1	Friday, 26th March 2021	1	Then it talks about the two distinct classes of
2	(10.00 am)	2	beneficiaries: the infected and non-infected.
3	CHARLES LISTER, continued	3	Then if we go down the page, please, to the
4	Further questions by MS SCOTT	4	bottom of the page there, 1.2 sets out the Objects
5	SIR BRIAN LANGSTAFF: Good morning.	5	Clause from the Trust Deed that we looked at
6	A. Good morning, Sir Brian.	6	yesterday:
7	SIR BRIAN LANGSTAFF: Ms Scott.	7	"The Objects are to provide financial
8	MS SCOTT: Good morning, Mr Lister. Can you hear and see	8	assistance and other benefits to meet any charitable
9	me?	9	need of"
10	A. Yes, I can. Good morning.	10	Then it sets out the classes of beneficiary to
11	Q. I am going to ask you some questions now about the	11	whom that applies.
12	policies, disbursement policies, the Caxton Foundation	12	Then, Soumik, if we go over to the second page,
13	had. Can we start by looking at CAXT0000108_023? So	13	to the bottom of that page, we can see a title
14	this is a discussion paper from September 2011. It is	14	entitled "State Benefits". At paragraph 2.2 it says:
15	entitled "Proposed welfare strategy".	15	"Charitable relief will, in large part, depend
16	Do you know who wrote this paper?	16	on upon the financial circumstances of the individual.
17	A. I think this would have been Roger Evans would have	17	Those financial circumstances will mainly be reflected
18	written it, as the first chair of the National Welfare	18	by the household income of the individual potential
19	Committee.	19	beneficiary. Where the potential beneficiary is in
20	Q. So we can see on the first page in the introduction	20	receipt of means tested benefits such as working"
21	that:	21	I think it must mean non-means-tested benefits,
22	"The Board of Trustees will, as part of their	22	it says "means tested benefits" twice.
23	remit, have to consider a strategic approach to	23	" all may well be considered income as far
24	dispensing relief to the Caxton Foundation's	24	as discerning levels of [wealth] are concerned."
25	beneficiary cohort."	25	Then if we go over to the next page, please, we
	1		2
1	can see the section halfway down:	1	disability, financial hardship or other
2	"Definition of Poverty/Defining Need/the Public	2	disadvantage'."
3	Benefit Test."	3	Then if we go over the page:
4	Paragraph 3.1 makes the point: no absolute	4	"Illustrations [in the way that] the Foundation
5	definition of poverty and what poverty might mean.	5	might relieve poverty"
6	Paragraph 3.2:	6	Then a number of different illustrations are
7	"Poverty can both create and be created by	7	set out, including money, domestic appliances,
8	adverse social conditions such as poor health and	8	services, meals on wheels, entertainment, vocational
9	nutrition, low achievement in education and other	9	training, debt counselling, benefits advice,
10	equivalent areas of human development.	10	et cetera.
11	"3.3. The prevention or relief of poverty	11	Then 3.5 says:
12	cannot just be about giving financial assistance to	12	"The Charity Commission's most commonly used
13	those who lack money; poverty is a more complex issue	13	threshold of measuring income poverty is now those on
14	that is dependent, inter alia upon the social and	14	incomes below 60% of the UK median income."
15	economic circumstances in which it arises. It is	15	That is said to be £22,800 per annum gross,
16	therefore right to include in any strategy debate the	16	with tax being on average £4,060 in income tax.
17	prevention of poverty with a financial contribution	17	Then if we go down to the second half of that
18	but also the causes (prevention) and the consequences	18	page, the paragraph starting:
19	(relief) of poverty."	19	"The value of means tested benefits"
20	The next paragraph:	20	Et cetera. Then the last paragraph there:
21	"Not all who are in financial hardship are	21	"Taking into account the mean income tax
22	necessarily 'poor', but it may still be charitable to	22	payment of £4,060 and applying a concomitant value of
23	relieve their financial hardship under the	23	55% of £2,233"
23 24	prescription of purposes relating to 'the relief of	23 24	Which is the notional gross income derived from
2 <del>4</del> 25	those in need by reason of youth, age, ill-health,	25	benefits.
_0	3	20	4
	J		4 (1) Pages 1 -

1		" is £9,733 or £3,947 below the 60%	1		employee at April 2010 being 22,800, and I think this
2		threshold."	2		is the 60% of that figure?
3		So do we understand from that that anyone on	3	A.	60% of that would be 13,680, yes.
4		means tested benefit would, according to the	4	Q.	Then if we go down to 3.7
5		definition of the Charity Commission, be in poverty?	5	SIF	R BRIAN LANGSTAFF: That is earnings, not income.
6	A.	Yes.	6	MS	SCOTT: Yes.
7	Q.	Then if we go over to the next page, the bold at the	7	SIF	R BRIAN LANGSTAFF: So it is looking as if they have
8		top "60% of the annual notional median income"	8		a job.
9	SIR	BRIAN LANGSTAFF: "National".	9	MS	SCOTT: Yes.
10	MS	SCOTT: Sorry.	10	SIF	R BRIAN LANGSTAFF: And a full-time job at that.
11		" national median income is £13,680 gross."	11	A.	Mm.
12		So, again, are we to understand the Charity	12	MS	SCOTT: Then 3.7:
13		Commission anyone below that level would meet the	13		"It would be reasonable to suggest that the
14		Charity Commission description of being in financial	14		[Caxton Foundation] regard the infected beneficiary
15		poverty?	15		cohort as 'poor' because of their HepC infection, in
16	A.	Certainly that's one measure of it, yes. I am not	16		particular when undergoing treatment, and the
17		sure if that's one that the Charity Commission	17		non-infected cohort as similarly 'poor' because of
18		accepted	18		their affection, specifically in terms of the family
19	Q.	I think we looked	19		dynamics arising by way of HepC infection. Are those
20	A.	but it is certainly a generally recognised	20		individuals able to enjoy a standard of living that
21		acceptance that anyone below 60% of national median	21		could be considered 'comfortable or normal'.
22		income is in poverty, and I think that 13,000 figure	22		"The Commission's definition of 'poverty' at
23		applies to a couple rather than a single person.	23		60% of the median income does not include a premium
24	Q.	So we looked at, on the previous page, the Charity	24		for living with HepC or haemophilia. It will be
25		Commission the weekly gross earnings of a full-time	25		a matter for debate as to whether or not a premium,
		5			6
1		for the additional costs of living with HepC, in	1		page 1 of this document and just ask you a question in
2		particular when ill, is added to the income level	2		relation to that?
3		where the Commission say 'need' will arise."	3		If we look at just before the Charity
4		Then, at the bottom of that paper it says:	4		Commission the Object Clause is set out, so the
5		"Conclusion.	5		bottom half of the page, "The need for the strategy",
6		"This paper seeks to start a debate as to the	6		that paragraph:
7		direction of support that Trustees may wish to take."	7		"The need for the strategy to be able to
8	A.	Just to add, it is possible that the paper was written	8		accommodate 'exceptional circumstances' will become
9		by Martin Harvey. It would either have been Roger or	9		clear as will the need to adopt a degree of
10		Martin or a collaboration between the two, I would	10		consistency, as far as eventual policy is concerned,
11		guess.	11		in the disbursement of financial support."
12	Q.	So is it right to understand that, certainly at	12		Where did you understand the term "exceptional
13		September 2011, the author of this paper was	13		circumstances" to come from?
14		considering that there may be a wide way of meeting	14	A.	Give me a moment to think about that?
15		needs, ie not just through financial provision?	15		I mean, I assume there could be a number of
16	A.	Yes, indeed.	16		circumstances that could be considered exceptional
17	Q.	And also that the definition of poverty again is	17		and, you know, eventually we went on to agree that we
18		similarly being looked at with a wide lens. It is not	18		would look at everything on a case by case basis.
19		simply looking at the financial position of	19		At this stage we didn't have really any
20		a particular beneficiary, but considering the fact	20		understanding of the needs of our beneficiaries. It
21		that they are infected by hepatitis C or that they	21		was only when we started to receive information about
22		have a partner or in the household of somebody who is	22		them through the National Welfare Committee that we
23		infected with hepatitis C?	23		began to sort of understand the situations that people
24	A.	Yes.	24		were experiencing and were able to then look at
25	Q.	Can I ask you can we look back at a provision on	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?

