

Witness Name: Vijay Sharma

Statement No.: WITN5301001

Dated: 8/2/2021

## INFECTED BLOOD INQUIRY

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### WRITTEN STATEMENT OF VIJAY SHARMA

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I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 18 December 2020:

I, Vijay Sharma, will say as follows: -

1. I am Vijay Sharma and my address is GRO-C  
GRO-C I was born on GRO-C 1951. I am a social worker by profession. I have an MA in Social Work and a Certificate of Qualification in Social Work. I have done my best to answer the detailed questions in the Rule 9 request but given the passage of time I have limited recollection of the details of many matters. I have also reviewed the documents provided to me by the Inquiry which has refreshed my memory in some instances. There may be other documents available to the Inquiry which shed light on some of the matters raised.
2. I was a Trustee of Caxton Foundation from 2013 until its closure in 2019. I was a member of the National Welfare Committee from 2013 although I stepped down for a year either in 2016 or 2017. I cannot recall if I was reappointed on NWC after taking a year out. I do not recall serving on any other Caxton Foundation committees.

3. As a Trustee of Caxton Foundation my role was to work with the Chair and my Board colleagues to ensure the Beneficiaries were supported and the CF complied with the requirements placed on a Charity. As a member of the National Welfare Committee I assessed the beneficiary applications for financial support, based on the information provided by the staff.
4. The role of CF Trustee was brought to my attention by a Recruitment Agency. I applied for it, was interviewed by a selection panel and was appointed after a selection process. I cannot recall any difference in my role from that of other CF Directors. Different Directors had different expertise but their responsibilities as Directors were the same.
5. My understanding was the CF was set up in the main to support the beneficiaries, their spouses and their dependents. I do not recall the exact details but I believe there was some overall induction about the functions and aims and objectives of CF.
6. I have not provided evidence to, or been involved in, any other inquiries, investigations or litigation in relation to HIV, Hepatitis B, Hepatitis C or vCJD in blood or blood products.

## **Section 2: Appointment of Directors**

7. As far as I can recall, at least one of the other Directors was appointed through the Recruitment Agency route at the same time as myself. Two more Directors were appointed later. I am unable to provide details of exact composition of the Board during my tenure without referring to all the minutes as there were number of changes over a period of time.
8. I cannot recall the process of re-electing the Directors at CF. In terms of the Department of Health involvement, upon completion of the recruitment process, I believe that DOH approval was sought. I do not know if that was the case in all instances.

9. I believe the positions were advertised but could not confirm the details of how. As referred to previously I was recruited through a Recruitment agency. I see reference in the Board meeting minutes 25/2/2015 to approaching Recruitment Agency to recruit two Directors and a Chair.
10. The Chairs would be in a position to confirm the level of interest and the calibre of the candidates. I do not recall being involved in the recruitment process.
11. During my tenure, my understanding is that the Director roles were advertised and that following completion of the selection process ministerial approval was sought from the Department of Health. I do not believe, if I recall correctly, any one was a user/beneficiary Director in 2013. I believe subsequently a Director was sought and recruited who had experience of living with Hepatitis C.
12. I cannot recall the details of how long each Director served on the Board. There were some long serving Directors, although I am not sure if it was their first term or they had been reappointed .Some colleagues retired during my tenure. Others were appointed during my tenure. I believe my tenure was extended but again I cannot recall the detail.
13. I do not believe the Trustees were remunerated. Expenses incurred to attend the meetings were reimbursed. I do not have details of policies for expenses.
14. I am asked to comment on whether the balance of directors was suitability diverse and representative. I think it was variable. There appeared to be a good gender mix, and a reasonable mix of people drawn from various professions such as a clinician, lawyer, an individual with closer understanding of the issues that mattered to the beneficiaries, accountancy and the private sector.

