000.
- People who were hospitalised less than a week and who are likely to make a full recovery, but who nonetheless have serious injuries and are still receiving ongoing medical treatment were potentially able to receive a further £56,500 (subject to medical review). As they had already received £3,500 from the Fund this will bring the total they have received so far to £60,000.
- People who could not work or study because of their physical injuries, but who had not been covered by the existing criteria and had therefore not received any payments so far, were potentially able to claim a gift from the Fund.

- 2.19 The meeting on 5 September 2017 was also attended by the newly appointed COO of the Fund, and a Principal Support Officer (PSO), who would provide dedicated operational and administrative support. Following their appointment, a complaints procedure was put in place for the Fund, including the establishment of a complaints panel (made up of a group of Trustees and the COO).
- 2.20 Following the meeting on 5 September 2017 and Phase 3 payments, greater focus was put on discussion and review of payments to those suffering from psychological injury, which had first been discussed by Trustees in July 2017. The approach to building an evidence base and developing categories closely followed the process for payments to those suffering physical injury. Evidence from VS was collected on the volume and nature of victims who had a psychological injury as a result of the attack. Information was provided by clinicians from Greater Manchester Resilience Hub¹ on the nature of psychological injuries suffered.
- 2.21 Trustees requested further clinical input to divide cases into cohorts aligned to clinical evidence and detailed consideration of categorisation was given. Following presentations from

¹ Established in response to the attack to coordinate the care and support for those whose mental health and/or emotional wellbeing has been affected. For more information see: <https://www.penninecare.nhs.uk/your-services/manchester-resilience-hub/>

VS and clinicians at Trustee meetings on 26 September 2017 and 13 October 2017, evidence was summarised in a detailed paper presented to the Trustees at a meeting held on 27 October 2017. At the Trustee meeting on the 27 October 2017 Trustees agreed to set aside £3m for a phase of payments (Phase 4) to those suffering from psychological injury, in line with the criteria set out in Box 2-6 below, which would be validated by clinicians and GMP.

Box 2-6: Criteria for psychological injuries

The criteria agreed for payments for psychological injuries were that victims:

- Were in the foyer of the Manchester Arena, or accessed it straight away after the attack;
- Had not had a significant payment of £60,000 or more from the Fund;
- Had evidence of psychological injury and functional impairment, validated by an accredited clinician, for example a clinical psychologist or the Greater Manchester Resilience Hub.

- 2.22 Once payments had been agreed for psychological injuries, Trustees began to consider how the remainder of the Fund should be distributed. At this point there was c.£1.5m that had not been ringfenced for any other payments and the Fund was continuing to receive donations (albeit in smaller amounts than earlier in the year). Based on the long-term impact of their injuries, it was decided at the meeting on 11 December 2017 to make additional payments to some of the most seriously physically injured victims.
- 2.23 At the meeting on 17 January 2018 a proposal was presented to Trustees to consider making a payment to fund treatment for victims with the Manchester Institute of Health and Performance (MIHP), which provides enhanced sport therapy to elite athletes in a state-of-the-art facility. The proposal was to enable the MIHP to work alongside NHS colleagues to provide enhanced rehabilitation for those victims who were continuing to struggle with mobility. This proposal was followed by a presentation from the MIHP at the Trustee meeting on 14 February 2018. At the meeting on 12 March 2018 it was agreed that a payment of £300k (known as Phase 5), alongside £200k from GM Clinical Commissioning Groups, would be provided to the MIHP to support a cohort of the 30 most seriously injured with their rehabilitation. The partnership will create a legacy through a research project that will provide the NHS with learnings on how to treat those suffering from the type of physical injuries sustained in the attack, which will support the care of other patients in the future.
- 2.24 Trustees also discussed funding of therapeutic support groups for those suffering psychological trauma at the meetings in January, February and March 2018, progressively reviewing and considering the outcomes of research to explore previous examples of such support. At the meeting on 10 April 2018 it was agreed to provide a phase of funding (Phase 6) for therapeutic support groups, to be delivered by the Greater Manchester Resilience Hub, informed by a model applied in Norway following a terrorist attack in 2011 which killed 77 people. The purpose of the support groups in Norway has been to help multiple people at the same time and mobilise mutual support and help between victims.
- 2.25 It was also agreed on 10 April 2018 to provide further payments to the bereaved next of kin (as part of Phase 6).
- 2.26 While these decisions were being made over the course of early 2018, there was also a change to Trustees. After stepping down as MEN Editor-in-Chief, Rob Irvine also left the board of

Trustees. Rob was replaced by Darren Thwaites the newly appointed Editor-in Chief, and former editorial boss at Trinity Mirror North East.

2.27 By May 2018, a year on from the attack, the Fund had committed almost £20m.

3 Reflections

3.1 This section reflects on the Fund’s activities between May 2017 and May 2018, identifying learning points which cover things that worked well for the Fund, its Trustees, staff and advisors, and what could have been done differently. These are considered in terms of the following themes, which consistently recurred through the process of undertaking the review:

- **Context:** Underpins everything and is essential to understanding the unique situation in which the Fund was operating, and decisions were being made.
- **Mission:** Early decisions on the purpose of the Fund, its life-span, who it is intended to serve (and how) and taking a strong lead to ‘own’ the space are critical success factors.
- **Governance:** Getting the right experience at the right time is crucial, as is being clear on governance structures and protocols and adhering to procedures.
- **Operations:** It is critically important to appreciate the value and scale of administration required and have operational processes and support in place from the outset, leveraging existing infrastructures where they are available and ensuring strong documentation.
- **Information:** Convening an effective evidence base is key; central to this is strong multi-agency co-ordination of data to establish and maintain a victim list, ensuring the Trustees receive contextual professional advice and can take on board a range of perspectives.
- **Communications:** Ensuring strong communication processes, both outwardly from the Fund to share information and to receive and process communication from victims.