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A. Yes, I think so. Yes. I mean, I don't think on something like this you could always apply hard and fast rules. We were dealing with a whole range of circumstances in which people found -- our beneficiaries found themselves. I think it is a recognition that we needed to apply some flexibility

to that situation.
 Q. Can you recall whether exceptional circumstances did
 become a test that had to be satisfied by

15 beneficiaries in order to receive grants?

A. No, I don't think it -- I mean, I don't think it did
 become a test as such. What we generally did is apply
 sort of general test of what -- reasonableness when
 looking at applications. So no, I don't think you had
 to demonstrate exceptional circumstances at all. They
 needed to demonstrate that they had a charitable need,
 and that was usually demonstrated by income poverty.

And I think -- you know, when I was talking about exceptional circumstances, I was thinking more of circumstances where, you know, despite the rules

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of that document:

"The Committee received and discussed the Terms [of reference]  $\ldots$  "

Generally speaking, what was the purpose and role of the National Welfare Committee?

A. In general terms, the purpose was to make decisions on applications received from beneficiaries for financial or other support from Caxton. There were some sort of delegated responsibilities which meant there were financial limits on the amount of money that the National Welfare Committee could agree to. I can't immediately recall what those limits were, but there was a point at which, if we wanted to award a grant over a certain amount, we would need to seek the permission of the chair of Caxton. Then, above a 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 policy and make recommendations to the board?

20 **A.** Yes, yes. Indeed it was, and you will see, as we sort of maybe look at later minutes, and certainly after
1 became chair, we had always had a sort of policy session before we started to look at individual applications, and those sort of policy discussions are all minuted.

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 --

A. So I don't think exceptional circumstances was
intended to make it harder for people to apply.
I thought it was a sort of recognition that, whatever
rules we set down, there were always going to be
exceptions to those rules that we would have to
recognise.

Q. We will look at the way in which the policiesdeveloped as we go through.

So, Soumik, you can take that down.
I am going to ask you to look now at
the minutes of the first meeting of the National
Welfare Committee on 21st September 2011.

That's CAXT0000062 003.

You can see there Roger Evans is the chair.
You are present. As I say, it is the first meeting of the National Welfare Committee. It sets out there the membership, code of conduct and the terms of reference. What were the terms of reference broadly?

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

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

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Q. Can we turn to page 2 of this document. You will seeat the top "Application of Principles":

"The Committee received and discussed the Principles agreed at the Board meeting held on 1st September ...

"It was agreed to RECOMMEND TO THE BOARD that:

"Priority should be given to alleviating 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 dependants in full-time education up to the age of 21. 17 18 So those are two examples that I can think of.

19 **Q.** Then 5.2:

"Priority should be given to beneficiaries and families with an income not exceeding £14,000 per annum gross."

Does that, as far as you can recall, mean both the infected community or sometimes called primary beneficiaries, and the non-infected community?

**Q.** The focus is very much on financial property here. We

different types of poverty but, at this early stage,

very much focusing on financial poverty.

