Witness Name: Ms Ann Lloyd

Statement No.: WITN5257001

Exhibits: None

Dated:

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF ANN LLOYD

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 3 November 2020.

I, Ann Lloyd, will say as follows: -

Section 1: Introduction.

Question 1. Please set out your name, address, date of birth and any relevant professional qualifications relevant to the duties you discharged at the CF.

1. Ann Judith Lloyd CBE
   GRO-C
   GRO-C 1948
   No formal qualifications specifically relevant to the Caxton Foundation (CF)
   I do however hold the following qualifications:

   B.Sc Hons Science Geography
   M.Sc Econ in Social Policy and statistics
   Diploma in management studies
   Diploma in Personnel management
   Diploma in Health Economics
   Companionship in Health Services management

Question 2. Please describe your employment history including the various roles and responsibilities that you have held throughout your career, as well as the dates.

2. 1970 -72 – general administrative positions in operational research, NHS
   1972 – 74 – Hydrologist
   1974 – 82 – District Planning Officer NHS

1982 – 88 – Unit General Manager NHS
1988 – 92 – District General Manager, Frenchay health authority
1992 – 2001 – Chief Executive, Frenchay Healthcare Trust then North Bristol health care trust
2001 – 2009 – Director General health and social care/ Chief executive NHS Wales, Welsh Government
2001 -2016 – Senior associate, Good Governance institute.
2009 – retired.
2009 – 2012 – Appointments Commissioner for health and social care – London and Greater London
Member/chair of various charities – Shaw Trust, Patients Association, Mind Cymru, Caxton Foundation.
2015 – 17 – Chair Welsh health specialist services committee
2017 – to date – Chair Aneurin Bevan University health board.

Question 3. Please set out the positions you have held at the CF including with any committees, working parties or groups relevant to the Inquiry's Terms of Reference, and describe how you came to be appointed to those positions.

3. Chair Caxton Foundation Feb 2013 – March 2015. Appointed following advertised open competition.

Question 4. Please describe your role and responsibilities in the above positions.

4. I was responsible to the Government for overseeing the governance of the organization and in holding the CEO and the trustees to account for the effective management and administration of the charity in accordance with its charitable aims. I no longer have a copy of my job description.

Question 5. What induction, training and information did you receive from the CF as to its functions, aims and objectives?

5. I received information about the organization as part of my recruitment and was given a very helpful overview by Charles Lister, the Vice Chair, in respect of the principles of the organization. There was no formal induction programme.

Question 6. How much time did you devote to the positions you held at the CF? Please describe how your time was generally spent when discharging your roles as Chair/Trustee of the CF.

6. I spent between 2/3 days a month on CF business unless more time was required for a specific purpose. I spent the time preparing and chairing meetings, weekly discussions with the CEO and the chair of NWC, holding the CEO to account and advising on any difficulties encountered, reviewing the governance of the organization, holding discussions with chairs/CEOs of sister organisations, and other partner organisations.

Question 7. Please set out your membership, past or present, of any other committees, associations, parties, societies or groups relevant to the Inquiry's Terms of Reference, including the dates of your membership and the nature of your involvement.

7. Nil

Question 8. Please confirm whether you have provided evidence to, or have been involved in, any other inquiries, investigations or criminal or civil litigation in relation to human immunodeficiency virus ("HIV") and/or hepatitis B virus ("HBV") and/or hepatitis C virus ("HCV") infections and/or variant Creutzfeldt-Jakob disease ("vCJD") in blood and/or blood products. Please provide details of your involvement and copies of any statements or reports which you provided.

8. I have not.

Section 2: Establishment of the Trust and schemes.

Question 9. Please describe your involvement with and/or recollection of the circumstances in which the CF was established.

9. I was appointed as chair of the CF in February 2013 sometime after its establishment in 2011. I have no knowledge of or connection with its establishment.

Question 10. What did you understand the aims and objectives of the CF to be? What principles or philosophy underpinned its establishment?

10. The aim was to provide welfare support to individuals and their families and dependents who had been adversely affected by the administration of infected blood by the NHS. I am not aware of the details of the principles underpinning its establishment as I was not engaged as chair at the time; its philosophy whilst I was there was to provide aid and assistance to those in need as a consequence of their condition within the rules applied to and by the CF.

Question 11. Please set out how, as a charity, the CF was regulated.

11. It was regulated by the Charities Commission against the rules applied to that commissioner. I was aware that it had been re-registered as a limited company some time before my appointment; nevertheless the Board adhered to the requirements of the Charities Commissioner.

Question 12. What involvement (to your knowledge) did the Department of Health,[1] or any other Government department, have in the setting up of the CF?

12. I was not part of the CF during its establishment so I cannot answer this from any first-hand knowledge. I am aware that the establishment of the CF was at the behest of the DOH.

Discrepancies between schemes

Question 13. Was there any discussion about (i) the discrepancies between support for those infected with HIV and for those infected with Hepatitis C; (ii) the discrepancies in the schemes' treatment of those 'infected' with HIV and/or Hepatitis, and those 'affected' such as widows and dependents,? If so, please give details.

Not formally but differences did come to the attention via the CEO. EG; winter fuel payments. Caxton Foundation did not fully and formally establish the extent of any discrepancies.

Question 14. Did the CF take any steps to end these discrepancies? If so please give details. If not, why not?

13. As the work of CF progressed the Board was made aware of the discrepancies in the schemes and sought to establish the rationale and detail of those differences. In the meantime the vice chair and I started the discussion on the provision of regular payments in parallel with work on the differences. We considered, after feedback from the beneficiaries, that the direct payments scheme would be more effective in providing aid to those beneficiaries who were most in need. Discrepancies between schemes were reviewed as they emerged e.g. the winter fuel payments.

Section 3. The Caxton Foundation

Appointments of Trustees/Directors

Question 15. Please provide a detailed description of the appointment process for the CF and the composition of the board.

14. Appointments/vacancies were advertised and filled by an appointments panel which I chaired together with the vice chair and an independent assessor. It did not include anyone from DOH. The Board consisted of 9 trustees, including the chair and vice chair. Membership was extended during my term of office to include a member with lived experience of HepC acquired via NHS infected blood. I also extended the range of competencies available within the trustee group to include a specialist in employment and a communications specialist.

Question 16. What was the process for electing/re-electing trustees/directors at the CF? In particular, what involvement did (a) the Department of Health (or any other Government department) and (b) any other organisation or person have in this process? Did these matters change over time?

15. Board director/trustees were appointed for a fixed period of time – usually 4 years – they were not elected. They could be reappointed but this did not happen when I was chair. They had to be competent in a number of areas including governance and strategy development as well as having a special interest. Reappointment would depend on a satisfactory appraisal.

Question 17. How, if at all, were positions advertised?

16. They were advertised in the charity press and Veredus head hunted for suitable candidates.

Question 18. Were there sufficient applicants of sufficient quality or did you struggle to appoint trustees/directors?

17. During my period of office the candidates all gave evidence of the required competencies. We had a good field from whom to appoint.

Question 19. How many trustees/directors were appointed by the Government, how many by the Haemophilia Society and how many were 'user' trustees during your tenure at the CF?

18. Only the chairs appointment was endorsed by the Minister. No appointments were made during my tenure from the Haemophilia Society. We debated the appointment of a "user" trustee at length, determining that their duties could lead to a significant conflict of interest. However the Board believed that it was important that a trustee with lived experience was appointed – but not a beneficiary because of the conflicts of interest.

Question 20. How long did each trustee/director serve on the board? Could a trustee/director be re-elected? If so, how many times?

19. The term of appointment I believe was 4 years. No trutees were reappointed during my term. I conducted annual appraisals of all trustees – I have no evidence that appraisals had been undertaken previously. In terms of reappointments, the Appointments Commission is clear in its advice that a maximum of 8 years represents good governance practice unless there are exceptional reasons for extending an appointment when the time could be extended to 10 years max. Had any reappointments occurred during my term of office these are the rules that I would have applied.

Question 21. Were trustees/directors remunerated for their work? Please include details of any policies on this, including policies for allowances/expenses.

20. Trustees were not remunerated nor were allowances paid. Reasonable expenses under the policy were paid. The policy file for CF will provide the detail.

Question 22. Was there an overlap of trustees/directors between the AHOs? Please explain how this worked.

21. Not in my time as Chair.

Question 23. At the Caxton Foundation Partnership Group Meeting on 28 November 2013, recruitment of a board member with experience living with Hepatitis C was discussed [CAXT0000110_094].

a. Was there a 'user Trustee' on the board of the CF during your tenure?

22. Yes.

b. What were the advantages and disadvantages of recruiting a Board Member living with Hepatitis C.

23. It was important as a charity with our specific remit to ensure that we had a sound knowledge of the effects and consequences of the condition on individuals. However such a trustee would also have to demonstrate the general competencies required of a trustee. We were clear that the trustee could not be a beneficiary as this would lead to too many conflicts of interest for either they or the Board to handle with confidence.

Structure of the AHOs

Question 24. Please explain the extent to which the AHOs shared premises, staff and resources. What impact did this have on data sharing and confidentiality and how were such issues managed? How were documents and information stored by the CF? Was information shared across the AHOs? If so, were registrants aware of this?

24. The AHOs shared Alliance House in very discrete pockets of accommodation. Staff e.g. the CEO were shared between 2 of the organizations. This would have been different in respect of potential divided distractions, conflicts of interest and focused attention. The arrangement had a few advantages, e.g. knowing where discrepancies lay. I sought to put an end to this arrangement but recognized that the calibre and competence of the CEOs, if 2 were appointed, would fall because of the lowering of the salary that could be offered

25. Information was shared across AHOsduring the liaison meetings but was confined to policies and practices and not people. There were regular meetings between the MFT and the CF to share experiences but these did not include any discussion on individuals.

