

Witness Name: Richard Finlay

Statement No.: WITN4562001

Exhibits: None

Dated: 16/02/2021

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF RICHARD FINLAY

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 2 November 2020.

I, Richard Finlay, will say as follows: -

1. I have done my best to answer the very detailed questions in the Rule 9 request. I have either no recollection or only a partial recollection of many of the matters referenced, which took place some years ago and I no longer have access to CF documents. The details of applicable policies and procedure should be evident from the documents available to the Inquiry. The former Chief Executive and Chair of CF are likely to have more detailed knowledge in respect of many of the matters raised. I have been given some documents by the Inquiry Team but there may be other documents in CF's archives (to which the Inquiry has access) which demonstrate that my recollection is incorrect.

Section 1: Introduction

2. My name is Richard John Finlay, GRO-C
Northern Ireland. My date of birth is GRO-C 1947.

3. I am a teacher by profession. From 1970 to 1978 I was an Assistant Teacher to A Level in Methodist College Belfast. From 1979 to 1992 I was an Education Officer in the South Eastern Education & Library Board in Northern Ireland with responsibilities in Primary, Secondary and Grammar schools. From 1992 to 2010 I was Headmaster in Glenlola Collegiate School, Bangor, Co. Down.
4. I had applied to join the Caxton Foundation Board in the hope of making a practical contribution. My understanding is that Caxton Trustee Limited was the corporate trustee of the Caxton Foundation (CF). Initially I was a Trustee of the Foundation and subsequently became a director of Caxton Trustee Limited from its incorporation on 19 March 2012. I had lost a close and senior colleague who was haemophiliac and had received infected blood. I had become very aware of the devastating impact of this tragedy on his health, his work and his family. I replied to a public advertisement, was interviewed and accepted. Shortly after my appointment to the Board in 2011, I was appointed by the Board to the NWC and continued on this committee throughout my time with CF. Following changes in personnel and the resignation of some Board members, I was elected as Chair of the NWC and also elected as Vice Chair of the Board. My appointment as Chair of the NWC commenced 16 April 2014.
5. Initially, as a member of the NWC, I assisted in its decision making process and discussions on grant applications. As Chair of the NWC, my role was to conduct meetings, in accordance with the agenda, and with the committee determine outcomes on behalf of CF. The NWC would subsequently present the minutes of each meeting to the CF Board for its information on business conducted by the NWC.
6. I received an Induction Pack for Trustees which detailed the "Objects of the Charity". Training was not formal, rather it was developmental by regular attendance, in other words "learning on the job".

7. The time I spent on my CF positions varied with the volume and/ or complexity of business, it did involve weekly time in routine matters and round-robin emails plus substantial time preparing for meetings and considerable travel time. It is difficult to quantify precisely but I would estimate a minimum of 4 - 6 hours per week to a maximum of 72 hours per week which may also have included necessary travel as well as contact with staff in CF's office.
8. I have not been a member of any other committees, associations, parties, societies or groups relevant to the Inquiry's terms of reference.
9. I have not provided evidence to, or been involved in, any other inquiries, investigations or criminal or civil litigation in relation to HIV, HBV, HCV or vCJD in blood and/or blood products.

Section 2: Establishment of the Trusts and Schemes

10. The minutes of the Board on 4 August 2011 [CAXT0000108_017] explain the circumstances in which CF was established. I was not involved in the initial establishment of CF.
11. As detailed in the public advertisement to which I responded (dated 5 May 2011), CF was established to provide financial and other assistance to persons who had been infected with Hep C virus, as a consequence of treatment from the NHS. The aim of CF was to ensure that those persons affected were adequately provided for.
12. I believe that CF was regulated by the Charity Commission. However, I do not recall any interactions with the Commission in my time as a trustee.
13. I have no knowledge of what involvement the Department of Health had in setting up CF.