15. I do not recall the extent to which the Directors of the Alliance House Organisations overlapped and do not recall considering the advantages and disadvantages of any overlap.
16. In general terms I support the involvement of patients, staff groups and intended beneficiaries in the composition of boards. I believe that ensuring their voice is heard is important. In this situation, if I am not mistaken, I myself was recently appointed, indeed it could have been my first meeting. I was on a steep learning curve, listening and understanding. I do not recall in detail the arguments put forward in support or otherwise of recruiting a beneficiary Director. Generally I would not be supportive of a decision not to appoint a beneficiary Trustee. I cannot recall if this decision was revisited.

### **Section 3: Policy, Structure and Operation**

#### **Structure of the AHOs**

17. CF was located in the same building as the other AHOs, Alliance House. The Chief Executive and the Director of Operations were shared with at least one other AHO. CF staff provided administration support to other AHOs. I seem to recall there was a question about the storage of data and assurance was given. Further the issue of Data protection is captured in the minute 213.14 of the CF Board meeting on 26/2/2015. I do not have precise details on how data sharing and confidentiality was managed between the AHOs, I cannot recall if that was the norm or if beneficiaries were made aware of data sharing on the application form.
18. I do not recall any difficulties with the arrangements in relation to employment of all AHO staff by CF.
19. As a Trustee I did not have any contact or relationship with other AHOs. The Chairs and staff appeared to make the relationships work.

### Relationship with Government

20. I believe the working relationship between the CF and DOH was constructive. There was on-going liaison and dialogue. I think there were points of contact, who may have changed from time to time. As I did not have any direct dealing with DOH I cannot recall who they were.
21. I do not have exact details of CF input in DOH financial allocation. My recollection is that the Board felt that CF needed to be better funded. There is a reference in CF Board meeting minute of 13/5/2015 that as a result of CF lobbying the 2015/2016 funding allocation increased.
22. The Board was concerned around the adverse impact on the beneficiaries of the proposal in the DOH consultation in January 2016. CF wrote them to outlining the potential impact of reductions in discretionary grants, as detailed in the Financial Report for the year ending 31/3/2016 [CAXT0000002\_056].I cannot recall whether, or how many, beneficiaries responded to the consultation and or to the CF correspondence.
23. CF was funded by the Government. I do not recall the oversight or direction/guidance exercised by the DOH in relation to the composition of the CF board, the content of its policies or the question of how CF should discharge its responsibilities to beneficiaries. To the best of my knowledge DoH was not involved with decisions on the kinds of applications that CF should grant. I do not recall DoH being involved in determining the quantum of the grants/payments CF should make.
24. I did not have any interactions with DoH.
25. I did not have any contact with DOH so I did not raise any concerns or issues directly. The issue of funding allocation must have featured in the Chief Executive and/or the Chair's meetings with the DOH. As noted above, in 2015/16 the funding allocation was increased.

26. If I recall correctly CF did administer the allocation of devolved administrations' funding and it managed and monitored the spend. I recall that the breakdown was included in the Board reports.
27. I am asked to comment on any issues that arose with a lack of funding to cover applications from beneficiaries from Northern Ireland. As minute 227.15 (ii) of the Board meeting on 13 May 2015 [CAXT0000111\_038] captures it, the spend for beneficiaries in Northern Ireland needed to be monitored closely as whilst the allocation was in line with number of beneficiaries, because the numbers were low, small unexpected spend could have a significant impact on the country budget. As the minute reflects, the Chief Executive would raise this with DOH and contact at the Northern Ireland Department of Health, Social Services and Public Safety.
28. I did not have any contact with DWP in my role as a CF Director. I do seem to recall that CF had contact with the Department for Work and Pensions in relation to welfare benefits, although I cannot recall the details.
29. I seem to have a vague recollection of some instances, where beneficiaries' benefits were stopped as a result of the assistance they received from CF. I cannot recall the details.
30. My recollection is that the CF did intervene to support the beneficiaries and straighten the matters out on their behalf, although again I cannot recall the details.
31. I do not know whether CF raised this issue with the DWP/its predecessors.