Supplementary question 1. At paragraph 24 of your statement, you state that you 'sought to put an end to this arrangement' when discussing a CEO being shared between two of the AHOs. Please describe what you meant by this.

26. Having observed the experience of both job share CEO's and shared CEOs I was of the opinion that conflicts could arise from the pressure of differing priorities and consequential time pressures. I considered that the Caxton Foundation required some time and energy to ensure that it responded more effectively to its clients and developed better networking and development opportunities, which could affect a "fair share" of time and energy on behalf of the CEO. My reasons for abandoning this wish are as stated in paragraph 24.

Question 25. Why did the CF act as employer for all five AHOs?

27. I have no knowledge or understanding of the rationale behind this decision. I assumed that it must have been for a practical reason.

Question 26. Please set out your recollection of the relationship between CF and the different AHOs.

28. MFT – see note in 24. The Board had no formal (or informal) relationship with the other AHOs. We were however very grateful to the DOH and the Skipton Fund for their co-operation for alerting their recipients to our existence and the services we could provide.

Question 27. Please describe the working relationship between the trustees/directors of the CF and the senior management. Were you aware of any difficulties? If so, and how, if at all, were they resolved?

29. Working relationships were professional. I was aware of deficiencies in some of the staff, in discussion with the CEO, who sought to improve the competency and spread of the staff response. Such issues were resolved in a professional manner in line with good HR practice. The running of the organisation needed overhauling to enable it to provide a more effective service to the beneficiaries; this, the new CEO set out to achieve – and she did.

Question 28. On 7 February 2013 in a report to the Trustees Jan Barlow set out her priorities for the CF and MFT, which included an overall strategy for CF and a communication strategy across the two organisations [CAXT0000109_123]. Please describe what steps were taken to achieve these aims (please provide timeframes).

30. The strategy outline discussion started in March 2013 and was subsequently endorsed by the Board in May 2013. This then became the basis of the ongoing work of the organisation. The communications strategy was developed to enable the CEO to operate seamlessly and fairly for the 2 organisations. The liaison committee was part of the communications strategy.

Supplementary question 2. At paragraph 28 of your statement, you state that 'The communications strategy was developed to enable the CEO to operate seamlessly and fairly for the 2 organisations'. Please elaborate on working "fairly". What needed to be done to be fairer? Were there areas that received unfair/insufficient treatment or attention?

31. "Fairness" was for the benefit of the operating of the organizations and the CEO. It was necessary to have a protocol against which the CEO could operate, agreed by the organization concerned, rather than her negotiating time between the organizations on a task by task basis depending on priorities.

Question 29. Following the establishment of the MFT/CF Liaison Committee, please explain:

a. What the purpose of the Committee was and what your role on this Committee entailed.

32. The purpose was to maintain a sound channel of communication between the organisation to advise each other of changes in policy and strategy and to unearth discrepancies between schemes. I was one of the Chairs – and rotated with my opposite number.

b. If this Committee was successful in achieving its purpose, and if not why not?

33. We maintained effective channels of communication.

c. Whether the CF liaised with any of the other AHOs. If so, please give details. If not, why not?

34. Their roles and responsibilities were quite focussed and individual but we did liaise with them when we had a common interest or required mutual support.

Relationship with Government

Question 30. To what extent was the CF independent from Government? How much oversight did the Department of Health (or any other Government department) have over the CF? In particular, did the Department of Health have any involvement with and/or give any direction/guidance to the CF (and if so, what?) as to:

a. The composition of the board for the CF;

b. The content of any policies adopted by the CF;

c. How the CF should discharge its responsibilities to the beneficiaries;

d. The kinds of applications the CF should grant; and/or

e. The quantum of the grants/payments the CF should make?

35. The foundation was established as a charity independent of Government. The oversight from the DoH largely concentrated on the use that we had made of their resources. During my time we received no such directions as you detail in a) to c) but they did take action to enable our concerns about the numbers of clients we were reaching to be addressed.

Question 31. Did you, or others within the CF, raise any concerns and issues with the Department of Health about the funding, structure, organisation or running of the AHO, or about the involvement of the Department of Health, or about any other matter? If so, please explain what concerns and issues were raised. What was the response of the Department to those matters being raised?

36. We raised concerns about the level of funding through our business cases and other submissions. We also advised them, out of courtesy, about our plans to increase the number of trustees by the inclusion of a trustee with lived experience. In respect of funding the DoH advised us that they were unable to accept our bid for additional resources. At our own request, one of the senior officials attended the Board to explain the position.

Question 32. What if any contact did the CF have with the Department of Work and Pensions ('DWP')/its predecessors in relation to welfare benefits? In particular:

a. Were you aware of any beneficiaries having their benefits stopped as a result of the assistance they received from the AHOs?
b. Did the CF take any steps to prevent this happening? If so, what? If not, why not?
c. Did the CF raise this issue with the DWP/its predecessors and if so what was the response?

37. As far as I can recall during my time as a Chair, CF had no Board contact with the Department of Work and Pensions. I was not aware, as far as I can recall – and I am sure I would have asked the NWC to consider the position further had I been advised of any such adverse effects on beneficiaries – of such an issue being raised.

Question 33. Please describe the working relationship between the CF and the Department of Health. Was there a particular point of contact? If so, who was that? Were you aware of any difficulties? If so, what were they, how did they impact on the running of the CF and how, if at all, were they resolved?

38. The Blood Team acted as the point of contact working for the Minister for Public Health. I was not made aware of any difficulties; the relationships appeared cordial when we met. We always had to be mindful that we were custodians of their resources about which they would be held to account by Parliament – and kept them informed of any changes of policy which would affect the use of those resources.

Supplementary question 3. At paragraph 33 of your statement, you state that 'The Blood Team acted as the point of contact working for the Minister for Public Health'. Please state any particular names you recall on the Blood Team.

39. I recall Alisa Wright and Ailsa, the Deputy Director of blood and infectious diseases policy as she generally led discussions. Anna Soubry was the Minister concerned.

Question 34. It was noted in the APPG that there was a perception amongst many that 'the Alliance House organisations had what amounted to a 'cosy' relationship with the Department of Health' (as referred to in report the CF Annual Financial Report dated 31 March 2015 [CAXT0000035_078]). Do you agree or disagree with this statement? Please explain your answer.

40. The relationship was professional. I personally found them even handed in their dealings with us. I cannot comment on the perception of others.

Section 4: Funding finances of the Caxton Foundation.

Question 35. Please set out the process by which the CF received funding from the Government. Did this change over the time you were involved? If so, how? Were there problems with this process? If so, what were they and what were the consequences? In particular the minutes of the Caxton Foundation Board of Trustees meeting held 6 October 2011 [CAXT0000108_038] note that the board felt 'the DH's approach to management funding was increasingly difficult in procedural terms'. Please explain:

a. What was difficult about the Department of Health's approach.

b. Whether the board raised this issue with the Department of Health.

41. The Board would set out its requirements for funding per year based on expenditure and projections. These would be sent to the DOH where there would be a discussion amongst officials. A formal justification for any increase would have to be made. A business case would be prepared if specific increased funding was required/requested. The only problem with the process was, on occasion, the outcome.

42. In respect of the second part of the question, I was neither Chair nor a trustee in 2011 – so have no knowledge of the concerns behind this statement.

Question 36. What do you know about how the Government set the budget for the CF? What input did you/the CF have in this process? What input do you consider you should have had in this process? Did the Government take account of any representations made by the CF?

43. See above.

Question 37. What information, if any, did the CF have about the beneficiary population and what was required to meet their needs? Where did this information come from? Was this information provided to the Government? If so, how and when? If not, why not?

44. Caxton had a broad idea of the size of the potential beneficiary population through the numbers receiving Skipton 1 funding. It did not know how many of these beneficiaries would apply or be eligible to apply for resources. It was always a major concern to the Foundation that we might not be benefiting as many potential clients as would be eligible - hence our efforts to publicise the work of the foundation and urge people to come forward. The information about the number of beneficiaries was provided to the Government as part of our funding bids annually and during the annual reviews.

Question 38. With reference to a letter from Dr. Alisa Wight, Department of Health, to yourself dated 19 February 2014, your submission of a business case for increased funding from 2014/2015 onwards is discussed. It is noted that Ministers decided that it was not the right time for an uplift in allocation, with mention of 'continuing downward pressure on Government spending' [CAXT0000110_089].

a. Please give details as to whether this 'continuing downward pressure on Government spending' had an impact on the CF and/or its beneficiaries? If so, what was done to alleviate this?

45. The impact of the decision of the Dept meant that the Board had to reflect further on the level of funding we could afford to implement our regular funding payment scheme. To try to raise the level of payment we had to thoroughly scrutinise the budget lines to see what could be deferred or reduced to enable as generous a payment scheme to be initiated as possible. The debate on this matter is detailed in the minutes of the Board of Trustees.

b. Did the Department of Health provide any other reasons as to why it did not intend to increase funding for the CF?

46. None specifically other than the pressure at that time on their budgets.

Question 39. Did the CF make any further requests for increased funding from the Department of Health? If so, what was the outcome? If not, why not?

47. We made representations to the D o H again as part of the 15/16 spending bid – especially as the numbers of beneficiaries had increased substantially as a consequence of the publicity campaign conducted by Skipton. I am unaware of the outcome.

Question 40. Please set out as far as you can recall how much funding was provided at various times for the CF.