Section 3: The AHOs

Appointments of Trustees

14. I cannot now recall the appointment process for new CF Board members, or the exact composition of the Board. As stated above, when I was appointed there was a public advertisement and I was interviewed. I expect a similar process was followed in respect of other appointments.
15. Again, I cannot recall whether the Department of Health, other government departments or any other organisations played any role in the appointments process.
16. As stated above, I responded to a public advertisement and I assume other vacancies were also advertised.
17. I cannot recall details of the numbers of applicants or their suitability.
18. I have little recollection of the Board discussions on 4 August 2011 and 2 May 2013 in respect of 'user' trustees. I had no particular views on the appointment of user Trustees and I accepted the consensus view of the Board on the matter. I believe there was one trustee (a later appointment) who was a Hep C victim.
19. I have no knowledge of whether and how many trustees were appointed by the Government and/or the Haemophilia Society during my tenure at the CF.
20. I recall that the duration of trustees' terms of office was variable on a renewal sequence to ensure member continuity. Initially my appointment was for one year and it was subsequently renewed. I do not know if there was any restriction on the number of possible renewals. Again, the minute of 4 August 2011 [CAXT0000108_017] may clarify the matter.

21. Trustees received no remuneration, it was a voluntary role. I was reimbursed for necessary travel and subsistence expenses according to the approved rates for allowances/ expenses.
22. I cannot recall whether there was an overlap of trustees between the AHOs. I do not recall any difficulties if it was the case.

Structure of the AHOs

23. I did not have detailed knowledge of the administrative arrangements. I believe that resources were shared but the former Chief Executive would be best placed to provide the details.
24. I cannot recall why CF acted as employer for all five AHOs. Again, the Chief Executive can best explain the arrangements instigated, I believe by DOH.
25. There was a very good working relationship between Trustees and senior staff. I cannot recall any difficulties/ issues of any note.

Relationship with Government

26. I was not directly involved in any interactions between CF and the government. I believe the Chief Executive was the main point of contact and would be best placed to confirm the involvement/oversight that the Department of Health would have had.
27. I did not raise any concerns or issues with the Department of Health about the funding, structure, organisation or running of the CF. I cannot recall whether others within CF did so.
28. I recall contact between CF and the Department of Work and Pensions occurred, as noted in the minutes of the 18 September 2013 NWC meeting [CAXT0000110_065]. I cannot recall being aware that beneficiaries had their benefits stopped as a result of assistance they received from AHOs or any steps taken in response. The above minutes record that contact had been made by the NWC Chair and the Interim Deputy Chief Executive of CF with

the DWP. This was before I was appointed NWC Chair in April 2014 and I was not involved in these discussions regarding how DWP calculated household income levels and poverty benchmarks. Charles Lister was the Chair of NWC at the time. I am not aware of the outcome of the meeting. I am not aware of whether there were other meetings between CF and DWP so I cannot confirm the frequency of contact. In my time as Chair of NWC I had no meetings with DWP.

29. I cannot recall any issue which arose in respect of the bedroom tax or advice given by Mr GRO-A in that regard. The Chief Executive can best respond to this query.
30. As stated above, I was not directly involved in any interactions with the Department of Health which I believe were led by the Chief Executive. I cannot recall any difficulties with the working relationship being raised.

Section 4: Funding/finances of the AHOs

31. I was not involved in discussions with the Government about funding provision. The Chief Executive would be able to provide details.
32. I am asked to comment on the minutes of the CF Board meeting on 6 October 2011 [CAXT0000108_038]. This was very early in my CF tenure and I cannot now recall the details beyond what is in the minutes.
33. I cannot recall any other difficulties with the process of applying for funding.
34. As stated above, I was not involved in discussions with Government about budget provision. Again, Chief Executive would be in a better position to respond.
35. I believe that the devolved administrations provided funds and yes, the additional funds were, I believe, allocated only to beneficiaries living in that country.