Context

3.2 As previously noted, an important motivation for commissioning the Review was to provide useful insights for those responding to events of this nature in the future. Whilst history shows that no two terror attacks or disasters are identical, and therefore no emergency fund can operate in precisely the same way as those which precede it, it is natural to look to the past to inform actions. That there are not a significant number of examples to draw on reinforces the importance of capturing and communicating experiences and insights. A key challenge for the Trustees in the early days was limited documentation of the activities and learnings of those who had gone before them. The very fact of being formed to respond to a terror attack means that the Fund’s work and actions will undoubtedly now become a role model for others in the future. Being the first Emergency Fund to specifically distribute payments to victims suffering physiological injuries as gifts, rather than to enable treatment, will emphasise this ‘model’ status.

3.3 However, it is essential that the specifics of the context in which any future Fund is established and operated are thoroughly considered in order that actions are not skewed to the past. Prior to reflecting on lessons learned, it is therefore important to set out the points of context that were pivotal in shaping the Fund’s response.

3.4 **The nature of the attack.** The terror attack on the Manchester Arena on the 22 May 2017 was the deadliest terrorist attack in the UK since the 7/7 2005 London bombings and the very nature of the attack provoked a huge emotional response from the public. For such a large

proportion of victims of a terror attack to be children and young people was wholly unprecedented in the UK. The attack deliberately targeted c. 14,000 concert goers, many of whom were families with young children. People had travelled from far and wide to attend the concert, which means that victims are also geographically dispersed. A natural response for many was to flee the scene of the attack, returning to the safety of their homes as quickly as possible and seeking treatment later, often therefore outside of Greater Manchester. Ten of the 22 who died were under the age of 20 and there were 79 children among those who were physically injured, some suffering life changing injuries. The type of bomb, a homemade shrapnel bomb, also meant that the nature of the injuries and wounds varied significantly to those sustained by victims of previous attacks.

- 3.5 **A changing and uncertain situation.** Navigating a difficult and uncertain situation is perhaps one of the best ways to characterise the work of the Fund to date. A dynamic total value of donations and an evolving understanding of the injuries suffered had to be continuously balanced with the drive to distribute payments efficiently and effectively to the bereaved next of kin and injured victims. The process of assessing and addressing need is one of the most difficult challenges faced by those administering a fund of this nature, who are charged with sensitively but sensibly deciding on the most appropriate prioritisation and categorisation. Affordability is a key consideration in the decision-making process, and most acute in the immediate response when the ultimate size of a fund is most unclear. This underpins the model used by the Fund, and other similar organisations, to take a phased approach to making payments, ‘topping-up’ those made during the immediate response as more becomes known.
- 3.6 **The scale of donations.** The growth of digital platforms to facilitate the process of donating has transformed the charitable giving landscape and as news of the attack spread, a considerable amount of money was raised in an outpouring of public grief. Within just 24 hours of the attack £2m had been donated. Ariana Grande’s One Love Manchester benefit concert brought worldwide media attention. Across donations, ticket sales and a VAT refund on ticket sales from the Government, the concert raised a net £7.3m for the Fund. The rapid accumulation of significant amounts of money, from donors around the world, has become a key distinguishing feature of the Fund, and a year after the attack total funds received reached £21.18m. The scale of donations has resulted in Trustees being tasked with administering a comparatively large single Fund². This has resulted in some victims of the Manchester attack receiving large sums of money, and whilst this is in no way a negative outcome, it has led to the Fund being high-profile in the media.
- 3.7 **The advent of social media.** Media attention is an important contextual feature of this Fund, particularly the advent of social media and 24/7 news, which did not operate to the same scale in 2005. The response to the attack received considerable attention. All activities, including those of the Fund, were the subject of a high degree of public scrutiny and debate. With limited precedents set for how to manage the level of public access (to the victims, their families and Trustees) possible via social media, Trustees had the considerable task of distributing funds in a fair and transparent manner.
- 3.8 **Location.** The location of the attack was important for several reasons. The context of a large city region with a number of devolved powers allowed the Fund to work closely with, and leverage, the resource and infrastructure of several organisations, including the City Council, Police and NHS. The cross-agency working was invaluable for the Fund’s operation and yet is

² For example, the Fund established for the 7/7 London bombing in 2005 reached a total value of £12m.

something that may not be easily replicated in other places. Additionally, there was an overwhelmingly strong community response to the attack; Manchester stood together in solidarity and people across the world stood alongside it. A significant amount of pro-bono support was provided by organisations and individuals, and more offered above and beyond what could be accepted. A sea of floral tributes, balloons and candles were left in St Ann's Square in the days following the attack, which became a physical focus for the outpouring of grief, and a vigil was held in Albert Square. Manchester's strong local rooting has resonated around the globe. It is estimated that more than 10,000 people worldwide have had a worker bee tattoo, an historic symbol of the city representing hard work and working together, to raise money for the Fund.

- 3.9 **No precedent for payments *as gifts* for psychological injuries.** Psychological injury has been a consideration for a number of disaster funds, though usually in the context of treatment. For example, after London 7/7 the LBRCF made grants available to anyone medically unfit for work for four weeks or more and supported counselling work with victims, after 9/11 the BRC gave payments for specific items, including contributions to psychological support, psychological support schemes were administered by the American Red Cross and the New York Office for Victims of Crime agreed to pay for therapy for several years provided there was a letter from a suitably registered therapist. The BRC also gave up to £2,000 to people from its Hardship Fund after the 2004 Tsunami to pay for medically prescribed counselling not available on the NHS. After the Australian bushfires in 2009, the Victorian Bushfire Appeal fund gave vouchers for psychological counselling from eligible counsellors of the victim's own choice, in their own time, as well as vouchers for allied health services, and funded bereavement support groups for adults and children. As such, the decision to take the ground-breaking step of making payments as gifts for psychological injury meant that the Trustees were working in a situation completely without precedent. In 2005 the LBRCF received medical advice that labelling and 'rewarding' Post Traumatic Stress Disorder was not helpful to recovery. Since then, policy, practice and perspectives on psychological injury have changed amongst clinicians and the public. Though whilst in the context of this attack it has been possible to work with clinicians to develop a category-based model to make payments to those with psychological injury, the complexity of doing so should not be underestimated. It does not mean that all Funds can, will or should do the same in the future. In the case of the London Emergencies Trust (LET), trustees opted not to make payments for psychological injury, in part given the difficulties around developing eligibility criteria.