Financial management/governance

32. I believe the budget forecasts were made by CF prior to the start of the financial year. I have a vague recollection of Board discussion and thinking around the needs of the beneficiary population, but I cannot now recall the

details. I believe the Clinician Director provided helpful guidance in relation to the needs of beneficiaries.

33. I believe that CF welcomed more applications for grants. CF monitored the budget and lobbied the DOH for additional funding where appropriate.
34. Similarly increases in beneficiary registrations were welcomed and again CF monitored the budget and lobbied the DOH for additional funding where appropriate.
35. In terms of the steps taken to cut operational costs, I recall the restructuring undertaken by the Chief Executive to run CF more efficiently. As the beneficiary community and number of grant applications grew, the intention was to manage within existing staffing. I cannot recall increased head count on a permanent or temporary basis. Extra one off support might have been brought in to assist with discrete pieces of work. I have some recollection that the quality of the information, particularly financial, provided to the Board started improving as a result of restructuring.

#### **Section 4: Discretionary Payments and Eligibility**

36. The CF Newsletter was the main source of communication to beneficiaries. I cannot recall if Skipton stage 1 claimants were made aware of CF. There was acknowledgement that communication needed to improve with actual and potential beneficiaries. The number of beneficiaries had started improving. The number of beneficiaries increased significantly between 2014 and 2015. In terms of actions taken they are detailed in paragraph 57 below. There was an agreement to hold two meetings with the Partnership Group and another meeting open to all CF clients.
37. I am not aware what steps were taken by DoH, the UK Government or the Devolved Administrations to advertise the existence of CF or raise awareness.

38. The different types of payments are reflected in the Office Guidelines 2014 version and the minutes of the NWC committees. These were wide ranging and included health, housing and home improvements, funeral costs, respite breaks, car repairs, bankruptcy and mortgage advice.
39. The eligibility criteria was drafted by the Chief Executive and her team. I believe that Board approval was sought. I cannot recall the detailed procedural and substantive eligibility criteria for each area of application. I do recall the requirement to produce details of household income, receipts and proof of expenditure incurred or quotes in support of applications.
40. I cannot recall whether the criteria were publically available. I believe I joined CF in 2013 and I therefore have no knowledge of the discussion at the Board meeting on 2 August 2012.
41. I served on NWC from sometime in 2013 till 2016 or 2017, when I took a year out. I considered and made decisions on applications for funding support, either a NWC meetings or via round robin e-mails between the meetings to respond to emergency requests.
42. I personally do not recall seeking any legal advice. If I recall correctly, CF might have sought legal advice on occasions but I cannot recall the details, how often and regarding which matters.
43. I believe the eligibility criteria were kept under review. I recall that the Board was briefed of emerging facts by the clinician on the Board. Procedurally the NWC was keen to improve on turnaround times for the applications and give the Office more discretion to approve applications to speed up payment times.
44. I am unable to comment on the discussion at the Board meeting on 3 May 2012 concerning the rejection of applications due to relevant information not being available, as I was not on the Board in 2012.



45. I have looked at the minute 90.13 in the minutes of the Board meeting on 1 August 2013 and I can see there was discussion of the paper highlighting the levels of financial need of some beneficiaries. I cannot now recall what follow up actions the Board took.
46. In relation to the reduction of support to beneficiaries in 2014, I can see there is a reference to this issue in the Annual Report dated 31/3/2014, in the Trustees Report section. I also recall that the Board agreed to make representations to the DoH for increased funding. In this instance I cannot recall the detail of how the decision to reduce the level of support was made.
47. I am asked to comment on the Board minutes of 12/8/2015 which state that the reason grant applications were turned down was "*almost always relation to an inability to determine charitable need.*" My understanding was that the categories of payments in the CF Guidelines reflected charitable need and applications falling outside the range of headings in the CF Guidelines were the ones that CF was unable to support. The office staff were encouraged to and did work with the claimants if necessary, to work through their application in order to understand and support applications.
48. I believe that in addition to the newsletters, desire to make clinicians aware of the existence of the CF and its functions, the Partnership Group, contact with MPs, and word of mouth, there must have been more ways of reaching out to identify potential beneficiaries. Although the number of beneficiaries was improving by 2015, it is hard to evidence the extent to which there were further potential beneficiaries who were not reached.

