



Cynllun Cynorthwyo Gwaed
wedi'i haentio Cymru

Wales Infected Blood
Support Scheme



ANNUAL REPORT 2021/2022

WALES INFECTED BLOOD SUPPORT SCHEME (WIBSS)

VELINDRE UNIVERSITY NHS TRUST

THROUGH

NHS WALES SHARED SERVICE
PARTNERSHIP (NWSSP)

AND

VELINDRE CANCER CENTRE (VCC)

ANNUAL REPORT 2021/2022



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Introduction

Established in October 2017, the Wales Infected Blood Support Scheme (WIBSS) aims to provide support to people who have been infected with Hepatitis C and/or HIV following treatment with NHS blood, blood products or tissue.

Taking over from the existing UK schemes (Eileen Trust, Macfarlane Trust, MFET Ltd, Skipton Fund and Caxton Foundation), now referred to as the Alliance House Organisations (AHOs), WIBSS aims to provide both a streamlined financial payment service and personalised support for Welsh beneficiaries. WIBSS also offers a dedicated Welfare Rights Service and a Psychology and Well-being Service.

WIBSS supports 217 beneficiaries, including bereaved spouses and partners. However, the welfare and psychological support is also provided to wider family members of our beneficiaries.



Purpose of Report

The purpose of this report is:

- to provide an update on the finance and support services during 2021-22 as part of the Wales Infected Blood Support Scheme;
 - to detail the proactive work carried out by WIBSS during 2021-22;
- and
- to look ahead to WIBSS priorities relating to 2022-23.



Matters arising during 2021-2022

COVID-19 – The Pandemic

In March 2020 the UK entered its first lockdown, because of the global COVID-19 pandemic. Everybody who could work at home, was told to work at home, this included the staff at WIBSS. We successfully made this transition and operated on a “business as usual” basis throughout 2021-22.

We continued to make all regular payments and to offer help and support to all our beneficiaries, many of whom were shielding because of their condition. We provided updates and advice on our website and were available throughout, to help with any queries, provide benefit checks etc. Whilst we did need to stop home visits, to comply with Government guidance, we adapted to offer the well-being and counselling services remotely, over the telephone, on Microsoft Teams or via skype calls.

Public Inquiry – The Infected Blood Inquiry

This is an independent public statutory inquiry established to examine the circumstances in which men, women and children treated by the National Health Service in the United Kingdom were given infected blood and infected blood products, since 1970.

In 2021-2022 we responded to four Rule 9 requests from the Infected Blood Inquiry. The requests were seeking clarification of information contained in the witness statement previously provided by Alison Ramsey, Director of Planning, Performance, and Informatics at NWSSP, prior to her appearance before the inquiry in May 2021.

<https://www.infectedbloodinquiry.org.uk/evidence/transcript-london-thursday-20-may-2021-vaughan-gething-and-alison-ramsey>, and following her appearance.

In providing evidence to the Inquiry, the WIBSS team committed to take stock, and review all our procedures, documentation, communication channels e.g., our website and newsletters etc. This review identified a few areas where we needed to update our advice and guidance to reflect changes since the service was first established. This included updating a few our application forms and improving the guidance to completing some of those forms. The website and documentation have now been refreshed to provide an accurate reflection of how the service is provided.

Matters arising during 2021-2022

Parity across the four UK nations

When the four devolved infected blood schemes were established in 2017, three of the four operated largely on similar terms and payment rates. Scotland adopted a slightly different model. WIBSS introduced a welfare rights service, which the other schemes did not have, but the payment rates were initially comparable to those in England and Northern Ireland.

With effect from 1 April 2019, the UK Government directed EIBSS to significantly increase the payment rates for their beneficiaries, leading to disparity between the schemes. This subsequently then triggered a series of meetings between government officials across all four nations with the aim to reach an agreement on parity across the four schemes.

The WIBSS finance team worked closely with UK government colleagues to model the estimated costings, including back dated elements and an estimate for future years.

On 25th March 2021 the then Welsh Minister for Health and Social Care announced agreement on parity had been reached and payments would be made by the end of the calendar year (December 2021).

<https://gov.wales/written-statement-infected-blood-update-financial-parity>

Under the parity model, provided by Welsh Government in March 2021, the overall additional funding required, totalled £13.1m in 2021/22. This also included some backdated elements relating to 2019/20 and 2020/21.

Following the announcement, WIBSS staff worked closely with Welsh Government to clarify the likely detail of the agreement, and then calculate the individual payments to be made to each beneficiary on the WIBSS.

This was complex work, requiring attention to detail to ensure that accurate payments could be made promptly to the WIBSS beneficiaries.