saw the discussion paper and a wider consideration of

### THE INFECTED BLOOD INQUIRY

1	Α.	Both.	1		practice, most people didn't have substantial savings
2	Q.	Both?	2		so I don't think it was an issue.
3	A.	I am sure, as we will discuss, that 14,000 figure,	3	Q.	Then:
4		when it came to actually looking at real life	4		"Non-discretionary payments to applicants who
5		applications, which we had not seen at this stage,	5		are Stage 2 need to be included as income."
6		didn't ever really get applied.	6		Effectively it ruled out anyone who was
7	Q.	And	7		receiving a stage 2 payment as being eligible for
8	A.	Except in limited circumstances.	8		grants from the Caxton?
9	Q.	And to understand, that £14,000 figure is a household	9	A.	Again, this was a starting position. The assumption
10		figure, household income?	10		at the beginning with Caxton is that we would be
11	A.	That is, I think, a household figure, yes.	11		primarily supporting people at Skipton stage 1,
12		Can you recall why the £14,000 was chosen as a figure?	12		because they weren't receiving the stage 2 payments.
13		It is slightly over the Charity Commission 60% median	13		However, we did provide financial support to some
14		we looked at.	14		people at stage 2, and I think you know, as the
15	A.	It was just a rounding up of that 13600.	15		figures will show there is a set of figures, I
16	Q.	And then we see at 5.3:	16		think, at the end of year 1 which show a certain
17		"Assets/savings should be declared	17		amount of grants going to people at stage 2.
18		exceeding £10,000 and taken into consideration."	18		Again, you know, when these recommendations
19		Do you recall how such savings were taken into	19		were made, we hadn't begun to see actual applications
20		consideration?	20		from people and understand what their individual
21	Α.	I don't think it applied very often. There may	21		financial circumstances were, and, in fact, just
22		I can't think of specific cases here. There may have	22		because somebody was receiving stage 2 benefits didn't
23		been circumstances, I guess if somebody had come to	23		mean to say you know, that didn't mean they weren't
24		us and they had substantial savings, we might have	24		in charitable need.
25		questioned whether there was charitable need. In	25	Q.	Then:
		13		-	14
		10			17
1		"Top up Payments would not be made to	1		an interim period."
2		beneficiaries."	2		Do we understand that this is, as you say,
3		Does that refer to the fact that Macfarlane	3		a cautious suggestion that there may be some
4		Trust, as we know, were making top-up payments to	4		supplementary payments or regular payments that could
5		their primary beneficiaries, who were getting payments	5		be made to certain categories of beneficiary for
6		at that stage through the MFET, but Caxton were saying	6		a limited period of time?
7		at this stage "That's not something we are going to be	7	٨	Yes. In actual fact what we ended up doing is
8		providing"?	8	Λ.	making the regular payments we made to begin with
9	A.	. •	9		were for people undergoing treatment, because we
10	Α.		10		
		I talked about in my witness statement. And I don't	11		didn't want people to be discouraged from undergoing
11		mean caution in a negative way. We were in			treatment by loss of income, and we provided a monthly
12		a situation where we had we didn't know how many	12		sum for that. Later on there was sort of more
13		beneficiaries would come forward, we didn't know what	13		discretion in individual circumstances to provide
14		their needs would be at this stage, we had a fixed	14		payments for people who needed that support. Again,
15		amount of money, and so we weren't immediately going	15		this developed as it went along.
16		to go into providing top-up or regular payments,	16		Certainly we didn't feel, as a committee,
17		simply because we didn't know what need was and what	17		constrained by these initial recommendations, which is
18	_	was affordable.	18		why periodically we went back to the board to say, you
19	Q.	Then, lastly there:	19		know, "This is what's happening. These are the
20		"Supplementary payments could be made to those beneficiaries, bereaved wives/partners requesting	20 21		situations people are in and these are the approaches
21					we are considering taking."

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financial assistance. If financial assistance is

paid in respect of the first child and the £100 per

month for the second and younger child but only for

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agreed by the NWC, the sum of £250 per month would be

16 (4) Pages 13 - 16

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1		Is that something that remained the case	1		virus or were undertaking treatment to clear the
2		throughout your time at Caxton?	2		virus, since this has side-effects that can severely
3	A.	Yes, yes, I would say so, yes.	3		impair income-earning ability."
4	Q.	I am just going to take you now to the first annual	4		Then at the bottom of that paragraph:
5		report, which sets out what actually was done in that	5		"One-off fuel payments have also been paid,
6		first few months until March 2012.	6		automatically to beneficiaries with a household income
7		If we can go to CAXT0000034_010, we can see	7		below £14,000 and on a discretionary basis to
8		there "Annual financial report" from October 2011 to	8		households on higher incomes."
9		March 2012. 1st October 2011 is when the Caxton	9		Then if we turn over the page, the last
10		Foundation started operating, is it?	10		paragraph before "Support for Non-Infected
11	Α.	Yes, that's correct.	11		beneficiaries":
12		Can we turn to page 8 of that document, please. In	12		"During the period under review Caxton provided
13	-	fact, can we turn to page 7, "Support of primary	13		financial support to 85 Primary Beneficiaries
14		beneficiaries". We can see there:	14		amounting to a total of £366,483."
15		"Charity law dictates that Caxton may only	15	Α.	Yes.
16		provide financial support where charitable need can be	16		So that reflects what you were telling us, I think, in
17		determined. The Trustees therefore gave priority to	17	~.	terms of the regular payments you did make were to
18		requests for help from households with an annual	18		those undergoing treatment?
19		income below £14,000, in line with the definition of	19	Α.	
20		poverty adopted by the Government of household income	20	٠	payments in this period. I think the first of those
21		below 60% of median income."	21		maybe came a little later, but I can't be certain.
22		Then skip a paragraph:	22	Q.	•
23		"At the outset the Trustees believed that their	23	Q.	Beneficiaries":
24		discretionary support was most usefully focused on	24		"In this first period of Caxton's operation,
25		those who either had undertaken treatment to clear the	25		priority was given to helping Primary Beneficiaries.
20		17	20		18
		17			10
1		However, Caxton has already received a number of	1		saying somebody can't have support because their
2		requests for assistance from those who have been	2		income is over 14. There were circumstances where
3		bereaved following the death of a related Primary	3		people's income was substantially more than that where
4		Beneficiary.	4		I think we will have declined support, but we didn't
5		"It has not yet been possible to assess	5		have an entirely strict cut-off at 14. Or ever,
6		definitively the type of support that Caxton can	6		I think.
7		expect to make available to the non-infected	7	0	And certainly that is reflected in the annual report
8		community."	8	Q.	of the following year, March 2013, where it says in
		·	9		there that while there was a cut-off, if you like, of
9		Then if we go down to the last paragraph in	10		•
10		that section, we can see:		٨	£14,000, that that hasn't been applied?
11		" Caxton provided financial support to 9	11	Α.	
12		non-infected beneficiaries amounting in total to about	12	Q.	
13		£30,000."	13	Α.	Yes, absolutely.
14		So, in that first period, is it right to	14		And this is, again, about essentially using our
15		understand that the infected community were	15		discretion and basing our judgments on the evidence of
16		prioritised over the non-infected community?	16		need from the applications we received and not being
17	Α.		17	_	bound by those earlier discussions.
18	Q.	Just then trying to understand what the Caxton	18	Q.	And equally, though, the infected beneficiaries, as we
19		policies were, I think in the early period we have	19		have seen: winter payments, yes, certainly if you have
20		seen for a primary beneficiary household they could	20		an income of less than £14,000, perhaps on
21		the state of the s	<b>.</b> .		
		make applications for one-off single grants if the	21		a discretionary basis if you have income of above
22		household income was less than £14,000 per annum?	22		£14,000 in that early period. Is that correct?
	Α.			A.	£14,000 in that early period. Is that correct?

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the winter fuel payment, but I don't recall ever

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25 Q. Yes. So is this right, that there seems to have been

(5) Pages 17 - 20

- 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
- A. Correct. 5
- 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
- non-infected community, we have seen that, in theory 10
- at least, they could make applications for grants if 11
- 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
- those who applied. 23
- 24 Certainly by the time of the annual report in the year
- 25 ending March 2013 there is no suggestion that there is

- 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
  - decision we then end up with a policy that we applied
- 8 to all future applications.

