

Friday, 26th March 2021

(10.00 am)

CHARLES LISTER, continued

Further questions by MS SCOTT

SIR BRIAN LANGSTAFF: Good morning.

A. Good morning, Sir Brian.

SIR BRIAN LANGSTAFF: Ms Scott.

MS SCOTT: Good morning, Mr Lister. Can you hear and see me?

A. Yes, I can. Good morning.

Q. I am going to ask you some questions now about the policies, disbursement policies, the Caxton Foundation had. Can we start by looking at CAXT0000108_023? So this is a discussion paper from September 2011. It is entitled "Proposed welfare strategy".

Do you know who wrote this paper?

A. I think this would have been Roger Evans would have written it, as the first chair of the National Welfare Committee.

Q. So we can see on the first page in the introduction that:

"The Board of Trustees will, as part of their remit, have to consider a strategic approach to dispensing relief to the Caxton Foundation's ... beneficiary cohort."

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can see the section halfway down:

"Definition of Poverty/Defining Need/the Public Benefit Test."

Paragraph 3.1 makes the point: no absolute definition of poverty and what poverty might mean.

Paragraph 3.2:

"Poverty can both create and be created by adverse social conditions such as poor health and nutrition, low achievement in education and other equivalent areas of human development.

"3.3. The prevention or relief of poverty cannot just be about giving financial assistance to those who lack money; poverty is a more complex issue that is dependent, inter alia upon the social and economic circumstances in which it arises. It is therefore right to include in any strategy debate the prevention of poverty with a financial contribution but also the causes (prevention) and the consequences (relief) of poverty."

The next paragraph:

"Not all who are in financial hardship are necessarily 'poor', but it may still be charitable to relieve their financial hardship under the prescription of purposes relating to 'the relief of those in need by reason of youth, age, ill-health,

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Then it talks about the two distinct classes of beneficiaries: the infected and non-infected.

Then if we go down the page, please, to the bottom of the page there, 1.2 sets out the Objects Clause from the Trust Deed that we looked at yesterday:

"The Objects are to provide financial assistance and other benefits to meet any charitable need of ..."

Then it sets out the classes of beneficiary to whom that applies.

Then, Soumik, if we go over to the second page, to the bottom of that page, we can see a title entitled "State Benefits". At paragraph 2.2 it says:

"Charitable relief will, in large part, depend on upon the financial circumstances of the individual. Those financial circumstances will mainly be reflected by the household income of the individual potential beneficiary. Where the potential beneficiary is in receipt of means tested benefits such as working ..."

I think it must mean non-means-tested benefits, it says "means tested benefits" twice.

"... all may well be considered income as far as discerning levels of [wealth] are concerned."

Then if we go over to the next page, please, we

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disability, financial hardship or other disadvantage'."

Then if we go over the page:

"Illustrations [in the way that] the Foundation might relieve poverty ..."

Then a number of different illustrations are set out, including money, domestic appliances, services, meals on wheels, entertainment, vocational training, debt counselling, benefits advice, et cetera.

Then 3.5 says:

"The Charity Commission's most commonly used threshold of measuring income poverty is now those on incomes below 60% of the UK median income."

That is said to be £22,800 per annum gross, with tax being on average £4,060 in income tax.

Then if we go down to the second half of that page, the paragraph starting:

"The value of means tested benefits ..."

Et cetera. Then the last paragraph there:

"Taking into account the mean income tax payment of £4,060 and applying a concomitant value of 55% of £2,233 ..."

Which is the notional gross income derived from benefits.

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1 "... is £9,733 or £3,947 below the 60%
2 threshold."
3 So do we understand from that that anyone on
4 means tested benefit would, according to the
5 definition of the Charity Commission, be in poverty?
6 **A.** Yes.
7 **Q.** Then if we go over to the next page, the bold at the
8 top "60% of the annual notional median income" --
9 **SIR BRIAN LANGSTAFF:** "National".
10 **MS SCOTT:** Sorry.
11 "... national median income is £13,680 gross."
12 So, again, are we to understand the Charity
13 Commission -- anyone below that level would meet the
14 Charity Commission description of being in financial
15 poverty?
16 **A.** Certainly that's one measure of it, yes. I am not
17 sure if that's one that the Charity Commission
18 accepted --
19 **Q.** I think we looked --
20 **A.** -- but it is certainly a generally recognised
21 acceptance that anyone below 60% of national median
22 income is in poverty, and I think that 13,000 figure
23 applies to a couple rather than a single person.
24 **Q.** So we looked at, on the previous page, the Charity
25 Commission -- the weekly gross earnings of a full-time

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1 for the additional costs of living with HepC, in
2 particular when ill, is added to the income level
3 where the Commission say 'need' will arise."
4 Then, at the bottom of that paper it says:
5 "Conclusion.
6 "This paper seeks to start a debate as to the
7 direction of support that Trustees may wish to take."
8 **A.** Just to add, it is possible that the paper was written
9 by Martin Harvey. It would either have been Roger or
10 Martin or a collaboration between the two, I would
11 guess.
12 **Q.** So is it right to understand that, certainly at
13 September 2011, the author of this paper was
14 considering that there may be a wide way of meeting
15 needs, ie not just through financial provision?
16 **A.** Yes, indeed.
17 **Q.** And also that the definition of poverty again is
18 similarly being looked at with a wide lens. It is not
19 simply looking at the financial position of
20 a particular beneficiary, but considering the fact
21 that they are infected by hepatitis C or that they
22 have a partner or in the household of somebody who is
23 infected with hepatitis C?
24 **A.** Yes.
25 **Q.** Can I ask you -- can we look back at a provision on

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1 employee at April 2010 being 22,800, and I think this
2 is the 60% of that figure?
3 **A.** 60% of that would be 13,680, yes.
4 **Q.** Then if we go down to 3.7 --
5 **SIR BRIAN LANGSTAFF:** That is earnings, not income.
6 **MS SCOTT:** Yes.
7 **SIR BRIAN LANGSTAFF:** So it is looking as if they have
8 a job.
9 **MS SCOTT:** Yes.
10 **SIR BRIAN LANGSTAFF:** And a full-time job at that.
11 **A.** Mm.
12 **MS SCOTT:** Then 3.7:
13 "It would be reasonable to suggest that the
14 [Caxton Foundation] regard the infected beneficiary
15 cohort as 'poor' because of their HepC infection, in
16 particular when undergoing treatment, and the
17 non-infected cohort as similarly 'poor' because of
18 their affection, specifically in terms of the family
19 dynamics arising by way of HepC infection. Are those
20 individuals able to enjoy a standard of living that
21 could be considered 'comfortable or normal'.
22 "The Commission's definition of 'poverty' at
23 60% of the median income does not include a premium
24 for living with HepC or haemophilia. It will be
25 a matter for debate as to whether or not a premium,

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1 page 1 of this document and just ask you a question in
2 relation to that?
3 If we look at just before the Charity
4 Commission -- the Object Clause is set out, so the
5 bottom half of the page, "The need for the strategy",
6 that paragraph:
7 "The need for the strategy to be able to
8 accommodate 'exceptional circumstances' will become
9 clear as will the need to adopt a degree of
10 consistency, as far as eventual policy is concerned,
11 in the disbursement of financial support."
12 Where did you understand the term "exceptional
13 circumstances" to come from?
14 **A.** Give me a moment to think about that?
15 I mean, I assume there could be a number of
16 circumstances that could be considered exceptional
17 and, you know, eventually we went on to agree that we
18 would look at everything on a case by case basis.
19 At this stage we didn't have really any
20 understanding of the needs of our beneficiaries. It
21 was only when we started to receive information about
22 them through the National Welfare Committee that we
23 began to sort of understand the situations that people
24 were experiencing and were able to then look at
25 applying these principles and addressing exceptional

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1 circumstances when they arose.

2 **Q.** So is this right to understand, is it suggesting there

3 may be a requirement to have a test that policies

4 require exceptional circumstances? It is putting that

5 into the mix at this early stage?

6 **A.** Yes, I think so. Yes. I mean, I don't think on

7 something like this you could always apply hard and

8 fast rules. We were dealing with a whole range of

9 circumstances in which people found -- our

10 beneficiaries found themselves. I think it is

11 a recognition that we needed to apply some flexibility

12 to that situation.

13 **Q.** Can you recall whether exceptional circumstances did

14 become a test that had to be satisfied by

15 beneficiaries in order to receive grants?

16 **A.** No, I don't think it -- I mean, I don't think it did

17 become a test as such. What we generally did is apply

18 sort of general test of what -- reasonableness when

19 looking at applications. So no, I don't think you had

20 to demonstrate exceptional circumstances at all. They

21 needed to demonstrate that they had a charitable need,

22 and that was usually demonstrated by income poverty.

23 And I think -- you know, when I was talking

24 about exceptional circumstances, I was thinking more

25 of circumstances where, you know, despite the rules

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1 of that document:

2 "The Committee received and discussed the Terms

3 [of reference] ..."

4 Generally speaking, what was the purpose and

5 role of the National Welfare Committee?

6 **A.** In general terms, the purpose was to make decisions on

7 applications received from beneficiaries for financial

8 or other support from Caxton. There were some sort of

9 delegated responsibilities which meant there were

10 financial limits on the amount of money that the

11 National Welfare Committee could agree to. I can't

12 immediately recall what those limits were, but there

13 was a point at which, if we wanted to award a grant

14 over a certain amount, we would need to seek the

15 permission of the chair of Caxton. Then, above a

16 further amount still, we would need to go to the full

17 committee for agreement.

18 **Q.** Was another of the roles of the committee to develop

19 policy and make recommendations to the board?

20 **A.** Yes, yes. Indeed it was, and you will see, as we sort

21 of maybe look at later minutes, and certainly after

22 I became chair, we had always had a sort of policy

23 session before we started to look at individual

24 applications, and those sort of policy discussions are

25 all minuted.

11

1 that we applied, there were occasions when we needed

2 to look at a case history and think: actually, we need

3 to be more flexible here.

4 **Q.** We will come on to --

5 **A.** So I don't think exceptional circumstances was

6 intended to make it harder for people to apply.

7 I thought it was a sort of recognition that, whatever

8 rules we set down, there were always going to be

9 exceptions to those rules that we would have to

10 recognise.

11 **Q.** We will look at the way in which the policies

12 developed as we go through.

13 So, Soumik, you can take that down.

14 I am going to ask you to look now at

15 the minutes of the first meeting of the National

16 Welfare Committee on 21st September 2011.

17 That's CAXT0000062_003.

18 You can see there Roger Evans is the chair.

19 You are present. As I say, it is the first meeting of

20 the National Welfare Committee. It sets out there the

21 membership, code of conduct and the terms of

22 reference. What were the terms of reference broadly?

23 **SIR BRIAN LANGSTAFF:** I don't think we can see that on the

24 screen at the moment.

25 **MS SCOTT:** Forgive me. Yes, if we go down to the bottom

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1 **Q.** Can we turn to page 2 of this document. You will see

2 at the top "Application of Principles":

3 "The Committee received and discussed the

4 Principles agreed at the Board meeting held on 1st

5 September ...

6 "It was agreed to RECOMMEND TO THE BOARD that:

7 "Priority should be given to alleviating

8 financial hardship and supporting education."

9 Can you recall what was done in relation to the

10 support of education?

11 **A.** I don't know if it falls into this category. We

12 certainly were open to funding beneficiaries who

13 wanted to retrain, for example. We gave grants to

14 people who came to us and said "I want to train to be

15 such and such in order to get back into work", and we

16 would certainly support that. We also supported some

17 dependants in full-time education up to the age of 21.

18 So those are two examples that I can think of.

19 **Q.** Then 5.2:

20 "Priority should be given to beneficiaries and

21 families with an income not exceeding £14,000 per

22 annum gross."

23 Does that, as far as you can recall, mean both

24 the infected community or sometimes called primary

25 beneficiaries, and the non-infected community?