Welsh Government issued the final directions on 13 August 2021 and the payments were made on 20 August 2021. During the latter half of 2021-22, two further parity adjustments were made:

- Co-infected HIV and Hep C Stage 1 widows were
- paid the additional £30,000 lump sum payment.
- Widows received the winter fuel payments.

Matters issues arising during 2021-2022

Compensation Framework

In May 2021, it was announced that Sir Robert Francis QC had been appointed to consider a compensation framework for those people infected and affected by the infected blood scandal.

The Terms of Reference of the Framework were:

- Give independent advice to the Government regarding the design of a workable and fair framework for compensation for individuals infected and affected across the UK to achieve parity between those eligible for compensation regardless of where in the UK the relevant treatment occurred or place of residence. While the Study is to take into account differences in current practice and/or law in the devolved nations, it is not asked to consider whether delivery of that framework should be managed centrally or individually by the devolved administrations.
- To Submit to the Government its report and recommendations as quickly as possible and no later than the end of February 2022 [amended to 14 March 2022], to provide the Government with advice on potential options for compensation framework design.

In January 2022, the WIBSS Manager, together with the policy manager from Welsh Government, met with Sir Robert and his staff to discuss the operation of WIBSS and what the beneficiaries wanted from the framework.

The WIBSS Manager explained the operation of the scheme and highlighted the fact that WIBSS operates a “wraparound” holistic service, providing, not only financial support, but also welfare rights support and a bespoke psychology and wellbeing service, staffed by people who have a good knowledge of the subject area, who can empathise and understand the issues our beneficiaries are facing on a daily basis.

Whilst we felt that the financial support was important, many of our beneficiaries have commented how they value the face-to-face support, the personal interactions with them and the fact that the service is easily accessible. They would not want to lose that, in any revised service that was proposed.

Sir Robert Francis submitted his report to UK Government in March 2022 for consideration. He also appeared in front of the Infected Blood Inquiry to discuss the report in July.

On 29 July 2022, it was announced that interim payments of £100,000 would be made to all who were currently registered with one of the 2 UK Infected Blood Support Schemes by October 2022. The schemes all wrote to their beneficiaries notifying them of this fact.

As a result of the announcement, WIBSS received an increased number of enquiries about how to register with the scheme.

Governance Group

The Governance Group monitors the operational management of WIBSS and provides governance, leadership and accountability for the scheme, on behalf of Welsh Government (WG) through Velindre University NHS Trust.

The WIBSS Governance Group (VCC and NWSSP) is authorised to:

- Investigate or have investigated any activity within its Terms of Reference, and in performing these duties, shall have the right, at all reasonable times, to inspect any books, records or documents of the Trust, relevant to the Governance Teams remit, subject to any restrictions imposed by General Data Protection Regulations (GDPR). It can seek any relevant information it requires from any employee, and all employees are directed to co-operate with any reasonable request made by the Board.

It is empowered with the responsibility for:

- Reviewing and advising on the management of the WIBSS budgets, including running costs, the annual beneficiaries budgets and provisions
- Advising Welsh Government on rate changes and the potential financial and service implications of policy changes, both within Wales and other areas within the UK
- Implementation of Welsh Government policy
- Ongoing negotiation and partnership with Welsh Government to ensure the smooth running of the service.

Governance Group

The membership of the WIBSS Governance Group is as follows:-

- Director of Corporate Governance, Velindre University NHS Trust (Chair)
 - Director of Operations, VCC
- Director of Planning, Performance and Informatics, NWSSP
 - WIBSS Service Manager
- Welsh Government Finance Representative
- Welsh Government Policy Representative
 - Senior Welfare Rights Manager
 - Consultant Psychologist

In 2021-22 the Governance Group met on 21st July and 14th December and 29th March 2022, postponed to 5th April 2022.



Financial Support

The scheme recognises that individuals living with hepatitis C and/or HIV face extra costs for things like insurance, travel insurance, care costs and travel costs to attend hospital appointments etc. Financial support is available for:

- New Applicants to the scheme
- Members of previous legacy schemes

There are varying levels of financial support available to beneficiaries of the scheme. These were set out in our 2020-2021 Annual Report and are on the WIBSS website Home - WIBSS ([wales.nhs.uk](https://www.wibss.wales.nhs.uk)).



Appeals Process

If an application to join the scheme is unsuccessful, an applicant can appeal if they disagree with the outcome of their application. Appeals are heard by a panel of independent medical experts with relevant clinical or similar experience in the field.