36. To the best of my recollection, CF managed the allocation to Northern Ireland no differently in method from the other UK countries. If the grant requests from beneficiaries in a particular country risked exhausting the available funds, the situation was monitored closely. As known beneficiary numbers were small in Northern Ireland, any unexpected increase in such numbers or grant requests/ decisions, was likely to impact on the budget available for that country. If there were insufficient funds, representations were made to the Department of Health in the Northern Ireland Assembly and additional funding was made available to CF. I recall one occasion when additional funding was provided of, I think, £10k
37. In terms of the information available to CF about the beneficiary population and what was required to meet their needs, CF was only able to respond to grant applications. I do not believe that CF was aware of the numbers of potential beneficiaries. Basically, it was a reactive situation. I understood the needs of the beneficiary community, health issues aside, to be based on the financial assistance that could be provided by CF within the definition of charitable need. These needs for financial assistance would be met, largely through grants, for a wide range of items and issues. My knowledge was acquired through regular attendance at NWC and CF Board meetings.
38. CF received an annual allocation from Government and occasional additional funds upon request from the devolved administrations. I cannot recall specific figures but these should be evident from documents available to the Inquiry.
39. I consider that the funding provided by Government was adequate but not generous. CF had to work within the funding allocation which was a limiting factor in respect of the support that it was able to provide to beneficiaries. Grants were allocated in response to beneficiaries' charitable needs. Demand was variable and charitable need had to be demonstrated. The NWC aimed to balance the beneficiaries' expectations with the individual circumstances of each case presented.

40. I was not involved in the annual or other reviews between CF and DOH and I have no knowledge of the process. The Chief Executive would be best placed to provide this information.
41. I was not involved in any ad hoc meetings with the DOH and again I have no knowledge of the process.
42. As stated at paragraph 38 above, the only additional funding streams that I recall were additional funds requested from the devolved administrations.

Financial management/governance

43. I cannot now recall the budgeting process. The Chief Executive would be best placed to respond.
44. Clearly when numbers of applications increased, there was concern as to how CF's budget could meet the potential grant requests. I recall that representations could be made to the DoH and/ or the relevant devolved administrations should it become apparent that finance in any of the home countries was running low. I only recall one occasion when an approach had to be made to the NI DoH as was referred to under paragraph 36. This resulted in increased funding of £10k to cover possible future grants. I do not recall any other approaches for additional funding to DoH and the devolved administrations. I do not recall any negative effect on beneficiaries.
45. I do not believe CF was generously funded. Working within its budget meant careful financial management arrangements had to be observed. As a consequence of a limited allocation of finance and the desire to make effective use of available resources, NWC monitored the expenditure on a continual basis and provided updated information to the Trustees at each NWC meeting. The beneficiaries, to the best of my knowledge, were neither effected nor disadvantaged as the monitoring process was effective.
46. As the Board minutes of 17 November 2011 [CAXT0000108_070] indicate, the Board discussed the reserves policy and the various merits of setting the

amount at different levels. It was agreed to decide a reserves ceiling not in excess of £1 million. I do not recall the justification for the level of reserves.

47. I was not involved in any negotiations with the Government for increased funding and I do not know whether the level of reserves had an impact on the negotiations.
48. Operational costs were monitored by the Chief Executive. I did not consider CF was over staffed.
49. I believe that salaries were proportionate to the scale of the organisation within the charitable sector.

Loan policies

50. I recall that CF did receive a few requests for loans. CF considered it inappropriate to grant loans that were not for paying off debts because it was not primarily a loan making charitable organisation, but rather a grant making one. I do not recall whether there was a policy in relation to loans. I do not recall the DOH's desire for "read-across" between CF and MFT's loans policies or whether this was taken into account by CF in formulating any loan policy.

Section 5: Identifying beneficiaries for the AHOs

51. I cannot recall whose responsibility it was to identify potential beneficiaries of CF. The founder Trustees and Chief Executive would be best placed to respond.
52. I cannot recall how potential beneficiaries of CF were identified.
53. I cannot recall whether steps were taken by CF to advertise its existence or raise awareness of its work.

54. I consider that DOH should have been continuously circulating information relevant to Hep C and CF through the NHS, its agencies, care homes and practice surgeries.
55. I cannot now recall the difficulties faced by CF in reaching all those who were eligible, or any concern that was raised in relation to confidentiality between CF and Skipton Fund and whether legal advice was sought. This would be best addressed by the Chief Executive.