Mission

- 3.10 Immediately following the attack there was strong leadership from the City Council to mobilise an emergency relief fund. Those early actions to co-ordinate the donations already flowing in to the MEN, the BRC and the LMC into one fund were highly effective in 'owning' the space. A single point of focus for all charitable giving to victims was present within days, a key benefit of which was the avoidance of any further spurious or fraudulent online giving accounts, of which several had been established within hours of the attack.
- 3.11 The Fund became a fulcrum for how the City was responding. The We Love Manchester branding, questioned by some who had experience of previous attacks who felt it lacked the required solemnity, became emblematic – a rallying cry around the world for the City, capturing the public's desire and need to be purposeful, to be strong and to help rebuild community resilience.

- 3.12 Detailed discussion during the formation of the Fund led to early clarity amongst Trustees on its purpose, mission and core principles. Payments would be gifts, with no intended purpose and for victims to spend as they chose. They were not about compensation, nor were they for funding treatment. As gifts, they would not be subject to additional tax, nor would they interfere with receipt of benefits and they would not be means-tested. This is consistent with the approach of other emergency and disaster management funds, which has shown that means testing has the potential to be humiliating and intrusive for victims. The collective experience of such Funds is that potential beneficiaries should be treated equally, irrespective of means, particularly given that the donations represent a gift to send a message of sympathy.
- 3.13 The Fund’s mission would be to facilitate the process of fund distribution (*not* fundraising) and as such it would be time-bound; distributing the donations received from a grieving public to support victims in the short-term. The scale of donations being received was recognised by some consultees as an implicit factor in the decision not to undertake fundraising; with such a large (and growing) Fund the task was one of distributing as much as possible, as quickly, fairly and reasonably as possible, rather than how more might be raised.
- 3.14 Throughout the first year the Fund has consistently delivered to its core objects. The phase 5 and 6 payments for the MIHP and the development of nationwide psychological support groups are distinct as decisions to fund third parties to provide treatment or access support for victims, rather than make gifts directly to victims or bereaved next of kin. Whilst consistent with the Fund’s charitable objectives, these payment phases are different from those made previously. Detailed discussion took place surrounding these discussions at Trustee meetings, yet the rationale and justification for these decisions could have been externally communicated more clearly.
- 3.15 Acting quickly in the immediate aftermath of an attack to distribute initial payments from funds donated for victims is a principle consistently shared across organisations and individuals who have worked (or are working) in these contexts. Not only is this essential in ensuring that much needed financial relief reaches those impacted but is also crucial in building and maintaining trust with the public that the Fund distribution process is working.
- 3.16 When Trustees first met at the end of May, there was agreement that they needed to act quickly, and the immediate response can be characterised by an impetus for speed. Within 11 days the Fund had made a first set of payments to victims, with a further phase of payments following 12 days later. This speed of processing is a significant success and got much needed financial support to victims and families very quickly.
- 3.17 Whilst the Fund’s mission and purpose was always clear and fixed in the minds of Trustees, in the early phases this was not necessarily clearly documented or communicated and whilst the Fund strove to be clear in its messaging, there was at times confusion amongst victims over its purpose and ‘entitlement’ versus ‘gift’. This is apparent in the victim feedback and quotations in the Kerslake Review.

Box 3-1 Mission, summary of key lessons learned**What worked well?**

- Establishing early clarity on the Fund's purpose and mission;
- Making an early decision on the status of payments as gifts, distributed equally to victims and bereaved next of kin, regardless of means and without affecting tax or benefit status;
- Strong local leadership from the City Council from the outset;
- Convening rapidly and moving quickly to 'own' the appeal and giving space, so reducing the potential for fraudulent online giving accounts to be created;
- Creating a brand that the public could engage with, which became a fulcrum for how the city was responding.

What could have been done differently?

- Although clearly established amongst Trustees from an early point, there could have been improved documentation and communication of the Fund's purpose and mission;
- As time progressed and Trustees considered phases of payments to enable treatment, in addition to gifts, they could have communicated more clearly their deliberations and justifications for this.

Governance

- 3.18 The Fund is governed by a board of Trustees, drawn from key organisations involved in the overall response to the attack (all represented at a very senior level), alongside other Trustees from a range of backgrounds with strong connections to the city.
- 3.19 The appointment of this multi-disciplinary group has been a crucial success factor, with individuals able to leverage their professional experience, expertise, position and networks to gather information, advice and, sometimes, simply make things happen within their organisations.
- 3.20 Amongst some Trustees there was, on occasion, a perceived limitation in understanding and appreciation of each other's knowledge, experience and skillsets, which could have been avoided had more time been given to ensure integration and 'closeness' in the group. To some extent, this was exacerbated by the fact that a number of Trustees already had very close and direct working relationships as a consequence of their roles with the Council. However, the Fund has clearly benefited from a strong sense of collective responsibility which Trustees developed for the decisions they were making. Meetings have been characterised by descriptions of robust, respectful discussion, with space for open, honest, careful consideration and debate.
- 3.21 It is clear that the Fund would have benefited from more precisely defined governance procedures. Looking back over the Trustees activities since 23 May 2017, it is possible to observe discrete phases (which the previous section in this report represents) occurring over the process of time. In the beginning, there is an immediate emergency response, covering the hours, days and weeks directly following the attack and lasting for approximately the first month. This is an extremely uncertain period, much about the attack and its impact is unknown and the imperative for speed to quickly help those in need is the primary driver. As more becomes known, the position moves to a relatively more stable and sustained period of 'charitable giving'. The imperative to move at pace is reduced, but speed is not entirely removed from the equation – the Fund cannot be perceived to be 'sitting' on money. Ensuring

fair, appropriate and reasonable processing of gifts to victims, using the greater evidence available about their injuries, becomes the key driver. As time progresses, donations slow and the overall value of the Fund steadily reduces, the Fund begins to move into a scale back position.