An appeal will not be considered in cases where it is acknowledged that the applicant is not eligible under the current eligibility criteria, but the applicant disagrees with those criteria (in such cases, the application could only be reconsidered if the Welsh Government agreed to amend the eligibility criteria).

During 2021-22, two appeals were submitted, and an appeals panel was convened in March 2022. One appellant decided to postpone her appeal, prior to the Appeal Panel considering it. The Panel considered the remaining appeal.

The panel considered all the documentation received by WIBSS and detailing the decision-making process of WIBSS. The appellant also appeared in front of the panel to present their case. The panel then considered all the evidence, and upheld the original decision made by WIBSS to reject the application and the appellant was notified of the panel's decision.

The appeals panel process does not cover appeals regarding the Discretionary Small Grants process. At the inception of WIBSS we did not think a formal appeals process was proportionate given the value of these grants. To date we have not declined any small grant applications, however, as this was queried during WIBSS appearance at the Inquiry, we considered the issue and have introduced a less formal system of reconsideration for any applications for small grants that may be declined in the future.

The approach allows an applicant, unhappy with the outcome of their grant application, to resubmit it to WIBSS for reconsideration. The WIBSS Manager will arrange for the decision to be considered by somebody independent of the original decision-making process. As part of our overall review of our documentation and guidance, we have amended the small grants section to reflect these changes.



Welfare Rights Service

The Welfare Rights Service offers a bespoke service to the individual beneficiary and their family. The welfare rights advisors are Advice Quality Standards (AQS) accredited and undertake continuing professional education with specialist welfare training providers.

Although not exhaustive, the list below demonstrates some of the things we may be able to assist with:

- liaising with social services to ensure complex beneficiary needs are met. i.e. support from a social worker or occupational therapy to obtain safety adaptations to the home of the beneficiary.
- signposting to free NHS dental care and prescription services, for those eligible.
- assisting with applying to join WIBSS - including requesting medical records or chasing medical professionals to provide necessary evidence to support an application.
- undertake benefit and welfare checks, debt signposting, budgeting advice, navigating financial products etc.
- applying for a parking badge (Blue Badge), free bus travel and concessions.
- accessing health services, such as additional care requirements and health care transportation.

WIBSS also recognises a beneficiary's health not only impacts them. It can also have a significant impact on those caring for them. Our welfare rights advisors can also consider the circumstances of immediate family members and carers. They can check their entitlement to benefits and additional support requirements, which may help to improve overall financial circumstances.

Key worker support

Another service provided is key worker support, which includes:

- liaising with beneficiaries and wider family members to establish a trusting relationship and provide emotional support, outside of formal psychology and well-being referrals.
- regular outbound check-ins with beneficiaries considered as vulnerable.
- completion of paperwork and help to sort affairs for those unable to do so themselves.

The welfare rights service is often the first point of contact for updates and reassurance on issues impacting WIBSS.