12

1 A. Both.
 2 Q. Both?
 3 A. I am sure, as we will discuss, that 14,000 figure,
 4 when it came to actually looking at real life
 5 applications, which we had not seen at this stage,
 6 didn't ever really get applied.
 7 Q. And --
 8 A. Except in limited circumstances.
 9 Q. And to understand, that £14,000 figure is a household
 10 figure, household income?
 11 A. That is, I think, a household figure, yes.
 12 Q. Can you recall why the £14,000 was chosen as a figure?
 13 It is slightly over the Charity Commission 60% median
 14 we looked at.
 15 A. It was just a rounding up of that 13600.
 16 Q. And then we see at 5.3:
 17 "Assets/savings should be declared ...
 18 exceeding £10,000 and taken into consideration."
 19 Do you recall how such savings were taken into
 20 consideration?
 21 A. I don't think it applied very often. There may --
 22 I can't think of specific cases here. There may have
 23 been circumstances, I guess -- if somebody had come to
 24 us and they had substantial savings, we might have
 25 questioned whether there was charitable need. In

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1 "Top up Payments would not be made to
 2 beneficiaries."
 3 Does that refer to the fact that Macfarlane
 4 Trust, as we know, were making top-up payments to
 5 their primary beneficiaries, who were getting payments
 6 at that stage through the MFET, but Caxton were saying
 7 at this stage "That's not something we are going to be
 8 providing"?
 9 A. I think that is part of that cautious approach that
 10 I talked about in my witness statement. And I don't
 11 mean caution in a negative way. We were in
 12 a situation where we had -- we didn't know how many
 13 beneficiaries would come forward, we didn't know what
 14 their needs would be at this stage, we had a fixed
 15 amount of money, and so we weren't immediately going
 16 to go into providing top-up or regular payments,
 17 simply because we didn't know what need was and what
 18 was affordable.
 19 Q. Then, lastly there:
 20 "Supplementary payments could be made to those
 21 beneficiaries, bereaved wives/partners requesting
 22 financial assistance. If financial assistance is
 23 agreed by the NWC, the sum of £250 per month would be
 24 paid in respect of the first child and the £100 per
 25 month for the second and younger child but only for

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1 practice, most people didn't have substantial savings
 2 so I don't think it was an issue.
 3 Q. Then:
 4 "Non-discretionary payments to applicants who
 5 are Stage 2 need to be included as income."
 6 Effectively it ruled out anyone who was
 7 receiving a stage 2 payment as being eligible for
 8 grants from the Caxton?
 9 A. Again, this was a starting position. The assumption
 10 at the beginning with Caxton is that we would be
 11 primarily supporting people at Skipton stage 1,
 12 because they weren't receiving the stage 2 payments.
 13 However, we did provide financial support to some
 14 people at stage 2, and I think -- you know, as the
 15 figures will show -- there is a set of figures, I
 16 think, at the end of year 1 which show a certain
 17 amount of grants going to people at stage 2.
 18 Again, you know, when these recommendations
 19 were made, we hadn't begun to see actual applications
 20 from people and understand what their individual
 21 financial circumstances were, and, in fact, just
 22 because somebody was receiving stage 2 benefits didn't
 23 mean to say -- you know, that didn't mean they weren't
 24 in charitable need.
 25 Q. Then:

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1 an interim period."
 2 Do we understand that this is, as you say,
 3 a cautious suggestion that there may be some
 4 supplementary payments or regular payments that could
 5 be made to certain categories of beneficiary for
 6 a limited period of time?
 7 A. Yes. In actual fact what we ended up doing is
 8 making -- the regular payments we made to begin with
 9 were for people undergoing treatment, because we
 10 didn't want people to be discouraged from undergoing
 11 treatment by loss of income, and we provided a monthly
 12 sum for that. Later on there was sort of more
 13 discretion in individual circumstances to provide
 14 payments for people who needed that support. Again,
 15 this developed as it went along.
 16 Certainly we didn't feel, as a committee,
 17 constrained by these initial recommendations, which is
 18 why periodically we went back to the board to say, you
 19 know, "This is what's happening. These are the
 20 situations people are in and these are the approaches
 21 we are considering taking."
 22 Q. The focus is very much on financial property here. We
 23 saw the discussion paper and a wider consideration of
 24 different types of poverty but, at this early stage,
 25 very much focusing on financial poverty.

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1 Is that something that remained the case
2 throughout your time at Caxton?
3 **A.** Yes, yes, I would say so, yes.
4 **Q.** I am just going to take you now to the first annual
5 report, which sets out what actually was done in that
6 first few months until March 2012.
7 If we can go to CAXT0000034_010, we can see
8 there "Annual financial report" from October 2011 to
9 March 2012. 1st October 2011 is when the Caxton
10 Foundation started operating, is it?
11 **A.** Yes, that's correct.
12 **Q.** Can we turn to page 8 of that document, please. In
13 fact, can we turn to page 7, "Support of primary
14 beneficiaries". We can see there:
15 "Charity law dictates that Caxton may only
16 provide financial support where charitable need can be
17 determined. The Trustees therefore gave priority to
18 requests for help from households with an annual
19 income below £14,000, in line with the definition of
20 poverty adopted by the Government of household income
21 below 60% of median income."
22 Then skip a paragraph:
23 "At the outset the Trustees believed that their
24 discretionary support was most usefully focused on
25 those who either had undertaken treatment to clear the

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1 However, Caxton has already received a number of
2 requests for assistance from those who have been
3 bereaved following the death of a related Primary
4 Beneficiary.
5 "It has not yet been possible to assess
6 definitively the type of support that Caxton can
7 expect to make available to the non-infected
8 community."
9 Then if we go down to the last paragraph in
10 that section, we can see:
11 "... Caxton provided financial support to 9
12 non-infected beneficiaries amounting in total to about
13 £30,000."
14 So, in that first period, is it right to
15 understand that the infected community were
16 prioritised over the non-infected community?
17 **A.** Yes.
18 **Q.** Just then trying to understand what the Caxton
19 policies were, I think in the early period we have
20 seen for a primary beneficiary household they could
21 make applications for one-off single grants if the
22 household income was less than £14,000 per annum?
23 **A.** Yes, although I don't think we held to that, to be
24 honest. We used the 14,000 as a benchmark for giving
25 the winter fuel payment, but I don't recall ever

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1 virus or were undertaking treatment to clear the
2 virus, since this has side-effects that can severely
3 impair income-earning ability."
4 Then at the bottom of that paragraph:
5 "One-off fuel payments have also been paid,
6 automatically to beneficiaries with a household income
7 below £14,000 and on a discretionary basis to
8 households on higher incomes."
9 Then if we turn over the page, the last
10 paragraph before "Support for Non-Infected
11 beneficiaries":
12 "During the period under review Caxton provided
13 financial support to 85 Primary Beneficiaries
14 amounting to a total of £366,483."
15 **A.** Yes.
16 **Q.** So that reflects what you were telling us, I think, in
17 terms of the regular payments you did make were to
18 those undergoing treatment?
19 **A.** Yes, although I am not sure we had made any of those
20 payments in this period. I think the first of those
21 maybe came a little later, but I can't be certain.
22 **Q.** Then we look at "Support for Non-Infected
23 Beneficiaries":
24 "In this first period of Caxton's operation,
25 priority was given to helping Primary Beneficiaries.

18

1 saying somebody can't have support because their
2 income is over 14. There were circumstances where
3 people's income was substantially more than that where
4 I think we will have declined support, but we didn't
5 have an entirely strict cut-off at 14. Or ever,
6 I think.
7 **Q.** And certainly that is reflected in the annual report
8 of the following year, March 2013, where it says in
9 there that while there was a cut-off, if you like, of
10 £14,000, that that hasn't been applied?
11 **A.** Uh-huh.
12 **Q.** And that reflects what you have just told us, does it?
13 **A.** Yes, absolutely.
14 And this is, again, about essentially using our
15 discretion and basing our judgments on the evidence of
16 need from the applications we received and not being
17 bound by those earlier discussions.
18 **Q.** And equally, though, the infected beneficiaries, as we
19 have seen: winter payments, yes, certainly if you have
20 an income of less than £14,000, perhaps on
21 a discretionary basis if you have income of above
22 £14,000 in that early period. Is that correct?
23 **A.** Yes, that's correct. As you know, later on we made
24 the winter fuel payments available to all registrants.
25 **Q.** Yes. So is this right, that there seems to have been

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1 a period where -- I think in your witness statement
 2 you say that by November 2012 the winter payment is no
 3 longer a means tested benefit and it is available to
 4 all --
 5 **A.** Correct.
 6 **Q.** -- registrants. So that would include infected
 7 beneficiaries as non-infected beneficiaries?
 8 **A.** Absolutely.
 9 **Q.** So then picking up on what was available for the
 10 non-infected community, we have seen that, in theory
 11 at least, they could make applications for grants if
 12 their household income was below £14,000 at the very
 13 early stage, but Caxton were pretty cautious about
 14 granting those in those early months, for the reasons
 15 that you have outlined. Is that a fair way of putting
 16 the support available to them?
 17 **A.** I think that's probably a fair way. I don't know how
 18 much we actually received, so I don't know what
 19 proportion of applications we receive is represented
 20 by those nine non-infected beneficiaries. So I can't
 21 recall whether, you know, we gave support to nine out
 22 of nine or whether they were a small proportion of
 23 those who applied.
 24 **Q.** Certainly by the time of the annual report in the year
 25 ending March 2013 there is no suggestion that there is

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1 policy decisions were taken on the basis of
 2 applications. So I think at one point we received
 3 an application from someone who was the child of
 4 a beneficiary who was then somewhat older than 21 and
 5 at that point we had to decide "Does this person
 6 qualify for support or not?", and on the basis of that
 7 decision we then end up with a policy that we applied
 8 to all future applications.
 9 **Q.** What was the reason for that policy?
 10 **A.** I think the reason for that policy was simply that if
 11 somebody is the child of a primary beneficiary and is
 12 now over the age of 21, as a sort of independent adult
 13 we didn't feel that they would qualify for support
 14 from Caxton simply because of that. You know, they
 15 were now, as I say, independent adults out of
 16 full-time education and there was really -- we
 17 couldn't see there was any charitable need that we
 18 could apply in those circumstances.
 19 **Q.** Even if they could show, for example, they were in
 20 financial need?
 21 **A.** Yes. I suppose there would be a question then about
 22 how much that financial need was related to the fact
 23 that one of their parents had hepatitis C as a result
 24 of contaminated blood. And I think that would be
 25 perhaps hard to demonstrate.

23

1 a priority given to --
 2 **A.** No.
 3 **Q.** -- the infected community over the non-infected
 4 community?
 5 **A.** Not at all.
 6 **Q.** So is it your recollection that that prioritisation
 7 ended fairly early on in Caxton's life?
 8 **A.** Yes, it is. I mean, we simply looked at every case we
 9 received on its own merits and didn't distinguish
 10 between the infected and the non-infected.
 11 **Q.** So a non-infected beneficiary would have been able to
 12 make an application for a single grant to the Caxton
 13 in the same way as an infected beneficiary could from
 14 fairly early on?
 15 **A.** Yes.
 16 **Q.** We hear, and I think you mentioned in your evidence
 17 earlier, that there was assistance available to adult
 18 children of beneficiaries who were in full-time
 19 education, either until, I think you said, the age of
 20 18 or 21. Is it right to understand there was no
 21 assistance available to those adult children once they
 22 had either reached the ages of 18 or 21 or left
 23 full-time education?
 24 **A.** That's correct. That's a policy decision we took.
 25 I can't remember exactly when, but -- again, most

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1 **SIR BRIAN LANGSTAFF:** Suppose you had a case in which the
 2 spouse of the infected person had died. The child
 3 becomes over the age of 21, has finished full-time
 4 education, but considers, for obvious reasons, that
 5 the care required by mum or dad, whoever is surviving,
 6 requires his or her time to be spent. Now that is
 7 a case which, if one was operating a strict
 8 bright-line policy, nobody over 21, who is independent
 9 as an adult, will get the benefit. Is that not a case
 10 which would attract your attention or would it -- did
 11 you have such a case? I don't know.
 12 **A.** I don't recall such a case, but then I don't recall
 13 every single case we looked at. We certainly always
 14 were prepared to look at exceptional circumstances
 15 against any rule that we laid down, and I am sure we
 16 would have looked at somebody who was -- had given up
 17 work to be a full-time carer for an infected parent.
 18 But that may not have been doing much more than
 19 providing support for respite, for example.
 20 **MS SCOTT:** While we are on that point, is that right, that
 21 in terms of the support that carers could apply for to
 22 Caxton in their own right, that that was limited to
 23 respite breaks?
 24 **A.** That was, yes.
 25 **Q.** And that was the case throughout your time at Caxton?

24

1 A. That's correct. And, indeed, there was some
2 considerable discussion about this with the
3 partnership group, particularly, again, around our
4 speed of response to requests for respite, which we
5 did try to address.

6 Q. Can I take you now to CAXT0000109_105, which is
7 a minute of a Caxton board meeting of first
8 November 2012. We can see Mr Stevens is chair at this
9 point. You are present.

10 If we turn to page 3 of that minute, this is
11 a question in relation to the regular payments scheme:

12 "The Board received a paper considering the
13 introduction of a regular payment scheme to Caxton
14 beneficiaries. There followed a lengthy discussion
15 surrounding the issues that would need to be clarified
16 before such a scheme could be properly considered. It
17 was concluded that a concerted effort needs to be made
18 to contact the 2000 plus potential beneficiaries who
19 received a Stage 1 payment from the Skipton Fund but
20 who have not yet applied to the Caxton Foundation.
21 Any top-up scheme can only be looked at realistically
22 once a defined number of beneficiaries is known."

23 Is it right to understand that this was, in
24 effect, the barrier to the Caxton Foundation
25 implementing a regular payment scheme earlier than it

25

1 There was a sort of -- you know, our aim,
2 certainly, as a welfare committee was to try to
3 provide support that would enable beneficiaries to
4 achieve independent living. I think we recognised
5 that, you know, the fact that we were a charity but
6 that people had to apply for charitable aid was
7 uncomfortable for many. So if we could use our
8 support to reduce the need for that, so much the
9 better. That was, for me, a big argument for having
10 a regular payment scheme. And, as well as that, for
11 people to be able to manage their finances and
12 personal debt. So I think the next page was
13 suggesting where we might go from there.

14 Q. You have the slide there, "Possible Actions"?

15 A. Yes. So again, I think my theme of communicating
16 better what we can offer, looking at new approaches,
17 for example, a regular payment scheme, ensuring that
18 whatever we do we are reflecting the increased cost of
19 living with hepatitis C. So, you know,
20 the recognition that if you are looking at the
21 official poverty line, that does not take account of
22 the increased costs of living with hepatitis C.

23 And then I just went on to look -- I think
24 I had been exploring at that stage the Rowntree
25 minimum income levels. That was something I recalled

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1 did?

2 A. Yes, I think that's a fair reading of that. I had
3 forgotten that, actually, before I read this again,
4 but, again, I think that caution coming into play,
5 that we don't know how many potential beneficiaries
6 we've got, so it is premature to consider a regular
7 payment scheme. The paper I produced I think was
8 actually a set -- it was a presentation and the set of
9 slides are part of the documents that we have seen.

10 Q. Do you want to look at it? It's CAXT --

11 A. Is it worth having a look at those?

12 Q. -- 0000109_085.

13 A. I think it is useful just because it illustrates where
14 we were at one year on from Caxton. So by then, yes,
15 we had 551 registrants and 54% of our beneficiaries
16 who had given us information on household income had
17 an income under 15,000, and I sort of give a breakdown
18 of the profile of the beneficiaries, and suggested
19 sort of outcomes or objectives that I thought we
20 should be aiming for. So we should have -- well it
21 says fewer beneficiaries are living below the poverty
22 line. I think, really, our aim should have been no
23 Caxton beneficiaries living below the poverty line.
24 We want people to receive their full entitlement of
25 benefits and other support.