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- 9 **Q.** What was the reason for that policy?
- A. I think the reason for that policy was simply that if 10
- 11 somebody is the child of a primary beneficiary and is
- 12 now over the age of 21, as a sort of independent adult
- we didn't feel that they would qualify for support 13
- from Caxton simply because of that. You know, they 14
- were now, as I say, independent adults out of 15
- 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.

- 1 a priority given to --
- 2 Α. 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.

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- 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
  - 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

- 1 SIR BRIAN LANGSTAFF: Suppose you had a case in which the
  - 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 vou 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?

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

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Q. Can I take you now to CAXT0000109 105, which is a minute of a Caxton board meeting of first November 2012. We can see Mr Stevens is chair at this point. You are present.

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

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

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

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

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

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

And then I just went on to look -- I think I had been exploring at that stage the Rowntree minimum income levels. That was something I recalled 1

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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.

A. Yes, I think that's a fair reading of that. I had

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.

A. I think it is useful just because it illustrates where 13 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.

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that one of our board members had suggested we take 1 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 level. I mean, later on we decided, when we planned 8 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.

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- **Q.** You have got there the "[Macfarlane Trust] 1 2 Discretionary 'Top Up' Payments".
- 3 A. Yes.
- Q. So you were aware, were you, and taking into account 4
- the fact that your sister charity, if I can put it 5
- 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.
- I think is probably more accurate, by the Department 2
- 3 of Health?

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- 4 A. Yes, I think that's a very good point. I think there
  - was an issue about -- a concern about -- I think the
- 6 concern was simply the one that we have discussed and
  - 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 vear.

In practice, that maybe shouldn't have been 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
  - 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,

- 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
  - 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.

And I think the difficulty as well is that it is not only not knowing how many beneficiaries Caxton might have ultimately, but knowing how many of those had household incomes that would qualify for a top-up payment. So a lot of missing information at that

- 16 time.
- 17 Q. Why was it that -- even if Caxton couldn't, as you
  - say, put forward a credible business case to the
- 19 Department of Health and implement a regular payment
  - 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
  - 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 applications for loans. Those that we had I think

- 9 10 were related to mortgages and I think were at a level
- 11 we didn't feel we could support.

So generally yes, there was a policy that we 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.

1		I mean, the office guidelines we inherited, as	1	Q.	Can you recall whether that was before or after it was
2		with much at the start of Caxton, were essentially the	2		removed as an available
3		Macfarlane Trust office guidelines which we adopted.	3	A.	I think if we had one, we would have declined it and
4		So there were things in the office guidelines that we	4		then taken the policy decision as a result of that.
5		removed not many actually, I think maybe assisted	5	Q.	I am now going to move on to ask you questions about
6		conception was the only one and others that we	6		debt. I will take you first to the paper that you
7		later added, so we added things like microwaves and	7		mentioned yesterday that you thought it would be
8		television, I think, later on.	8		useful to look at.
9	Q.	Why was it assisted conception was removed from office	9		It is CAXT0000109_029.
10		guidelines?	10		It is entitled "Addressing Beneficiary Debt".
11	A.	I think the consideration was that assisted conception	11		If we go to the last page of that document, it has
12		was there for the Macfarlane Trust community because	12		your name on it and it is dated 20th April 2012. So
13		of HIV being a sexually transmitted infection, that	13		if we go back to the first page, we can see that the
14		assisted conception was a way of beneficiaries having	14		purpose of the document is because:
15		children without the risk of transmission to	15		"Over a third of cases coming to the National
16		a partner, and that that did not apply, at least not	16		Welfare Committee are from people seeking relief from
17		like anything to the same extent to people with	17		debt of various kinds."
18		hepatitis C.	18		It sets out:
19	Q.	Was advice obtained from Professor Thomas in relation	19		"The NWC has already agreed financial
20		to that issue, about the transmissibility of	20		assistance in a number of these cases and has
21		hepatitis C through sexual contact?	21		formulated a broad debt relief policy."
22	A.	I don't recall, to be honest.	22		Which is set out down below:
23	Q.	Did you have any applications for assisted conception,	23		"However, as debt relief will continue to be
24		to your recollection?	24		a significant call on Caxton's resources, the NWC
25	A.	We may have had one.	25		wished to engage the full Board in discussion on our
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1		attitude and approach to debt.	1		"People living above their means, where there
2		"The Board is also asked to agree to the	2		is the risk of on-going dependence on financial
3		appointment of a counsellor specialising in debt and	3		support from Caxton;
4		money management who can advise beneficiaries",	4		"People who have borrowed money from friends or
5		et cetera.	5		family members;
6		Then the paper goes on to set out what the	6		"People who have incurred frivolous debt."
7		general approach to debt relief is. If we go to the	7		Then you go on to set out the different types
8		bottom of that page, it says:	8		of debt that beneficiaries are experiencing.
9		"The NWC looks at each case individually but,	9		Can I just
10		as a general rule, has focused its support on"	10	Α.	Yes.
11		Then it sets out those categories of people:	11		ask you some questions about this concern about
12		"People with the lowest household incomes	12	•	people living above their means where there is a risk
13		"People who demonstrate that they are already	13		of ongoing dependence on financial support from
14		taking steps to reduce their debts;	14		Caxton? Was that another concern of Caxton in
15		"Situations where clearing some debts will	15		relation to dependence?
16		help beneficiaries get their income and expenditure	16	A.	
17		back into balance;	17	Q.	What was the concern?
18		"People with Council Tax and utilities bills	18	Α.	I mean, again, as ever, I think we are talking about
19		which are already in arrears."	19		a small number of cases of people who, you know, had
20		Then we go over the page. Then the point made	20		a good income before being affected with hepatitis C
21		about negotiating down debts where possible.	21		and had not necessarily adjusted to living on a lower
22		And then setting out where assistance has been	22		income, and I think we felt at Caxton that it wasn't
		declined:	23		part of our role, given the remit of charitable
23					part of our role, given the ferrill of originable

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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,
- a limited amount of information about what was going 4
- 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.

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

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

- 6 Q. That's page 2.
- 7 A. But, you know, in most cases we were likely to clear that, I mean, ideally negotiate that debt down. 8
- 9 **Q.** So we can see that at the bottom of page 2:

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

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

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

agreement to our proposal to have a debt counsellor.

was that I was always concerned -- you know, we were

3 a small group, relatively, on the Welfare Committee,

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

- 12 Q. That's the top of page 3 of the document.
- A. Yes. 13
- 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.