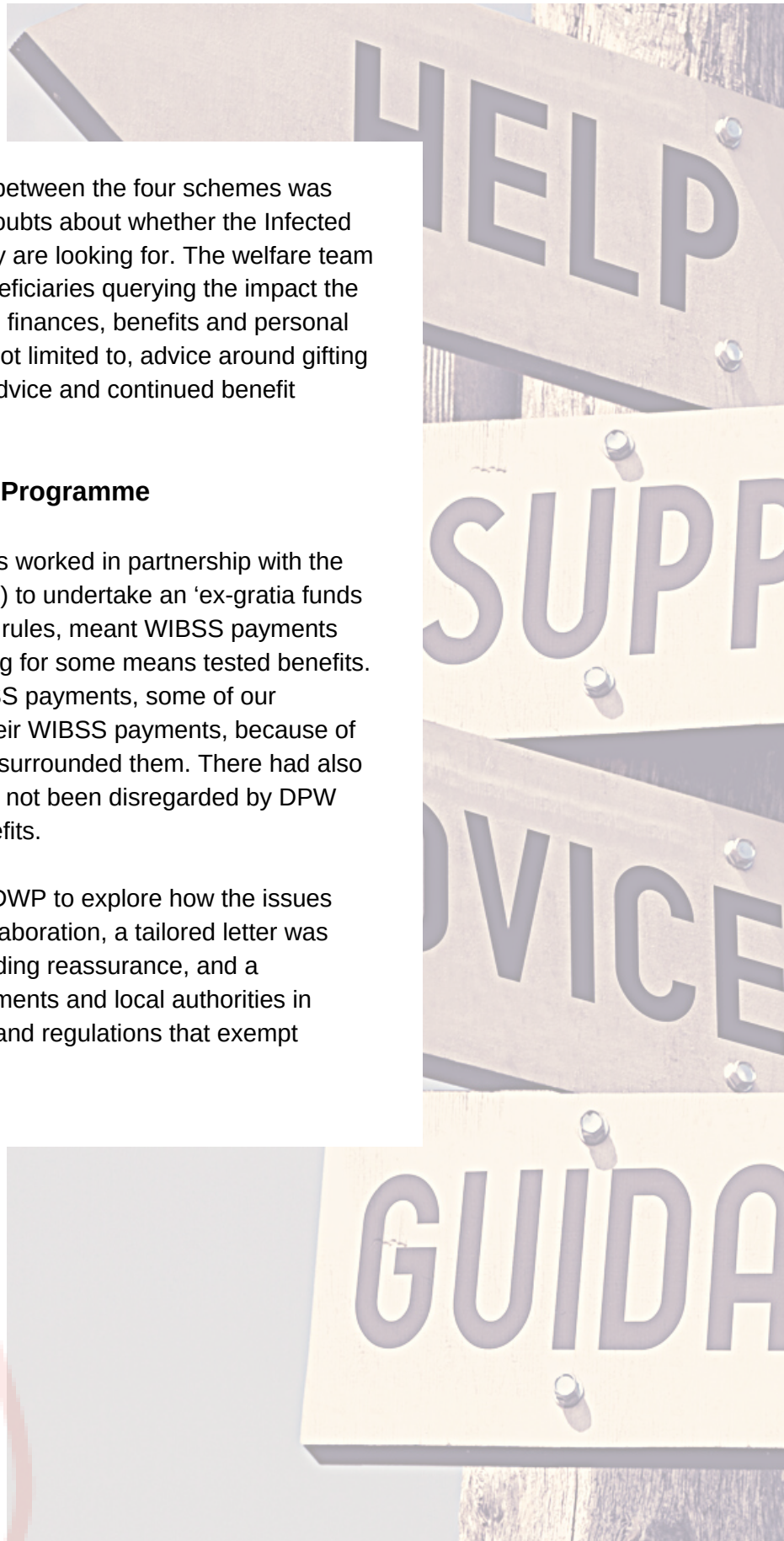
Welfare Rights Service

The lack of parity in the payment values between the four schemes was provoking feelings of anger, along with doubts about whether the Infected Blood Inquiry would find the answers they are looking for. The welfare team provided reassurance and advice for beneficiaries querying the impact the back payments would have on their other finances, benefits and personal circumstances. These included, but are not limited to, advice around gifting money to family and friends, budgeting advice and continued benefit entitlement.

DWP 'Ex-gratia Funds Declaration' Programme

In March 2022, the welfare rights advisors worked in partnership with the Department of Work and Pensions (DWP) to undertake an 'ex-gratia funds declaration' programme. A change in the rules, meant WIBSS payments now needed to be declared when applying for some means tested benefits. However, due to the sensitivities of WIBSS payments, some of our beneficiaries were reluctant to declare their WIBSS payments, because of the perceived stigma that has previously surrounded them. There had also been cases where WIBSS payments had not been disregarded by DPW staff, when assessing entitlement to benefits.

The WIBSS welfare team contacted the DWP to explore how the issues could be alleviated. As a result of the collaboration, a tailored letter was issued to beneficiaries by the DWP providing reassurance, and a memorandum was sent to benefit departments and local authorities in Wales, reiterating to staff the disregards and regulations that exempt WIBSS payments.