48. After this length of time I cannot be accurate; the information will be available in the published accounts. I am aware however that the resources were not extensive but, until 14/15 and the move to contact potential beneficiaries via Skipton, were adequate but that was because of the disappointing uptake. However, in 14/15 resources were getting very tight as the numbers of potential beneficiaries increased and as the payment scheme commenced albeit at a reduced level – which covered 19% of registered beneficiaries. (Please refer to the private meeting minutes and papers of 22 October 2014).

Question 41. Do you consider that the funding provided to the CF by the Government was adequate? Please explain your reasoning.

49. See above.

Question 42. As a result of an increased number of beneficiaries, did the CF request additional funding from the Department of Health?

a. **If so, what was the outcome? You may wish to refer to the minutes of the board meeting on 22 October 2014 [CAXT0000110_166].**

b. **Were any reasons given by the Department of Health for their decision? You may wish to refer to minutes of the Caxton Foundation Partnership Group meeting held 6 November 2014 [CAXT0000110_151] when providing your answer.**

50. The CF requested additional resources for the direct payment scheme – please refer to my answer to question 31. In respect of a) and b) I can add nothing further to the minutes of either meeting – which represented the position as outlined in the letter from Dr Ailsa Wright, Deputy Director Infectious Diseases and Blood Policy DOH, to me dated 19th February 2014.

Question 43. Please explain what opportunities or procedures were available to the CF to seek additional monies and/or apply for top up monies from the Government as the financial year progressed? Were requests for additional funding throughout the financial year ever made? If so, provide details, with specific reference to the outcomes of these requests. You may find the minutes of the CF Partnership Group meeting held on 6 November 2014 useful and in particular the comments made by Charles Lister that 'funding was allocated by the Department of Health at the start of each financial year, and so additional funds would not be forthcoming' [CAXT0000110_151].

51. Until the latter part of 14/15 the Foundation was able to manage within the allocated resources, due to a disappointing level of uptake of grants. However, given our desire to increase the level of payment for the direct payment scheme and the fact that the number of recipients had increased the bid to the DOH for 15/16 funding requested an increase.

Question 44. Was a business case put forward to the Department of Health for funding for the new treatment for Hepatitis C as suggested in the CF Partnership Group meeting held on 6 November 2014 [CAXT0000110_151]? If so, what was the outcome? If not, why not?

52. The discussion about the efficacy and funding of a new Hepatitis C drug was inconclusive at that time. NICE still had to approve the cost effectiveness of using the drug. Had they approved it then it was for the NHS to pick up the cost of both the drug and the treatment regime and consequences. This would not have been the responsibility of CF.

Question 45. In your view did the Department of Health adequately consider requests for additional funding put forward by the CF? Please provide your reasoning.

53. I have no evidence that they did not consider our request carefully.

Question 46. Were there annual or other regular reviews between the CF and the Department of Health? If so, please provide details including the following:

a. Did the reviews take the form of meetings? If so:

i. Who set the agenda for the meeting?

ii. Who would attend the meetings?

iii. Were any Trustees/Directors who did not attend able to contribute to the position to be put forward by the CF and, if so, how?

iv. What was discussed at the meetings?

v. Were formal minutes, or any other written record, taken at the meetings? If so, by whom and who would be provided with copies?

54. CF and the DOH conducted a formal annual review. The agenda was set by the DOH but the CF was asked to contribute any papers it would wish to be discussed. The CEO and I attended the meetings. Other trustees were advised of the agenda for the meetings and the Chairs of the subgroups were asked to provide any comments. The agenda, from memory, covered policy and strategy, the communications from the beneficiaries, uptake of grants and our annual work plan and the use of the budget. This was an annual meeting which held the organisation to account, and was conducted accordingly for the use and benefit of the government resources. There would also be very occasional ad hoc meetings which related to policy discussions. Formal notes would have been taken by the DOH. CF would receive the outcome of the meeting in the form of a letter.

b. If the reviews were conducted without meetings taking place, please provide full details of the process.

55. Reviews were not conducted without meetings during my tenure.

Question 47. Did the CF have ad hoc meetings with the Department of Health? If so:

a. How were these meetings arranged? Could the CF call for such meetings?
b. Who set the agenda for these meetings?
c. Please describe any such meetings you know took place, including dates where possible.
d. Who would attend these meetings?
e. Were the Trustees/Directors who did not attend able to contribute to the position to be put forward by the CF and, if so, how?
f. Were formal minutes, or any other written record, taken at the meetings? If so, by whom and who would be provided with copies?

56. The CEO had regular meetings with the relevant civil servants to discuss progress and issues. On occasions and together with the CEO were asked in to discuss issues with the relevant Minister. On occasion, the deputy head of the unit/branch was invited to Board meetings to discuss certain specific issues of the DoH policy.

57. DoH or we could ask for a meeting. The agenda was set by the person calling a meeting but ad hoc issues could be raised. As I no longer have my diaries for 2013 and 2014 I cannot recall the dates of the meetings with the Minister but there were 2 of them during my time. The CEO met the department far more regularly, the invitation was usually specific to 1-2 people, but if needed others would attend. It was unusual for an agenda to be available prior to the ad hoc meetings, so it was not feasible for others who were not attending the meeting to advise. However, it was never the case to my knowledge that the other trustees would have been unaware of the type of response I was likely to provide to questions and I always reported the contents and outcome back to the Trustees. I assume, as for all Ministerial meetings, a formal note would be kept but, as is usual, a note of the issues discussed in the meeting was circulated in the form of a letter, if the Minister saw fit.

Question 48. Did the CF have any other streams or sources of funding/income other than that provided by Government during your tenure? If so, where did this come from, how much was it, and how was it managed/spent by the CF?

58. No

Financial management/governance

Question 49. Were budgets/budget forecasts made by the CF prior to the start of the financial year? If so, how were the needs of the beneficiary population forecasted? If not, why not?

59. Yes. A review was undertaken of expenditure of known beneficiary numbers to estimate what the budget requirements were. We were anxious to increase the access to the wider beneficiary community, especially those who were really suffering hardship – hence the development of the regular payment scheme.

Question 50. What was the impact on the CF when there were spikes in applications for grants?

60. The spikes started to occur late in 2014 following a successful campaign the Skipton Trust had run on our behalf, funded by the DOH. This led to pressure on the budgets and we looked to return to the DOH with an interim case for additional measures combined with the use of reserves.

Question 51. Was the CF adequately funded in your view? If not, what was the impact on the CF?

61. The adequacy of the funding was recorded in the annual financial returns. It was obvious that with an increase in beneficiaries in 2014 the resource would be stretched. We also did not have the resource to run the regular payment scheme at the level to which we aspired.

Question 52. Who decided on the level of reserves that the CF should maintain? Were you involved in those decisions? What was the justification for the level of reserves?

62. The levels of reserves had been set before I became the Chair of the organisation. The reserves were known to the DOH and our policy was that reserves should be kept to a minimal level to enable a much resource as possible to be dispersed whilst maintaining a prudent level to cover any unforeseen issues. We did have to meet our statutory responsibilities for the retention of reserves.

Question 53. Did the level of reserves impede or otherwise have an impact on the CF's negotiations with the Government for increased funding?

63. Had we had reserves that the DOH regarded as excessive then there would have been a discussion as the DOH would have expected the use of all our resources to be proportionate and used to serve cost effective outcomes.

Question 54. What, if any, steps did the CF take to cut its operational costs so as to maximise the monies available for beneficiaries?

64. The CEO was charged with looking at the effectiveness of the staffing of the organisation(s) upon her appointment. This led to changes and an improvement in efficiency and effectiveness. Additionally when the numbers of beneficiaries and their requests increased substantially, no increase in staffing was authorised. The CF was more than mindful of the need to secure as many of the resources available to it for the benefit of its clients.

Question 55. What, if any, steps did the CF take to ensure that the salaries it paid its staff were proportionate and/or commensurate with the charitable sector?

65. As I was not a trustee at the time of its conception I am unaware of the methodology used to evaluate the value of the original staffing complement and their roles. Once I came into post with the new CEO, she ensured that job evaluation took place to ensure that my new or replacement post was graded and rewarded appropriately. The salaries had been set in 2011 by the previous Board. Upon replacement of the CEO, I understand as I was not appointed as the Chair but only as Chair designate at the time, that Veredus the head hunter employed to facilitate the recruitment, also advised on the salary scale for the position, given their experience of recruitment in this field.

<u>Section 5: Identifying beneficiaries for the Caxton Foundation</u>

Question 56. Whose responsibility was it to identify potential beneficiaries for the CF? Please explain any role you had in this.

66. It was Caxton Foundations responsibility to identify beneficiaries. The identification mechanics were the responsibility of the others. The identification was difficult.

Supplementary question 4. At paragraph 56 of your statement, you state that 'The identification was difficult'. Please detail why the identification of beneficiaries was difficult.

67. Public and Voluntary Sector organizations are bound by a code of confidentiality. Beneficiaries had to make themselves known to us before we could act.

Question 57. How were potential beneficiaries of the CF identified?

68. Via advertisements, via our website, through publicity and the Hepatitis C Society. Finally in 2014 we were successful in persuading the DOH to fund the Skipton Fund to publicise our material through their mechanisms. We then had a successful uplift in the numbers applying.

Question 58. During the Caxton Foundation Partnership Group Meeting dated 28 November 2013 there was a discussion on a communication strategy to reach out to a greater number of potential beneficiaries [CAXT0000110_094, page 10]. Please explain:

a. What, if any, steps were taken to advertise the existence of the CF to recipients of Skipton Fund payments. For example:

(i) Was consideration was given to asking the Skipton Fund to contact their beneficiaries to inform them of the existence of the CF, or to request permission for their data to be shared with the CF plan to 'contact the 12-15 Haemophilia Clinical Specialists in the country to help 'advertise' Caxton to their patients' [CAXT0000109_105].

