



## Paper 1

<b>Paper Title</b>	NHSBSA Quarterly Accountability Meeting Notes 18/19 Q3
<b>Meeting date</b>	29 January 2019
<b>Prepared by</b>	Emily Coelho
<b>Intended audience</b>	NHSBSA and DHSC colleagues
<b>Paper objectives</b>	Outline the quarterly accountability meeting discussion and action points

### Attendees:

Ailsa Wight – DHSC  
Ginny Belson – DHSC  
Emily Coelho – DHSC  
Morwenna Carrington – DHSC  
Eleanor Gill – DHSC Finance  
Nigel Zaman – DHSC – NHSBSA Sponsor  
Chris Calise – NHSBSA  
James Hardy – NHSBSA  
Sheena Clarke - NHSBSA

### Item 1 – Introductions and apologies

1. Greg Aizlewood sent apologies. It was explained that Eleanor Gill will temporarily be replacing Greg Aizlewood as DHSC Finance Business Partner.

### Item 2 – Previous minutes and actions

2. Previous minutes of the last quarterly meeting held on 18 October 2018 were agreed.
3. One outstanding action regarding the EIBSS (England Infected Blood Support Scheme) risk register. In a previous monthly meeting NHSBSA informed DHSC there was no lower level EIBSS risk register but a higher level NHSBSA risk register. It was agreed a lower level EIBSS risk register would be developed in the next monthly meeting including aspects such as reputational risk, medical/professional risk and financial risks.

**ACTION:** DHSC and NHSBSA to develop an EIBSS risk register at next monthly meeting

4. The internal audit of the EIBSS part of NHSBSA is still in its early stages, Chris Calise should receive some information next week which can be fed into the KPI review.

**ACTION:** Ginny to follow up Internal Audit potential timings with Steve Hodgson.

### **Item 3 – Issues raised by recent correspondence**

5. There have been two recent cases which have been brought to the attention of PS(MHISP) and DHSC's Permanent Secretary through correspondence where beneficiaries have reported that they are not receiving adequate support from NHSBSA and EIBSS front line staff.
6. NHSBSA assured DHSC that front line staff are taken from a pool of select individuals with a high level of customer services training and are very experienced in managing calls in a sensitive and empathetic way. NHSBSA front line staff have also received training from the Samaritans. The feedback from NHSBSA focus groups reports that on the whole beneficiaries are very happy with front line staff. and NHSBSA do not feel that additional training is required.
7. NHSBSA informed DHSC that many beneficiaries speak positively about the welfare adviser to whom people are usually signposted, however some do not like the fact that he was connected with the former schemes. For beneficiaries who do not want to speak with this advisor directly NHSBSA staff will find an alternative adviser(s) in the local area to the beneficiary. The recent focus group was the first time NHSBSA has been asked to source alternative adviser(s).

**ACTION:** NHSBSA will keep under review the decision to have no additional in-house welfare support.

### **Item 4 – Quarterly report and KPIs**

8. All KPIs in Q3 were met.
9. NHSBSA have recently had a Rule 9 and s53 request from the Infected Blood Inquiry requesting documents.

### **Item 5 – Application and beneficiary numbers**

10. NHSBSA talked through the application and appeals data they had provided. It was acknowledged that numbers for approved, declined and pending would be time lagged.
11. DHSC asked if there was a way of getting a better understanding of how people are moving through the process. It was agreed that it is too early to see this at present but should become clearer once a couple quarters' data was available.
12. It was agreed that NHSBSA and DHSC would let the process evolve and reflect to see how any enhancements might be made in the future.

13. DHSC asked for the pending category to be broken down further into those applications where the clock had “stopped” due to further information being requested and those that are ‘in progress’. NHSBSA was also asked to provide an entire year figure for appeals and their outcomes at the next quarter as an end of financial year figure.

**ACTION:** NHSBSA to include breakdown of pending cases in future reports and provide application and appeals entire financial year breakdown.

14. DHSC asked for this data to be included in the EIBSS annual report.

**ACTION:** NHSBSA to include data in next annual report

15. It was noted that the previous trend of more hep C Stage 1 beneficiaries moving to SCM/Stage 2 was no longer being seen.

**ACTION:** NHSBSA to keep an eye on this trend and include in forecasts.

16. NHSBSA informed DHSC that the beneficiary numbers that had been provided for September were incorrect.

**ACTION:** NHSBSA to ask for the data to be re-run for September if possible

17. DHSC asked NHSBSA if a report can be run to see how many beneficiaries have died during the financial year with the caveat that cause of death may not be hep C and/or HIV related.