Welfare Rights Service

Case Study

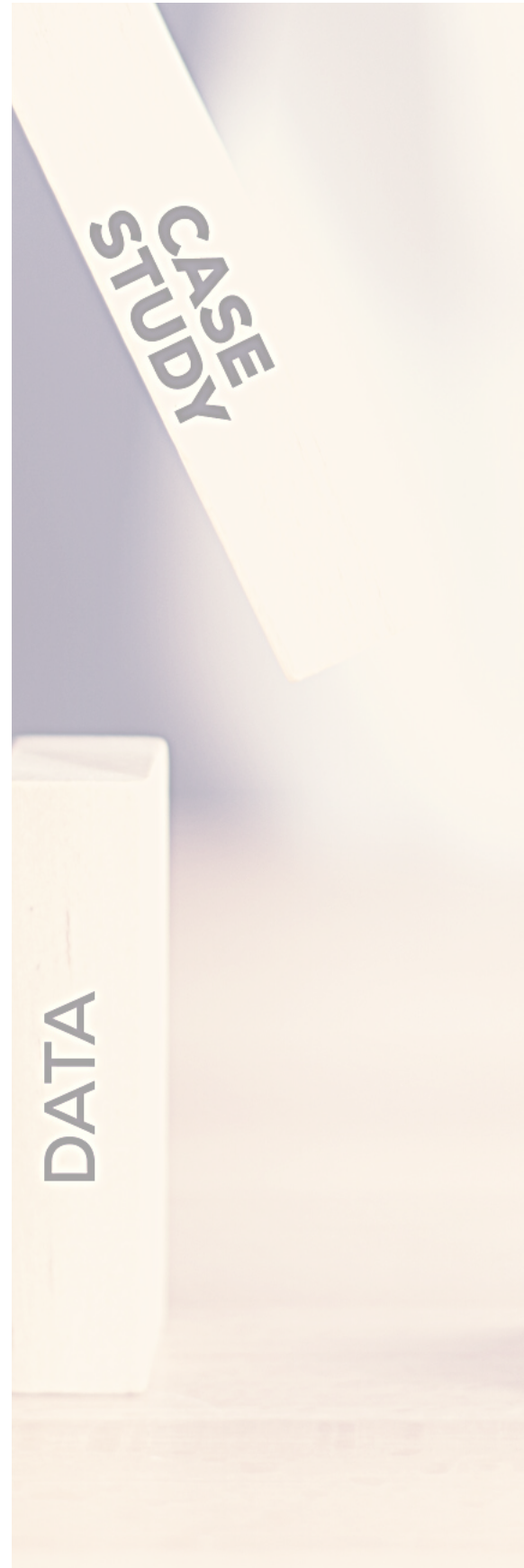
To provide an equitable service to our beneficiaries, our welfare rights advisors travel throughout the UK to provide assistance.

Case study A involved a 455-mile round trip, as the beneficiary had requested a home visit. Although, we continued to provide our services remotely during the pandemic, as soon as COVID restrictions were lifted, we arranged to visit this beneficiary. They had been reluctant to receive support remotely, due to their nervousness and limited knowledge of technology.

The benefit check undertaken resulted in the following eligibility:

- a full claim for Universal Credit, including housing costs to help towards rent,
- a review of PIP entitlements due to deterioration of health,
- a claim for free NHS prescriptions in England
- a full reduction of Council Tax payable that year.

Prior to the visit, the beneficiary's household had been living solely on WIBSS funds. With the cost of living rising, the additional benefits identified by the welfare rights advisor, has provided our beneficiary with financial peace of mind. This, in turn, has eased their physical and mental health pressures.

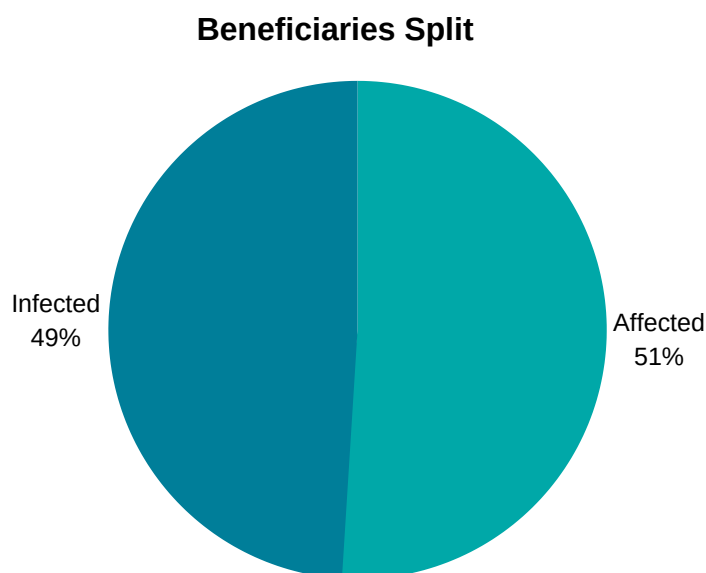


Psychology and Emotional Well-being Service

Operation and Delivery

The Wellbeing and Psychology Service continues to provide specialist one to one psychological support to those infected and affected.

The split between those infected and affected who have accessed the service is shown in the chart below 49% (infected):51% (affected).



To date, over 80 people have accessed the service. The current caseload is 34.

For most of 2021/2022, therapy was delivered virtually or via telephone, due to COVID restrictions. As soon as the COVID restrictions were eased, face-to-face appointments were reintroduced. Where possible, upon request, the team also provide home visits for those with mobility issues and/or chronic co-morbidities commonly related to Hep C, HIV/AIDS or the treatment received, such as Interferon.

Therapy is heavily focussed on developing the therapeutic relationship with the client. It strives to deliver consistency and to promote trust and reliability, in a support service that is allied with the NHS system that provided the infected blood and blood products that have had such a devastating effect on their lives.