#### **Section 5: Decisions on substantive applications**

49. If I recall correctly, the office staff were allowed discretion to respond to emergency needs and immediate requirements in an emergency and approve applications for grants in relation to items included under the Office Guidelines where possible. These decisions were reported to the NWC. NWC considered

all grant applications at its meetings approximately every 6 weeks. Between the NWC meetings, urgent requests were approved by round robin e-mail to speed up the process. Key facts were reported to the Board in terms of the number of applications, types of applications and overall amount spent. Trustees were appointed to the NWC if he/she was willing and able to serve on the NWC. I cannot recall which if any decisions were made at Board level but I seem to recall some discussion at the Board regarding emerging themes such as requests for assistance with mortgages.

50. In respect of the policies for determination of applications, please refer to the Annual Report year ended 31/3/16 which outlines the NWC's approach to grant making and refers to issue of communication with the beneficiaries. A clinician Director gave updates to the Board regarding new developments and pertinence of CF approach. Later a Director who has experience of living with Hepatitis C joined the Board which further enhanced the Board's knowledge from the perspective of the beneficiary community. I cannot recall the mechanism for seeking the views of the beneficiary community outside the meetings referred to in the Annual Report, the meetings of the Partnership Group, or beneficiary feedback to the Office staff. I believe there was a willingness to be flexible and assist the beneficiaries as well as the CF could. The 2016 Annual Report refers to improvements such as the reduction in turn-around times, the inclusion of more items in the Office discretionary categories, and the more regular and frequent use of the round robin approval process. The improvements were, I believe, informed by the needs of beneficiaries and their feedback. I cannot recall the detail but I believe that beneficiaries had access to the policies, and information about the kind of support available and how to apply.
51. I cannot recall the requirements in relation to applications for grants in detail or the extent to which they were reviewed. My impression is that on the whole the beneficiaries were able to provide the level of proof required. If there was a difficulty, the Office staff worked with the beneficiary where possible and above all CF wanted to be flexible and reasonable where possible.

52. I know that the support and advice of the Financial Advisor was offered and there was a take up of this service. I cannot recall to what extent grants were conditional on the beneficiary taking financial advice. As you will glean from my email response to Charles Lister dated 21/1/2014 I considered that regardless of any CF requirements, CF should respond to emergency situations.
53. Significant improvements were made to the turn-around time over a period of time. The need for improvement is captured in Annual Report year ending 31/3/2014 and the improvements in turn-around times are further referenced in the Annual report 2015 and 2016. Average turn-around time was 10 days and there were improvements to the applications approved by the Office in terms of turn around and also the number of items the Office could approve under delegated authority. The round robin process for approval of urgent requests by the NWC between meetings enabled prompt responses to urgent requests.
54. If I recall correctly, I believe the Chief Executive had the authority to respond to urgent and emergency grant requests. The round robin approval process further supported emergency responses.
55. I cannot recall the proportion of applications that were granted and refused. My recollection is that the great majority of applications were approved.
56. In respect of the introduction of the regular payment scheme, I refer the Inquiry to the a very detailed minute 188.14 of the CF Board on 15/12/2014 which outlines the deliberations, options appraisal and communication with the beneficiaries in considerable detail. I have nothing to add to what is recorded in the minutes.