- 3.22 It is essential that the skills, knowledge and experience of Trustees, the governance roles, processes, procedures and the decision-making protocols are suited to the needs of the Fund across these different phases. However, the Fund retained its emergency response arrangements and structures well into the ‘sustained charitable giving’ phase. Most Trustees were appointed, and the Chair selected, prior to the allocation of Phase 1 payments, without a defined review point for these arrangements being agreed.
- 3.23 As the Fund moved out of the immediate emergency response phase, Trustees could have taken the opportunity to review the governance arrangements and consider whether the different demands and requirements of Trustees necessitated changes to processes and roles. For example, in the immediate response, representation and stewardship from public representatives is a clear and effective means of demonstrating to the victims (and the general public) that action is being taken. However, as the situation moves into a longer-term process of complex decision making, the requirement evolves. ‘Action’ alone is no longer sufficient; it must be action characterised by independence and impartiality. A further example is that, in the immediate response, having Trustees who can support the required interaction and integration with the organisations conducting the wider emergency response is critical. However, as the situation moves on, the inputs required from some of these organisations integral to the emergency response reduces and other linkages may become more useful, for example to ongoing health, social or community care.
- 3.24 Finding the right Trustees with the appropriate mix of skills takes time and, as the mix of skills required changes with time, it is essential to anticipate and build in opportunities to regularly review the efficacy of governance arrangements; particularly at the point of moving out of the initial emergency response. The approach taken by the LBRCF following the 7/7 attack in London in 2005 was to appoint a group of interim Trustees to administer the emergency response, without delay. In the first month, these Trustees also appointed further Trustees, put governance procedures in place and planned changes to governance roles for later in 2005. An alternative approach suggested during this consultation was to put in place a temporary ‘delegated committee’, drawn from the core organisations and agencies involved in the wider emergency response. Such a committee would make decisions during the emergency response period, using BRC to hold funds and grant payments, whilst a separate charity is formed, Trustees appointed, and governance roles and procedures determined. To provide continuity, it is likely that members of any interim board or delegated committee would take up positions on the Board, or remain involved as non-executive members.
- 3.25 As the Fund remained in ‘response mode’, no formal decision-making policies were documented; rather consensus decision-making organically became the status quo. Up to the end of May 2018, only one decision was put to a formal vote. Working in this context, the strength of Trustees’ confidence in each other is essential. All decisions were made based on logical, pragmatic, rational, reasoning and discussion, finely balanced with the highly emotive situation. This has largely worked well and been an important enabler of the strong sense of collective responsibility amongst Trustees for the decisions made. However, this consensus approach could have been supported by clear, agreed and documented decision-making protocols. On one occasion a decision was taken by a sub-group which lacked a quorum, and

whilst this was identified and appropriately rectified, it did have a temporarily undermining effect on Trustees morale and confidence in each other. Arguably, this could have been avoided had there been a formal, documented protocol as a reference point.

- 3.26 Whilst the complexity of the subjects that Trustees were dealing with cannot be understated, the combination of an evidence-based approach and consensus decision-making did lead to some decisions taking considerably more time to reach than others. For example, it took:
- 3 months for Trustees to decide on awards for psychological injury;
 - 3 months to decide on awards for life changing injuries, serious injuries (and payments not covered by the other categories);
 - 3 months to decide on funding of psychological support groups;
 - 2 months for Trustees to decide on the complaints procedure; and
 - 2 months for Trustees to decide on MIHP payment.
- 3.27 Lessons from other disaster funds suggest that, on the basis that an emergency fund's operational life will usually be time-bound, a useful early task is to put in place an outline timetable for payment phases to support 'driving' activity and decisions. Recognising that it is incredibly difficult to know how much to distribute and when, such a timetable would require the flexibility to be amended relative to the level of donations received and the evidence obtained about injuries and needs. Naturally, the maintenance and management of such a plan necessitates the presence of effective operational and administrative support.

Box 3-2 Governance, summary of key lessons learned

What worked well?	What could have been done differently?
<ul style="list-style-type: none"> • Having a multi-disciplinary team of Trustees, drawn from senior positions in key organisations involved in the emergency response in combination with others with strong connections to the city and relevant national infrastructures. In addition to their own knowledge and experience, these individuals could leverage wider relationships to gather expertise and advice; • Developing strong collective responsibility through consensus decision making; • Ensuring robust discussion by creating, space for honest, open, careful consideration and debate. 	<ul style="list-style-type: none"> • Some Trustees had pre-existing working relationships, others didn't. There could have been greater effort to introduce and integrate as a group; • Greater discussion around Governance roles at the outset and a review of Governance as the Fund moved forward from the immediate emergency response; • Clearly defined and documented decision-making protocols.

Operations

- 3.28 The resource and time required to administer a Fund of this nature should not be underestimated. Whilst an early attempt was made to appoint an administrative lead, this initial recruitment failed and the Fund did not have permanent administrative and operational resource in place, in the form of a COO and PSO, until September 2017.
- 3.29 From the outset, the Fund has leant heavily on MCC to support its operations across legal, financial and communication matters. The competence of staff at the Council and their

commitment to supporting the Fund, in addition to their existing work commitments, has been of paramount importance to the Fund and underpinned its ability to function. That MCC has been able to provide this level of support reflects its size and capacity, which is not replicated in many other towns and cities across the UK. However, regardless of the scale of the authority, the impact on staff involved and the need to support them when delivering such exceptional and emotionally demanding work, should not be underestimated.