Feedback from those accessing the service would suggest that this approach is successful.

Psychology and Emotional Well-being Service

The team have been able to offer effective therapeutic interventions around a raft of themes including trauma (panic attacks and flashbacks), hypervigilance, loss and bereavement, stigma (secrecy), fear and isolation, misplaced guilt and responsibility, living with related life-limiting health issues, anger, mistrust, distress caused by a lack of understanding expressed by NHS staff as to the causes of chronic health conditions (e.g. the assumption that someone with Hep C is an alcoholic and the implication that they are lying about the causal factor of a cirrhosis diagnosis), carrier status, imposed infertility (the fear of passing on HIV or Hep C), relationship difficulties, anxiety and depression.

The ongoing proceedings of the Infected Blood Inquiry, the contentious evidence presented by some of those who have participated, and the creation and dissemination of the Compensation Framework have complicated the trauma responses of many. It has caused secondary and continued psychological trauma, resulting in many being stuck within a loop of psychological distress and reliving painful and traumatic events of the past.

Subsequently, therapy is having to address the immediate psychological and emotional responses to minimise further psychological harm, in the first instance, whilst addressing historic trauma is a secondary task in some cases.

The team feel that meaningful resolution-focussed therapy, to address historic trauma, might be more effective once the Inquiry is concluded and Compensation Framework has been agreed. In addition, preparatory therapy is underway around people's expectation of the Inquiry's findings and outcome (realistic vs unrealistic, what would justice look like? etc) to minimise further psychological harm in the future.

Developments

The team hosted an online focus group event earlier this year. It was held via Zoom, due to Covid restrictions. All WIBSS members were invited, and a small but lively group attended.

Attendees were asked for their ideas to help develop the Psychology and Wellbeing Service now that the specialist one to one support had been firmly established. WIBSS believe it is important the service users have a say in shaping the service to meet their needs.

There was a consensus around creating peer support opportunities and bringing together people as a community through shared experience. As a result, it was agreed the following ideas should be presented to the wider WIBSS community for their input and opinion:

- 1) Regular Zoom and/or face to face regional meetings to allow people to come together and discuss common themes and topics around wellbeing and share individual experiences.
- 2) A group regional and/or All-Wales social event to bring together all those infected and affected with the aim of creating a common community. The event could potentially encompass workshops with psychoeducational opportunities, links to promote peer support and guest speakers.

Psychology and Emotional Well-being Service

3) The creation of a 'buddy' system where people can register their interest in being paired with others within their community (small groups or one-to-one) to reduce isolation and create links with others through shared experience and friendship.

All WIBSS members have been asked for their expressions of interest in relation to these ideas, which the team intend to implement later this year, based on feedback.

In addition, the team have established the Infected Blood Psychology Network with colleagues from the Irish and Scottish psychology services. The group meet bi-monthly to share ideas, information, best practice, common themes and potential opportunities for research and cross-border work.

The network has also been consulted by colleagues from NHS England to help shape the English Infected Blood Support Scheme (EIBSS) psychology service, with emphasis on the importance of delivering a specialist service.

The Network are also examining and discussing published research around the cognitive impact of Hep C with the aim of creating a common assessment framework across the network to assess those members who present with cognitive impairment. The framework could also be applied to those with HIV.

Testimonials

Feedback was requested from those who has accessed the service, and they have given consent for their testimony to be shared.

Testimonial 1

A friend suggested that I contact WIBSS, as he was aware that attending the public inquiry in Cardiff had affected my health. I had tried counselling, via my workplace, but found that it was time restrictive i.e., six sessions, and was not that helpful. Eventually I couldn't cope with my emotions, so I contacted WIBSS, and am so glad I did. I now have help and support from my counsellor, who not only has great insight of the Infected Blood issue, but also appreciates that our suffering has been endured for a considerably long time, and so it will take time to be able to overcome the difficulties.

This counselling is tailored to suit my needs and I don't feel pressured to make a fast recovery. I have made progressive steps and also taken retrograde steps, but I know that no matter what I have the full support and encouragement of my counsellor which gives me strength to keep going. Every session leaves me feeling more able to cope with my issues. COVID 19 has impacted on my mental health, however, once again the counselling has been tailored to suit my current needs. I would advise anyone who is thinking about seeking counselling to approach WIBSS. This counselling is so different. It is helpful, supportive and adapts to the individual.

Psychology and Emotional Well-being Service

Testimonial 2

I'm a normal person, I live a normal life, but I sometimes find myself crying myself to sleep and I hide it. I'm in the car, and the tears just come from nowhere. Why do I feel so so sad and alone when I have so many people around me, friends and family?