Section 6: Eligibility for the CF

56. I do not know who set up the eligibility requirements to register for the CF.
57. I do not recall any document setting out the eligibility requirements.
58. To the best of my recollection, I was not consulted about or involved in formulating the eligibility requirements.
59. My understanding is that eligibility to register as a primary beneficiary of CF was determined by registration with the Skipton Fund. I do not recall whether there were other eligibility requirements for primary beneficiaries.
60. I do not recall the eligibility requirements for other beneficiaries.
61. I do not recall whether the eligibility requirements to register for CF changed over time.
62. I do not recall whether a medical opinion was required by CF to determine eligibility for registration.
63. I do not recall who set the procedural requirements an applicant needed to satisfy.

64. I do not recall what the procedural requirements were for establishing eligibility or whether they changed over time.
65. I do not recall whether the procedural requirements were written down and publicly available.
66. I have no knowledge of whether there were differences between the procedural criteria between different AHOs.
67. I do not recall whether the eligibility requirements were reviewed by the Board.
68. I do not recall who determined whether a person met the eligibility requirements.
69. I do not recall any concerns or dissatisfaction with either the substantive or procedural eligibility requirements.

Section 7: Decisions on substantive applications within the CF

The process

70. There were Office Guidelines which were applied by relevant welfare staff servicing the NWC which gave them delegated authority to decide some applications. These dealt with the majority of applications. I cannot recall any occasion when such decisions were made at Board level.

National Welfare Committee

71. I understand the NWC was established to make decisions on grant applications and to dispense charitable income. Usually the committee met on a monthly basis or 5 weekly basis. Applications varied widely over the year and over aid issues. I chaired discussions on each case which could not be dealt with by staff under Office Guidelines. The principal criteria followed by

NWC was “did the application demonstrate charitable need and was the applicant in a financial position to fund the cost of his or her grant request?”. I recall that the Office Guidelines were updated in 2014. I am not aware of a further update. I do not know if the Office Guidelines were based on the MFT guidelines. I cannot now recall whether the Office Guidelines were provided to beneficiaries or otherwise published. As part of background information to deliberations on applications for assistance, previous grants, if any, were noted. I am unable to recall the Board discussion concerning the treatment of carers [CAXT0000108_039]. An unwritten aim of NWC was to achieve consistency as far as possible and to the best of my knowledge this was adhered to on all occasions. I believe reasons for refusing an application were always provided to an unsuccessful applicant. In respect of the Board minutes of 12 August 2015 [CAXT0000111_057], I was responding to a Trustee query on our practice. The NWC considered charitable need to mean that any application for a grant should be discussed when an applicant did not or did not appear to have the financial means to obtain the item(s) without a major impact on their financial welfare and where the requested item(s) was deemed to be of need. This was the understanding we operated to assist many hundreds of beneficiaries. Previous grants were not a barrier to future applications. Each applicant’s situation was unique and all the circumstances were taken into account. Previous grant aid did not make it more or less likely for future applications to be accepted, providing the requests demonstrated charitable need.

72. I am unable to recall any other policies for the determination of applications. I have no recollection of whether expert advice, other than that offered by Professor Thomas (CF Trustee), was sought to inform policies. Professor Thomas’ contributions were primarily background and medically based information. I cannot recall contributions that he made which were related to any specific policy. I do not recall that beneficiaries were consulted on such policies.
73. Preparations and procedural matters would have been the responsibility of the welfare staff in the course of their supporting duties to the Chief Executive. I

cannot recall whether the requirements were reviewed and due to the passage of time I am unable to recall any adjustments or provisions made for beneficiaries who were unable to satisfy the procedural requirements.