- 3.30 The Fund also made operational links at critical times with other organisations, including the NHS, GMP, VS, the Peace Foundation and BRC. The strong working relationship between MCC and the BRC to manage the in-flow and distribution of donations has been particularly crucial and ensured that the Fund was able to get money out to victims and bereaved next of kin very quickly.
- 3.31 VS, the Peace Foundation and the BRC provided crucial practical and emotional support to anyone who sought it in relation to the attack. VS's 24-hour *Supportline* received its first calls related to the attack within hours of the incident, local VS services also provided immediate support, and continue to support victims and survivors. The Peace Foundation's *Survivors Assistance Network*, for people affected by a terrorist incident, has also provided critical support. A BRC telephone helpline was staffed between June and August 2017. As call volumes on the BRC line declined during August and September 2017, the service was discontinued. The helpline number remains active, but is a recorded message directing callers to VS.
- 3.32 This broad formation of strong local ownership and leadership from the Fund, drawing on existing national infrastructure and 'machinery' from organisations such as the Peace Foundation, the BRC and VS, has been a highly effective operational approach.
- 3.33 Despite the support provided by MCC, the BRC, VS and pro-bono support from various organisations, the Fund did suffer over the first three months due to a lack of dedicated administrative support. There are some deficiencies in record keeping, a lack of detailed minutes from meetings and limited documentation from the early months of the Fund, including a lack of documentation for core processes and activities. There were also delays in responding to direct queries from victims and no direct point of contact in the Fund for victims. Once the COO was in place several strands of work to resolve issues were identified and actioned very quickly.
- 3.34 Consultees consistently commented on the transformative effect of having the right administrative team in place, the recruitment of whom should be considered as mission critical as the appointment of the Board. Whilst receiving support from other organisations and partners is key to effective operation, particularly in the immediate response, the point is mainly one of ensuring sufficient dedicated operational capacity and capability is in place from the outset.
- 3.35 The early limitations in dedicated operational staff meant that the Fund did not undertake detailed consideration of what administrative processes and procedures might be needed over the longer-term. Operational processes developed organically, and in much the same way as the section above described the need for review of governance procedures, the changing administrative and operational needs of the Fund should have been considered as it moved from an emergency response to a sustained charitable giving position. For example, the need for a complaints procedure or for a stronger dedicated website and social media support may all have been identified and agreed sooner.

Box 3-3 Operations, summary of key lessons learned

What worked well?	What could have been done differently?
<ul style="list-style-type: none"> • Strong local partnerships across key organisations, MCC, GMP, Resilience Hub, NHS; • Local ownership, direction & leadership combined with effective utilisation of VS & BRC infrastructure & ‘machinery’ to support the process of collecting and distributing money, and provide support for victims; • High levels of staff resource provided by MCC to support and deliver financial, legal and communications activity. 	<ul style="list-style-type: none"> • Securing dedicated administrative support staff for the Fund at the outset, getting the right people, with the right skills and who are able to commit the time necessary; • Putting in place core operational processes and procedures sooner; • Taking time to reflect, anticipate issues that may arise and proactively plan ahead.

Information

- 3.36 Initial payments to victims began to be distributed only 10 days after the attack. The speed with which the Fund made initial payments to victims is a success, but it is important to understand that accepting speed as the primary driver in making early payments, means accepting acting with limited information. In making decisions on the first phase of payments, there was no substantive evidence base beyond the initial victim list and there had yet to be detailed clinical advice related to physical injury. In the absence of this, Trustees used length of stay in hospital as an indicator to make payments to those who had been physically injured. This was on the advice of the BRC, replicated the approach taken in London in 2005 and is entirely consistent with practice in other emergency funds.
- 3.37 The first phase of payments committed gifts of £70k for bereaved next of kin, £60k for those hospitalised for 7 nights or longer and £3.5k for those who had been hospitalised overnight. This resulted in a high differential financial value between the hospitalised categories in the first phase; a gap of £56.5k which, as further clinical evidence became available, did not necessarily reflect the severity of injuries sustained by victims. This was recognised and addressed in the third phase of payments, which made provision for further gifts for those who were hospitalised for less 7 nights, but who were receiving ongoing treatment for serious injuries.
- 3.38 This highlights that whilst standard practice for this type of fund³, using length of hospital stay as a means of reflecting extent of injury or trauma has its imperfections. Multiple factors may affect the length of hospital stay, which have no bearing on severity of injury. For example, the different operational constraints in hospitals in which victims receive treatment or when and where people choose, or are able, to attend a hospital following an attack or incident. Approaches to dealing with this will vary, depending on context and it will be important for future funds to decide what approach is appropriate. The experience in Manchester shows

³Length of hospital stay was used subsequently, for example, by the London Emergencies Trust who distributed donations made to victims of the 2017 terror attacks at Westminster, London Bridge, Finsbury Park and Parsons Green and to victims of the Grenfell Tower fire.

that the phased approach to making payments, reflecting the increasing availability of clinical evidence as more time passes, is one option.

3.39 Other suggestions for future consideration from the consultation include:

- Making payments only to the bereaved next of kin immediately, in combination with a ‘hardship’ fund immediately available for those injured in the attack (or next of kin), who are in need of short-term financial support or who are subsequently experiencing financial difficulties. These could be administered whilst categories for payments related to injury are developed, and clinician input obtained, and would remove time in hospital completely from the criteria.
- Maintaining length of stay as a category, but making the initial payments at a lower value whilst further data is gathered to inform subsequent payment phases, thereby reducing the initial differential financial value between periods of time spent in hospital.
- Working with clinical staff to consider the context of the attack/disaster and whether there should be any modification to the ‘standard’ lengths of hospital stay used by previous funds, that may signify more closely the severity of physical injuries sustained.

3.40 Whilst determining the value of the payment categories has not been without challenge, it has worked well that the Fund has maintained broad, headline categories from the outset and refinements have been within these as time has progressed, and greater evidence has become available. It is likely that making any substantive changes to the headline categories would have undermined confidence in those early decisions, which highlights a critical dilemma in early stages; finding the right balance between acting quickly to make an immediate emergency response, and allowing the time required to gather information to make more informed, evidence-based decisions.