It hasn't always been easy, not just the bad blood and everything that brings with it, but many other things that a person shouldn't cope with endure or experience, but I'm a strong person and I can cope, I'm the one everyone needs to help them, and then one day I can't anymore, and I need someone.

It's not easy to get help, it's not easy to ask.

WIBSS is there. I just filled out a form a couple of years ago, to say how I felt, and they came to help me. Just having someone to talk to about something or nothing is a safety net, I don't know why but it is. I look forward to the calls, it helps me. It could help you too.

Testimonial 3

The treatment I received for Hepatitis C had a devastating effect on my life. I found that talking to the WIBSS Wellbeing Service was reassuring and helped me understand some of the emotional and psychological issues that I have been dealing with. In particular, talking about some problems I have had with my relationships, with my family and friends, has enabled me to put things into context and enabled me to improve things. Talking to someone outside my circle has been very helpful.

In addition, some mindfulness exercises that she introduced me to have helped me with my sleeping difficulties.

Testimonial 4

The service has been helping our son, who has been struggling with issues relating to his dad's health, giving him ways to help cope with this and other anxiety and problems he is facing. He is finding the sessions really helpful.

Psychology and Emotional Well-being Service

Testimonial 5

I first decided to utilise The Wellbeing Service at WIBSS about a year ago. I have benefited enormously and have welcomed the support and reassurance that I have experienced during the last twelve months.

It has been a difficult year for all of us, especially so if you have been feeling isolated in your own home. Added to this, has been The Infected Blood Inquiry hearings, which may have transported many of us back to very traumatic and heart-breaking times, recreating difficult memories.

The Wellbeing service has provided me with a crutch to lean on and a safety net, giving me the support that I have needed for a very long time. I wish that this service had been available thirty years ago when I lost my Husband to AIDS.

I would encourage anyone to use this service which is confidential. Use it and don't suffer alone help is available to you.

Further testimonials are available on the [WIBSS website](#).



Beneficiaries activity

2021-2022

There are 217 beneficiaries & bereaved partners registered for support through the scheme. This is broken down into the following groups. (Valid as at 31 March 2022).

Beneficiary Group	Number of registered Beneficiaries
Hepatitis C Stage 1	40
Hepatitis C Enhanced Stage 1+	77
Hepatitis C Stage 2	41*
HIV	2
HIV & Hep C Stage 1 (Co-infected)	3
HIV & Enhanced Stage 1+ (Co-infected)	11
HIV & Hep C Stage 2	2
Bereaved spouse/partner	41*

*2 beneficiaries are classified as both existing beneficiaries and as bereaved spouse/partners.

**2 beneficiaries and 1 bereaved spouse passed away during Q4 2021/22. However, they are still included in the above numbers they continue to receive payments until the end of the quarter in which they pass away i.e., the 31st March 2022.

Payments Rates 2021-2022

The levels of payments available to beneficiaries in 2021/2022 are set out in the table below.

Beneficiary Group	Annual Payments
Hepatitis C Stage 1	£18,912
Hepatitis C Enhanced Stage 1+	£28,680
Hepatitis C Stage 2	£28,680
HIV	£28,680
HIV & Hep C Stage 1 (Co-infected)	£38,928
HIV & Enhanced Stage 1+ (Co-infected)	£45,072
HIV & Hep C Stage 2 (Co-infected)	£45,072

WIBSS pay annual payments monthly or quarterly, depending on beneficiary preference. Payments are made on the 20th of the month. Where the 20th falls on a bank holiday or weekend, payment will be the nearest working day prior to the 20th.

One-off non-discretionary lump sum payments are also paid to successful new applicants to the scheme. Under Parity, a new applicant who is Hep C Stage 1 would be entitled to a £50,000 lump sum payment.

A beneficiary who moves from Hep C Stage1 to Hep C Stage 2 would receive an additional £20,000 lump sum payment.

A new applicant who has already developed to Hepatitis C Stage 2 would receive a £70,000.

A new applicant who has HIV would be entitled to a lump sum payment of £80,500. If they were co-infected HIV and Hep C Stage 1, the lump sum would be $£80,500 + £50,000 = £130,500$ and Stage 2 would be $£80,500 + £70,000 = £150,500$.

A one-off non-discretionary lump sum payment of £10,000 is also paid to the bereaved spouse/partner/dependant relative or estate of a deceased infected beneficiary to assist with funeral costs.