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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:

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

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- 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?
- A. No, not a common problem, but one we anticipated and 4 I think there was one case that came back to the Board 5 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
- 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.

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

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

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

- 1 wasn't sustainable for this to be dealt with just by
  - 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
  - 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 package".

7 So it really did enable us to provide support 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,

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

a lot of people welcomed it.

A. No. 14

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- **Q.** We will look at a document later which suggests that's 15 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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- whether that was because of hepatitis C or because of any other reason. It was the poverty that was the key issue and that was what we should be helping to alleviate. So that may have been the case in early stages, but not for long.
- Q. I am going to read you a very short -- a couple of sentences from your witness statement and just ask you to explain to us how this works. You say in your witness statement:

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

You give another example. Then you say this:

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

18 A. Uh-huh.

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- Q. What were the circumstances in which you would,
   because of your own principles, only write of some
   debt, not all of the debt?
- A. Well, I think in a number of cases -- maybe the
   majority of cases we didn't always write off all the
   debt. I think in some cases, you know, people's debts
   could be very substantial. So we used Jayne to find

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1 policy in November 2013?

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

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

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

- 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,
  - 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 onretrospective 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.

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

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

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

- 17 **Q.** Why was it assumed that just because a person had already paid for something they were not in financial need? For example, what if somebody had had to pay for something but they had used the money that they would otherwise have paid for their rent or for their utilities?
- A. I think that's a fair point but, even so, to have any
   assessment -- you know, these are discretionary
   grants. They are based on charitable need and the

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.

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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?"

21 **MS SCOTT:** Sir, I am noting the time. I think I have got 22 about 40 minutes of questions left with Mr Lister. 23 I don't know how you would like to proceed?

24 SIR BRIAN LANGSTAFF: Yes. We will take a break and come 25 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.

to have a cup of coffee or whatever and those watching 2 to do the same.

3 (11.17 am)

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(Short break)

5 (11.35 am)

SIR BRIAN LANGSTAFF: Yes.

7 MS SCOTT: I am just going to ask you some questions now 8 about what non-financial benefits were available to 9 beneficiaries.

10 A. Can I, before that -- sorry, I am doing my usual thing 11 and having a think in the break about anything else 12 that might be useful from our previous discussion.

13 Would you be happy for me to draw your 14 attention to one more paper?

Q. Yes. 15

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16 A. Okay. This is CAXT0000110 015. It's a paper I wrote 17 for the Board entitled "Emerging Issues" from 18 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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1 **Q.** Soumik, you can take that down now.

2 Can I just ask you some questions about 3 non-financial benefits?

4 A. Yes.

5 Q. You have spoken already about the debt counsellor. Is 6 it right to understand that there was also -- well, we 7 have heard evidence from Mr Bateman --

8 A. Yes.

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9 Q. -- that he gave benefits advice to Caxton 10 beneficiaries.

11 We can see on various documents that there was 12 also counselling available -- is that right -- from 13 the Hepatitis C Trust?

14 A. That's correct, yes. Our staff made people coming to 15 us aware of that facility and gave them the contacts 16 if they wished to apply.

Q. I am going to turn to the office guidelines in 17 18 a moment, but one of the entries on the office 19 guidelines is for referral to an independent financial 20 adviser. We have heard from the Macfarlane Trust 21 witnesses that that was very much part of the initial 22 offering to the Macfarlane Trust beneficiaries when 23 they were given their capital payments.

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

1		payments were being made?	1		"Financial assistance with the purchase of
2	A.	It wasn't. I mean, we weren't obviously making lump	2		essential household items.
3		sum payments ourselves. That would be through the	3		"Support with vehicle maintenance to ensure
4		Skipton Fund. But no, we didn't offer financial	4		people can maintain their mobility and independence.
5		advice for people who had received a lump sum or had	5		"Financial support to enable people to undergo
6		just received a lump sum through Skipton, but again,	6		re-training."
7		Jayne Bellis' advice was not just about debt. She was	7		A second document I want to look at is the
8		a money management adviser as well. So that facility	8		office guidelines from 2012. That's CAXT0000062_076.
9		was there if people wanted it.	9		Now, this is a document the Macfarlane
10	Q.	I am going to ask you some questions now about what	10		version of this document is one we have looked at with
11		single grants were available, and I want to look at	11		the Macfarlane witnesses.
12		two documents before I ask the question. The first of	12	A.	Yes.
13		those is CAXT0000034_008, and it is the annual report	13	Q.	I just want to, if I can, flick through the document.
14		for the year ending 31st March 2013.	14		So if we go to page 1, we see something about
15		You can see it on the first page. If we turn,	15		"Maxima", that if there's already had more
16		please, to page 7 of that document, we can see a list	16		than £3,000, you go to the NWC. Then there is some
17		of the kinds of support that's provided to clients.	17		information about payment of retrospective grants and
18		A third of the way down that page:	18		there's some information about appealing.
19		" financial support whilst [undergoing]	19		If we go on to the next page, we can see
20		treatment"	20		"Accommodation related grants", "Setting up Home",
21		You have already mentioned that:	21		"Moving Home".
22		"Respite breaks for spouses [and] carers.	22		Then, going through the document to page
23		"Health and mobility-related repairs and	23		let's go to page 7. We can see there you can get
24		adaptations	24		grants for cooking, mattresses, beds, furniture,
25		"Support with debt and money management	25		clothing following weight loss or weight gain.
		53			54
1		Then if we go over to page 10, we can see there	1		so people who were in advanced state of illness with
2		"Complementary Therapy", and then to page 11, school	2		hepatitis C, who could no longer go upstairs in their
3		change costs, short non-academic training courses,	3		homes, who wanted to have had a bathroom installed
4		advanced education I've gone from the bottom now,	4		downstairs, for example, were the kind of things that
5		I don't quite know why.	5		we certainly later paid for.
6		Then if we go over to page 15, we can see	6		What tended to happen is, you know, we would
7		"Wills", "Bereavement" and "Further bereavement	7		receive an application for something and we would look
8		support" are all offered under the office guidelines.	8		at it on its merits and approve it or not and then
9		So I wanted to ask you this: are we to	9		take account of that in the way we then went on to
10		understand that the types of grants, of single grants	10		update the office guidelines.
11		that the Caxton Foundation would make, are described	11		There were also I think, you know through
12		in these two documents?	12		time, in order to speed things up, as we gained
13	Α.	They are. There is also a later version of the office	13		an understanding of you know, some applications
14		guidelines, because, as we have discussed already, we	14		became more routine, if you like. We sort of
15		updated that periodically, which is part of the	15		increased the number of things the office or chief
16		documentation, but certainly at any one time these	16		executive could approve without waiting for an NWC
17		there were other things introduced, but yes, in answer	17		meeting.
18		to your question.	18	Q.	I want to ask you about the position, as you
19	Q.	What was the Caxton's attitude to an application for	19		understood it, in June 2013, so that's the date of the
20		a grant that came in outwith these categories?	20		first Partnership Group meeting.
21	A.	We would look at it on its merits. Inevitably we did	21	A.	Mm.
22		have applications that came in. So, for example,	22	Q.	Do you recall at that meeting, and if necessary we can