3.41 The process of bringing together data to establish a victim list and maintaining this as the injury situation evolved was a complicated collaborative effort, which in many ways shows the co-ordinated effort of the agencies involved at its best. The Fund’s use of third-party data to develop, maintain and verify the evidence base to support decision making was, overall, successful and whilst it took a number of months for all of the information to be gathered to enable Trustees to decide on the distribution of Phase 3 payments (the first after the immediate emergency response which provided money for the injured), the list was key to guiding the Fund’s activity and informing the Trustees’ decision making.

3.42 Insight from other emergency funds underscores the importance of access to evidence and data to support decision-making in the aftermath of disasters, particularly in determining the pool of eligible beneficiaries. However, in the context of a changing regulatory environment around data there are now significant difficulties around obtaining data easily and efficiently and putting appropriate data sharing agreements in place. This reinforces the importance of having the right people, with the right skills, expertise and authority to establish and maintain an evidence base that helps to qualify, justify and explain the decisions made.

3.43 The Greater Manchester Resilience Hub provided a significant amount of input and senior clinicians took a very active role in supporting Trustees’ decision making. From Phase 3 onwards clinician input was used to guide all payments to injured victims. The Fund also had strong relationships with the GMP Family Liaison Officers (FLOs), who on the advice of GMP, were the main point of contact between the bereaved next of kin and the Fund, until the permanent administrative team was in place.

- 3.44 FLOs were crucial in supporting the process of verifying the Fund’s identification of the bereaved next of kin. This worked well and in most cases the identification of next of kin did not present a problem. However, there were two instances where next of kin payments were challenged. These were complicated cases, requiring a depth of insight into family dynamics that is was not possible for FLOs to observe, and the Fund worked with the families to reach a resolution.
- 3.45 This approach was also taken by the LBRCF and LET, who worked with bereaved next of kin to agree to whom funds should be directed. To simplify the process, in cases of bereavement, LET trustees decided to be guided in the first instance by English Law intestacy rules (under The Intestacy Act 1925) to work out who in a family should be the recipient of funds. This tended to be either a surviving spouse, children, parents or siblings(s). However, the Trustees exercised their discretion to depart from these otherwise strict rules if there were special circumstances and where an alternative approach was likely to produce a more equitable distribution of funding. In some cases, families in receipt of LET charitable donations required that LET paid out funds in another way, during which point LET Trustees worked with the families where it was confident of agreement between family members. In cases of family dispute, LET Trustees worked closely with the police, social workers, charities supporting families and law firms. This was viewed as the best way to arbitrate issues of dispute, though it was acknowledged that occasionally situations can inevitably result in disappointment or dissatisfaction.
- 3.46 People lead complicated lives and this type of incident brings this to the surface. It is important to have a process in place which can sensitively, but dispassionately and accurately, verify the information provided by victims’ families. It has been suggested that future Funds may consider setting out a data framework to support this process, which articulates what information is required, who will provide it and how it will be used. They may also wish to consider working with FLOs to establish some straightforward diagnostic observations and/or integrate questions in application forms which specifically seek to understand whether it is likely that there may be others (currently unknown to the Fund) who would feel they were able to claim kinship.
- 3.47 It was noted in the Governance section above (paragraph 3.24) that Trustees should consider how the inputs and information required change as time progresses. In terms of information, this point recurred a few times, in different contexts. It was noted that it would have been useful to have earlier contextual legal advice (specifically charity law) and for this expertise to have been represented around the Board table. More frequently, it was noted that having access to advisors who had a closer understanding of the victim’s perspective or a ‘survivor’s voice’, would have been valuable, particularly to be able to reflect the whole journey from injury/bereavement and through the process of rehabilitation. This does not necessarily need to be someone who has been through this situation themselves and brings lived experience, rather someone who could bring experience of supporting people through rehabilitation following an incident of this type. Whilst one of the Trustees was also a board member for VS, their knowledge and experience did not fall within this range. If the decision was taken to work with advisors with lived experience, clearly, they would need to be sufficiently removed from the present situation that they do not represent a conflict of interest throughout the process.

Box 3-4 Information, summary of key lessons learned

What worked well?	What could have been done differently?
<ul style="list-style-type: none"> • Establishing and maintaining a victim list to enable evidence-based decisions to be made; • The cross-agency working required to develop a victim the list, crucial support was provided by Trustees to marshal information from within their organisations; • Using clinical advice and input to inform decision making; • Using broad injury categories to make initial payments, which were maintained throughout and any refinements made within (rather than changing them) as more information became known. 	<ul style="list-style-type: none"> • Improved processes for verifying information on next of kin; • Using different indicators as a proxy for severity of injury than the initial length of stay category; • Lower differential values between initial payment categories, whilst evidence base established; • Securing advice on the longer-term process of rehabilitation, either in the form of a Trustee with this experience, or an advisor to the Board.

Communications

- 3.48 The Fund’s communication strategy and plan are closely aligned to the aims and objectives of the overall city disaster recovery plan and identify key stakeholders and means of communication with them. The aims of the strategy are to ‘identify and prevent reputational risk, provide a sensitive and professional service to those affected by the attack, aid the recovery and ensure the Fund is a positive news story’.
- 3.49 Careful management of PR and relationships with the press by the Fund’s communications manager has effectively minimised reputational risk and maintained a positive news position for the Fund. This follows the experience of the LBRCF, whose communications manager was experienced in working on crisis news management, in difficult situations and under public scrutiny. The headline principle of the LBRCF communications strategy was to ‘get in first’ to ensure they were managing the story and their reputation, and this principle was also set out in the Fund’s communication strategy. The presence of the MEN on the Board was, in particular, seen by many to be instrumental in the overall success of the Fund. This was also reflected by the London Bombings Relief Charitable Fund (LBRCF), who noted that having the London Evening Standard on board in 2005, though as a communications partner rather than Trustee, helped to galvanise support.
- 3.50 Whilst the media handling element of the Fund’s communication has been a success, there has been a shortfall in the approach to communicating directly with victims, both in terms of dealing with communications coming into the Fund and managing outward communications. Having a strong process for two-way communication with victims is important, as is being as transparent and clear as possible throughout the process of deliberating on and distributing payments.
- 3.51 In the early months there was a paucity of information for victims from the Fund. Those who had direct contact with victims during this period reflected on their sense of frustration about the lack of information being provided. This point was also raised in the Kerslake Review,

which considered there to be a lack of proactive communication from the Fund with those being directly affected between phases of payments.