26

1 that one of our board members had suggested we take
2 a look at. And then I think, on the following slides,
3 looking at what a possible regular payment scheme
4 might involve.

5 Q. So you are looking there at the income that particular
6 households would need to live on?

7 A. Yes. That was based on the Rowntree minimum income
8 level. I mean, later on we decided, when we planned
9 to put a business case to the Department, that that
10 was perhaps unaffordable as an aim initially and we
11 went back to looking at the household income, the
12 official sort of government household income figures,
13 but that was an interesting way. I spent a lot of
14 time talking to the people who sort of do that
15 research on minimum income to sort of understand the
16 basket of goods they included in arriving at those
17 figures. And I think the thought at that stage --
18 that what we'd really need was a regular payment
19 scheme, but recognising that that would not mean that
20 people would not need one-off support for things, so
21 that we would continue to require a system of one-off
22 grants paid on a discretionary basis.

23 Q. Can we just turn to the last page as well, just to
24 look at that last slide there.

25 A. Uh-huh.

28

1 Q. You have got there the "[Macfarlane Trust]
2 Discretionary 'Top Up' Payments".
3 A. Yes.
4 Q. So you were aware, were you, and taking into account
5 the fact that your sister charity, if I can put it
6 that way, were providing these kinds of payments to
7 their beneficiaries?
8 A. Absolutely, yes. I mean, I was sort of making it my
9 business to know exactly what Macfarlane Trust were
10 providing. In their case most of their payments were
11 for top-up and the number of -- the amount of income
12 they had, the amount of money they had to provide for
13 discretionary grants was relatively small compared to
14 Caxton's. So yes, we were certainly aware of that as
15 a comparison.
16 Q. Just to go back to the point made in those minutes
17 that the impediment to progressing with this regular
18 payment scheme was the concern about that there may be
19 an explosion in numbers of beneficiaries, is this
20 related to the dependency concern, that if one put in
21 a regular payment scheme on the basis that there were,
22 however many, I've now forgotten the number,
23 550 beneficiaries, at that stage, and then suddenly
24 there were an extra 1000, that the beneficiaries would
25 have become dependent on the regular payment and then

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1 than those monies being returned -- or being retained,
2 I think is probably more accurate, by the Department
3 of Health?
4 A. Yes, I think that's a very good point. I think there
5 was an issue about -- a concern about -- I think the
6 concern was simply the one that we have discussed and
7 a concern about fairness. So we could decide to sort
8 of give a fixed sum of money to our poorer
9 beneficiaries, but if numbers grew, we wouldn't
10 necessarily be able to continue that for a second
11 year.
12 In practice, that maybe shouldn't have been
13 a reason for not taking a little bit of a risk and
14 providing that additional support with, you know,
15 making clear that these were one-off payments. But we
16 didn't.
17 Q. My last question on the regular payment scheme is just
18 a point of clarification.
19 Mrs Lloyd told us that the regular payment
20 scheme when it applied was applied equally to both
21 communities, the infected and the non-infected
22 community. Is that your recollection?
23 A. That's certainly my recollection as well, yes.
24 Q. I am going to ask you some questions now about loans.
25 Were there ever, do you recall, any discussions,

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1 it may be taken away from them?
2 A. Yes, I think that was certainly part of the
3 consideration. I think the recognition that if we
4 were going to go partly as well for a regular payment
5 scheme, this would require a business case to the
6 Department of Health, because it would cost more than
7 the 2.38 million allocation we currently had from the
8 Department, and, you know, we would need to base that
9 business case on a realistic assessment of the
10 beneficiary numbers.
11 And I think the difficulty as well is that it
12 is not only not knowing how many beneficiaries Caxton
13 might have ultimately, but knowing how many of those
14 had household incomes that would qualify for a top-up
15 payment. So a lot of missing information at that
16 time.
17 Q. Why was it that -- even if Caxton couldn't, as you
18 say, put forward a credible business case to the
19 Department of Health and implement a regular payment
20 scheme in those early years for the reasons you have
21 outlined, why was it that Caxton couldn't at least
22 disburse its full allocation during those first few
23 years to those beneficiaries whom you say in your
24 statement that you were shocked -- shocked -- that
25 some of them were living on such low incomes, rather

30

1 either on the NWC or at board level, about whether
2 loans should be offered to beneficiaries?
3 A. There was discussion and we concluded that we wouldn't
4 provide loans. Macfarlane Trust provided loans and
5 recovered the amounts lent through their top-up
6 payment scheme. So Caxton didn't have a ready way of
7 recovering loans.
8 We didn't, in practice, have that many
9 applications for loans. Those that we had I think
10 were related to mortgages and I think were at a level
11 we didn't feel we could support.
12 So generally yes, there was a policy that we
13 wouldn't offer loans, that we would focus instead on
14 helping people out of debt.
15 Q. I am going to ask you a question now about assisted
16 conception.
17 A. Okay.
18 Q. I am going to take you to the office guidelines in due
19 course, and we can look at it now if it assists, but
20 the first set of office guidelines, certainly, that
21 the Inquiry has, from 2012, includes grants
22 for assisted conception, but is it right to understand
23 that that was removed from the office guidelines in
24 about 2013?
25 A. That is correct, yes.

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1 I mean, the office guidelines we inherited, as
 2 with much at the start of Caxton, were essentially the
 3 Macfarlane Trust office guidelines which we adopted.
 4 So there were things in the office guidelines that we
 5 removed -- not many actually, I think maybe assisted
 6 conception was the only one -- and others that we
 7 later added, so we added things like microwaves and
 8 television, I think, later on.

9 Q. Why was it assisted conception was removed from office
 10 guidelines?

11 A. I think the consideration was that assisted conception
 12 was there for the Macfarlane Trust community because
 13 of HIV being a sexually transmitted infection, that
 14 assisted conception was a way of beneficiaries having
 15 children without the risk of transmission to
 16 a partner, and that that did not apply, at least not
 17 like anything to the same extent to people with
 18 hepatitis C.

19 Q. Was advice obtained from Professor Thomas in relation
 20 to that issue, about the transmissibility of
 21 hepatitis C through sexual contact?

22 A. I don't recall, to be honest.

23 Q. Did you have any applications for assisted conception,
 24 to your recollection?

25 A. We may have had one.

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1 attitude and approach to debt.

2 "The Board is also asked to agree to the
 3 appointment of a counsellor specialising in debt and
 4 money management who can advise beneficiaries",
 5 et cetera.

6 Then the paper goes on to set out what the
 7 general approach to debt relief is. If we go to the
 8 bottom of that page, it says:

9 "The NWC looks at each case individually but,
 10 as a general rule, has focused its support on ..."

11 Then it sets out those categories of people:

12 "People with the lowest household incomes ...
 13 "People who demonstrate that they are already
 14 taking steps to reduce their debts;
 15 "Situations where clearing some debts ... will
 16 help beneficiaries get their income and expenditure
 17 back into balance;
 18 "People with Council Tax and utilities bills
 19 which are already in arrears."

20 Then we go over the page. Then the point made
 21 about negotiating down debts where possible.

22 And then setting out where assistance has been
 23 declined:

24 "People on higher incomes who appear to be
 25 making no effort to reduce their reliance on credit;

35

1 Q. Can you recall whether that was before or after it was
 2 removed as an available --

3 A. I think if we had one, we would have declined it and
 4 then taken the policy decision as a result of that.

5 Q. I am now going to move on to ask you questions about
 6 debt. I will take you first to the paper that you
 7 mentioned yesterday that you thought it would be
 8 useful to look at.

9 It is CAXT0000109_029.

10 It is entitled "Addressing Beneficiary Debt".

11 If we go to the last page of that document, it has
 12 your name on it and it is dated 20th April 2012. So
 13 if we go back to the first page, we can see that the
 14 purpose of the document is because:

15 "Over a third of cases coming to the National
 16 Welfare Committee are from people seeking relief from
 17 debt of various kinds."

18 It sets out:

19 "The NWC has already agreed financial
 20 assistance in a number of these cases and has
 21 formulated a broad debt relief policy."

22 Which is set out down below:

23 "However, as debt relief will continue to be
 24 a significant call on Caxton's resources, the NWC
 25 wished to engage the full Board in discussion on our

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1 "People living above their means, where there
 2 is the risk of on-going dependence on financial
 3 support from Caxton;

4 "People who have borrowed money from friends or
 5 family members;
 6 "People who have incurred frivolous debt."

7 Then you go on to set out the different types
 8 of debt that beneficiaries are experiencing.

9 Can I just --

10 A. Yes.

11 Q. -- ask you some questions about this concern about
 12 people living above their means where there is a risk
 13 of ongoing dependence on financial support from
 14 Caxton? Was that another concern of Caxton in
 15 relation to dependence?

16 A. Yes, yes, it was.

17 Q. What was the concern?

18 A. I mean, again, as ever, I think we are talking about
 19 a small number of cases of people who, you know, had
 20 a good income before being affected with hepatitis C
 21 and had not necessarily adjusted to living on a lower
 22 income, and I think we felt at Caxton that it wasn't
 23 part of our role, given the remit of charitable
 24 relief, to try to maintain somebody's previous income
 25 levels. So that was part of the concern.

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1 Q. And was there anything --
 2 A. I think as well -- this is -- these judgments were
 3 always rather difficult, because we had, you know,
 4 a limited amount of information about what was going
 5 on for people, and it was often, you know, slightly
 6 uncomfortable to try to sort of make -- we wanted,
 7 obviously, to be as supportive as possible and
 8 certainly not to be judgmental and on the whole we
 9 didn't ask questions about why people had incurred
 10 debt, but if people were clearly sort of relying on
 11 debt in order to -- or seemed to be relying on debt to
 12 furnish a lifestyle that they had been used to
 13 previously and there was no indication that if Caxton
 14 sort of paid off a debt that that wouldn't recur, then
 15 I think we had concerns about that.

16 These were all reasons why we didn't feel able
 17 to support people, but we felt that, with the support
 18 of a debt counsellor, those people in this category we
 19 weren't able to help at this stage we might be able to
 20 help if there was a planning place that enabled us to
 21 do that.

22 Q. Is there anything else you want to say about this
 23 document?

24 A. I don't think so. Part of the reason as well for
 25 sharing this with the board, apart from getting

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1 student loans.

2 On the previous page there were things where
 3 I think we did feel -- you know, for example, if
 4 people got themselves into loan shark debt, which is
 5 another one mentioned.

6 Q. That's page 2.

7 A. But, you know, in most cases we were likely to clear
 8 that, I mean, ideally negotiate that debt down.

9 Q. So we can see that at the bottom of page 2:

10 "Given the devastating impact of loan shark
 11 debt, we are likely to recommend in most cases that
 12 Caxton clears the debt subject to negotiation with the
 13 lender to reduce the amount owed."

14 A. Yes, and the reference to frivolous debts comes up in
 15 the section above about credit card and catalogue
 16 debt, et cetera. Again, there wasn't really too much
 17 example of that. I recall we were asked to pay for
 18 a car that somebody had bought that was -- I don't
 19 know -- something like 18,000 and we thought that was,
 20 you know, not something that we were prepared to do.
 21 I don't actually recall anybody having gambling debts,
 22 but that was there as an example of something we
 23 wouldn't wish to support.

24 As it says, there is an argument that we should
 25 first insist on seeing all credit card statements so

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1 agreement to our proposal to have a debt counsellor,
 2 was that I was always concerned -- you know, we were
 3 a small group, relatively, on the Welfare Committee,
 4 and I always wanted board members to have
 5 an understanding of the issues that were facing the
 6 beneficiaries that we were here to support. So often,
 7 you know, part of these updates for the board about
 8 the situations were to give people a sort of window
 9 into that situation. So I think there's a little
 10 reference about mortgage debt and secured loans as
 11 well.

12 Q. That's the top of page 3 of the document.

13 A. Yes.

14 Q. That says:

15 "These have to be looked at on a case by case
 16 basis, again using the general approach outlined
 17 above. For example, we would look more
 18 sympathetically at a case where a beneficiary had
 19 already downsized to adjust to reduced income than one
 20 where a beneficiary was persisting with
 21 an unaffordable mortgage."

22 A. Yes. We didn't generally agree to pay back loans made
 23 by friends and family, as it says. Again, there might
 24 be exceptional circumstances where we could do that
 25 and, similarly, we didn't normally agree to pay back

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1 we could satisfy ourselves that money had not been
 2 spent frivolously but, you know, that would be maybe
 3 a step too far, given that we were already seen as
 4 already too intrusive.

5 Q. Is that a step the Caxton took, asking to see past
 6 credit card statements?

7 A. No, no.

8 Q. Can I just --

9 A. I think we recognised -- we simply recognised that,
 10 you know, for a lot of people, given, you know, their
 11 poverty, that debt was almost inevitable in order to
 12 maintain any kind of standard of living, that people
 13 were in that trap. But, of course, debt, as we all
 14 know, in itself, brings physical health and mental
 15 health problems on top of the physical and mental
 16 health issues around living with hepatitis C, so it
 17 was really an issue that we were very, very keen to
 18 tackle.

19 Q. Can I ask you a question about what's at the bottom of
 20 page 3 of that document, which is entitled "Debts to
 21 be cleared after the death of the primary
 22 beneficiary". It is a short section:

23 "There may be circumstances where a widow
 24 inherits debt of which she was previously unaware. We
 25 would look sympathetically on such cases."