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mentions adaptations to people's homes explicitly, but

we had a few applications to those, which we granted,

I don't think at this stage the office guidelines

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go to the minutes, it becoming clear from what was

said that meeting that beneficiaries were confused

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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
- guidelines. Instead, we had information on the 4
- 5 website which gave an indication of what people could
- apply for and the application process. 6
  - 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.
- Q. Would beneficiaries have received the annual report? 10
- Would they even have seen that list in the annual 11
- 12 report about what was available?
- **A.** I think the annual report was certainly published on 13
- the website. I don't think it was sent individually 14
- to beneficiaries. There is an argument for saying it 15
- 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?

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- 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

- 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
- 13 Do you accept -- I think it is implicit from what you
- said -- that it would have been of great assistance to 14
- beneficiaries to know what they could have applied 15
- 16 for, and, indeed, what they couldn't have applied for,
- 17 when making applications for grants?
- A. Yes. I mean, certainly, I think as well as 18
- 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 Soumik, you can take that down.
- 25 A. But it ought to have been more explicit on the website

- 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
  - 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
- published on the website in summer 2014. 17
- 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.
- **Q.** Would you agree that, even at that stage, there are

- as well, I agree. 1
- 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 --
- A. Again, with the benefit of hindsight, there is no 15
- 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

- 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?
- A. I think -- I don't know how common it was, again without having a good recollection of all the 10 individual cases and, of course, there were a large number. It is hard to say. There were certainly 11 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.

1 the particular application?

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- A. Actually, I think they did. If you have got a copy of the application form there. I think it might well have included something about income and expenditure. So I think we may well have asked for some of the same 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 expenditure. Go over to the fifth page --14 Just to say, those two pages of income and expenditure 15 16

were extracted by the staff from the census form when grant applications were submitted to the Welfare Committee. We didn't see -- they were obviously all anonymised when they came to us so we didn't see the information at the beginning, but we were certainly given the income and expenditure summary, which is why I was unclear about whether we asked for the same information twice but, having seen this, it was clearly extracted from the census form.

25 Q. Soumik, you can take that down.

Now, again, I don't imagine many people would 2 have used that as a shopping list. It is possible that one or two might, but I don't think that would 3 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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We heard evidence from Ms Barlow that, when she 1 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

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- 8 beneficiaries what they should provide. But, yes,
  - absolutely right. There wasn't an application form.
- Q. Would you accept the level of information that is 10 required both on income and expenditure and in 11 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.

I mean, there was always a question of how much information we asked for. In order to assess charitable need, there is a sort of at least minimum 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 might be available from elsewhere. So if -- we didn't see ourselves as there as a substitute for other forms of statutory provision. So, for example, if people would be entitled to NHS dental treatment, we didn't pay for private dental treatment. If people were entitled to support for children going to university because of low income, we wouldn't substitute for that. But, no, we didn't expect people to have looked elsewhere for support before coming to us. That was certainly never a consideration.
- Q. We saw on the first page of the office guidelines the 16 17 maxima provision. If somebody had has grants of more 18 than £3,000 over the past year then the matter must go to the NWC. 19

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

income and expenditure, just to understand the

personal finances of the family or the individual. So

3 I think a certain amount of risk was inevitable just

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.

A. Uh-huh. 24

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 --

Q. The office --17

A. Yes. 18

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
  - I think, as I sai, 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.

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- **Q.** Were there, do you recall, any guidelines or protocols 11
- 12 or guidance given by the NWC to the office as to how
- 13 they should carry out that exercise?
- A. I don't recall. 14
- Q. How did the NWC itself decide whether or not 15
- 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
- would conclude that charitable need had not been 20
- 21 demonstrated.
- 22 Q. Again, same guestion, in relation to the NWC --
- A. I mean, relative obviously to what they were asking 23
- 24 for as well. So if it was a request -- you know, if
- 25 there was a £10,000 difference, say for argument,

- 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
- from an NWC meeting in September 2012. 13
- A. Yes. 14
- Q. Is this report a typical report that you would receive 15
- at the beginning of each meeting or was this --16
- 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.
- **Q.** If we could go, please, to page 2 of this report. 21
- 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

- between expenditure and income and they were asking 1
- 2 for a £200 item, I think we would think that's
- 3 something they could probably afford and charitable
  - 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
  - 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,
  - 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
  - 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

- 1 received a total of 258 requests from 118 people. The
  - 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:
  - "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 amount requested during this time was £758,400.90, the
- 24 25 total amount agreed was £350,579.41, £276,495.35 was

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- declined and £165.999.24 was deferred." 1
- 2 A. Mm.
- 3 Q. I just want to ask you about that, because Mrs Lloyd, when she gave evidence, suggested that one of the 4
- 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.
- Q. It suggests that beneficiaries were coming forward but 11 12
  - actually lots of applications were being deferred and
- 13 lots more applications were being declined. Is that
- 14 riaht?
- A. That is right, yes. I mean, I think that's sort of 15
- 16 plain from those figures, yes. I mean, initially
- 17 there were more applications declined than accepted by
- 18 quite a way.

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- 19 Q. Given, again, what you knew about the levels of
  - 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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expected, in communicating the outcome back to applicants, that we would have explained the reasons for declining applications.

What I don't know as well from these figures is, you know, how many of these declined applications were -- you know, how many applicants we got who submitted several requests, some we accepted, some we declined, which doesn't really tell us whether there were -- how many people were refused something entirely and how many received some grants, but not others, that they had applied for.

- 12 **Q.** Yes, so the refusal figure may be a proportion of an application, including --13
- A. It may be, yes, certainly. I would expect that's the 14 case from those numbers. 15
- Q. I am going to move on to my last topic now, which is 16
- 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?