- 3.52 Whilst there was a webpage on the Council website, there wasn't a dedicated online presence for the Fund until August 2017. Without a dedicated administrative resource, the Fund's email inbox was not effectively managed, and emails remained unanswered or received repeated holding responses, which provided no information. As previously noted, national agencies put telephone helplines in place quickly. These had very high call volumes in the early weeks, including calls related to supporting or processing applications to the Fund. This highlights that responsiveness in this period is critical, and underlines the paramount importance of having sufficient administrative support in place as soon as possible from the outset, and the value of leveraging existing infrastructures for a short period.
- 3.53 The arrival of the COO in September, who took on responsibility for communicating with victims and the development of a complaints procedure, significantly improved the process. A further boost came in January 2018 with an appointment of a team member with a specific remit to focus on communications and social media.
- 3.54 The 'get in first' approach to offering answers before questions does not appear to have been followed through in the case of victims. Had there been a monthly update on progress, even a simple outline of the topics under consideration by the Trustees and some reference to the evidence being considered, this would have significantly improved victim and public understanding of the detailed work that was ongoing.
- 3.55 Experience from other funds consulted during this review noted the value of proactive outreach to victims, citing the notion that not reaching out can risk missing those who may not actively come forward and may need support. Having a strong news profile, which the Fund certainly did, and a good digital infrastructure, such as a website, email and active social media presence, are key to reaching those directly affected by the situation. The Fund was slow to establish its digital infrastructure, but has ultimately come to have this in place. The Greater Manchester Resilience Hub also worked with TicketMaster to communicate information with anyone who had purchased a ticket for the concert. Whilst this action was not undertaken directly by the Fund, the close working relationship between the Hub and Fund ensured that, where relevant, the Hub could signpost people who contacted them to the Fund.
- 3.56 It is clear that the delivery of the communications strategy needed to have a stronger dual focus to guide and pro-actively manage communications both with the media and with victims. Due consideration should have been given to the very niche communications experience and expertise required in this situation and the level of resourcing this requires. *Most* people interacting with the Fund are suffering from trauma and distress and communication with these individuals needs to be carefully managed. Clear messaging is extremely important, as is the way in which messages are communicated. In all cases, it is important to consider the potential impact or consequence of communicating a particular message. Who is the intended audience and who might be the unintended audience? Is the messenger the appropriate organisation or person, or should the messages be delivered in another way? This includes the content and style of formal letters and other written materials, as much as press releases, the website and any verbal and personal interaction.

Box 3-5 Communication, summary of key lessons learned

What worked well?

- Putting a communication strategy in place;
- Having press representation on the Board;
- Excellent PR management to maintain the Fund as a positive news story in the press;
- Once in post, the COO developed and maintained strong communication with victims.

What could have been done differently?

- Stronger communications with victims in the first three months, better management of mailbox in the beginning and a clear point of contact during the emergency response period;
- More direct communication with victims throughout, to update on Fund activities and Trustee deliberations and to 'answer questions before they are posed';
- Having strong digital infrastructure in place as soon as possible after forming: a well-managed email inbox, an active social media presence, and a dedicated website.

4 Conclusion

- 4.1 One year on from its formation, the Fund has distributed £19m of donated money to victims of the attack and committed to distribute over £20m. It was the first UK emergency fund to make payments as gifts to those suffering from psychological injuries, and through providing funding to MIHP and support groups, victims will continue to receive help and support when the Fund ceases to exist.
- 4.2 Trustees dedicated a considerable amount of time and showed clear commitment to administering the Fund. They have distributed a significant amount of money, in a short space of time, and have all contributed to the many successes of the Fund. The hard-work, dedication and achievements of the Trustees, and all those who worked alongside them, must be noted and praised.
- 4.3 The Trustees' desire to add substantively to the body of evidence on responding to disasters through commissioning this review, to help those who may find themselves in a similar role in the future, is symptomatic of their commitment to and belief in their work. Whilst there are aspects that have been identified as areas that could have been done differently, it is important that these should not detract from the outstanding achievements of the Fund since it was formed. It is clear that at all times, Trustees and support staff acted with the best intentions.
- 4.4 This has been deeply personal and emotionally challenging work for all involved, a circumstance naturally dictated by being involved so closely with the response to an horrific terrorist attack. The Fund acted quickly to administer an emergency response, but arguably stayed in this mode for too long; retaining structures and procedures because they had been born out of those dark early days, rather than because objective review identified that they remained appropriate.
- 4.5 The Fund has yielded significant convening power, both literally, in terms of the individuals and organisations which it brought together to make action possible, and figuratively in coming to represent how the city of Manchester was responding to the attack. The resounding feedback from the consultation for the Review was that its local rooting was at the crux of this. At the time of writing, work is being undertaken by the Charity Commission to develop a framework to co-ordinate and enable future charity sector responses to national critical incidents. The Manchester experience suggests that most effective use of national operational infrastructures is to enable locally-led responses, not to replace them.
- 4.6 It has already been noted that no two terror attacks or disasters are identical, and as such, no emergency fund can operate in exactly the same way as those which preceded it. It is impossible to predict when and where someone will next need to ask, "What did they do in Manchester?", but it is hoped that the lessons drawn together in this document will mean that the question does not remain unanswered for long.