40

1 A. Yes.
 2 Q. First of all, was the issue of widows inheriting debt
 3 a big problem for Caxton? Was that a common problem?
 4 A. No, not a common problem, but one we anticipated and
 5 I think there was one case that came back to the Board
 6 on a number of occasions involving a widow but, no, it
 7 wasn't a common problem, but, you know, we couldn't --
 8 there were certainly circumstances -- I know of one
 9 case where somebody, you know, discovered they had
 10 hepatitis C very late on and it wasn't -- you know,
 11 only a few months later before that person died, and
 12 then, you know, the widow had to cope with all of
 13 that. You can imagine in those circumstances that
 14 someone might not have time to put their affairs in
 15 order, even if they were able to.
 16 Q. Soumik, you can take that document down.
 17 Was the response to this to engage a debt
 18 counsellor?
 19 A. Yes.
 20 Q. Was that Pennysmart and Jayne Bellis?
 21 A. It was indeed. Up until then, we had relied on
 22 members of staff to try to negotiate debts down where
 23 possible but, given the extent of the problem, the
 24 number of people coming to us with debt, the
 25 complexity of some of those issues, it certainly

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1 do was be in a continuous situation of supporting
 2 payment on debt without some resolution to it. What
 3 we wanted to do in a lot of cases was find a solution
 4 for people that would allow them to, sort of, get back
 5 on their feet, and there were circumstances where we
 6 could do that without referral to the money management
 7 adviser, as it was a sort of single debt and it wasn't
 8 terribly high. Then we would usually support
 9 clearance of that.

10 But there were circumstances where people had
 11 debts with multiple lenders, and either there was no
 12 obvious way out for them, because most of their income
 13 was going on paying off the interest on debts, or
 14 people were not clearly, sort of, taking steps
 15 themselves to get themselves out of that situation,
 16 either because they wouldn't or they couldn't, and in
 17 a lot of cases it was probably because they couldn't.
 18 So I think in cases where we had tried to help, it
 19 hadn't been successful. There were circumstances
 20 certainly where we did say "Look, in order for us to
 21 provide further help to you, you do have to see the
 22 debt counsellor".

23 The good thing about that -- I do understand --
 24 because there were some people who found that
 25 unacceptably intrusive but, in all cases where Jayne

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1 wasn't sustainable for this to be dealt with just by
 2 our small staff team. So it seemed a good idea to
 3 engage a professional debt counsellor. As you say,
 4 that was Pennysmart.
 5 Q. Did it become -- sorry, I interrupted you.
 6 A. That's all right. I was only going to say there
 7 was -- I mean, that role was advertised and we had
 8 an interview and a selection process. So that's how
 9 that company came to be appointed.
 10 Q. Did it become a condition of receiving help from
 11 Caxton for debts that a beneficiary would accept
 12 a referral to Pennysmart?
 13 A. Not always, but sometimes.
 14 Q. Why was that?
 15 A. Because there were circumstances where people were not
 16 managing their debt situation well, even with support
 17 from Caxton, and that might have been for a number of
 18 reasons. You know, a number of our beneficiaries
 19 suffered from brain fog, so it was perhaps not
 20 surprising that they might have difficulties managing
 21 their personal finances. Other people -- well,
 22 I suspect, you know, people -- other people perhaps
 23 were never terribly good at it, I don't know. But
 24 I think there were circumstances where we felt we
 25 wanted to support people, but what we didn't want to

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1 was involved we were usually able to come to a good
 2 solution. She would come back to us saying "Okay,
 3 this is what I have been able to do, if you, Caxton,
 4 provide X amount towards relieving this particular
 5 debt, then, you know, that can be part of a negotiated
 6 package".

7 So it really did enable us to provide support
 8 where, in the past, we would have found it far too
 9 tricky without those insights and that support for
 10 individuals, and a lot of people did find it helpful,
 11 a lot of people welcomed it.

12 Q. Was it a condition of repayment that the debt had to
 13 be related to hepatitis C?

14 A. No.

15 Q. We will look at a document later which suggests that's
 16 the case, a document that was published on the
 17 website. Perhaps I will come and ask you about that
 18 when we look at that document.

19 A. I think to begin with there was this notion that it
 20 should be related to hepatitis C. We dropped that
 21 pretty soon. I think there was, you know, similarly
 22 a feeling at the beginning that maybe we should be
 23 looking for evidence that people's poverty was related
 24 to hepatitis C and I certainly took the view that if
 25 they were poor, they were poor. It didn't matter

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1 whether that was because of hepatitis C or because of
2 any other reason. It was the poverty that was the key
3 issue and that was what we should be helping to
4 alleviate. So that may have been the case in early
5 stages, but not for long.

6 Q. I am going to read you a very short -- a couple of
7 sentences from your witness statement and just ask you
8 to explain to us how this works. You say in your
9 witness statement:

10 "It is fair to say, though that our own
11 principles were also one reason we did not spend more
12 (on discretionary grants)."

13 You give another example. Then you say this:

14 "Similarly, some people came to us with debts
15 which we decided not to totally write off, but rather
16 we worked with them to help them manage the debt (with
17 some write-off from us)."

18 A. Uh-huh.

19 Q. What were the circumstances in which you would,
20 because of your own principles, only write off some
21 debt, not all of the debt?

22 A. Well, I think in a number of cases -- maybe the
23 majority of cases we didn't always write off all the
24 debt. I think in some cases, you know, people's debts
25 could be very substantial. So we used Jayne to find

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1 policy in November 2013?

2 A. Okay. Well, when Caxton started, a lot of the initial
3 grant applications we received were retrospective, and
4 we kind of accepted that, because people knew that
5 Caxton was about to start and may have, sort of,
6 committed expenditure in the expectation they would
7 receive support for it.

8 I think our concern was that if we were there
9 to assess charitable need, which we were, that if
10 somebody had already made a purchase and then came to
11 us to, sort of, reimburse that, it was a lot harder to
12 demonstrate charitable need. People are saying "Well,
13 I could afford to buy this but now I would like you to
14 give me the money to support that". That was not then
15 allowing us to make any kind of judgment on the basis
16 of individual need.

17 There were some circumstances, I think, where
18 we felt that a retrospective grant would be justified
19 later on. I should say that -- so once Caxton was
20 established, once people understood the process -- and
21 this was something that I think Macfarlane Trust had
22 adopted as well, that people should essentially apply
23 for something before they buy it and that's
24 a principle we wanted to adopt because, otherwise, it
25 was very hard to assess charitable need, and we gave

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1 a way, for example, of consolidating debt, when people
2 had debts to several lenders to make it more
3 manageable to negotiate down debt to arrive at a sum
4 which the beneficiary could afford, assuming that
5 Caxton also wrote off an element of the debt. So, if
6 you like, the principle was really helping people to,
7 sort of, manage their financial situation better to
8 get out of a debt trap where every penny they had
9 almost was being paid on servicing debt, and to get
10 them into a position where that was more affordable
11 for them with support from us and support from Jayne
12 in managing that.

13 Q. I am going --

14 A. Does that help?

15 Q. I am going to ask some questions about policy on
16 retrospective grants now.

17 A. Right.

18 Q. I can take you to the document if it assists but there
19 is a meeting minute from November 2013 from an NWC
20 meeting which states that:

21 "Caxton will stop allowing retrospective grants
22 save for in exceptional circumstances."

23 A. Yes.

24 Q. I just wanted to understand the reason. Why was the
25 reason -- what was the reason that Caxton adopted that

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1 some leeway to that at the beginning, because people
2 were anticipating the arrival of Caxton and coming to
3 us for things they had already purchased. But we
4 didn't feel, you know, 18 months in, or whenever it
5 was we made that decision, there was any longer any
6 justification for that, unless something was so urgent
7 that people had no choice but to go and spend the
8 money and then come to us retrospectively.

9 So we certainly gave retrospective grants for
10 funeral payments, for example. I think if somebody's
11 partner had died and they had gone ahead and paid for
12 the funeral, then we looked very sympathetically at
13 people who then came back and asked for support for
14 that. There would -- you know, domestic emergencies
15 might be another circumstance where we would accept
16 somebody could be retrospective.

17 Q. Why was it assumed that just because a person had
18 already paid for something they were not in financial
19 need? For example, what if somebody had had to pay
20 for something but they had used the money that they
21 would otherwise have paid for their rent or for their
22 utilities?

23 A. I think that's a fair point but, even so, to have any
24 assessment -- you know, these are discretionary
25 grants. They are based on charitable need and the

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only reasonable way of trying to assess those is if people put in an application before they spend the money. Given that we were expecting -- you know, I think there is a principle of fairness, as well, for beneficiaries. On the whole, this is what we were expecting beneficiaries to do and this is what the majority of beneficiaries did.

I think, you know, it is -- so given the system that we had, I don't think there are many grant-giving organisations that would give a grant after the money was already spent, just because there is no opportunity to make any assessment on that. So people might come to us for, you know, particular household goods, or whatever it is, and, you know, we would award what felt like a reasonable sum of money, depending on their application. If they had already gone and bought that and paid whatever for it and said "Now reimburse it, please" -- as I say, it is just so much harder to say, "Was that a charitable need or not?"

MS SCOTT: Sir, I am noting the time. I think I have got about 40 minutes of questions left with Mr Lister. I don't know how you would like to proceed?

SIR BRIAN LANGSTAFF: Yes. We will take a break and come back then at 11.35. That I hope gives you long enough

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without or getting into debt. It is also clear that, whatever our policies, there will be a small number of households who will continue to be dependent on our support."

So this is acknowledging that, although, you know, we have talked a lot about dependency, in fact, let's not get too hung up on that. Dependency is, in some cases, inevitable. And that:

"We could at present afford to make regular payments to our poorer clients. It should be possible to design a scheme that [would make payments but] avoid the risk of our becoming overspent if our number of registered clients increased significantly."

This really goes back to the point we were discussing earlier.

This then was followed fairly quickly by the more detailed proposals for a regular payment scheme, but there were certainly circumstances I recall where in particular cases we began to make monthly payments for people who were in particularly dire circumstances. I think the board after this gave the Welfare Committee a bit more leeway in doing that. So, again, it was about trying to use our discretion to give support to people who really needed it until we had a proper regular payment scheme.

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to have a cup of coffee or whatever and those watching to do the same.

(11.17 am)

(Short break)

(11.35 am)

SIR BRIAN LANGSTAFF: Yes.

MS SCOTT: I am just going to ask you some questions now about what non-financial benefits were available to beneficiaries.

A. Can I, before that -- sorry, I am doing my usual thing and having a think in the break about anything else that might be useful from our previous discussion.

Would you be happy for me to draw your attention to one more paper?

Q. Yes.

A. Okay. This is CAXT0000110_015. It's a paper I wrote for the Board entitled "Emerging Issues" from May 2013.

If you go down to the bottom -- it picks up on a number of issues, but at the bottom there is a paragraph on "Requests for Regular 'Housekeeping' Payments". I say there:

"Some people have asked for regular payments, we are ourselves aware of cases where people are living 'hand-to-mouth' and are at risk of either going

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Q. Soumik, you can take that down now.

Can I just ask you some questions about non-financial benefits?

A. Yes.

Q. You have spoken already about the debt counsellor. Is it right to understand that there was also -- well, we have heard evidence from Mr Bateman --

A. Yes.

Q. -- that he gave benefits advice to Caxton beneficiaries.

We can see on various documents that there was also counselling available -- is that right -- from the Hepatitis C Trust?

A. That's correct, yes. Our staff made people coming to us aware of that facility and gave them the contacts if they wished to apply.

Q. I am going to turn to the office guidelines in a moment, but one of the entries on the office guidelines is for referral to an independent financial adviser. We have heard from the Macfarlane Trust witnesses that that was very much part of the initial offering to the Macfarlane Trust beneficiaries when they were given their capital payments.

Was that a feature at all of Caxton Foundation, offering to their beneficiaries, given that lump sum

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1 payments were being made?
 2 **A.** It wasn't. I mean, we weren't obviously making lump
 3 sum payments ourselves. That would be through the
 4 Skipton Fund. But no, we didn't offer financial
 5 advice for people who had received a lump sum or had
 6 just received a lump sum through Skipton, but again,
 7 Jayne Bellis' advice was not just about debt. She was
 8 a money management adviser as well. So that facility
 9 was there if people wanted it.
 10 **Q.** I am going to ask you some questions now about what
 11 single grants were available, and I want to look at
 12 two documents before I ask the question. The first of
 13 those is CAXT0000034_008, and it is the annual report
 14 for the year ending 31st March 2013.
 15 You can see it on the first page. If we turn,
 16 please, to page 7 of that document, we can see a list
 17 of the kinds of support that's provided to clients.
 18 A third of the way down that page:
 19 "... financial support whilst ... [undergoing]
 20 treatment ..."
 21 You have already mentioned that:
 22 "Respite breaks for ... spouses [and] carers.
 23 "Health and mobility-related repairs and
 24 adaptations ...
 25 "Support with debt and money management ...

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1 Then if we go over to page 10, we can see there
 2 "Complementary Therapy", and then to page 11, school
 3 change costs, short non-academic training courses,
 4 advanced education -- I've gone from the bottom now,
 5 I don't quite know why.
 6 Then if we go over to page 15, we can see
 7 "Wills", "Bereavement" and "Further bereavement
 8 support" are all offered under the office guidelines.
 9 So I wanted to ask you this: are we to
 10 understand that the types of grants, of single grants
 11 that the Caxton Foundation would make, are described
 12 in these two documents?
 13 **A.** They are. There is also a later version of the office
 14 guidelines, because, as we have discussed already, we
 15 updated that periodically, which is part of the
 16 documentation, but certainly at any one time these --
 17 there were other things introduced, but yes, in answer
 18 to your question.
 19 **Q.** What was the Caxton's attitude to an application for
 20 a grant that came in outwith these categories?
 21 **A.** We would look at it on its merits. Inevitably we did
 22 have applications that came in. So, for example,
 23 I don't think at this stage the office guidelines
 24 mentions adaptations to people's homes explicitly, but
 25 we had a few applications to those, which we granted,

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1 "Financial assistance with the purchase of
 2 essential household items.
 3 "Support with vehicle maintenance ... to ensure
 4 people can maintain their mobility and independence.
 5 "Financial support to enable people to undergo
 6 re-training."
 7 A second document I want to look at is the
 8 office guidelines from 2012. That's CAXT0000062_076.
 9 Now, this is a document -- the Macfarlane
 10 version of this document is one we have looked at with
 11 the Macfarlane witnesses.
 12 **A.** Yes.
 13 **Q.** I just want to, if I can, flick through the document.
 14 So if we go to page 1, we see something about
 15 "Maxima", that if there's -- already had more
 16 than £3,000, you go to the NWC. Then there is some
 17 information about payment of retrospective grants and
 18 there's some information about appealing.
 19 If we go on to the next page, we can see
 20 "Accommodation related grants", "Setting up Home",
 21 "Moving Home".
 22 Then, going through the document to page --
 23 let's go to page 7. We can see there you can get
 24 grants for cooking, mattresses, beds, furniture,
 25 clothing following weight loss or weight gain.