## **Section 6: Working Relationships**

57. As stated above, communication with the beneficiary community was through the CF newsletters and Partnership Group meetings. I did not participate in

the Partnership Group meetings but I believe it was made up of several stakeholders and representatives of the Beneficiary community. I do not recall any details of the communication issues raised in the minutes of the 1/8/2013 CF Board meeting [CAXT0000110\_062]. I can see that there was an agreement to hold two meetings per year of the Partnership Group plus one per year open to all Caxton clients in order to elicit feedback and encourage discussion. Please refer to minutes of CF Board held on 1/8/2013 .I believe there was an improvement in grant application processing and telephone interaction with individual applicants. I have a vague recollection that this included an offer to visit the beneficiaries if appropriate. In respect of complaints, I am aware of the complaints made against CF including the Chief Executive from the papers made available to me by the Inquiry. Although I do not specifically recall being aware of them at the time, I expect that the CF Board was made aware of these concerns and addressed them where possible.

- 58. I do not recall any issues or concerns I had, or the Chair had, with the Chief Executive or office staff. I did not have any issues with fellow Directors.
- 59. The issues arising with the Haemophilia Society are captured in the minute 205.15 of the CF Board meeting on 26/1/2015. I am afraid I do not recall how, if at all, they were resolved.
- 60. I do not recall any information concerning the working relationship between CF and the UK Haemophilia Centre Directors Organisation.
- 61. I was not directly in contact with any clinician apart from the clinician Director who advised the Board.

#### **Section 7: The National Welfare Committee (NWC)**

- 62. The NWC considered and decided the Beneficiary Grant support applications. It reported to the Board and met approximately every 6 weeks.

63. There was a vast array of applications received falling in the broad headings of Health, Housing, Mortgage arrears support, support for dependents, Treatments, respite, car repairs, home repairs, bathroom repairs, shower installations, bankruptcy support, funeral costs and further areas as referenced in answer to Question 38.
64. The applications were received by the office staff, processed, sometimes after speaking to the applicants for further clarifications and the applications and supporting paper work were submitted to NWC. The appropriate office staff presented each application and responded to questions. The Directors then approved, declined or sought further information on the application.
65. In my view, the NWC sought to bring consistency to decision making. If anomalies were spotted, attempts were made to address them. The ethos was to support as many beneficiaries as possible, fairly, consistently and respectfully.
66. If I recall correctly, the Office Guidelines 2014 version were the main point of Reference when assessing applications.
67. My recollection is that Guidance was available to the applicants but I cannot be sure. I joined CF in 2013, so I have no knowledge of the discussion at the Board meeting on 12 July 2012 reference at paragraph 3 of the minutes.
68. The NWC did consider the amount of money previously given to an applicant when determining applications. This is referenced in the 2014 Office Guidelines [**CAXT0000103\_005**]. I believe that the main consideration was the amount received in the particular financial year when the application was made. I cannot recall if amounts received in previous financial years were taken into account.
69. I joined CF in 2013 so I have no knowledge of how decisions were taken about the general approach to debt relief in 2012.

70. I cannot recall what the Trustee concerns were about grants for assisted conception. Having joined the CF Board in February 2013, I believe I was attending the March 2013 meeting as an induction/ observer
71. With reference to the NWC minutes of 8 July 2013, I believe there was a CF Board steer to support mortgage assistance. I cannot recall the eligibility requirements for this assistance. This was probably my second or third NWC meeting. I was trying to understand the issues. My personal view throughout this process has been to sympathetically consider beneficiary requests. I do not recall the emergence of a dependency culture. I could see the beneficiary need.
72. I was not present at the NWC meeting on 7/11/2013, as recorded in the minutes, so I was not involved in the discussion. As I recall, CF's change of policy on retrospective grants was I think to encourage the beneficiaries to seek approval ahead of incurring expenditure where possible. My understanding of exceptional circumstances was where the beneficiary had to incur the expenditure due to an emergency or the urgency of the situation. I cannot recall whether complaints were received about the change of policy.
73. I am unable to shed further light on the decision to work with additional medical experts on some tribunal cases apart from what is captured in the minutes of the NWC on 2 March 2015 under the policy section. I do not recall whether this affected the success or otherwise of appeals at tribunals.
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#### **Section 8: Other**