69. Yes, and this was done in 2014 through the DOH who funded the additional temporary staff for Skipton to allow them to do this.

(ii) Was the plan set out in the CF board minutes on 1 November 2012 to 'contact the 12-15 Haemophilia Clinical Specialists in the country to help 'advertise' Caxton to their patients' [CAXT0000109_105] actioned? If not, why not?

70. Prior to my appointment I understand this was done.

b. What were the barriers to contact with Skipton registrants? You may find it useful to consider the minute of the CF Board of Directors dated 7 February 2013, in which it is stated that 'direct contact with people who had received Skipton payments, in many cases years previously, was thought to carry a significant risk of data protection and confidentiality breaches, and was therefore ruled out' [CAXT0000110_003].

71. I was not the Chair until the end of the meeting on 7th February 2013. I was not privy to the advice that had been sought. However, I would consider this to be a fair statement.

c. Did the CF seek legal advice on the risk of potential data protection and confidentiality breaches. If not, why not?

72. My knowledge of the operating of the Data Protection Act is such that the explanation given in respect of the breach of confidentiality is reasonable.

d. Were any steps that were taken successful?

73. yes – see answer 57.

e. Were any other steps taken by the CF to advertise its existence and/or raise awareness of its work?

74. yes – see answer 57.

f. Could or should more have been done? If so, what?

75. I believe we could have been faster in reaching a practical arrangement with the Skipton Fund. However, a great deal of time and effort was expended between February 2013 and April 2014 on improving the service we provided to our existing beneficiaries and updating our website and in increasing our publicity efforts.

Supplementary question 5. Can you please clarify your answer at paragraph 58 (c) to the question of whether the CF sought legal advice on the risk of potential data protection and confidentiality breaches? If the CF did not, why not?

76. I can add nothing to my statement.

Question 59. The All-Party Parliamentary Group (APPG) on Haemophilia and Contaminated Blood report titled 'Inquiry into the current support for those affected by the contaminated blood scandal in the UK' [RLIT0000031] found 'many people infected with HCV, in particular, reporting that they had never heard of the CF before completing the survey'. What, if any, steps did the CF take to raise awareness in response to this finding?

77. Action- which was successful – had been taken prior to the publication of this Parliamentary Group inquiry.

Supplementary question 6. At paragraph 59 of your statement, you state that 'Action - which was successful – had been taken prior to the publication of this Parliamentary Group inquiry'. Was this action a result of the SF drive to contact registrants?

78. Yes.

Question 60. The Inquiry understands from the minutes of the Directors of Caxton Trustee Limited meeting dated 15 December 2014, that there had been an increase in beneficiaries of 40% compared with 1 April 2014 [CAXT0000076_010]. Please explain:

a. What was the cause of this?

b. What impact this had on the CF.

c. If the CF approached the Department of Health for an increase in funding in line with

the increase in the number of beneficiaries, and if so, any response.

79. See my previous responses to questions, 56-59 inclusive.

Question 61. Did the CF receive any help or additional funds from the Government in an attempt to reach out to a greater number of potential beneficiaries while you were with the CF?

80. No, not directly. The DOH, following our discussions about the difficulties in identifying potential beneficiaries, funded Skipton to publicise our services to their recipients.

Section 6: Eligibility for the CF

Question 62. Who set the eligibility requirements (i.e. what an applicant had to show in order to be accepted as eligible) for the CF?

81. The original eligibility criteria were established before I became involved with the charity.

Question 63. Were they written down? If so:

a. Was the written policy publicly available or otherwise accessible to applicants? If not, why not?
b. Where or how could individuals access it?
c. Did the Government have a view as to the publication of policies about the eligibility criteria? If so, what was it?

82. The criteria were published and posted in our communications material and information leaflets on the website. I do not know whether or not the Government had a view on the publication of such policies as this would have been a matter discussed, if at all, at the establishment of the charity. From my experience, the DoH was keen for us to ensure that we were accessing as many beneficiaries as we could, as were we.

Question 64. Were you, in your role, consulted about the eligibility requirements or otherwise involved in formulating them? If so, please provide details.

83. The only changes to eligibility criteria made during my time as Chair were in respect of the regular payment scheme – which was devised and approved by the Board and minor modifications made on the advice of the NWC. There was also some discussion about the eligibility of individuals whose circumstances had altered over time.

Question 65. What were the eligibility requirements?

84. The eligibility criteria were set out in the official handbook for the organisation. I do not have a copy. An annual census of income etc of all beneficiaries was carried out to ensure we had up to date information on eligibility.

Question 66. Were there discrepancies or differences in the eligibility requirements between the different AHOs? If so, what were they and were they justified in your view? If not, did you raise this with anyone, and if so, who and when? What was the response?

85. As the new CEO for MFT and CF Jan Barlow was able to advise CF of any differences between the application of the 2 schemes. Apart from the infections themselves I am unaware of any major issues of differentials in eligibility criteria. CF did modify and extend its criteria during my time as Chair to providing additional support to widows and were considering issues of eligibility for carers.

Question 67. Was a medical opinion required to determine eligibility? If so, from whom and what issues was it expected to address? How were applicants alerted to the requirements for medical evidence?

86. The nature of the infection was such that a medical opinion was required to authenticate origin. The opinion had to certify that the individual had contracted Hepatitis C from transfusions or other blood related procedures from contaminated blood from the NHS. Before applying applicants would have been well aware of the nature and status of their Hepatitis C infection.

Question 68. Who set the procedural requirements an applicant needed to satisfy before being accepted as eligible as a beneficiary for the CF?

87. The procedural requirements were set upon the establishment of the CF. I was not the Chair at the time of establishment so do not have the detail. The system was based on means testing and outgoings.

Question 69. What were the procedural requirements for establishing eligibility? Did they change over time and, if so, how? In answering this question please address the following:

a. Was there a burden of proof on the applicant and, if so, what was the standard and how did it operate?

88. The procedural requirements were based on:

The fact that to be eligible the individual had to have received a Skipton 1 payment and provide evidence of such. To have received this, the medical data would have already been authenticated.

b. What kind of evidence or information did an applicant have to provide?

89. See above.

c. Was there a requirement for an applicant to have evidence of receipt of blood/blood products in their medical records (even in circumstances where the NHS had lost/destroyed the relevant medical records or they were otherwise unavailable through no fault of the applicant)? If so, why?

90. This would have been an issue that would have been managed via the Skipton Fund.

d. What other documentary evidence was required?

91. See above.

e. How were the requirements for evidence and any policies on the burden and standard of proof brought to the attention of applicants before they made their applications?

92. See above.

Question 70. Were these procedural requirements written down and publicly available? If so, where were they available and how could they be accessed by applicants? If not, why not?

93. Yes – on the website and via CF's information leaflets.

Question 71. Were there discrepancies or differences in the procedural criteria between the different AHOs? If so, what were they and were these justified in your view? If not, did you raise this with anyone and, if so, who and when? What was the response?

94. CF was never formally advised of discrepancies but it uncovered some which it then addressed as far as possible from within its allocation. Differences were never formally evidence based as far as I am aware – but any such differences will have been determined upon the establishment of CF. CF was not acting uniquely to help beneficiaries – this was a functional also of the Skipton Fund.

Supplementary question 7. At paragraph 71 of your statement, on the subject of discrepancies or differences in the procedural criteria between the AHOs, you state that 'CF was never formally advised of discrepancies but it uncovered some'. Please explain what the discrepancies were and which AHOs it involved.

95. Winter fuel payments.

96. Regular Payment Schemes

97. Both administered by the MacFarlaine Trust.

Question 72. Were the eligibility requirements (both substantive and procedural) kept under review by the board of the CF? If so, how often? If not, why not?

98. Yes. These were reviewed by the NWC'tee who bought the facts to the Board to consider every 6 months.

Supplementary question 8. To ensure context and content is received correctly, could you please correct what is meant by 'the NWC'tee who' in paragraph 72 of your statement.

99. The NWC – National Welfare Committee was a committee reporting to the Board which oversaw and recommended grant system changes based on their experience of claims received to the Board. They oversaw the awarding of the grants etc on behalf of the Board.

Question 73. Who determined whether a person met the eligibility requirements to become a beneficiary for the CF?

100. Based on the polices of CF, this was the NWC.

Question 74. Were you aware of any concerns about or dissatisfaction with either the substantive or the procedural eligibility requirements for the CF? If so, what were these and what did you/the board do in response?

101. Any concerns were voiced through the partnership group or via complaints from individuals or via the NWC, The Board would consider concerns and commission work to review eg: the carers allowance and the eligibility criteria surrounding widows. When I took up the post of Chair there were considerable concerns about the speed of the process – which was addressed.

Section 7: Decisions on substantive applications within CF

Question 75. Please explain who made decisions on applications for the CF and how this changed over the time you were involved. In particular please explain:

a. When, if ever, staff employed by the CF were able to determine applications, and which staff did so.

102. There is a handbook in the papers provided explaining the process for staff approval. The welfare manager was in charge of the process overseen by the CEO.

b. Which committees were formed for the determination of applications, how they were formed, who was chosen (and why) to sit on them, how often they met, who they reported to and the process they adopted for the determination of applications.