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1 so people who were in advanced state of illness with
 2 hepatitis C, who could no longer go upstairs in their
 3 homes, who wanted to have had a bathroom installed
 4 downstairs, for example, were the kind of things that
 5 we certainly later paid for.
 6 What tended to happen is, you know, we would
 7 receive an application for something and we would look
 8 at it on its merits and approve it or not and then
 9 take account of that in the way we then went on to
 10 update the office guidelines.
 11 There were also I think, you know -- through
 12 time, in order to speed things up, as we gained
 13 an understanding of -- you know, some applications
 14 became more routine, if you like. We sort of
 15 increased the number of things the office or chief
 16 executive could approve without waiting for an NWC
 17 meeting.
 18 **Q.** I want to ask you about the position, as you
 19 understood it, in June 2013, so that's the date of the
 20 first Partnership Group meeting.
 21 **A.** Mm.
 22 **Q.** Do you recall at that meeting, and if necessary we can
 23 go to the minutes, it becoming clear from what was
 24 said that meeting that beneficiaries were confused
 25 about what kind of grants they could apply for? They

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1 didn't know what kind of grants were available?
 2 **A.** Yes, that certainly was a discussion. As you will
 3 have heard already, we did not publish the office
 4 guidelines. Instead, we had information on the
 5 website which gave an indication of what people could
 6 apply for and the application process.
 7 I think it is fair to say that initially that
 8 was not, I think, clear enough about the types of
 9 things that people could apply for.
 10 **Q.** Would beneficiaries have received the annual report?
 11 Would they even have seen that list in the annual
 12 report about what was available?
 13 **A.** I think the annual report was certainly published on
 14 the website. I don't think it was sent individually
 15 to beneficiaries. There is an argument for saying it
 16 should have been, but I don't know if -- I don't
 17 honestly know if that was done by the staff.
 18 I suspect it wasn't.
 19 **Q.** You have said initially --
 20 **SIR BRIAN LANGSTAFF:** Technically, who was that a report
 21 to?
 22 **A.** So this was -- well, technically, it is a public
 23 report, as required by the Charity Commission of all
 24 charities. So it would be sent to the Charity
 25 Commission for publication under the register of

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1 quite a lot of grants that are, in fact, available to
 2 the beneficiary population, because we see them in the
 3 office guidelines, that are not set out there? So,
 4 for example, there is no mention there about wills,
 5 bereavement grants, moving home grants, clothing,
 6 complementary therapy, et cetera.
 7 **A.** That is certainly true. I am not aware we ever gave
 8 a grant for complementary therapy, for example. Yes,
 9 absolutely.
 10 **Q.** Do --
 11 **A.** I think, looking back, we should have been more
 12 explicit.
 13 **Q.** Do you accept -- I think it is implicit from what you
 14 said -- that it would have been of great assistance to
 15 beneficiaries to know what they could have applied
 16 for, and, indeed, what they couldn't have applied for,
 17 when making applications for grants?
 18 **A.** Yes. I mean, certainly, I think as well as
 19 information on the website, if people phoned up the
 20 office to enquire about what they could apply for,
 21 then I know that the staff would provide -- you know,
 22 talk through the kind of things that people might
 23 apply for if somebody enquired.
 24 **Q.** Soumik, you can take that down.
 25 **A.** But it ought to have been more explicit on the website

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1 charities, or it should have been. But it is also to
 2 be a report for the beneficiaries. In which case
 3 there is an argument for saying it should have been
 4 sent to all beneficiaries. I don't recall ever asking
 5 the question of whether it was. So I am afraid I do
 6 not know whether it was sent or not.
 7 **MS SCOTT:** I think you have accepted that, certainly
 8 initially, the website did not have sufficient
 9 information for beneficiaries to understand what
 10 grants were available.
 11 Can I take you to a document which I think we
 12 can date in the summer of 2014, which is
 13 CAXT0000110_131. It is entitled "Support to
 14 beneficiaries".
 15 Do we understand that this document is what was
 16 published -- the updated information that was
 17 published on the website in summer 2014.
 18 **A.** I think that's the case, yes.
 19 **Q.** We can see there the key areas in which grant support
 20 is given, and there is set out the same list that we
 21 saw in the annual report. Is that right --
 22 **A.** Mm-hmm.
 23 **Q.** -- and where that came from?
 24 **A.** That's correct, yes.
 25 **Q.** Would you agree that, even at that stage, there are

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1 as well, I agree.
 2 **Q.** The second issue -- I wonder if you would agree with
 3 this -- that was raised very clearly in relation to
 4 application for single grants at the June 2013
 5 Partnership Group meeting was a desire on the part of
 6 the Partnership Group for the Caxton Foundation to
 7 publish the office guideline figures that set out what
 8 the authority of the staff were in allowing grants?
 9 **A.** We declined to do that on the basis this was
 10 an internal document. The argument was that to
 11 publish those figures would be misleading because
 12 there was always the discretion to provide more than
 13 that.
 14 **Q.** I don't want to --
 15 **A.** Again, with the benefit of hindsight, there is no
 16 reason why that could not have been explained
 17 alongside any published information.
 18 **Q.** I just want to explore that with you a little further,
 19 to just understand the basis upon which the figures in
 20 the office guideline were reached. Were they research
 21 based, ie what they what the Caxton Foundation
 22 considered to be a reasonable sum to spend on that
 23 particular item?
 24 **A.** Yes, essentially. They were inherited from Macfarlane
 25 Trust initially and built on from there. So I am not

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1 actually sure -- it was what felt like a reasonable
 2 sum of money, but largely based historically on what
 3 the Macfarlane Trust had previously agreed.
 4 **Q.** So in what circumstances would the NWC exceed those
 5 guideline figures, if that was a reasonable sum? Was
 6 it common, in other words, that the NWC would give
 7 more than those figures?
 8 **A.** I think -- I don't know how common it was, again
 9 without having a good recollection of all the
 10 individual cases and, of course, there were a large
 11 number. It is hard to say. There were certainly
 12 circumstances where we did, on the basis of the
 13 request that was submitted to us, but what I can't do
 14 for you, I am afraid, is recall individual
 15 circumstances where we took -- where we made that
 16 discretion.
 17 **Q.** No. Was one of the concerns about publishing the
 18 office guidelines, as you set out in your witness
 19 statement, a fear that it would become a shopping
 20 list?
 21 **A.** That was a bit of a concern, yes. Again, I think just
 22 a concern that if we were, as I said in my statement,
 23 I think that we are there to provide discretionary
 24 support, so that people should apply on the basis of
 25 need, not what they understand might be available.

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1 the particular application?
 2 **A.** Actually, I think they did. If you have got a copy of
 3 the application form there, I think it might well have
 4 included something about income and expenditure. So
 5 I think we may well have asked for some of the same
 6 information twice.
 7 **Q.** What I think I have got is the census form. Let's
 8 have a look. It is AHOH0000126, "Personal census form
 9 ... 2011/2012". Then if we go over to the second
 10 page, it sets out personal details, details of carers.
 11 Go over to the third page, it sets out income, and you
 12 must attach evidence.
 13 Go over to the fourth page, savings and
 14 expenditure. Go over to the fifth page --
 15 **A.** Just to say, those two pages of income and expenditure
 16 were extracted by the staff from the census form when
 17 grant applications were submitted to the Welfare
 18 Committee. We didn't see -- they were obviously all
 19 anonymised when they came to us so we didn't see the
 20 information at the beginning, but we were certainly
 21 given the income and expenditure summary, which is why
 22 I was unclear about whether we asked for the same
 23 information twice but, having seen this, it was
 24 clearly extracted from the census form.
 25 **Q.** Soumik, you can take that down.

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1 Now, again, I don't imagine many people would
 2 have used that as a shopping list. It is possible
 3 that one or two might, but I don't think that would
 4 have been, by any stretch, the majority of people
 5 because, as I sort of say, I think in one of my papers
 6 to the board, I was very struck by the fact that there
 7 were a lot of people living in considerable poverty
 8 who asked for very little.
 9 **Q.** Can we -- I am now going to ask you some questions
 10 about the process of grant application. Before I do
 11 that, more generally, when a beneficiary registered
 12 with the Caxton Foundation, is this right, that they
 13 had to fill out a census registration form, which
 14 asked them for details of their income and
 15 expenditure, or certainly in the early years that was
 16 the procedure?
 17 **A.** That was certainly the procedure in the early years.
 18 So as soon as somebody registered with us they would
 19 be sent a census form to complete. That was
 20 completely separate from any grant application. So if
 21 they later made a grant application, the information
 22 in the census would form part of the information that
 23 was provided to the Welfare Committee.
 24 **Q.** So they wouldn't then have to fill out another form
 25 setting out what their income and expenditure was for

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1 We heard evidence from Ms Barlow that, when she
 2 arrived at the Caxton Foundation, she described the
 3 practice being that all beneficiaries were asked to
 4 fill out one of these forms every year, whether they
 5 were making an application for assistance or not?
 6 **A.** Yes.
 7 **Q.** She thought that was over the top and changed that
 8 practice, and so, in fact, that kind of information,
 9 that level of information was only required if
 10 a beneficiary was asking for something from the Caxton
 11 Foundation.
 12 **A.** Yes, that's correct.
 13 **Q.** Having, in the early years, filled out that form on
 14 an annual basis, if an applicant then comes to want to
 15 make an application to the Caxton Foundation, is it
 16 right to understand that they could do that by letter?
 17 There wasn't a specific application form, but what
 18 they needed to do was provide evidence of the cost of
 19 what they wanted and set out reasons why they needed
 20 it and provide either newspaper adverts or quotes?
 21 **A.** That is correct. I mean, again, the application form
 22 was something that was introduced by Jan in 2013 at
 23 the point where we dropped the requirement for the
 24 census form for everyone annually. The weakness in
 25 this system at the beginning was that it didn't

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1 provide enough clarity, I think, for applicants about
 2 the information needed. So they were told broadly
 3 what to provide, but you will see that, in the early
 4 days of the Welfare Committee, if you go through the
 5 minutes, there are lots and lots of deferred cases,
 6 because we didn't have all the information needed. So
 7 there was a process of trying to clarify to the
 8 beneficiaries what they should provide. But, yes,
 9 absolutely right. There wasn't an application form.

10 **Q.** Would you accept the level of information that is
 11 required both on income and expenditure and in
 12 relation to the particular application, ie the
 13 requirement for multiple quotes, and so on, was
 14 an onerous process for beneficiaries, particularly in
 15 a beneficiary population that is unwell?

16 **A.** Potentially onerous, yes, for some, not necessarily
 17 for everyone. I mean, the intention was that if
 18 people were having difficulty completing these forms,
 19 then the staff team would be on hand to provide help
 20 with that. So there certainly was recognition of that
 21 situation.

22 I mean, there was always a question of how much
 23 information we asked for. In order to assess
 24 charitable need, there is a sort of at least minimum
 25 amount of information needed, I would argue, around

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1 that they had tried to obtain funding elsewhere? We
 2 have heard evidence from Macfarlane witnesses that
 3 Macfarlane Trust was viewed very much as a provision
 4 of last resort. Was the same true of Caxton?

5 **A.** No. I mean, there were circumstances where funding
 6 might be available from elsewhere. So if -- we didn't
 7 see ourselves as there as a substitute for other forms
 8 of statutory provision. So, for example, if people
 9 would be entitled to NHS dental treatment, we didn't
 10 pay for private dental treatment. If people were
 11 entitled to support for children going to university
 12 because of low income, we wouldn't substitute for
 13 that. But, no, we didn't expect people to have looked
 14 elsewhere for support before coming to us. That was
 15 certainly never a consideration.

16 **Q.** We saw on the first page of the office guidelines the
 17 maxima provision. If somebody had has grants of more
 18 than £3,000 over the past year then the matter must go
 19 to the NWC.

20 How did the NWC factor that, the previous
 21 grants, into their decision-making process? Was it
 22 relevant?

23 **A.** It was useful to have a picture of what people had
 24 received so far. We didn't apply maxima to the grants
 25 that we might then go on to agree. So, essentially,

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1 income and expenditure, just to understand the
 2 personal finances of the family or the individual. So
 3 I think a certain amount of risk was inevitable just
 4 because of the way that we were set up as a charity.
 5 The key thing is that, you know, my understanding
 6 always was that if people -- you know, as I have said
 7 before, we had people suffering from brain fog who
 8 would have found this incredibly difficult, but there
 9 was help provided by the staff for that.

10 **Q.** Did Caxton ever consider removing the requirement to
 11 provide financial assistance for those households who
 12 were receiving means-tested benefits, on the basis of
 13 that very early welfare strategy paper that we looked
 14 at, that they would, on almost any measure of
 15 financial poverty, meet that measure?

16 **A.** No, we didn't.

17 **Q.** I am going to then come on and ask you now about how
 18 applications were determined by the NWC and also if
 19 you have any knowledge about how they were determined
 20 under the office guidelines by the staff, if you can
 21 help us with that.

22 I am going to ask you some general questions
 23 first of all.

24 **A.** Uh-huh.

25 **Q.** Did the Caxton Foundation require registrants to show

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1 what we are talking here is about delegated limits of
 2 decision-making but, certainly, there were some
 3 recipients who received considerably more than that
 4 from Caxton in a year. Again, it was just there so
 5 that we knew what had been agreed so far but it didn't
 6 stop us agreeing more.