74. I did not attend any other group meetings involving the beneficiary community. My understanding was that the purpose of such meetings was to engage, listen, give feedback and receive feedback from the beneficiary community and other stakeholders. I believe they happened twice a year. Meetings are referenced in some of the documents the Inquiry has provided to me. Not being involved in this process I cannot comment on agenda setting and the

selection of attendees. I do recall receiving feedback at the Board. I think where possible the feedback of beneficiaries was taken on board but I cannot recall the specifics. I recall there were some difficulties in the running of a meeting, although I cannot recall the specifics. I also recall a desire by CF to broaden beneficiary involvement.

75. I do recall there was a method applied to work out the winter fuel payments. It is referenced in the Annual Report 2016 – the winter fuel payment was £500 pounds that year. There was a Board decision recorded in the minutes of 15/12/ 2014 to reduce it to £350 for that year. I do not recall the amounts paid for other years. In terms of beneficiaries on low income there was discussion and consideration to seek external benchmarks and some of that is captured in the Minutes of the Board on 15/12/2014 where the options were discussed. The Board decided to increase the benchmark to 70%
76. CF did have an appeals procedure. The Appeals were brought to NWC and eventually to Board, if the NWC decision was appealed against. Appeals were considered by the Directors. The staff provided the information.
77. I believe the CF did receive complaints. They were reported to and considered by the Board. I cannot recall how many complaints were received or how often they were upheld.
78. I cannot recall a Board discussion on the Contaminated Blood Campaign's letter to the Charity Commission dated 17 April 2013 or any other details of this matter.
79. With reference to the e-mail from Charles Lister to Ann Lloyd dated 13 February 2014 to which I was copied [CAXT0000112\_134], I do not believe this was the standard approach taken to complaints by CF. The matter should have been considered under the Complaints policy. I cannot recall whether this particular complaint was.

80. The only non-financial support offered by CF of which I am aware is the support of the Debt Advisor. If there was such support, details would have featured in the news letters.
81. I was very keen on improving the turn around times for the applications (both those coming to the NWC and those approved by staff under the Office Guidelines) in order to provide as timely support as possible to the Beneficiaries. There were improvements as a result of this focus.
82. CF did have concerns about the government's reforms of 2016/17. These are captured in some detail in the Annual Report 2016, and in particular the likely adverse impact on some categories of the beneficiaries.
83. During my tenure a number of things became clearer to me:
- The challenges facing the beneficiary community.
  - The limitations of what the CF could assist with because it was funded by the DoH, and had limited funds.
  - The complex and ever changing political environment.
  - CF was more complex than I was led to believe by the recruiters.

Against that background, efforts were made by the Directors and staff to run it as effectively as possible. I believe the CF supported more beneficiaries, communicated with them better, sought to improve the turn-around times and succeeded in achieving the improvements. CF also lobbied the Department of Health on behalf of the beneficiaries.

84. I am asked to comment on difficulties or shortcomings in the way in which the CF operated or in its dealings with beneficiaries. The lapse of time and difficulty in recalling the detail is the biggest hurdle in answering this question. However as in most arenas communication and consultation mechanisms could have been further improved. I believe the office staff treated the beneficiaries with dignity and respect. That was certainly my approach and that of other Directors. There were difficulties in certain instances with beneficiaries. CF tried to be responsive. There must have been instances, even if very small, where they might have felt the CF needed to do more.



85. I have nothing further to add to my responses above.

**Statement of Truth**

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

Signed \_\_Vijay Sharma\_\_\_\_\_

Dated \_8/2/2021\_\_\_\_\_