103. NWC. Formed of 3 trustees, but it was determined that prior to my appointment as Chair all trustees could attend as observers. It met monthly although they dealt with urgent requests via a "round robin" process. They reported to the Board. Any trustee was eligible to be appointed; they had to have the time to undertake their responsibilities and not be the chair of audit. The process is available in the documents of CF – a copy of which I do not have.

c. Which (if any) decisions on individual applications were made at board level and why?

104. All decisions on funding were received by the Board via the NWC. On very rare occasions I as Chair was asked to take Chairs action on the recommendation of the NWC or via the CEO. A full justification was required for such an application. If the NWC was unable to come to a conclusion, the issue came to the Board.

d. Which if any decisions required your approval as Chair of CF? You may wish to refer the notes of the CF National Welfare Committee meeting, dated 23 May 2013 [CAXT0000084_003] in which it was stated that the grant of up to £20,000 towards an extension to a PB's property was agreed, subject to planning permission being obtained and approval from yourself.

105. See above.

Supplementary question 9. At paragraph 75 (c,d) of your statement, you state that 'On very rare occasions I as Chair was asked to take Chairs action on the recommendation of the NWC or via the CEO'. Could you please provide examples of where you took action as Chair.

106. I have no records to which I can refer. The action would have been recorded in the official Caxton Foundation files.

Question 76. Please explain whether the CF developed written or unwritten policies for the determination of applications. If so:

a. Who developed these? Were they publicly available? If so, where were they available?
b. Was any expert (medical or other) advice sought to inform those policies? If so, what advice? Please give examples.
c. Were the views of the beneficiary community taken into account when setting the policies? If so, how was this achieved? Please give examples. d. Please describe the policies.

107. The policies were determined prior to my appointment; I suggest you ask the former Chair. The policies were published.

Question 77. What were the procedural requirements an applicant had to satisfy when making an application for a grant? Who set these requirements? In particular:

a. What was the burden and standard of proof for such applications?

108. The procedural requirements were set down in the policies which were on the website and in the literature of the CF. The procedures were reviewed by the CEO, particularly in respect of timescale, and the NWC, in respect of retrospective requests. The staff in the

office were available – and willing – to provide advice to potential beneficiaries. This happened frequently.

b. Were the procedural requirements reviewed? If so, by whom and how often? What were the outcomes of those reviews?

109. See above.

c. Were you aware of beneficiaries who were unable to satisfy the procedural requirements such as providing supporting documentation? What if any adjustments or provision were made for determining such applications?

110. If there were concerns that paperwork was not available they would be advised; the NWC would take this into consideration in reviewing the request and ensure that they were helped as much as possible.

Question 78. What proportion of applications were granted (wholly or in part) and what proportion were refused?

111. I have no longer access to this information. It will be included in the annual overview of the organisation.

Question 79. Were reasons for refusing an application provided to an unsuccessful applicant?

112. Yes.

Question 80. Was there a procedure in place to consider applications made on an urgent basis? If so, what was that procedure? If not, why not?

113. Yes – it is included in the policies. Retrospective payments were also part of the policy.

Question 81. Please explain the use of 'round robins' to make decisions on grant applications. In particular:

a. If there was a written down policy in place.

b. The circumstances under which a decision was made via round robin rather than in a NWC meeting.
c. How the authority to make decisions in this way was delegated.
d. If decisions were given the same level of consideration when taken via the round robin system.

114. The 'round robin' system was in place when I became the Chair. It was used to deal with applicants that were urgent – usually determined by the welfare manager and CEO.

In view of the concern of the Board about timelines it was important that there was a way to expedite decisions in such circumstances. The operating of the system was described in the general policies. Authority was delegated via those policies from the Board to the members of the NWC. The decisions when made came back for noting to NWC, they received an equal measure of scrutiny.

Question 82. Please explain the process of handling emergency grant requests. In particular:

a. Any policies that were in place.

115. Polices were in place to cover the process. The definition of 'emergency' is in the policies.

b. What was considered an 'emergency', including any definitions that were used.

116. See above.

c. The length of time taken for emergency grants to be processed, and whether you were satisfied with this processing time.

117. The emergency grants were processed as quickly as possible. Timing was always a concern to the Board so we did try to ensure that the requests were moved on as quickly as possible. However we still had to apply the agreed eligibility criteria.

d. Whether there was a concern that having an emergency procedure would lead to it being abused by beneficiaries. If so, what was the basis for the concern? You may wish to refer to the emails [CAXT0000097_016 and CAXT0000097_017] when answering this question.

118. It was always a concern to the Board that the eligibility of a beneficiary was secured and that they had provided the evidence required of them or gave an acceptable reason why that was not possible before a grant could be approved.

e. Whether beneficiaries were aware of such guidelines/policies relating to emergency requests.

119. yes.

f. The percentage of emergency grant requests that were accepted and declined.

120. I do not have access to these data.

Question 83. The Inquiry understands that the CF engaged Debt Counsellors and Benefits Advisors such as Jayne Bellis and Neil Bateman. As to this:

c. What was the selection and appointment process for these individuals?

121. The counsellors were appointed and selected by the Board/ CEO prior to the appointment of either myself or the new CEO.

122. The beneficiaries who were referred were those who either sought access to the advice or those who the NWC considered would benefit from advice. Many took up this offer.

123. Information was available to beneficiaries about the function of the advisors and that they were there to be used. The NWC could also ask that certain clients should be referred to them in connection with their applications, especially if the clients made frequent applications which could indicate that advice on management and benefits would be helpful.

d. What were the terms on which they were engaged?

124. See above.

e. Which beneficiaries were referred for these services? Was there criteria against which this decision was made? Were these available to beneficiaries?

125. See above.

f. Please describe what would happen when a beneficiary would be referred to a Debt Counsellor/Money Management Advisor.

126. See above.

g. What information was provided to the Advisors about the beneficiaries? What consent was obtained for this? Please see the letter from the Contaminated Blood Campaign to the Charity Commission dated 17 April 2013, which includes concerns on beneficiary confidentiality when referrals were made to the benefits advisor [CAXT0000110_010] on this issue.

127. A consent form would be sent for completion by the potential beneficiary prior to any referral (see reference January 13th NWC) The CF would already have received the basic means tested information and the CF would receive information with agreement from the beneficiary in order to make a decision.

h. What were the provisions about the confidentiality of the information the beneficiary provided to the Advisor? For example, did the CF expect to be provided with all the financial information provided to the Advisor.

i. Was the provision of assistance for a beneficiary contingent on them accepting

advice from such advisors?

128. No.

j. What would happen if a beneficiary refused to engage with the Debt Counsellor/Money Management Advisor. You may find the correspondence at [CAXT0000097_017] of assistance.

129. The NWC then had to process the information and make a decision based on the known facts.

Supplementary question 10. Can you please provide an answer to question 83 (h): What were the provisions about the confidentiality of the information the beneficiary provided to the Advisor? For example, did the CF expect to be provided with all the financial information provided to the Advisor.

130. The advisors were secured for the benefit of the beneficiaries rather than Caxton Foundation. The provision of their advice was to try to secure additional support – in advising on the management of debt or in accessing additional benefits. The NWC would make a judgement based on the application. The CF would have the financial information already on file as part of the annual census. Any changes would be included in the application.

Supplementary question 11. At paragraph 83 (g) of your statement, you refer to 'EF'. To ensure context and content is received correctly, can you please identify 'EF'.

131. Apologies, I meant CF.

Supplementary question 12. At paragraph 83 (i) of your statement you answer 'No' in response to whether the provision of assistance for a beneficiary was contingent on the beneficiary accepting advice from Money Management Advisors/Debt Advisors. However, on page 2 of an email chain of which you were in copy [CAXT0000097_017], Charles Lister writes 'Agreeing a grant for these repairs (assuming they are not covered by insurance) does not change our request that he discusses his financial situation with Jayne before we will consider other grants', which is then reinforced on page 1.

a. **Please explain how much influence the refusal to engage with a Money Management Advisor would have on decision making?**
b. **Were there criteria for what constituted 'repeat support', and/or a threshold given by which to assess acceptable levels of income and expenditure? You may also wish to refer to page 3 of the minutes of the Caxton Foundation Partnership Group meeting held 28 November 2013 [CAXT0000110_082] when providing your response.**

132. As far as I can recall, this would depend upon the beneficiaries circumstances and the frequency with which they applied for grants/resources.

133. If a beneficiary was a very frequent applicant, dependent on their circumstances the NWC would decide that some benefits or debt advice might help their general wellbeing

and ability to manage more effectively, in the interest of not creating dependency. The Caxton Foundation was required to account for the probity and effectiveness of the use of public funds by DOH.

134. As for the particular case you quote, in the interest of client confidentiality, I believe I should offer no further comment, other than that expressed by Charles Lister in his email of 20th January 2014.

Question 84. What practical support or assistance was given to applicants to help them in making applications?

135. There was information provided and the staff were also available to provide advice.

Question 85. Please set out the number of beneficiaries/applicants assisted by the CF during the time you worked there.

136. I have no access to this data.

Financial assistance provided by the Caxton Foundation

Question 86. Please describe:

a. What regular payments were made to beneficiaries and how they were assessed/quantified.

137. The paper presented to the Board contains the detailed thinking about the rationale and mechanics of the regular payments scheme. The assessment was made based on the income details provided by potential beneficiaries. The vice chair as chair of NWC and I were concerned that many people on very low incomes were applying for grants only sparingly. We considered that it was possible that those most in need were not accessing the required care and support.Additionally we believed, together with the Board, that wherever possible – given that debt and benefits advice was available – a regular payments scheme would allow beneficiaries the freedom to choose more effectively and make better decisions about their lifestyle.

b. What lump sum payments were made to beneficiaries and how they were assessed/quantified.