7 **Q.** Do you know whether the office staff were required to
 8 carry out an assessment of whether or not a particular
 9 person could afford what they were applying for
 10 themselves by looking at their income and expenditure
 11 and balancing them? Is that an exercise that you
 12 understood the staff, exercising their authority under
 13 the office guidelines, were carrying out?

14 **A.** I would have expected that kind of judgment call to
 15 have been referred to the Welfare Committee rather
 16 than --

17 **Q.** The office --

18 **A.** Yes.

19 **Q.** So, in practice, if somebody made an application that
 20 came within office guidelines, there wasn't in
 21 practice a requirement to show charitable need,
 22 because it would just be granted?

23 **A.** Yes. My problem here is that I don't know enough
 24 about how the staff operated the office guidelines to
 25 be able to answer that question. I think there was

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1 always a consideration of charitable need. I think
2 the staff were conscious of not making judgments that
3 ought to be referred to trustees for a decision. So
4 I think, as I said, I would expect that if they were
5 concerned that somebody's income seemed too high to
6 justify charitable need, that they would have referred
7 back to the Welfare Committee. So they are still
8 taking account of charitable need, but it is
9 a question of the sort of level of authority for
10 decision-making.

11 Q. Were there, do you recall, any guidelines or protocols
12 or guidance given by the NWC to the office as to how
13 they should carry out that exercise?

14 A. I don't recall.

15 Q. How did the NWC itself decide whether or not
16 charitable need could be made out, looking at income
17 and expenditure?

18 A. Well, simply that if someone's income was well in
19 excess of their regular expenditure, generally we
20 would conclude that charitable need had not been
21 demonstrated.

22 Q. Again, same question, in relation to the NWC --

23 A. I mean, relative obviously to what they were asking
24 for as well. So if it was a request -- you know, if
25 there was a £10,000 difference, say for argument,

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1 so therefore unfair, decision-making?
2 A. I mean, we were very conscious of not making unfair
3 decision-making and, as well as looking at each case
4 on its merits, checking what -- we always checked what
5 had been awarded previously in similar circumstances
6 to make sure we were consistent, and I think, from
7 time to time, I certainly did a review of past cases
8 as well, to try to ensure that we have been -- to
9 monitor whether we had been consistent and pick out
10 any instances where we weren't.

11 Q. Can I take you now to a document CAXT0000062_072.
12 This is a report produced, I believe, by Ros Riley
13 from an NWC meeting in September 2012.

14 A. Yes.

15 Q. Is this report a typical report that you would receive
16 at the beginning of each meeting or was this --

17 A. No. I think this is something that -- I think we
18 decided that we were going to produce a report each
19 year that would go to the board, and we probably --
20 presumably asked Ros to provide that.

21 Q. If we could go, please, to page 2 of this report.

22 A. Uh-huh.

23 Q. Under section 4, "Grants", she sets out there in the
24 first paragraph:

25 "Between September 2011 and March 2012, we

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1 between expenditure and income and they were asking
2 for a £200 item, I think we would think that's
3 something they could probably afford and charitable
4 need isn't demonstrated.

5 Q. Again, were there any guidelines or protocols as to
6 how to allow the NWC to assess that on an objective
7 basis?

8 A. No. It was really on a case -- well, it was
9 effectively, you know, a case by case, but then
10 effectively applying a case law approach, if you like.
11 So if we took a decision that somebody with, you know,
12 income considerably in excess of their expenditure
13 would not be -- we wouldn't approve a grant for
14 something, then we would make sure that we applied
15 that same principle next time round, and there was
16 always a dialogue between the Welfare Committee and
17 staff to make sure that we were consistent in the way
18 that we awarded grants, because we were certainly
19 concerned to have an approach of fairness that we
20 wouldn't, sort of, award something to one person and
21 then refuse it to another or vice versa.

22 Q. You anticipated my next question, which is: is the
23 risk of not having policies -- objective criteria
24 committed to writing for all to see -- doesn't that
25 give rise to the risk that there is inconsistent, and

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1 received a total of 258 requests from 118 people. The
2 total amount requested during this time was [nearly
3 £1.5 million], the total amount agreed was [just over
4 £377,000], the sum of [just over £675,000] was
5 declined and [just over £490,000] was deferred (where
6 no decision was made due to lack of information)."

7 That's what you were talking about in the early
8 days --

9 A. Yes.

10 Q. -- because of the difficulty --

11 A. Absolutely. That was really unacceptable, because it
12 meant that we were delaying decisions while asking for
13 further information. If you look at sort of later
14 examples of NWC minutes, certainly from late 2012 into
15 2013 onwards, there are very, very few applications
16 that are declined and very few deferred as well. But
17 yes, this was a serious problem in the early days.

18 Q. Then we see she gives a figure for fuel payments in
19 that period. And then the next paragraph:

20 "From the new financial year ..."

21 So presumably from April 2012:

22 "... until 30 September 2012 we received

23 a total of 238 requests from 112 people. The total
24 amount requested during this time was £758,400.90, the
25 total amount agreed was £350,579.41, £276,495.35 was

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1 declined and £165,999.24 was deferred."
 2 A. Mm.
 3 Q. I just want to ask you about that, because Mrs Lloyd,
 4 when she gave evidence, suggested that one of the
 5 reasons or, in fact, the reason why the Caxton did not
 6 spend its allocation in the first few years was
 7 because beneficiaries were not coming forward to make
 8 applications. But if we look at these figures, it
 9 suggests rather a different picture, doesn't it?
 10 A. Yes.
 11 Q. It suggests that beneficiaries were coming forward but
 12 actually lots of applications were being deferred and
 13 lots more applications were being declined. Is that
 14 right?
 15 A. That is right, yes. I mean, I think that's sort of
 16 plain from those figures, yes. I mean, initially
 17 there were more applications declined than accepted by
 18 quite a way.
 19 Q. Given, again, what you knew about the levels of
 20 poverty many of the beneficiaries were living in and
 21 the fact that Caxton wasn't spending its full
 22 allocation, would you agree that these figures
 23 indicate that the NWC and Caxton's policies were far
 24 too restrictive, certainly in the early years?
 25 A. I think in order to take a judgment on that you would

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1 expected, in communicating the outcome back to
 2 applicants, that we would have explained the reasons
 3 for declining applications.
 4 What I don't know as well from these figures
 5 is, you know, how many of these declined applications
 6 were -- you know, how many applicants we got who
 7 submitted several requests, some we accepted, some we
 8 declined, which doesn't really tell us whether there
 9 were -- how many people were refused something
 10 entirely and how many received some grants, but not
 11 others, that they had applied for.
 12 Q. Yes, so the refusal figure may be a proportion of
 13 an application, including --
 14 A. It may be, yes, certainly. I would expect that's the
 15 case from those numbers.
 16 Q. I am going to move on to my last topic now, which is
 17 in relation to identifying beneficiaries. We have
 18 heard some evidence from Mrs Lloyd in relation to
 19 this, but can you recall what was done by the Caxton
 20 Foundation prior to the request being made of the
 21 Department of Health to fund the Skipton Fund to do
 22 a lookback programme -- which we understood took place
 23 in September 14 -- so can you recall what was done by
 24 the Caxton Foundation prior to making that request to
 25 help identify new beneficiaries?

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1 need to go back and do a look at reasons why so many
 2 applications were declined at that stage. I mean,
 3 what I think we were doing at that point is sort of
 4 looking at -- still we were looking at them on the
 5 basis of charitable need, and clearly in a large
 6 number of cases we didn't feel that charitable need
 7 was demonstrated.

8 I don't believe that we -- you know, if
 9 somebody was in serious poverty, that we would have
 10 declined requests that were truly helpful and truly
 11 demonstrated charitable need, because we were so
 12 conscious of that level of poverty and the importance
 13 of doing what we could to alleviate it. So -- I am
 14 regretting now that, in preparation for this, I have
 15 not tried to do more of an analysis of what was
 16 declined and why, but it is hard to tell that from
 17 the minutes, in truth.

18 Q. Would you accept as a matter of principle that where
 19 an application is unsuccessful, reasons should be
 20 given for refusal?

21 A. Yes.

22 Q. And were reasons given for refusals by the NWC?

23 A. We certainly gave reasons for refusal. Absolutely.
 24 I mean, those are recorded in the minutes, but in
 25 very, very general terms. And certainly I would have

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1 A. Can I correct something there as well? It was the
 2 Department of Health's initiative to have the lookback
 3 exercise. It wasn't something that Caxton had
 4 requested.

5 Again, this whole issue is something that
 6 features in discussion among trustees from the outset.
 7 I have to admit, a lot more could and should have been
 8 done sooner than it was. So what was done was to have
 9 information on various websites. So there was
 10 information talking about Caxton on websites, so --
 11 the Hepatitis C Trust, Haemophilia Society. Tainted
 12 Blood, I think, had something about it on their
 13 website. There was information sent to clinicians who
 14 might be treating people. But, of course, what that
 15 didn't do was reach people who might have hepatitis C
 16 and were not in touch with any of these organisations
 17 or not receiving treatment and who therefore might not
 18 otherwise be aware.

19 The obvious way always of passing this
 20 information on about the existence of Caxton was to
 21 contact Skipton 1 recipients who hadn't already
 22 applied. There was a lot of discussion about this,
 23 I remember, and what we were told was that, you know,
 24 this would present an enormous data protection issue,
 25 because in contacting --

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Skipton 1 recipients, you know, may have received their grants quite some years beforehand. There had been no attempt to keep up with people's addresses. So people might have sent us their up-to-date address, but not necessarily, and unless they had got to the Skipton 2 stage, our contact details for the Skipton 1 recipients, we were told, were likely to be very out of date. That would then lead to the risk that, should we attempt to contact people, there would be a proportion of people who had moved home and, in contacting them, we might inadvertently reveal somebody's hepatitis C status, because if we wrote a letter, for example, and somebody who was a new occupant to the house opened it, it would give away information about somebody's HIV status that we would not wish to disclose.

So that was the argument that was sort of presented to us as trustees for not going down this route.

Q. By whom? Told by whom?

A. By the Chief Executive. I think by -- it would have been, you know, discussion with Martin Harvey, I think, at the time.

Early on, I sort of raised the question of whether we shouldn't do some national publicity

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and I confess I didn't really pursue it much after that. There was then the idea that we were going to get somebody on the board who had communication skills, who would sort of come up with ways of better informing beneficiaries of our existence, but that didn't really work, and it was only when we got to the Skipton lookback exercise that we actually began to -- and as part of that people were told about the existence of Caxton, that beneficiary numbers seriously picked up. I mean, there was clearly a gradual increase year on year, but there was a really substantial increase immediately after that lookback exercise.

So that begs the question of why it didn't happen sooner, and I am unclear now how those, you know, personal protection issues about inadvertently disclosing somebody's HIV status were managed in the lookback exercise, because clearly they were managed and the concern that we had that that was a problem earlier on must have been a misplaced -- I mean, right to have that concern but it was clearly one that could have been manageable.

The other issue, of course, was staffing to do that. DH provided, I think, funding for two people to do the lookback exercise, but again what was to stop

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campaign. It felt to me that this was, you know, a big human interest story that the media would be interested in carrying, that it would be something that, you know, if not a news item, a sort of TV magazine programme, like The One Show, would be interested in featuring.

We would have needed to have found somebody who was a beneficiary who would be happy to go on TV to talk about it but I think there was a concern that we didn't have the necessary communication skills in-house, that somehow this might backfire if whoever the media spoke to was critical of Caxton and might put people off coming to us rather than the reverse.

I think this goes back to what feels now like risk -- a sort of overly risk-averse feeling that, you know, Caxton and its existence could and would be criticised and that that would mean that any, you know, publicity attempt would be potentially hijacked, and I guess that might have been a risk, but there was also an argument for saying that it would get the information out there and people would then at least know about it and have a choice about whether to come to us.

So it was an argument I sort of put forward in the early days. There wasn't much appetite for it,

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Caxton petitioning the department to do that earlier.

Q. Last question from me and it relates to the point you just raised of how were those concerns about disclosure of HCV status dealt with in the lookback?

A. Uh-huh.

Q. Can we look at CAXT0000110_134. This is a report to the board dated 22nd October 2014 from the Chief Executive --

A. Uh-huh.

Q. -- and the first item, "Skipton look-back exercise and impact on beneficiary numbers", and the background is set out there, including:

"DH provided funding for 2 temporary members of staff to work on the project."

Then the second paragraph there:

"During September, up to 6 attempts were made to contact everyone by telephone. This resulted in 936 people (primary beneficiaries and bereaved family members) being spoken to. Those who had previously provided e-mail address, but who had not been contactable by phone, were then e-mailed. 554 people were contacted in this way, and 110 responses have been received as at 16th October 2014. For anyone not contactable by phone or e-mail, a letter is being sent to the doctor who completed the original Stage 1 form

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1 by the end of October (954 letters)."
 2 Reading that, does that prompt your memory as
 3 to whether or not that is how the exercise was
 4 conducted?
 5 **A.** I mean, this was the only information I had at the
 6 time about how the exercise was conducted.
 7 I wasn't -- I didn't have any direct involvement in
 8 it. So, yes, I do recall that.
 9 **MS SCOTT:** Sir, those are the questions that I had for
 10 Mr Lister. The Core Participants and their recognised
 11 legal representatives will need an opportunity to
 12 e-mail in any questions that they wish me to ask. So
 13 I wonder if we could take an early lunch break?
 14 **SIR BRIAN LANGSTAFF:** Yes. I wonder if -- how many
 15 questions do you anticipate? It is a difficult
 16 question I know.
 17 **MS SCOTT:** From the Core Participants?
 18 **SIR BRIAN LANGSTAFF:** Yes.
 19 **MS SCOTT:** I don't know. I don't know, but perhaps we
 20 could take a shorter break and ...
 21 **SIR BRIAN LANGSTAFF:** We can come back -- I have some
 22 Inquiry business to attend to at about 12.55, so I
 23 need to break in time for that anyway, but shall we
 24 see how we go?
 25 **MS SCOTT:** Yes.