**ACTION:** NHSBSA to run a report to see how many infected beneficiaries have died.

18. NHSBSA informed DHSC that a rapid project to improve data quality had been launched the previous week.

#### **Item 6 – Focus group feedback**

19. NHSBSA had run a further EIBSS focus group the previous week that had gone well.

20. Discussion points included:

- Discretionary spend – funding specialist mattress purchases etc
- Funding for counselling
- Benefits advice provision
- Mortgage applications
- Income top-up

21. NHSBSA has held five focus groups so far, it was agreed that themes that were frequently raised should be considered as revision points for the scheme.

**ACTION:** DHSC and NHSBSA to consider frequently raised themes

22. The next focus group was scheduled to take place in March 2019.

23. NHSBSA informed DHSC that the telephone survey was being closed in early January as it was not providing useful feedback and a new online survey was to be launched the following week.

**ACTION:** NHSBSA to bring survey feedback/results to the next Quarterly meeting

#### **Item 7 – Finance read out**

24. DHSC provided an update to NHSBSA on the budget overspend process.

25. The allocation of administration costs was discussed, NHSBSA had previously updated DHSC that this would be paid as part of the NHSBSA overall allocation but DHSC finance and DHSC NHSBSA sponsor team considered it should form part of the final drawdown request from the EIBSS budget allocation.

**ACTION:** DHSC and NHSBSA discuss further offline.

#### **Item 8 – Planning for next year**

26. DHSC updated NHSBSA on a recent meeting between PS(MHISP), David Lidington, the Infected Blood Inquiry Secretariat, Welsh officials, Northern Ireland officials and a limited number of beneficiaries.

#### **Item 9 – Low Income Scheme (LIS)**

27. NHSBSA and DHSC policy had agreed in previous monthly meetings that all EIBSS beneficiaries would automatically be registered for the LIS which would give them access to a range of support

28.

29. This will need a change to Regulations and therefore will not be implemented until Autumn 2019, in the meantime it is agreed that NHSBSA will pick up the cost.

#### **Item 10 - Spec and KPI review**

30. A meeting following the QAR was scheduled to discuss spec and KPI updates for the next financial year.

**ACTION:** NHSBSA and DHSC to agree changes to the specification and KPI updates and this would be brought to the next quarterly meeting for sign off.

#### **Item 11 - AOB**

##### Tapering

31. Following a recent submission and feedback from PO, the discretionary support tapering exercise needed to be implemented. NHSBSA has already sent a letter to a

bereaved parent and is drafting further letters to the other beneficiaries whose payments were to be tapered.

**ACTION:** NHSBSA to send DHSC draft letters for comment.

#### Income Top Up correspondence

32. A recent correspondent has highlighted that some hepatitis C Stage 1 beneficiaries receive less overall from income top up and annual payments compared to that received by the bereaved. DHSC are currently working up options and deciding whether ministerial approval is required if a change is needed.

**ACTION:** Before end of financial year NHSBSA and DHSC need to try and ensure all the issues relating to the discretionary payment scheme are sorted.

**Date of next QAR meeting:** 24 April 2019

**Date of next monthly meeting:** 13 February 2019

#### **Action Table**

Action	Who is responsible?	Status
Develop EIBSS risk register	NHSBS and DHSC	
Follow up Internal Audit potential timings	DHSC - Ginny	
Keep under review the decision to have no additional inhouse welfare support	NHSBSA	
Provide pending breakdown for application numbers	NHSBSA	
Provide application and appeals data for entire financial year	NHSBSA	
Include application data in annual report	NHSBSA	
Keep an eye on trend of hep C Stage 1 beneficiaries moving to SCM or Stage 2	NHSBSA	
Re-run September beneficiary data	NHSBSA	
Run report for how many beneficiaries have died	NHSBSA	
Consider reoccurring focus group themes to review	NHSBSA and DHSC	

<b>Provide online survey feedback/responses to next quarterly meeting</b>	<b>NHSBSA</b>	
<b>Discuss admin costs offline</b>	<b>NHSBSA and DHSC</b>	
<b>Agree updated spec and KPIs</b>	<b>NHSBSA and DHSC</b>	
<b>Send remaining tapering letters to DHSC to review</b>	<b>NHSBSA</b>	<b>completed</b>
<b>Ensure all little discretionary issues are sorted before end of the financial year</b>	<b>NHSBSA and DHSC</b>	