138. You can see from the paper approved by the Board the level to which the Board ascribed. However because the business case was rejected by DOH the Board had to limit the support that could be provided.

c. What payments or grants were made for specific expenses or items and how they were assessed/quantified.

139. Within the regular payments scheme specific items unless exceptional or substantial were not to be considered. However with the lowering of the rate of support, this was suspended.

Question 87. Did the success or otherwise of an application depend on the number of applications made per year or was each application considered on its merits, irrespective of the overall demand on the fund?

140. No – there was a level playing field.

Question 88. Please advise how the amount of financial assistance per beneficiary was awarded? In particular:

a. Was there any policy regarding the amount of financial assistance that could be awarded to a beneficiary. If so, please provide details as to how financial assistance was awarded and whether you considered the policy to be equitable?

b. Was there a maximum and/or minimum level of payments that could be awarded? If so, how was this level decided and who was this set by?

141. If you are referring to the direct payments scheme then the details are contained in the Board Papers. For those not in receipt of a regular payment then there was no limit and applications were considered on their merits. The details of maximum individual awards at that time are contained within the agreed policies.

Question 89. Did the CF ever consider the amount of money previously given to an applicant when determining each application? If so, why?

142. No – each application was reviewed/considered on its own merit.

Question 90. What was the percentage of applications that were successful per year?

143. I no longer have access to this data.

Question 91. The Inquiry understands from the CF Welfare Strategy and the principles agreed at the Board meeting dated 1 September 2011 [CAXT0000062_069] and discussed at the NWC meeting dated 21 September 2011 [CAXT0000062_003] that at its inception the CF's 'top priority' was 'the relief of poverty for primary and secondary beneficiaries, regardless of how they became poor' [CAXT0000062_069]. Did this remain the CF's top priority during your tenure? Were there any changes to this principle? If so, what, why and when?

144. Although the wording of this statement is rather "Victorian" in my opinion the object remained to help whenever possible people in need as consequence of NHS administered Hepatitis C infected blood.

Question 92. Please provide your view on regular payments and the assessment of a poverty threshold. Please also explain any involvement that you had in the development of the CF regular payment scheme. You may wish to refer to the following documents:

• Report from Charles Lister and Jan Barlow to the Caxton Trustee Ltd Board meeting 1 August 2013 re: Options for a Caxton Top-Up Payment scheme [CAXT0000110_047].
• Report from the Deputy Chair and Chief Executive of Caxton Trustee Ltd to the Board meeting 19 November 2013, re: Regular payments scheme [CAXT0000110_072].
• Minutes Part B of the Board of Directors of Caxton Trustee Limited meeting held 19 November 2013 [CAXT0000110_087].
• Report from Charles Lister and Jan Barlow to the Caxton Trustee Ltd Board meeting 26 February 2014, re: regular payments [CAXT0000110_088].
• Report from the Chief Executive and Director of Operations to the Caxton Trustee Ltd Board meeting 15 December 2014, re: Regular Payment Scheme [CAXT0000110_145].
• Report from the Chief Executive and Director of Operations to the Caxton Trustee Ltd Board meeting 26 February 2015 regarding regular payment scheme [CAXT0000111_024].
• Minutes Part B of the Board of Directors of Caxton Trustee Limited meeting held 26 February 2015 [CAXT0000111_017].

145. I have described my vision in respect of the regular payment scheme in other answers. I was concerned that people who might in considerable need might not be applying for or acquiring the support to which they could be entitled to. I was also considerned that making individual grants for individual items was not a mature approach to helping potential beneficiaries. The vice chair and I were determined to persue this objective. I asked him to undertake some research into poverty levels – speaking with the Rowntree Foundation etc – and then bring a paper to the Board. We were naturally disappointed that our bid to the DOH had failed – it was resubmitted for consideration in 2015 – we had to reduce our aid to 70-% of income.

Question 93. Please provide details of the steps taken towards implementing a Regular Payment Scheme for beneficiaries. In particular describe the efforts made with the Department of Health to fund this.

a. What was the Department of Health's response to the business case for increased funding for the CF from 2014/15 for a regular payment scheme [AHOH0000001]?

b. What justification was provided to the CF for declining the business case? In particular, given the Department of Health's desire for 'read across' between the Macfarlane Trust and the CF, what was said about the fact that the Macfarlane Trust had such a scheme?

146. Please see answer 92 and other answers relative to the regular payments scheme.

Supplementary question 13. In relation to steps taken towards implementing a Regular Payment Scheme could you please provide a specific answer to question 93 (b): What justification was provided to the CF for declining the business case? In particular, given

the DoH's desire for 'read across' between the MFT and the CF, what was said about the fact that the MFT had such a scheme?

147. I was not aware that the DOH had expressed such a desire.

148. The justification is contained in the DOH letter dated 19th February 2014. The reason given was "Ministers have decided that this is not the right time for an uplift in allocation whilst they continue to consider how best to address a range of issues about the system of support available for those affected by contaminated blood"

Question 94. When did the Caxton Foundation introduce a regular payment scheme to support beneficiaries on lower incomes? How was this publicised?

149. Publicised on the website, and in our literature and to all our beneficiaries, as far as I can remember it was introduced late in 2014/early 2015.

Question 95. Did the Regular Payment Scheme achieve its objectives? Please refer to the following documents in your response:

• Report to the Caxton Trustee Ltd Board meeting 26 February 2014 where it is noted that the revised proposal 'would not achieve our original objective of raising all our clients above the poverty threshold but it would still provide some additional income' [CAXT0000110_088].

• Minutes Part B of the Board of Directors of Caxton Trustee Limited meeting held 26 February 2015 which state 'a number of beneficiaries would still have a household income below the 60% median income/poverty line after the payment for 2014/15' [CAXT0000111_017].

150. I am afraid I left as Chair before the evaluation of effectiveness could take place. As detailed in the minutes we could not pay at 100% because of a shortage in funding.

Question 96. The minutes of the Board of Directors of Caxton Trustee Limited meeting held 19 November 2013 [CAXT0000110_087] recorded that the business case to the Department of Health was to 'exclude Skipton Stage 2 regular payments from calculations of household income'. The report prepared for this meeting states that 'Stage 2 regular payments are made in recognition of advanced illness and are non means tested. It could be argued that including Skipton 2 payments in our calculation of household income would discriminate against this group of clients. MFT exclude MFET payments from their calculations of household income' [CAXT0000110_072]. Please explain:

a. Why the Regular Payment Scheme that was put in place included Skipton Stage 2 payments in the calculation of household income.

b. If you agreed with the way household income was calculated for the Regular Payment Scheme.

151. The CF did not wish to include Stage 2 Skipton payments for the reasons given. However, as you can assess from the papers presented by the CEO to the Board in February regarding the new scheme that, bearing in mind the increase in numbers of potential beneficiaries, we did not have sufficient resources to fund this scheme as we wished. It was with great reluctance that we included Skipton II payments. The household income was the formula calculation used for all potential beneficiaries.

Question 97. Why did the CF have to reduce its support to beneficiaries in 2014? In particular:

a. What was the level of reduction?

b. What caused this?

c. How was the decision made?

d. What if any representations were made to the Government to increase funding?

e. What was the response?

152. If you mean our intended support for the regular payments scheme, this was because we had to balance our budget – which was subject to stress due to the successful recruitment of additional potential beneficiaries. Our business case for the scheme had been turned down by the DOFH. No other restrictions were made.

Question 98. Please explain the process followed when amending the Office Guidelines. In particular, please explain:

a. Any evidence used to support decisions.

b. Any consultation on potential amendments.

153. The process for approval of changes is contained within the policies. From what I can remember, changes were suggested following regular reviews and updates of the applications to ensure the least amount of bureaucracy was applied to the process and, where proportionate, decisions could be included in the office guidelines and delegated. Many of the changes arose from the reports made by the NMC and from comments emanating from beneficiaries. The NWC annually reviewed all guidelines on behalf of the Board.

Question 99. To the best of your ability, please explain the decision to remove support for assisted conception in 2013. Did you agree with this decision? If not, why not? Please explain your answer. You may wish to refer to the minutes of the NWC meeting held 6 March 2013 [CAXT0000081_002].

154. I do not recall this decision being made and never saw any evidence upon which such a decision was made.

<u>Retrospective grant policy</u>

Question 100. Please explain the CF's retrospective grant policy, in particular:

a. The circumstances that led to a change in policy.

b. If there was consultation on potential changes to the policy, and if so, with who?
c. If there was an explanation provided to beneficiaries on the 'exceptional circumstances' where retrospective grants may be agreed.
d. How this policy was communicated to beneficiaries.

e. If there was written down guidance that the NWC followed when exercising discretion in relation to retrospective grants.

155. Retrospective grants were not usually awarded during the time I was Chair as it was difficult to establish a charitable need if someone had already purchased an item using resources available to them. However, exceptions were made for urgent cases – i.e. where a purchase or expense is so necessary that it cannot wait. The rules were slightly different if a grant is applied for the first time retrospectively. (report to NWC from CEO and Dof Ops 10 December 2015)

Loans policy and debt support

Question 101. What was the CF's position on issuing loans to beneficiaries? In particular:

a. Did the CF receive requests for loans from beneficiaries? If so, how were these requests managed?
b. Did the CF ever reconsider whether loans should be issued to beneficiaries, or in fact issue any secured or unsecured loans?
c. What was your view on the MFT's policy of issuing loans to beneficiaries?

156. The approval had been agreed prior to my appointment.

Supplementary question 14. At paragraph 101 of your statement, you state that 'The approval had been agreed prior to my appointment'. Can you please advise whether during your tenure, the CF provided loans to anyone? If so, please provide details.