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

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

was demonstrated.

I don't believe that we -- you know, if somebody was in serious poverty, that we would have declined requests that were truly helpful and truly demonstrated charitable need, because we were so conscious of that level of poverty and the importance of doing what we could to alleviate it. So -- I am regretting now that, in preparation for this, I have not tried to do more of an analysis of what was declined and why, but it is hard to tell that from 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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A. Can I correct something there as well? It was the Department of Health's initiative to have the lookback exercise. It wasn't something that Caxton had requested.

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

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

20 Q. By whom? Told by whom?

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A. By the Chief Executive. I think by -- it would have 21 22 been, you know, discussion with Martin Harvey, 23 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

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 highjacked, 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.

- 2 Q. Last question from me and it relates to the point you 3 just raised of how were those concerns about 4 disclosure of HCV status dealt with in the lookback?
- 5 A. Uh-huh.
- 6 Q. Can we look at CAXT0000110\_134. This is a report to 7 the board dated 22nd October 2014 from the Chief 8 Executive --
- 9 A. Uh-huh.
- 10 Q. -- and the first item, "Skipton look-back exercise and 11 impact on beneficiary numbers", and the background is 12 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

1	by the end of October (954 letters)."	1	SIR BRIAN LANGSTAFF: We will take a break of a quarter of
2	Reading that, does that prompt your memory as	2	an hour now and see if that allows you to field
3	to whether or not that is how the exercise was	3	questions. If you need more time, ask, and we may
4	conducted?	4	have to adjourn until 2 o'clock in any event.
5	A. I mean, this was the only information I had at the	5	MS SCOTT: Yes.
6	time about how the exercise was conducted.	6	SIR BRIAN LANGSTAFF: But shall we see how we go?
7	I wasn't I didn't have any direct involvement in	7	MS SCOTT: Yes. Thank you.
8	it. So, yes, I do recall that.	8	SIR BRIAN LANGSTAFF: So a quarter of an hour's break.
9	MS SCOTT: Sir, those are the questions that I had for	9	That's until essentially 12.45. Actually, on
10	Mr Lister. The Core Participants and their recognised	10	reflection, you are right. We will take I don't
11	legal representatives will need an opportunity to	11	want to push to rush Core Participants. We will
12	e-mail in any questions that they wish me to ask. So	12	take a break and come back just after 2.00. So
13		13	2 o'clock shall we say? 2 o'clock. I hope that's all
14	•	14	right for you.
15	questions do you anticipate? It is a difficult	15	A. Yes, absolutely.
16		16	(12.28 pm)
17	MS SCOTT: From the Core Participants?	17	(Luncheon adjournment)
18	SIR BRIAN LANGSTAFF: Yes.	18	(2.00 pm)
19	MS SCOTT: I don't know. I don't know, but perhaps we	19	MS SCOTT: I have some questions from the Core
20	could take a shorter break and	20	Participants and their recognised legal
21	SIR BRIAN LANGSTAFF: We can come back I have some	21	representatives. The first is really a follow-up
22	Inquiry business to attend to at about 12.55, so I	22	question from what we were talking before the
23	• •	23	lunchtime break, about identifying beneficiaries.
24	· · · ·	24	Soumik, can we have CAXT0000035_078.
25	MS SCOTT: Yes.	25	This is the Caxton Foundation report, annual
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1	report, 31st March 2015. Can we turn to page 8 of	1	they were not yet feeling unwell or they didn't want
2	that report, please.	2	to seek support for a range of reasons. So, I mean,
3	So we can see on the first paragraph there that	3	I don't think we were complacent about it but
4	stage 1 payments this is from Skipton have been	4	I think we would have expected numbers to continue
5	made to 5,200 people. Then if we go down to the	5	to increase as people who were stage 1 people who
6	second half of the page, under "Caxton's beneficiary	6	were now aware of Caxton perhaps felt that they would
7	community", the second paragraph there starting "The	7	benefit from the support of the charity.
8	impact", we can see about halfway through that	8	Q. Moving on now to a different topic, what was your
9	paragraph:	9	understanding of the need for read-across between the
10	"By 31 March 2015", which is just before you	10	different charities, the Alliance House Organisations?
11	left, "the number of Caxton beneficiaries had risen to	11	A. Yes. I mean, this was something that was talked about
12	·	12	a lot, and I sort of picked up in, I think, one of
13	We see the sharp rise.	13	the paper I wrote around beneficiary concerns. There
14	Were you or were the board concerned about the	14	was certainly an expectation, I think, that Caxton
15	disparity still between the number of beneficiaries	15	would provide equivalent support to Macfarlane, but
16	that had registered with Skipton for stage 1 payments	16	alongside that a recognition that obviously Caxton
17	and the number that had registered with Caxton,	17	would give need to its the particular needs of its
18	because even after the look-back there is still more	18	own beneficiaries, which might mean that we might
19	than almost a 4,000 difference?	19	diverge in some ways from what Macfarlane did.
20	A. As a result of the look-back, everyone who received	20	So I don't think the notion of read-across was
21	a Skipton stage 1 should have been told about Caxton.	21	something that was intended to mean that everything
22		22	that Macfarlane did Caxton would do and vice versa,
23	•	23	but it seemed reasonable to try to ensure that where

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feel that they needed support from Caxton, certainly

at any one stage, possibly because they had not yet --

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there was -- you know, where you could make decent

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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?
- A. Something like that, yes. I think it was produced 10
- because we had had a request, possibly via an MP --11
- 12 I am not sure -- just for information to the
- 13 Department of Health.
- Q. I think it is --14
- A. Yes, I think that's the one I'm thinking of --15
- Q. It's -- I've have just found it and I've lost it --16
- 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
- grants and we were at that point entirely focused on 21
- 22 discretionary grants.
- Q. I think the document you are referring to is --23
- 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 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?
- **A.** Yeah, I mean, we took the decision at the outset not 14
- to have a top-up scheme, as it was called at that 15
- point, for the reasons we discussed earlier, that 16
- 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

- 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 guite a deal of read-across.
  - So both have access to the Counselling Fund,
- 11 both refer to the Specialist Benefits Advisor,
  - 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.
- A. So, I mean, we -- you know, when Caxton started off, 20
- 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
  - for us, and a Chief Executive who had been the Chief
    - 86
- 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
  - 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

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A. No. I mean, I think it is overstating it to say that was a policy, as such. I think it was a -- it was a question we asked in looking at applications -- you 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 guick 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