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1 report, 31st March 2015. Can we turn to page 8 of
 2 that report, please.
 3 So we can see on the first paragraph there that
 4 stage 1 payments -- this is from Skipton -- have been
 5 made to 5,200 people. Then if we go down to the
 6 second half of the page, under "Caxton's beneficiary
 7 community", the second paragraph there starting "The
 8 impact", we can see about halfway through that
 9 paragraph:
 10 "By 31 March 2015", which is just before you
 11 left, "the number of Caxton beneficiaries had risen to
 12 1,080 ..."
 13 We see the sharp rise.
 14 Were you or were the board concerned about the
 15 disparity still between the number of beneficiaries
 16 that had registered with Skipton for stage 1 payments
 17 and the number that had registered with Caxton,
 18 because even after the look-back there is still more
 19 than almost a 4,000 difference?
 20 **A.** As a result of the look-back, everyone who received
 21 a Skipton stage 1 should have been told about Caxton.
 22 It may well be that -- it was always the case in our
 23 assumptions that a number of stage 1 people would not
 24 feel that they needed support from Caxton, certainly
 25 at any one stage, possibly because they had not yet --

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1 **SIR BRIAN LANGSTAFF:** We will take a break of a quarter of
 2 an hour now and see if that allows you to field
 3 questions. If you need more time, ask, and we may
 4 have to adjourn until 2 o'clock in any event.
 5 **MS SCOTT:** Yes.
 6 **SIR BRIAN LANGSTAFF:** But shall we see how we go?
 7 **MS SCOTT:** Yes. Thank you.
 8 **SIR BRIAN LANGSTAFF:** So a quarter of an hour's break.
 9 That's until essentially 12.45. Actually, on
 10 reflection, you are right. We will take -- I don't
 11 want to push -- to rush Core Participants. We will
 12 take a break and come back just after 2.00. So
 13 2 o'clock shall we say? 2 o'clock. I hope that's all
 14 right for you.
 15 **A.** Yes, absolutely.
 16 (12.28 pm)
 17 (Luncheon adjournment)
 18 (2.00 pm)
 19 **MS SCOTT:** I have some questions from the Core
 20 Participants and their recognised legal
 21 representatives. The first is really a follow-up
 22 question from what we were talking before the
 23 lunchtime break, about identifying beneficiaries.
 24 Soumik, can we have CAXT0000035_078.
 25 This is the Caxton Foundation report, annual

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1 they were not yet feeling unwell or they didn't want
 2 to seek support for a range of reasons. So, I mean,
 3 I don't think we were complacent about it but
 4 I think -- we would have expected numbers to continue
 5 to increase as people who were -- stage 1 people who
 6 were now aware of Caxton perhaps felt that they would
 7 benefit from the support of the charity.
 8 **Q.** Moving on now to a different topic, what was your
 9 understanding of the need for read-across between the
 10 different charities, the Alliance House Organisations?
 11 **A.** Yes. I mean, this was something that was talked about
 12 a lot, and I sort of picked up in, I think, one of --
 13 the paper I wrote around beneficiary concerns. There
 14 was certainly an expectation, I think, that Caxton
 15 would provide equivalent support to Macfarlane, but
 16 alongside that a recognition that obviously Caxton
 17 would give need to its -- the particular needs of its
 18 own beneficiaries, which might mean that we might
 19 diverge in some ways from what Macfarlane did.
 20 So I don't think the notion of read-across was
 21 something that was intended to mean that everything
 22 that Macfarlane did Caxton would do and vice versa,
 23 but it seemed reasonable to try to ensure that where
 24 there was -- you know, where you could make decent
 25 comparisons, that the level of support was broadly

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1 comparable. And I did have discussions during my time
 2 on the Welfare Committee with Elizabeth Boyd, who
 3 chaired the Macfarlane Committee, just to make sure
 4 that we were broadly in line. And there's also
 5 a paper that was produced, by Ros Riley I think, which
 6 is among the papers released to me that compares
 7 Caxton and Macfarlane, and sort of looks at --
 8 **Q.** Is that the paper called something like "HIV/HCV
 9 Anomalies" or something?
 10 **A.** Something like that, yes. I think it was produced
 11 because we had had a request, possibly via an MP --
 12 I am not sure -- just for information to the
 13 Department of Health.
 14 **Q.** I think it is --
 15 **A.** Yes, I think that's the one I'm thinking of --
 16 **Q.** It's -- I've have just found it and I've lost it --
 17 **A.** -- that goes to and compares the two organisations.
 18 I mean, the main difference at that stage was that
 19 Macfarlane had their top-up scheme and were giving
 20 very comparatively little out in discretionary one-off
 21 grants and we were at that point entirely focused on
 22 discretionary grants.
 23 **Q.** I think the document you are referring to is --
 24 **A.** -- (overspeaking) -- plans -- sorry.
 25 **Q.** Sorry.

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1 Executive of the Macfarlane Trust for a number of
 2 years. So actually achieving read-across where it was
 3 important was not difficult. I think the main thing
 4 is -- my understanding is it didn't constrain us from
 5 doing things a bit differently if it felt that doing
 6 things differently was in the interests of our
 7 beneficiaries.
 8 **Q.** Was consideration ever given to putting in a funding
 9 bid to the Department of Health for a regular payment
 10 scheme along the same lines -- effectively on the
 11 basis that "This is what the Macfarlane Trust have got
 12 and this is what we want", so read-across in terms of
 13 the regular payment?
 14 **A.** Yeah, I mean, we took the decision at the outset not
 15 to have a top-up scheme, as it was called at that
 16 point, for the reasons we discussed earlier, that
 17 there was uncertainty about beneficiary numbers and
 18 beneficiary need and we didn't actually know what that
 19 scheme would need to look like. As we have discussed
 20 as well, you know, there would have been the
 21 opportunity perhaps to have some one-off additional
 22 payments to people at least in -- you know, after the
 23 first year, before the regular payments scheme was
 24 established, where we knew that people were in
 25 particular poverty. And although we did that on

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1 The document you are referring to is
 2 AHOH0000065?
 3 **A.** Yes, that's the one.
 4 **Q.** Is that the document?
 5 **A.** That's the one. This was -- I think this was done
 6 some time in 2012, possibly around September 2012,
 7 something like that, just to have a brief summary of
 8 the differences between the two. And as you can see
 9 from this, there is quite a deal of read-across.
 10 So both have access to the Counselling Fund,
 11 both refer to the Specialist Benefits Advisor,
 12 Neil Bateman.
 13 The vouchers issue, we were still at that stage
 14 giving people vouchers for white goods, et cetera,
 15 although we later on dropped that, given the
 16 beneficiaries' understandable dislike of it. And
 17 there was slight difference in the way we made fuel
 18 payments I think, going further down.
 19 **Q.** So if we go -- Yes.
 20 **A.** So, I mean, we -- you know, when Caxton started off,
 21 you know, a lot of our policies were based on policies
 22 that had been used by Macfarlane: we had the same
 23 office guidelines, we had staff who had previously and
 24 were still providing support for Macfarlane as well as
 25 for us, and a Chief Executive who had been the Chief

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1 occasions, there wasn't a recognised scheme that
 2 people could apply to. So we didn't apply to the
 3 Department at this stage, because we didn't know what
 4 we would need to ask for.
 5 **Q.** Can you recall when the policy of Caxton changed so
 6 that applications for grants could be made for grants
 7 that weren't associated with the hepatitis C
 8 infection, so when it widened out?
 9 **A.** I can't exactly. I'm not sure how much we ever really
 10 applied that in practice. I recall in the early days
 11 of the Welfare Committee the question being asked, you
 12 know: is this connected to hepatitis C? We stopped
 13 asking that pretty quickly, I think; as I say, in
 14 recognition of the fact that that was almost
 15 immaterial. So quite early on, but I can't recall
 16 exactly when.
 17 **Q.** Was that change of policy intimated to beneficiaries?
 18 **A.** I am not sure we had ever said to beneficiaries that
 19 we were going to -- what the policy was in the first
 20 place. So I am not sure that we did. I am pretty
 21 certain we didn't discuss the change with
 22 beneficiaries because, as we have discussed, at this
 23 stage, without any forum for doing that, we weren't
 24 having any discussion with beneficiaries about policy
 25 issues.

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1 Q. Do you think that the fact that there was -- there may
2 have been this early policy only to make payments in
3 relation to applications related to hepatitis C could
4 have been one of the reasons why so many early
5 applications were declined?

6 A. No. I mean, I think it is overstating it to say that
7 was a policy, as such. I think it was a -- it was
8 a question we asked in looking at applications -- you
9 know, "Could this debt be related to hepatitis C" --
10 but actually, if I may, over the break I was having
11 a look-back at the National Welfare Committee minutes
12 just to try to do a quick analysis, because we have
13 looked at the sums of money requested and the sums of
14 money given and I was a little bit concerned that that
15 perhaps didn't give a clear enough picture. So I just
16 looked back quickly over the first year of the
17 National Welfare Committee. As I suspected, a lot of
18 people submitted multiple applications. So their
19 grant application contained requests for more than one
20 item.

21 Looking at those, I think we only fully
22 declined one, and if we declined things, we declined
23 some things and not others. If you are interested in
24 the figures I came up with, I sort of looked at
25 November '11 to November '12, and bear in mind this is

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1 felt the charitable need was justified. So we were
2 very much looking for reasons to agree rather than
3 decline. As I say, it was unfortunate we deferred so
4 many and it took a while for us to communicate better
5 with beneficiaries about the kind of information we
6 needed, for example, if looking at applications for
7 debt.

8 Q. I am moving onto a different topic now. In your
9 witness statement in a couple of places you say that
10 you were shocked about the extent of the poverty in
11 beneficiary community. Can you tell us why you were
12 shocked by that?

13 A. In my middle class naivety, I am guessing. I hadn't
14 appreciated how equal -- there were people living
15 simply on Disability Living Allowance, so people
16 living on at little as 7,000 a year in some instances.
17 That did take me aback and I was -- it perhaps
18 shouldn't have done, but it did. You know, that was
19 why I became convinced, very early on, that we needed
20 some kind of regular payment system to lift people in
21 that position out of that level of poverty and, again,
22 that, in a sense, may or may not have had anything to
23 do with whether they had hepatitis C but the fact is
24 that they were victims of this tragedy and they were
25 in poverty and I felt very strongly that that should

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1 just the Welfare Committee. It doesn't take account
2 of anything agreed by the office, and there is no way
3 of telling from the record whether -- when people came
4 back again.

5 So I am looking at 192 people submitting re
6 quests for 300 items over that period but some of
7 those might have been return requests from people.

8 Out of 192, 127 requested one item only and, of
9 those, we agreed 91, deferred 21 and declined 15. In
10 addition to that, there were 65 requests for more than
11 one item. Of those we only fully declined one and,
12 for the rest of them people got something of what they
13 wanted -- 32 got everything they asked for and,
14 I think, the rest got some and not everything.

15 In other words, there were very few people
16 whose applications we declined entirely. Those we did
17 were, at this stage, for large areas of debt, which
18 obviously we went on to address in a different way, or
19 for other, sort of, high cost issues and, because we
20 often declined some of the higher cost issues, that
21 sort of impacts on the way it looks when you just look
22 at the financials.

23 I mean, my recollection very much is that our
24 inclination on the Welfare Committee was towards
25 agreeing applications where we felt we could, where we

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1 be a priority for us to address.

2 Q. Did you get a sense of whether your fellow trustees,
3 and in particular the founding trustees, were aware of
4 the levels of poverty in the beneficiary community or
5 some parts of the beneficiary community?

6 A. I can't speak for others. I certainly made sure that
7 the Board as a whole were aware of this. I mean, as
8 I have said, part of the reason for giving the Boards
9 regular updates on the issues we were finding on the
10 Welfare Committee was to make them aware of the
11 situation faced by a number of beneficiaries. Unless
12 you were on the Welfare Committee or unless you were
13 a member of staff looking at applications I don't
14 think you could get a real feel for what people were
15 experiencing and we were only, sort of, seeing the tip
16 of the iceberg, I suspect, in what people were
17 prepared to tell us.