157. The Caxton Foundation was established to provide grants to those in need; they were not repayable. I can only recall one instance – detailed in the NWC minutes of 10th July 2014 – when the provision of a loan was discussed in detail; on that occasion a grant was provided to aid the establishment of the business. The Caxton Foundation helped beneficiaries with grants to cover loans.

Question 102. Please explain how the NWC decided the general approach to debt relief. In particular:

a. Any consultation on this approach.

b. If the approach was communicated to the beneficiary community.

158. As can be seen from the minutes of NWC, debt relief was frequently considered. An interview with the debt advisor was required; the relief of debt, upon their advice, was usually agreed. The approval had been agreed prior to my appointment.

Question 103. Was the CF Board of Directors more sympathetic towards beneficiaries with debt issues than the NWC?

159. This would be a wholly subjective view – the NWC would always be asked for the explanation of their decision and the evidence on which it was based. Any such discussion would take place openly within the Board, and the decision, and any discussion, noted in the minutes.

Question 104. You may wish to refer to the minutes of the NWC meeting 8 July 2013 [CAXT0000110_039] to assist in responding to this question relating to mortgage assistance. Please explain:

a. Why it was 'difficult to create criteria that would be fair to all requests'.
b. The 'worry about creating dependency'.
c. Were the set of principles to aid decisions on mortgage debt agreed? If so, what were they? If not, why not?

160. The Committee, mindful that they were trying not to create dependency, discussed this on a number of occasions. However, I do not recall this being presented back to the Board. Some of the considerations however would have been the potential stresses on the budget caused by general mortgage payments.

Question 105. It was suggested in the report to the Board 19 November 2013 in relation to what constitutes a widow/widower that the CF 'might like to consider having a policy where it would no longer support someone in this category once they had been living with a new partner for 1 or 2 years, or once they remarried' [CAXT0000110_072]. Please explain:

a. Why this was suggested.

b. If this definition was adopted.

c. Whether the CF sought any legal advice as to the lawfulness of such a policy? If so, what was it?

161. This was a reasonable matter to consider – in order to determine whether or not the recipients life and health circumstances had altered substantially. The Board did not consider it reasonable to continue to support an individual, to the detriment of others, whose financial circumstances had changed positively and now was outside the scope of the grant making abilities of the charity. The CF funds were not a means of compensation for past distress and difficulties but were to support people and where relevant their dependents who had been adversely affected by their acquired infection.

Supplementary question 15. In relation to the definition of a widow/widower, a report to the Board suggested that the CF might 'might like to consider having a policy where it would no longer support someone in this category once they had been living with a new partner for 1 or 2 years, or once they remarried' as discussed on 19 November 2013 [CAXT0000110_072], could you please provide more details to your responses to questions 105 (b-c).

b. Was this definition adopted?

c. Did the CF seek any legal advice as to the lawfulness of such a policy? If so, what was it?

162. The NWC frequently changed its recommendations for policy as experience in reviewing cases increased and trends became apparent. You will note from the NWC the number of occasions on which the Committee adjusted and delegated grants to the "office" team under guidelines.

163. Concerning the definition of widow/widower as far as I can recall, it was adopted – in line with the evidence from other grant giving organizations. I cannot at this time distance recall seeing any legal advice but I would have expected legal advice to have been obtained before making this recommendation.

Non-financial Support

Question 106. What if any non-financial support was available to eligible beneficiaries of the CF? Was the availability of non-financial support made known to the potential beneficiaries, and if so, how?

164. Non financial support, Confidential Counselling advice was available as was debt counselling and benefits advice.

Section 8 – Complaints and Appeals

Question 107. Was there an appeal procedure for the CF? If so, which decisions could be appealed, what was it and how did it operate? Who determined the appeal and were they the same staff who made the original decision? In particular:

a. Was there a right to give evidence or make representations in person?

165. The appeals process is contained within the policies. Logistically it would have been difficult to appeal in person – people had the right to be advised in constituting their appeal if they wished.

b. Was a representative permitted to accompany the applicant?

166. See above.

c. What was the standard of review or appeal applied?

167. I am not really clear about your intention in using the word "standard". Please clarify.

d. What was the criteria for members of review or appeal panels? Was the original decision-maker permitted to be present or make the decision on review/appeal?

168. There was never just one decision maker. Those who were part of the review panel had to ensure that they balanced all the tasks presented, including additional representation, to either endorse or overturn the original decision.

e. Were written reasons provided?

169. Yes. See above.

f. Were there any time limits or fees for the bringing of a review or appeal?

170. No

Supplementary question 16. At paragraph 107 (c) of your statement, you state 'I am not really clear about your intention in using the word "standard". Please clarify'. I am seeking to clarify whether the appeal process was a review of the initial decision, or a wholly new reconsideration of the application?

171. The Appeals process took the form of a review of the data which had been presented to justify the claim plus any additional information received to justify the claim.

Supplementary question 17. Could you please answer question 107 (d). In any appeal procedure, was the original decision-maker permitted to be present, and/or involved in considering the review/appeal?

172. The appeal was heard by the NWC – who were the original decision makers. Any subsequent appeal was heard by the full Board.

Question 108. How common was it for decisions to be appealed? How many appeals were you aware of being launched during your tenure? How frequently did appeals succeed?

173. I cannot provide the data you request as I have no access to the information. Many "appeals" succeeded because the information requested was produced and authenticated. The NWC would, when the correct information which would justify a claim, was absent, ask for the information, rather than declining the claim and deferring the application.

Question 109. Was there a complaints process? If so, how did it operate?

174. The complaints policy is included in the policy documents. It was available on the website and also in CF literature.

Question 110. How common was it for the CF to receive complaints? How many complaints were you aware of being made during your tenure? How frequently were complaints upheld?

175. See above.

Supplementary question 18. Could you please answer question 110 - how common was it for the CF to receive complaints? How many complaints were you aware of being made during your tenure? How frequently were complaints upheld?

176. The number of complaints was variable both in frequency and in degree of concern. I did not oversee the complaints process – that would have been the responsibility of the CEO, but the Board acted on any trends that emerged, when validated. The complaints register will form part of the documentation available from Caxton Foundation. Many of complaints about timelines were upheld – hence the changes in practice that were instituted. Some beneficiaries made frequent complaints – these will be detailed in the records to which I have no access.

Question 111. What information was provided to beneficiaries about the appeal and complaints procedure?

177. As an unwritten additional channel for complaints they could, and did, write to me outlining their concerns and these then would be actioned in line with the policy. 4/5 of the more vociferous complainants took this route.

178. The basic principle for the CF Board was that the scheme that was established to effect was clear and operated effectively and transparently against the criteria adopted. We had to ensure that we were not acting unfairly but within the rules, which included means testing and on some occasions as can be seen in the NWC minutes, by requiring a claimant to seek debt counselling advice. We were on the one hand anxious to avoid dependency and on the other very keen to ensure that those in the greatest need were supported effectively, hence the establishment of the regular payments scheme and winter fuel allowances.

Section 9: Engagement with the beneficiary community

Question 112. What steps did the CF take to engage with and understand their beneficiary community?

179. When appointed as Chair I was surprised to find that there was no acknowledged formal contact with representatives of the beneficiary community.

180. This I rectified by establishing the partnership group in June 2013.

Question 113. Did the CF set up any groups or meetings involving the beneficiary community? If so:

a. What was the purpose of the groups/meetings?

181. As stated in the minutes of June 2013, the purpose was to help make the organisation more effective in supporting its clients and developing the services and to check that the strategic direction of the organisation was sound.

b. How often did they take place?

182. With agreement the meetings took place twice a year.

c. Who set the agenda?

183. The agenda for the first meeting was set by the CF; items for the agenda could be suggested by all participants and members could raise issues at the meeting if they wished.

d. Who attended the meetings and how were the beneficiaries selected for these meetings?

184. The people who attended the meetings (or were invited to do so) were the CEO's of the 2 societies and representatives from the main campaign group, the Manor house groups, Tainted Blood and the Contaminated Blood campaign. Membership was extended to include a widows representative, and the CEO's of the Scottish Societies. Membership was further extended by inviting onto the group those beneficiaries who had applied to be a beneficiary representative trustee on the Board of CF who had been unsuccessful but had expressed a real desire to aid the CF and become members of the partnership group.

e. What impact, if any, did these have on the way the CF operated?

185. It allowed CF to consider how we could change our processes and what types of communications would help overcome some of the barriers described by the beneficiaries. On the back of suggestions received we undertook a full survey to get the news of all beneficiaries, not just those who were leading the campaign groups. We also asked Alan Rooke – who was a trustee and a specialist in communication to advise. This he did – and some of his suggestions for improvement were implemented – I do not have a copy of this report so I cannot advise on exact detail – but many needed an investment in workforce and outlay which could not be afforded at that time.

f. Were there any problems encountered in the running of the group/meeting and how were they handled?

186. There were problems but these were not unexpected. Three things concerned me mostly – firstly, the memberships was very tight and I was not convinced that the full views

of the beneficiaries could be considered or heard; secondly I was concerned that those with a moderate approach to meetings might be intimidated or feel disabled to speak in the presence of individuals who were very assertive; thirdly I was deeply disappointed that one of the members chose to record the meeting without the knowledge or permissions of others. Such an approach to me indicated a lack of trust but without prior approval of all present was also against the Data Protection Act. This had to be challenged at the next meeting and because of some continuing poor behaviour we had to agree a code of conduct for the meetings (November 2014). Having to take such measures is not the way I choose to conduct meetings but it was necessary.