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

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

- Q. I am moving onto a different topic now. In your witness statement in a couple of places you say that you were shocked about the extent of the poverty in beneficiary community. Can you tell us why you were shocked by that?
- In my middle class naivety, I am guessing. I hadn't appreciated how equal -- there were people living simply on Disability Living Allowance, so people living on at little as 7,000 a year in some instances. That did take me aback and I was -- it perhaps shouldn't have done, but it did. You know, that was why I became convinced, very early on, that we needed some kind of regular payment system to lift people in that position out of that level of poverty and, again, that, in a sense, may or may not have had anything to do with whether they had hepatitis C but the fact is that they were victims of this tragedy and they were in poverty and I felt very strongly that that should

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

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

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

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

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

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1 be a priority for us to address. 2 3

Q. Did you get a sense of whether your fellow trustees, 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 the Board as a whole were aware of this. I mean, as I have said, part of the reason for giving the Boards regular updates on the issues we were finding on the Welfare Committee was to make them aware of the situation faced by a number of beneficiaries. Unless you were on the Welfare Committee or unless you were a member of staff looking at applications I don't think you could get a real feel for what people were experiencing and we were only, sort of, seeing the tip of the iceberg, I suspect, in what people were prepared to tell us.

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

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what more we can help them with".

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So it wasn't just a case of waiting for somebody to apply for a grant. We were much more proactive in saying to some people, you know, "Look, there are other things we could perhaps do here".

- Q. So, in a way, given that you hadn't appreciated the levels of poverty in the beneficiary community, do you think that that was something that the Department of Health and, in particular, the Blood Policy Unit, was also ignorant of at the time that you were there?
- A. Well, possibly initially, but certainly the -- I also did a report of the Board's first year, which was sent to Department of Health. When I submitted the paper to the Board on beneficiary debt, one of the outcomes from the minutes was to, I think, share that with the Department of Health. When we submitted the business case for the regular payments scheme, we included three anonymised case histories, because I really wanted to show Department of Health what this meant to real people.

I had hoped that by framing this in terms of what was happening in people's lives that that would be a more powerful way of persuading the Department to provide the funding we were looking for.

**Q.** You may not be able to answer this, but do you think

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Directorate for a certain amount of money, and that then became the baseline for the funding we received each year. I don't know on what basis that was arrived at.

It was unfortunate that in the first -- up until -- 2014/15 was the first year in which we spent the full allocation, and, of course, would have liked to have spent by then a huge amount more. So I think that made the -- probably made it harder to say to the Department "Well, we haven't spent in these first two years and now we are looking for a bid of" --I can't remember what it was. I think we were looking for an extra 3 million, roughly, at that point. So yes, I can't fully answer that question, but I suspect that it was -- there probably wasn't a lot of data behind the selection of that figure of 2.38 million.

**MS SCOTT:** Sir, those are the questions that I had from the Core Participants that I am going to ask.

Questions by SIR BRIAN LANGSTAFF

**SIR BRIAN LANGSTAFF:** I have just two or three questions. The first goes back to the issue that you were asked about when you were asked what relevance did the previous grant record of an individual applicant have in determining the application that you were now considering, and you said, "Well, it had none. We

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?

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

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.

A. I think it was perhaps useful in indicating a level of

Now what use was it, if it wasn't in some way helpful in determining either the application or the amount that was going to be given?

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 some further help given? 23

24 A. Yes. So it might -- that information might have 25 indicated that this is perhaps a case to have the

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".

SIR BRIAN LANGSTAFF: Thank you for that.

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The second question is, in respect of those who were Skipton registrants, only about 25%, or thereabouts, seem to have registered with Caxton, and yet everyone who is eligible for Skipton was eligible for Caxton, and they would have been given -- had they become registrants, they would have been entitled to 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 that25 though and anything I say will be purely speculation.

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

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

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

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

SIR BRIAN LANGSTAFF: That was going to be the next part
 of my question, whether there was something about the
 application process, at least as potential registrants
 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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look at what others did as well helped us design an application form for grants that was more -easier, I hope, for beneficiaries than the "just write in and ask us" approach. So I think it would have been difficult, given

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

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

16 **A.** Uh-huh.

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

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

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

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

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

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

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

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

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

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

Again I wonder with the benefit of hindsight

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

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

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

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

SIR BRIAN LANGSTAFF: Well, thank you very much.
 MS SCOTT: Mr Lister, is there anything you would like to add to your evidence?
 A. The only thing I wondered is there was a sort of

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

		THE INFECTED BE	-00	DOD INQUIRY 26 March 2	2021
1	charity. Do you have anything you need to know about		1	you have shown in giving the evidence you have. So	
2	that or do you want to ask me any questions about it,		2	thank you and I look forward to seeing you again in	
3	because I can perhaps fill in some		3	due course.	
4	MS SCOTT: You are talking there about the		4	A. Thank you.	
5	A. The creation of Caxton Trustees Limited.		5	SIR BRIAN LANGSTAFF: But not next week, when we h	ave
6	MS SCOTT: Becoming the corporate trustee of the Trust?		6	what, Ms Scott?	
7	A. Yes.		7	MS SCOTT: Next week, on Tuesday, 30th, we have the	
8	MS SCOTT: Sir, that's really a question for you.		8	Belfast presentation. That will run over into the	
9	SIR BRIAN LANGSTAFF: No, I don't think I need any		9	following day. Then on the Thursday of that week we	
10	specific help on that, but thank you very much all the		10	have oral evidence given remotely by Dr Benson.	
11	same.		11	1 SIR BRIAN LANGSTAFF: So next week we are focused	largel
12	A. In which case, I have nothing more to add.		12	on Belfast. 10 o'clock, we start, on Tuesday. Thank	
13	SIR BRIAN LANGSTAFF: I do. I want to add my thanks.		13	you very much. Thank you.	
14	I know we are highly likely to see you again, and		14	4 (2.40 pm)	
15	I rather look forward to it after this lively,		15	(Adjourned until 10.00 am on Tuesday, 30March 202	21)
16	reflective and frank evidence which you have given,		16	3	
17	that's focused, I think, on the harsh realities of the		17	!	
18	lives which many of your beneficiaries lived. And you		18	3	
19	have been refreshingly prepared to criticise where you		19	)	
20	thought criticism was due, without shrinking back into		20	)	
21	being defensive, as perhaps many may be instinctively		21	I	
22	inclined to do.		22	<u>)</u>	
23	Can I thank you in particular for that and for		23	3	
24	the sense of objective detachment, as it were, and		24	Į	
25	disinterest, in the proper sense of the word, which		25	5	
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