74. I recall that welfare office staff were very proactive in assisting applicants with their applications – for example contacting them and following up to assist with the request(s) as appropriate for consideration.
75. Information concerning previous grants to the applicant was noted. Some applicants made only one application and others made more numerous calls for aid. It was whether the aid was deemed appropriate that was always the main factor.
76. To my knowledge, Pennysmart provided a helpful advisory service. A few beneficiaries may have been advised and encouraged to exercise caution with their budgeting, but I do not recall the NWC asking that a beneficiary should cut his or her spending to receive a grant.
77. I regret I am unable to recall the complaint made by a beneficiary to the Charity Commission concerning confidentiality [CAXT0000110_010] or its outcome in any detail. To the best of my knowledge, strict confidentiality was practiced at all times.
78. To the best of my recollection, applications were not conditional on applicants receiving and/ or taking advice from financial advisors and/ or debt counsellors. A referral to such persons would be a very occasional matter as an aid to individual budgetary practice, where it appeared to be relevant. I cannot recall any occasion when a grant was rescinded if a beneficiary did not continue to work with a financial advisor/debt counsellor. If a beneficiary did not follow the advice offered and depending on the individual circumstances, it may have been relevant in any future applications. CF staff would, as part of their practice, make contact with the applicant to discuss the issues sensitively, explaining why CF considered that advice/ guidance was relevant and with the view of securing the potential beneficiaries' cooperation and

involved agreement. CF wished to give each applicant the opportunity to improve their budgetary management and planning and thereby assist them with any future financial matters. As I have stated earlier, if a beneficiary did not follow advice provided by financial advisers, it did not prevent future applications being considered if the beneficiary could demonstrate charitable need.

79. I used the word “dependency” as I was beginning to sense that repeated requests for grants were becoming the norm for a few beneficiaries. I did not make reference to a “dependency culture”. I conveyed my concern to the chair of NWC. In respect of the e-mail correspondence from February 2014 [CAXT0000132_200] I considered that a problem was unfolding with one beneficiary who had already received considerable assistance, way in excess of the amounts granted to the vast majority of our beneficiaries and who had indicated that more requests were to follow. It was my view that the NWC needed to be aware of this situation and its implications for CF were it to continue unchallenged.

Types and level of payments

80. I cannot recall details of lump sum payments. The Chief Executive would be best placed to advise. In respect of grants for specific expenses, I refer you to the Office Guidelines but financial assistance was given for a large range of items and issues. A judgement had to be made by NWC of reasonable level of aid in each case.
81. The outcome of each application was based on its merits. All had to be affordable within our limited budgetary capability and each needed to be considered as meeting “charitable need”.
82. As far as I can recall the regular payments scheme was introduced in 2014/15. There was uncertainty of our funding levels from DOH to sustain our ongoing work and undertake such an additional scheme. It was recognised that beneficiaries on a low income would benefit from a regular payment but

the CF Board did not wish to initiate such financial support which may over commit CF, raising beneficiaries' expectations of a regular payment which might not be sustainable in future years.

83. In relation to retrospective grants and the change in approach in November 2013, I believe the NWC had observed an increase in retrospective applications with the likely expectation that such "requests" would simply have to be accepted. The NWC would still consider however the circumstances behind any retrospective application and base its decision accordingly on the particular individual circumstances. There was a very active "round-robin" arrangement of email circulation between the Caxton staff and NWC members to consider applications that perhaps had not met the time deadline to be presented before committee meetings. This was both effective in assisting our beneficiaries and in aiding the "turnaround time" of requests. I do not recall seeking feedback from the beneficiary community. The then Chair of the NWC may be able to advise on this point.
84. In relation to support for assisted conception, I only recall that such possible action was felt to be intruding upon the role of the medical profession, NHS and its agencies in this sensitive area.
85. I cannot now recall who and how the level of regular payments was set.
86. In respect of the reduction in winter fuel payments in 2014, I recall there was concern regarding the sustainability of these payments if the funding level from DOH fell and if numbers of beneficiaries increased. I do not recall what caused an increase in beneficiary numbers and again this may be best addressed by the Chief Executive. I was not involved in making representations to government on this issue and do not know what representations were made or the response.

Non-financial support

87. I have referred above to the financial/debt advice that was available. I do not recall whether any other non-financial support was available as we were primarily concerned with financial aid and support. Again, the Chief Executive can probably be of greater assistance.