A Appendix – Consultee List

Name	Role, Organisation
Trustees	
Sir Howard Bernstein	Former Chief Executive of Manchester City Council
Edith Conn OBE JP DL	President, Greater Manchester British Red Cross
Carol Culley	City Treasurer, Manchester City Council
Rachel Downey	Project Director, Manchester Life
Chief Constable Ian Hopkins QPM	Chief Constable, Greater Manchester Police
Rob Irvine	Former Editor-In-Chief, Manchester Evening News
Les Mosco	Trustee and Vice-Chair, Victim Support
Councillor Sue Murphy CBE	Councillor for the Brooklands Ward, Manchester City Council
Joanne Roney OBE	Chief Executive, Manchester City Council
Jon Rouse CBE	Chief Officer, GM Health and Social Care
Darren Thwaites	Editor-In-Chief, Manchester Evening News
Liz Treacy	City Solicitor, Manchester City Council
Fund Staff	
Eunice Long	Principal Support Officer, We Love Manchester Emergency Fund
Vicky Rosin MBE	Chief Operating Officer, We Love Manchester Emergency Fund
Manchester City Council Staff	
Jacqui Dennis	Deputy City Solicitor, Manchester City Council
Paul Hindle	Head of Finance, Manchester City Council
Pamela Welsh	Communications Business Partner, Manchester City Council
Wider Organisations	
Mark Astarita OBE	Previous Fundraising Director, British Red Cross
Andrea Dayson	Associate Director, NHS
DI Teresa Lam	Family Liaison Lead Greater Manchester Police
Helen Lambert	Pathway Manager at Manchester Resilience Hub
Individuals with Experience of Other Disaster Funds	
Rob Bell	Director, London Emergencies Trust
Dr. Atle Dyregrov	Professor, Center for Crisis Psychology, University of Bergen
Dr. Anne Eyre	Sociologist and Independent Consultant, Trauma Training
Gerald Oppenheim	Chair, London Emergencies Trust

B Appendix – Daily Breakdown of the Immediate Response

22 May 2017

The bomb is detonated in the Manchester Arena

23 May 2017

Manchester Evening News Launch We Stand Together Campaign

Donations received by The British Red Cross and The Lord Mayors Charity

Manchester City Council start mobilising the We Love Manchester Emergency Fund

24 May 2017

Trustees are co-ordinated

26 May 2017

We Love Manchester Emergency Fund is established

27 May 2017

First press release on the Fund is issued

30 May 2017

We Love Manchester Emergency Fund officially becomes a registered charity (Charity number 1173260).

31 May 2017

First Trustee board meeting is held:

- A Chair is selected
- Charitable objectives are agreed
- Categories and values for first phase of payments agreed (Phase 1a)

1 June 2017

Phase 1a payments start to be distributed

Press release is issued on Phase 1a payments

4 June 2017

One Love Manchester benefit concert is held

13 June 2017

Second Trustee meeting is held

Further payments are agreed (Phase 1b)

14 June 2017

Phase 1b payments start to be distributed

Press release is issued on the additional payments

C Appendix – Monthly Breakdown of the Next 11 Months

July 2017

Edith Conn and Les Mosco attend their first Trustee meetings

First Chief Operating Officer appointed

Greater Manchester Resilience Hub formed

August 2017

Task and Finish Group established to co-ordinate Victim data

Further payments are given to the bereaved next of kin (Phase 2)

First Chief Operating Officer no longer in role

September 2017

Further payments are given to a cohort of the injured (Phase 3)

Chief Operating Officer and Principal Support Officer are appointed

October 2017

Complaints procedure established

November 2017

Payments start to be made to a cohort of those suffering psychological injury (Phase 4)

December 2017

Further payments given to a cohort of the most seriously injured

January 2018

Proposal for funding enhanced rehabilitation for the seriously injured is presented

February 2018

Rob Irvine gives notice of intention to leave Board of Trustees

March 2018

Darren Thwaites attends Trustee meeting as an observer

Funding agreed for treatment via the Manchester Institute of Health & Performance (Phase 5)

April 2018

Rob Irvine leaves Board of Trustees and is replaced by Darren Thwaites

Additional payments given to the bereaved next of kin

Funding approved for psychological support groups (Phase 6)

May 2018

Independent Review commissioned

D Appendix - Categories to which Trustees have worked in making payments from the Fund

Categories	Potential assistance
Next of kin of those who lost their lives in the attack	Cash gift
People who were in hospital seven nights or longer immediately following the attack.	Cash gift
People who were in hospital overnight (but less than seven nights) immediately following the attack.	Cash gift
People who have received life-changing injuries – including paralysis, loss of limbs or other major injuries (as assessed by NHS clinicians). These people will already have had a payment for hospital stays more than seven nights (as above).	Cash gift
People who were hospitalised less than seven nights and who are likely to make a full recovery, but who nonetheless have had serious injuries and are still receiving ongoing medical treatment. These people will be subject to review from clinical advisors to the Fund and doctors treating them and will have already received a cash gift.	Cash gift
People who were in the foyer of the Arena or accessed it straight away after the attack AND will have been assessed as being 'functionally impaired' due to the psychological injury they sustained (verified by an accredited clinician) and have not already had a payment from the Fund of £60,000 or more. These people may also have received or be eligible for gifts for physical injury if they match the above criteria.	Cash gift
People identified by doctors as suffering from continued disability after major physical trauma. These people will have already received cash gifts under the other criteria listed above.	Access to treatment sessions at The Manchester Institute of Health & Performance (MIHP). See for more information: http://www.manchesteremergencyfund.com/fund-invests-300000-enhanced-treatment/
Ongoing psychological trauma. These people may also be eligible for cash gifts under the other criteria listed above.	Access to nationwide support groups. See for more information: http://www.manchesteremergencyfund.com/nationwide-psychological-support-groups/

E Appendix – References

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