Supplementary question 19. At paragraph 113 (f) of your statement, on the subject of groups or meetings involving the CF beneficiary community, you state that 'I was not convinced that the full views of the beneficiaries could be considered or heard'. Could you please explain what steps were taken to ensure the voices of those beneficiaries were heard?

187. We instituted a different communications policy and regional meetings and widened the membership of the beneficiary community to include interested individuals who had applied for the position of Trustee with lived experience. We also instituted a code of conduct for the partnership group meetings.

Question 114. What was the relationship between the senior management/board of the CF and the beneficiary community? Could this have been improved in your view? What steps did you take to improve the relationships?

188. The relationship varied amongst the groups – largely being helpful and supportive on the one hand with the majority of groups and beneficiaries, to being the subject of hostility and aggressive behaviour against the staff from a very small but vociferous minority. The less bureaucratic, the more timely and the more helpful the staff became, the more the beneficiaries responded positively. My comments exclude the very aggressive behaviour exhibited by a very few beneficiaries and leaders.

189. The CEO was responsible for the behaviour and demeanour of the staff and their approach – and this improved with training and better management.

190. I was responsible for the openness of the Board and their collective response to the concerns of the beneficiaries.

Question 115. It was stated in the minutes of the meeting of the Macfarlane Trust / Caxton Foundation liaison committee, dated 19 December 2012 that CF needed considerable improvements in its communications with beneficiaries, and that this could be improved by the recruitment of a trustee with professional experience in this area and a change of 'culture' in the office [MACF0000024_008].

a. What were the issues with communications?
b. Please discuss the measures that were taken to improve CF's communications with its beneficiaries?

191. I have no knowledge of the evidence on which this statement was made but upon taking up my position on the 7th February 2013, I investigated the matter with the CEO to ascertain the root cause of the problem – and to deal with it. I recruited a Trustee with experience in communications to help with the development of our strategy for comms going forward.

Question 116. On 17 March 2014 an email was received from Blackrook Media outlining a proposal to look at the communication issues at Caxton [CAXT0000110_091].

a. What spearheaded the decision to engage a media consultant? b. What, if any, criticisms did CF have in mind when considering it might need a PR strategy? If any, by whom had they been made?

192. He was not engaged as a media consultant – he was a trustee who undertook a review for us – pro bono - into improving communications. The Board, as described previously, were concerned about reputation, timelines of response to clients and information generally.

193. As a consequence, and within the time frames agreed, the website was updated and expanded and general literature reviewed, a national/regional beneficiaries event was to be organised but poor behaviour of a small number of beneficiaries caused this to be delayed although we did hold a couple of regional/more open meetings. The survey was undertaken and a new director of operations was appointed whose remit included the requirement to improve effectiveness and communications.

Question 117. At the Caxton Trustee Limited Board of Directors meeting held 25 April 2014 it was agreed that implementation of the principles contained in the Blackrook Media proposal were premature [CAXT0000110_108]. Please explain whether the principals in the proposal were later progressed, and if so, how.

194. See above.

<u>Section 10 – Relationships with other organisations.</u>

Question 118. What involvement or interactions did the CF have with the Haemophilia Society?

195. The Haemophilia Society's CEO was part of our partnership group. Both the CEO and I met with both the Haemophilia Soc CEO regularly although our contact was not as frequent as with the CEO of the Hepatitis Trust, which is understandable.

Supplementary question 20. At paragraph 118 of your statement, you refer to 'The Haematology Society'. To ensure context and content is received correctly, please confirm if you are referring to The Haemophilia Society?

196. Sorry for the error – I mean the Haemophilia Society.

Question 119. Please describe the working relationship between the CF and the Haemophilia Society. Were you aware of any difficulties? If so, what were they, how did they impact on the running of the CF and how if at all, were they resolved?

197. No difficulties in the Haemophilia Society CEO relationships were highlighted to me. However, Liz Carroll did not join the Partnership Group until August 2014 – the previous CEO and interim CEO had attended before that time.

Question 120. With reference to the minutes of the Board of Directors of CF dated 26 February 2015, a letter from Liz Carrol which included false allegations against Roger Evans and Jan Barlow was discussed. With regards to this issue, it is noted that you felt that 'Caxton had no choice but to suspend relations with the Haemophilia Society for the time being' [CAXT0000076_008]. Please explain:

a. Why was this approach taken?

b. How long were relations suspended between the Haemophilia Society and the CF?
c. What impact did this period of ceased relations have on potential beneficiaries?

198. The CEO reported to the Board of Directors of CF that the CEO of the Haemophilia Society had sent a letter to the Minister copied to other MPs containing allegedly false allegations against the Chair and CEO of MFT – who was also the CEO of CF. A legal opinion had been sought by MFT which advised JB not to attend any meetings with Liz Carroll until the matter was resolved. In the light of this advice and as a liaison meeting was due to be held shortly afterwards, I had no alternative to suspend our relationship with the Haemophilia Society as these were conducted in the main by the CEO and the Director of Ops. I was no longer Chair when the matter was resolved.

199. There would have been no impact on our potential beneficiaries.

Question 121. During your tenure with the CF, were there any directors/trustees who were also trustees of the Haemophilia Society? If so, please give details. Did this have an impact on the relationship between the two organisations? Please give details.

200. No.

Question 122. What involvement or interactions did the CF have with the UK Haemophilia Centre Directors Organisation?

201. I have no knowledge about the relationship between CF and the UK Haemophilia Centre Directors Organisation excepting our communication with them seeking their help in publicising the CF schemes.

Question 123. Please describe the working relationship between the CF and the UK Haemophilia Centre Directors Organisation. Were you aware of any difficulties? If so, what were they, how did they impact on the running of the CF and how if at all, were they resolved?

Question 124. Please describe the relationship between the CF and the Contaminated Blood Group. Were you aware of any difficulties? If so, what were they, how did they impact on the running of the CF and how if at all, were they resolved?

202. The CF made every effort to establish and maintain sound co-operative relationships with the Contaminated Blood Group. (I assume that you will be aware of the circumstances surrounding its establishment.) Relationships with the collective were as might be anticipated – namely robust, challenging but on the whole, helpful. However the relationship with GRO-D was very difficult GRO-D

GRO-D

203 GRO-D

Question 125. With reference to a letter from the Contaminated Blood Group to the Charity Commission, criticism is raised relating to confidentiality of information. It is noted that the charity 'breached beneficiary confidentiality by giving medical and other personal information to a third party without the knowledge or permission of charity beneficiaries' [CAXT0000110_010].

a. Please comment on this and provide details of what, if any, breaches the CF made?

204. The complaint was brought to CF's attention shortly after I was appointed as Chair. It was investigated and reviewed by the CEO and the policies in respect of Data Protection were updated and tightened.

b. Were any measures taken by the CF to prevent future breaches?

205. See above.

c. In your role as Chair of the CF, were any further criticisms regarding confidentiality breaches received? If so, please give details and set out what was done in response.

206. I was not aware of any further breaches or accusations of breaches.

Question 126. Please list any particular clinicians you were in regular contact with during your work with the CF.

207. Non formally except clinicians in the DOH Blood Team who either came to the Board meeting, at our request, to outline emerging policy or who were present at our review meetings. One of our trustees was a clinician - Howard Thomas – and he was helpful in describing to us the medical consequences of Hepatitis C and what new treatments were on the horizon. However, his primary function on the Board was as a trustee.

Section 11: Reform of the CF

Question 127. Please provide details of any consultation or reform process you were involved in, in respect of the CF.

208. As detailed in the answers previously given, the new CEO and I considered the administration of the CF was not as effective as required to service the needs of the beneficiary population, neither were its communications with the beneficiary community as effective as needed. The Board itself needed new trustees, following a number of resignations, and we were clear about the skills and experience needed that we thought would enhance the operating of the Board.

Question 128. What was your view of the changes made to the CF as a result of the Archer Inquiry?

209. The Archer inquiry took place in 2009. The CF was not established until 2011. My understanding was that it was established as a consequence of the Archer Inquiry.

Section 12. Other.

Question 129. Do you consider that the CF was well run? Do you consider that it achieved its aims and objectives? Were there difficulties or shortcomings in the way in which the CF operated or in its dealings with beneficiaries and applicants for assistance?

210. Please refer to other answers. I believe that the appointment of the new CEO in 2013 made a considerable difference to the operating of the organisation, including the appointment of new staff.

Question 130. Please provide any other information and or views you may have that is relevant to our Terms of Reference.

211. Thank you for providing me with the opportunity to give evidence to the inquiry. I have tried to answer your questions as fully and as accurately as I am able and I am grateful to you for the information you sent to me. I have retained no private notes, papers or diaries relating to my 2 years as the Chair of the Caxton Foundation. Some questions however proved to be difficult for me to answer as they required an in depth knowledge of the minutiae of the administrative practices of the organisation which lie outside the remit of any Chair. I am sure that the former CEO will be able to answer these questions with accuracy.

212. My considered opinion is that, during my time as Chair, CF took steps to improve the services it offered to potential beneficiaries and to address the problems of those who were most disadvantaged as a result of their condition. The trustees and I were very mindful of the applications that were submitted and took steps where we could to amend and update the rules to allow for a more flexible approach to the rules and requests.

213. The Foundation also took steps to engage appropriately with representatives of the beneficiaries and with other Charities to gain a better understanding of the issues they faced and to try to find solutions.

214. We were never in a position to pay compensation to people affected by Hep C caused by the administration of infected blood nor to respond to any issues of liability. Within the limitations of the establishment orders CF made every effort to meet its responsibilities.

Statement of Truth

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

Signed GRO-C

Dated 10/02/2021