Section 8: Complaints and appeals

88. There was an appeals procedure, although I cannot now recall the details. The minutes of the NWC meeting on 17 February 2012 [CAXT0000109_021] outline the position on participation in decision making on appeals, written reasons and time limits.
89. To the best of my recollection, appeals were infrequent. I do not recall the precise number or how frequently, or if any, appeals succeeded.
90. I do not recall details of how the appeal procedure operated.
91. I do not recall details of any complaints process.
92. Complaints to the best of my knowledge were very infrequent. I am not able to recall any specific example.
93. I cannot recall what information was provided to beneficiaries about the appeal and complaints procedure.
94. I am not aware of any complaints being made about CF to outside agencies such as the Charity Commission or DOH, apart from the complaint referenced at paragraph 77 above.

Section 9: Engagement with the beneficiary community

95. I recall it was agreed to improve communications with the beneficiary community. I recall a survey (in summer 2014) led to some improvements on the website and I think a newsletter began in 2014. CF tried to establish regional meetings of beneficiaries, but I believe the responses to the survey conveyed very little interest.
96. I recall the NWC, with the previous chairman, agreed for a notice to be placed on the CF website seeking input from beneficiaries on a possible event (2012). However, there was little uptake. I understand there had been some meetings before my tenure with CF.
97. I consider that the relationship between the senior management/Board of CF and the beneficiary community was business like and formal. There was little or no social exchange; this did however enable NWC and CF to be objective in its overall approach. I recall there was one particularly unpleasant incident reported to the Board when the Alliance House offices were “invaded” by a group of beneficiaries/ campaigners. This raised concerns for staff safety and security of documentation, files and confidential records.
98. I cannot recall what led to the discussion on proposed actions in relation to communication management nor the criticisms referred to in the Board minutes of 22 April 2014 [CAXT0000110_108].

Section 10: Relationships with other organisations

99. I had no involvement with the Haemophilia Society and had no knowledge of the working relationship between CF and the Society. Neither was I aware of any issues until relations were suspended with the Society in February 2015 as a result of allegations made against the Chief Executive. I was in agreement with the Board decision. As I recall, the CF Board decision was unanimous. I considered the allegations to be unprofessional and without

foundation or merit. I cannot recall for how long relations were suspended or whether this had an impact on potential beneficiaries.

- 100. I was unaware of any CF trustees who were also trustees of the Haemophilia Society.
- 101. I have no knowledge of any involvement or interactions between CF and the UK Haemophilia Centre Directors Organisation.
- 102. Again, I have no knowledge of the working relationship between CF and the UK Haemophilia Centre Directors Organisation.
- 103. The only clinician I was in regular contact with was the CF Board member Professor Howard Thomas when we attended CF Board meetings.

Section 11: Reform of the CF

- 104. I was not directly involved in any consultation or reform process in respect of CF, beyond the approval by the CF Board of the AHO's joint response to the DOH January 2016 consultation.
- 105. I had no issues with changes made as a result of the Archer Inquiry.
- 106. I am unable to recall any concerns that I had with the 2016/17 reforms.
- 107. I cannot recall the extent to which the DOH addressed the issues raised in the AHOs joint response to the January 2016 consultation.
- 108. I do not recall raising any objections to the changes suggested or requesting additional time to respond.
- 109. I do not recall the transfer arrangements to the new schemes in any detail, including information sharing or communication with beneficiaries. I do not recall being aware of problems with the transfer.

Section 12: Other

110. I consider that CF operated in a very professional manner seeking only to undertake its role for the benefit of its beneficiary body, within its operational parameters. I believe the Trustees and staff were of one mind in this respect and I consider that CF did its utmost to achieve its aims and objectives.

111. I have great sympathy for those affected by this tragedy and I hoped, in my voluntary capacity, I would be able to contribute and make a practical input. As indicated earlier in my response, my involvement with CF was motivated by the loss of a colleague who, as a haemophiliac, received infected blood which had a devastating effect on his health, work and family life.

Statement of Truth

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

Signed

GRO-C

Dated 16/02/2021