

England Infected Blood Support Scheme (EIBSS) Accountability Review Meeting

Date: 22 October 2019

Minutes

Attendees

DHSC	
Thomas Reed - TR	Policy Manager for EIBSS – Department of Health and Social Care
Joanne Hindmarsh- JH	Commercial Strategy Project Manager
Eleanor Gill- EG	ODA Finance Lead
NHSBSA	
Dan Britton - DB	Head of Patient Services – NHSBSA
James Hardy - JRH	Client and Stakeholder Relationship Manager – Patient Services - NHSBSA
Hollie Edminson - HE	Service Delivery Manager – NHSBSA
James Byers - JB	Team Manager for EIBSS - NHSBSA

Apologies

DHSC	
Tim Jones	Deputy Director for Infected Blood – Department of Health and Social Care

Agenda item	Minutes/actions/decisions	Actionee
1.	Introduction and apologies Apologies Tim Jones	
2.	Review of previous minutes No actions to recap as neither party had minute taker, however both parties were content that there were no outstanding actions.	
3.	Policy Updates	

<p>a.</p>	<p><u>Readout from ministerial meeting</u></p> <p>Last Thursday (17.10.2019) TR, TJ and Helen Hamilton met with Nadine Dorries MP (Minister for this policy area). Items discussed were as follows:</p> <ul style="list-style-type: none"> - The Infected Blood Inquiry - Parity between Infected Blood Schemes across the four nations and different amounts of support available for infected and affected beneficiaries. - TR explained the disparity had widened, following the April uplift to EIBSS, as Wales and Ireland get £10,000 less on average than their English peers. <p>Nadine expressed that she wanted take steps to increase parity across the four nations schemes. including other affected family members such as parents.</p> <p>There are also plans for Oliver Dowden MP (minister for the Cabinet Office, also responsible for the Inquiry) is write to the lead of the Treasury requesting a £3 million uplift for Wales and £1 million for Northern Ireland, copying in Nadine and Sir Brian Langstaff.</p> <p>EG asked if DHSC had sight of the letter to maintain their position/relationship with the Treasury.</p> <p>ACTION- TR to share the letter with Baha & Eleanor.</p> <p>EG asked who was funding the uplift in payments. TR clarified the English Government would find the proposed £4 million total uplifted amount if Treasury agreed.</p> <p>TR is running through potential questions? with the Cabinet Office and will defer to Finance for any financial questions. Feedback will be passed to Nadine's office.</p>	<p>TR</p>
<p>b.</p>	<p><u>Infected blood inquiry update</u></p> <p>TR raised the need for EIBSS to have legal representation at the Inquiry regarding criticism relating to high profile cases and issues relating to delayed payments.</p> <p>JRH asked if this is the latest position, as he previously discussed the matter with Tim and Thomas, describing how a directed model works and that NHSBSA are accountable to DHSC in the service we provide.</p> <p>TR advised Government Legal Department (GLD) want NHSBSA to have representation but no agreement has been reached.</p> <p>JRH confirmed that legal representation at the Inquiry, is at odds with the way a directed model operates, as NHSBSA are accountable to DHSC, so oversight of our service is regularly reviewed between parties.</p>	<p>JRH</p>

	<p>ACTION- TJ to write a letter to NHSBSA setting out GLD's ask around EIBSS representation at the Infected Blood Inquiry.</p> <p>TR agreed good to get something in writing.</p>	
c.	<p><u>Devolved Authorities – Parity Update</u></p> <p>TR explained TJ's vision was seen to be taking steps towards parity before the Inquiry outcome. TR is liaising with the legal team to look at our model against the devolved schemes as Scotland has different laws and we need to understand how all schemes can change.</p> <p>JRH asked what the next steps towards parity are, TR advised there may be a possible consultation across the devolved governments and is something that should be decided on sooner rather than later before the inquiry make any recommendations.</p>	
4.	NHSBSA Updates	
a.	<p>MOU and Specification Approval</p> <p>JRH advised that version 2 of the EIBSS specification is overdue review.</p> <p>Additionally the MOU may need revision, as the uplifted amounts from April 2019, have altered the amount committed to within spend review.</p> <p>ACTION- JRH/TR continue to progress updating these documents.</p>	JRH / TR
b.	<p>Funding Letter</p> <p>JRH reminded the group that a financial governance risk remained, due to the formal letter from the DHSC DD for policy area overseeing EIBSS is outstanding. This letter should provide the funding commitment for the increased yearly funding value of £75m.</p> <p>ACTION- TJ to provide funding letter.</p> <p>EG queried if this funding letter included NHSBSA administrative costs. JRH confirmed that NHSBSA administrative costs are funded from NHSBSA's central allocation for directed.</p> <p>EG queried the funding process, JRH explained that once the yearly funding commitment is provided based upon a yearly forecast, NHSBSA submit a quarterly drawdown request for the forthcoming quarter. NHSBSA report on the monthly spend position and each quarter's request will feature any underspend from the previous quarter's request</p>	TJ

	<p>EG asked to be included in future year's funding discussions to ensure this is appropriately factored in to business planning. ACTION- TR to include DHSC finance in future funding discussions.</p> <p>JRH confirmed that under a directed model NHSBSA are simply requesting funds to make the payments on behalf of DHSC, the funds remain DHSCs. This funding model has been in place since the commencement of EIBSS, this model allows DHSC the flexibility to ask for any surplus back without the usual Invoice/credit note and PO restrictions. DHSC to discuss with NHSBSA if they wanted to explore another method.</p>	
5.	Data	
a.	<p>JRH presented the EIBSS dashboard to the attendees.</p> <p>TR asked if figures, included deceased, these were shown on a separate tab and can be interrogated to show a user's preference on reporting timelines.</p> <p>JRH explained how to use the dashboard, showing monthly figures and each tab. Explained useful for FOI's and asked if any questions.</p>	
6.	Finance	
a.	<p>JRH referred to the finance report shared by David Walton (NHSBSA Finance) and asked if anything stood out.</p> <p>DHSC finance questioned the significantly higher payment amount in July 2019, JRH explained that this was due to being the month where the uplifted payment amounts were paid to all beneficiaries for Q1, July was the earliest this could be done, as beneficiaries can be paid monthly or quarterly, a July payment run treated everyone equally.</p> <p>EG asked if there is a spend pattern that can be used for future forecasting and budgeting purposes. JRH advised that there may be pattern and NHSBSA will investigate but the scheme has numerous changes, which take place within year and these skew potential patterns.</p> <p>JRH referred to a suspected £1 million overspend, however this can be analysed in Q4.</p>	
7.	Governance	
a.	<p><u>Risk Register</u></p> <p>DHSC finance asked about the missing 460 beneficiaries, to understand what can be done mitigate this risk.</p>	

	<p>JRH explained the data sharing restrictions, which prevent NHSBA accessing information from Alliance House Schemes, due to consent not having been provided to share this information with NHSBSA.</p> <p>TR advised he is looking at ways to retrieve the data, one possible option being a secondment of an EIBSS team member to Russell Cook Solicitors to interrogate records and identify the 460 missing beneficiaries.</p> <p>Further discussions on this risk are required between NHSBSA and DHSC to define a potential way forward, which complies with data protection legislation.</p> <p>ACTION- NHSBSA and DHSC to discuss and agree an approach for this risk.</p> <p>JRH explained all risks on the log and no further questions were raised.</p>	JRH / TR
8.	<p>AOB</p> <p>No further business from attendees.</p>	