18 Although, you know, at that stage we did -- you
19 know, there were occasions when members of staff, with
20 agreement from beneficiaries, visited homes to, you
21 know, talk to them in more detail about their needs,
22 because certainly in some cases, for the poorest
23 people, they may have applied for something and
24 I think our thought was "Well, there's more we could
25 do here, so let's have a conversation with them about

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1 what more we can help them with".
 2 So it wasn't just a case of waiting for
 3 somebody to apply for a grant. We were much more
 4 proactive in saying to some people, you know, "Look,
 5 there are other things we could perhaps do here".
 6 **Q.** So, in a way, given that you hadn't appreciated the
 7 levels of poverty in the beneficiary community, do you
 8 think that that was something that the Department of
 9 Health and, in particular, the Blood Policy Unit, was
 10 also ignorant of at the time that you were there?
 11 **A.** Well, possibly initially, but certainly the -- I also
 12 did a report of the Board's first year, which was sent
 13 to Department of Health. When I submitted the paper
 14 to the Board on beneficiary debt, one of the outcomes
 15 from the minutes was to, I think, share that with the
 16 Department of Health. When we submitted the business
 17 case for the regular payments scheme, we included
 18 three anonymised case histories, because I really
 19 wanted to show Department of Health what this meant to
 20 real people.
 21 I had hoped that by framing this in terms of
 22 what was happening in people's lives that that would
 23 be a more powerful way of persuading the Department to
 24 provide the funding we were looking for.
 25 **Q.** You may not be able to answer this, but do you think

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1 Directorate for a certain amount of money, and that
 2 then became the baseline for the funding we received
 3 each year. I don't know on what basis that was
 4 arrived at.
 5 It was unfortunate that in the first -- up
 6 until -- 2014/15 was the first year in which we spent
 7 the full allocation, and, of course, would have liked
 8 to have spent by then a huge amount more. So I think
 9 that made the -- probably made it harder to say to the
 10 Department "Well, we haven't spent in these first
 11 two years and now we are looking for a bid of" --
 12 I can't remember what it was. I think we were looking
 13 for an extra 3 million, roughly, at that point. So
 14 yes, I can't fully answer that question, but I suspect
 15 that it was -- there probably wasn't a lot of data
 16 behind the selection of that figure of 2.38 million.
 17 **MS SCOTT:** Sir, those are the questions that I had from
 18 the Core Participants that I am going to ask.
 19 **Questions by SIR BRIAN LANGSTAFF**
 20 **SIR BRIAN LANGSTAFF:** I have just two or three questions.
 21 The first goes back to the issue that you were asked
 22 about when you were asked what relevance did the
 23 previous grant record of an individual applicant have
 24 in determining the application that you were now
 25 considering, and you said, "Well, it had none. We

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1 that when the Caxton Foundation was set up, that there
 2 was a level of ignorance both from the founding
 3 trustees and from the Department of Health about the
 4 level of financial need amongst the beneficiary
 5 community?
 6 **A.** I am sure there was. I mean, I think it was only
 7 until we started receiving the census forms, receiving
 8 grant applications from people, that we got a real
 9 picture of what was going on in people's lives and the
 10 level of poverty, I think. I don't know what
 11 information had been made available before then, but
 12 I think that was when -- that was the point at which,
 13 for me anyway -- I can't obviously speak for other
 14 people -- it was fully understood.
 15 **Q.** Does it follow from that that the financial allocation
 16 made to the Caxton Foundation, on that imperfect
 17 understanding of the financial need of the community,
 18 was inadequate?
 19 **A.** I think ultimately it was. I mean, I don't know the
 20 basis on which the allocation was made within the
 21 Department. As you perhaps know already, these
 22 amounts are sort of top sliced from the Department's
 23 overall allocation before monies go to frontline NHS
 24 services, and there would have been a bid made by the
 25 Blood Policy Unit to the Department's Finance

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1 made our decision on the basis of the application".
 2 But you did say that you thought that the information
 3 as to what had been had previously was of use.
 4 Now what use was it, if it wasn't in some way
 5 helpful in determining either the application or the
 6 amount that was going to be given?
 7 **A.** I think it was perhaps useful in indicating a level of
 8 need and giving us -- I mean, I think -- had we not
 9 had -- I am trying to sort of come at this from the
 10 other way. Had we not had any information about what
 11 had been provided so far, I think we would not have
 12 had a full understanding of how Caxton was supporting
 13 that particular beneficiary. I think in some cases,
 14 where people came back to apply pretty regularly --
 15 there were, you know, a handful of cases where we saw
 16 a fresh application at both oral meetings, more or
 17 less, of the Welfare Committee -- that it sort of
 18 began to indicate maybe there is more of a problem
 19 here about managing finances that requires a deeper
 20 look.
 21 **SIR BRIAN LANGSTAFF:** So that might be an answer, that the
 22 use was in deciding whether there might need to be
 23 some further help given?
 24 **A.** Yes. So it might -- that information might have
 25 indicated that this is perhaps a case to have the

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1 money management adviser take a look at the situation.
 2 Which, you know, we did in a number of circumstances.
 3 And those were often the circumstances where we might
 4 have said, "Look, we have provided a very large amount
 5 of support over the past year. You are coming back to
 6 us time after time for something new. We think it is
 7 probably time to sort of -- for you to see the money
 8 management adviser to sort of take a detailed look at
 9 your finances to see if there is something more here
 10 that we can help with or some underlying problem we
 11 can perhaps help you address".

12 **SIR BRIAN LANGSTAFF:** Thank you for that.

13 The second question is, in respect of those who
 14 were Skipton registrants, only about 25%, or
 15 thereabouts, seem to have registered with Caxton, and
 16 yet everyone who is eligible for Skipton was eligible
 17 for Caxton, and they would have been given -- had they
 18 become registrants, they would have been entitled to
 19 and got the degree of regular pay that was given.

20 **A.** If their income had been low, yes.

21 **SIR BRIAN LANGSTAFF:** So can you help as to -- did you
 22 ever wonder why people who could have had, if I can
 23 use the expression "money for the asking" didn't ask?

24 **A.** Yes. I don't have any definitive answer to that
 25 though and anything I say will be purely speculation.

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1 for as little information as could be justified, given
 2 that we had the task of providing support to meet
 3 charitable need, and we have had all that discussion
 4 earlier on about therefore public benefit and also the
 5 use of public money, that we needed to ask a certain
 6 amount of questions to determine whether charitable
 7 need was justified and those questions are inevitably
 8 intrusive.

9 There was a point, I think it was at the
 10 beginning of 2013, where I talked to a number of other
 11 grant-giving organisations, benevolent funds,
 12 et cetera, to find out how they operated, to see if
 13 there was anything that Caxton could learn from that,
 14 and I think in many cases we asked for less
 15 information than a number of those did, and we
 16 certainly didn't, you know, probe people very much
 17 about their expenditure; other grant-giving bodies
 18 have a tendency to question whether people need to
 19 spend money on X or Y.

20 We did not do that. We simply looked at the
 21 balance between someone's income and expenditure, the
 22 top line figure, if you like, to see what their
 23 financial situation was like without probing deeper
 24 into the reasons for that. So, to that extent, we
 25 were less intrusive than some others. That, sort of,

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1 Not everybody clearly wants to ask. A number of
 2 people may have felt that the last thing they wanted
 3 to do was to go to a charity like Caxton. You know,
 4 a lot of people felt it was coming with a begging
 5 bowl, felt it was a demeaning thing to do and I can
 6 see that perhaps some people would have been put off
 7 by that.

8 **SIR BRIAN LANGSTAFF:** In essence, this is or could be, if
 9 you are right, powerful evidence that the "begging
 10 bowl" approach was something which, despite all the
 11 difficulties, people found intolerable?

12 **A.** I mean, certainly that's the message we had from some
 13 of our beneficiaries, that, although they applied,
 14 they applied rather reluctantly because this was the
 15 only system available to provide support. But I think
 16 there was certainly a dislike of coming to ask for
 17 support which people might rightly feel should have
 18 been an entitlement rather than something to come and
 19 ask for and have to disclose personal information
 20 about one's finances, et cetera.

21 **SIR BRIAN LANGSTAFF:** That was going to be the next part
 22 of my question, whether there was something about the
 23 application process, at least as potential registrants
 24 understood it, that might have put them off.

25 **A.** That's possible. I mean, we did try, I think, to ask

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1 look at what others did as well helped us design
 2 an application form for grants that was more --
 3 easier, I hope, for beneficiaries than the "just write
 4 in and ask us" approach.

5 So I think it would have been difficult, given
 6 the way that we were set up, to ask for less
 7 information than we did, because it would -- just
 8 because it would have been difficult to assess
 9 charitable need, had we done so.

10 **SIR BRIAN LANGSTAFF:** Yes. Thank you. In the course of
 11 the evidence you have given to us -- this is the last
 12 question I want to ask you -- you have identified
 13 a number of points at which you say, albeit from
 14 today's perspective, Caxton could have done things
 15 better.

16 **A.** Uh-huh.

17 **SIR BRIAN LANGSTAFF:** Can I ask you, without necessarily
 18 going over that list again, what do you think or how
 19 do you think the Caxton Foundation could have done
 20 things better?

21 **A.** Okay. I think we could have sometimes been a bit less
 22 risk-averse and, in the early stages, put out a press
 23 statement and hopefully found one of our beneficiaries
 24 who would have been happy to have, sort of, talked to
 25 the media about Caxton.

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1 So I think we perhaps were, as I said, put off
2 by that, by the fear that, you know, campaigners who
3 felt that Caxton shouldn't exist, would hijack, if
4 you like, any attempt at publicity and perhaps put
5 people off from coming to us.

6 That was certainly a view and it was a view
7 that prevailed and I think, with the benefit of
8 hindsight, we should have, you know, reckoned that any
9 publicity would be better than none and gone out -- it
10 wouldn't have taken a huge amount to have put out
11 a press statement and found one or two people who are
12 willing to talk to the media about it from our
13 beneficiaries. So I think we missed a trick there at
14 the beginning.

15 We were then -- I think then, to be honest, in
16 our first year of operation it didn't help that Martin
17 Harvey unfortunately was very, very ill and was
18 perhaps not as attentive to things as he might have
19 been, and it took until 2013 for some of those poorer
20 staff practices to be dealt with. To begin with, we
21 had some old-fashioned things like everybody took
22 a lunch hour, nobody answered the phones over lunch.
23 Exactly.

24 There were dreadful delays sometimes. It was
25 a constant complaint from us on the welfare committee

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1 applying for help with debt that they were told in
2 advance what information the welfare committee would
3 need to make a decision.

4 So there were attempts to certainly improve
5 things, and I do feel, as I say, by the time that
6 I left we had got good turn-around time on grants. We
7 had got better, if not ideal, information on the
8 website. We had, thanks to the lookback exercise,
9 a larger group of beneficiaries and we had a regular
10 payments scheme, which was then, sort of, continued in
11 the year after I left and beyond that. So I felt when
12 I left that we had travelled quite a long way over
13 that three-year period in vastly improving the
14 services that we provided.

15 **SIR BRIAN LANGSTAFF:** It may perhaps be clear from the way
16 in which you say you had "travelled quite a long way"
17 that you thought there was yet further to go. Where
18 would you have gone?

19 **A.** Well, I think, firstly, one of the questions that has
20 been asked of other witnesses is "Why didn't you push
21 harder when the bid for the regular payments scheme
22 was turned down?" At the time it felt like: we'd had
23 a firm Department of Health rejection; that's all that
24 we could have done about it.

25 Again I wonder with the benefit of hindsight

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1 that we sometimes saw applications come into us that
2 had been submitted some time before and, again, it
3 took until 2013, when Jan arrived, to make some very,
4 you know, radical changes to the way that staff
5 worked. One or two people left as a result of that
6 and we became much more efficient, and certainly
7 I think by the time that I left in 2015 our turnaround
8 time for grant applications had vastly improved. At
9 the beginning it was very poor, I think, a lot of the
10 time and applicants sometimes had to wait far too long
11 to get a result.

12 The other issue, of course, was around the
13 amount of information we placed on our website to
14 support beneficiaries in understanding what they could
15 claim for. Again, I think we should, in hindsight,
16 have done more about that. I did work at the time to
17 improve the quality of what was available and to
18 improve the information that applicants were given so
19 that when they submitted a first application, it stood
20 more of a chance of giving us all the information we
21 wanted. We had too many deferrals.

22 So, coupled with delays in getting things to
23 the committee, if we then deferred an application to
24 ask for yet more funding, that was not good at all.
25 So we did make sure, for example, when people were

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1 whether that was so. We had quite a compelling case,
2 given poverty among other beneficiaries. We could
3 have written to the Secretary of State about that. We
4 could have engaged the Haemophilia Society and
5 campaign groups in doing the same. So we needn't,
6 possibly, have taken "no" for an answer, and again
7 I think there was something about being -- although we
8 were not in any way in the pocket of the Department of
9 Health, although the Department of Health did not
10 interfere with our policies or anything about the day
11 to day running of the organisation -- and having
12 served on a number of charity boards since then,
13 I didn't feel any different at Caxton than I have done
14 on -- you know, being on the board of an independent
15 charity, but I do wonder whether the very fact that we
16 were funded by the Department of Health, had
17 an accountability relationship with the Department of
18 Health, perhaps made us less inclined, for that
19 reason, to challenge a decision that we were all
20 vastly disappointed by.

21 **SIR BRIAN LANGSTAFF:** Well, thank you very much.

22 **MS SCOTT:** Mr Lister, is there anything you would like to
23 add to your evidence?

24 **A.** The only thing I wondered is there was a sort of
25 question raised about the incorporation of the

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1 charity. Do you have anything you need to know about
 2 that or do you want to ask me any questions about it,
 3 because I can perhaps fill in some --
 4 **MS SCOTT:** You are talking there about the --
 5 **A.** The creation of Caxton Trustees Limited.
 6 **MS SCOTT:** Becoming the corporate trustee of the Trust?
 7 **A.** Yes.
 8 **MS SCOTT:** Sir, that's really a question for you.
 9 **SIR BRIAN LANGSTAFF:** No, I don't think I need any
 10 specific help on that, but thank you very much all the
 11 same.
 12 **A.** In which case, I have nothing more to add.
 13 **SIR BRIAN LANGSTAFF:** I do. I want to add my thanks.
 14 I know we are highly likely to see you again, and
 15 I rather look forward to it after this lively,
 16 reflective and frank evidence which you have given,
 17 that's focused, I think, on the harsh realities of the
 18 lives which many of your beneficiaries lived. And you
 19 have been refreshingly prepared to criticise where you
 20 thought criticism was due, without shrinking back into
 21 being defensive, as perhaps many may be instinctively
 22 inclined to do.
 23 Can I thank you in particular for that and for
 24 the sense of objective detachment, as it were, and
 25 disinterest, in the proper sense of the word, which

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1 you have shown in giving the evidence you have. So
 2 thank you and I look forward to seeing you again in
 3 due course.
 4 **A.** Thank you.
 5 **SIR BRIAN LANGSTAFF:** But not next week, when we have
 6 what, Ms Scott?
 7 **MS SCOTT:** Next week, on Tuesday, 30th, we have the
 8 Belfast presentation. That will run over into the
 9 following day. Then on the Thursday of that week we
 10 have oral evidence given remotely by Dr Benson.
 11 **SIR BRIAN LANGSTAFF:** So next week we are focused largely
 12 on Belfast. 10 o'clock, we start, on Tuesday. Thank
 13 you very much. Thank you.

14 (2.40 pm)

15 (Adjourned until 10.00 am on Tuesday, 30 March 2021)

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(43) who... - youth