WIBSS also make regular payments to bereaved spouses/partners/dependant relatives, of an infected beneficiary who has passed away. These payments are equal to 100% of the rate the deceased beneficiary was on at time of death for one year and 75% of the rate thereafter.

WIBSS Structure

The main WIBSS team consists of eight members of staff, led by the WIBSS Manager.

Alison Ramsey
Director of Planning,
Performance and Informatics
NWSSP

Lisa Miller
Head of Operational Service and
Delivery
Velindre Cancer Centre

Mary Swiffen-Walker
WIBSS Manager

Psychology and Well-being

Caroline Coffey
Clinical Psychologist

Julie Armytage
Counsellor

Finance

Stefan Dakovic
Finance Officer

Welfare

Hayley Price
Welfare Rights Manager,
Deputy WIBSS Manager

Rebecca O'Callaghan
Welfare Rights Advisor

Sarah Ferrier
Welfare Rights Advisor

Admin Support

Ryan Clappe
Support Officer

Finance Report

The table below summarises the claims expenditure for 2021-22, which includes full year payments paid at parity rates, and includes £9m of backdated payments, relating to 2019/20 and 2020/21 that were paid in 2021/22 as a result of the parity agreement. Announced in March 2021 and actioned in August 2021. These costs include ad-hoc, widows and small grants payments.

WIBSS Claims Expenditure	2021-22	2020-21 Comparative
No. of Beneficiaries	217*	176
Regular Payments	£7,294,727	£3,382,927
Backdated Parity Payments	£0	£8,996,254
Total Payments to Beneficiaries	£7,294,727	£12,379,181

**Please note the 2021-22 No of Beneficiaries difference of 41 relates to the on-going payments to bereaved spouses/partners as result of Parity.*

Please note the figures above have been subject to in year movements i.e. new applications, deaths in year, moves from one stage to another, ad hoc requests etc.

NWSSP provide the NHS Wales Finance Team within Welsh Government with regular updates on forecasts throughout the year. The administration of the scheme is cost neutral to both NWSSP and Velindre Cancer Centre, with Welsh Government funding the scheme in full.

Running costs for 2021/22

A summary of the running costs for 2021-22 is set out below with a 2020-21 comparative:

WIBSS Running Costs	2021-22	2020-21 Comparative
Pay	£215,298*	£218,749
Expenditure	£11,328	£10,372
Total	£226,626	£229,121

**Note the 2021-22 running cost spend is not a full comparative to 2020-21, the reduction in pay is due to the impact of maternity leave within the team during the year.*

Performance Report

WIBSS performance against Key Performance Indicators is set out below.

Description of key performance indicator	20/21 Target	Status
Responding to correspondence within set time limits	Within 4 working days	100%
Responding to Freedom of Information requests within required deadlines	In line with Trust policy	100%
Dealing with applications within required timescales	Within 28 days from receipt of complete information	100%
Dealing with applications within required timescales	100% 2 appeals were lodged, but one was withdrawn by the appellant prior to the panel taking place, as they were unable to obtain the evidence they required. The other appeal was heard within the required timescale. However, we acknowledge that this appeal was postponed and needed to be re-arranged due to COVID-19 related pressures faced by clinicians on the panel.	100%
Payments made on a timely basis	100% of payments to be made 0-2 days before the due date	100%
Advising WG on CPIH Uplifts and the cost implications for the next financial year	In February each year	100%

Performance Report

Description of key welfare rights indicators	Status
Total Welfare Rights cases opened in previous 12 months	62
No of Key Worker Advice Only	34
No of welfare rights casework	28
Income Generated for beneficiaries (1 Apr 2021 - 31March 2022)	£45,928.62
Outstanding outcomes March 2022	1 PIP review 1 PIP claim 1 Pension Credit claim 1 ESA claim

New Applications for Financial Support

WIBSS received 9 applications in 2021-22.

Application Type	Applications received	Outcome
Hepatitis C Stage 1	5	1 Accepted, 4 Declined
HIV	1	Accepted
Widows' application	3	Accepted
Total	9	5 Accepted, 4 Declined

Where an application is declined, it will be because it does not meet the criteria set in Wales Infected Blood Support Scheme Directions, or insufficient evidence has been provided to support the application.

Support and Assistance Grants Scheme

In 2021-22 we received 12 applications for a support Grant. This is an increase a 50% increase from 2020-21. We believe this increase is as a result of promoting the support and assistance grants in a WIBSS Newsletter issued to all beneficiaries.



Forward Look 2022 -2023

The workplan for 2022-2023 will include the following –

- Progress the work started by the Psychology and wellbeing team around focus groups etc.
- Launch an outbound campaign, aimed at assisting beneficiaries during the cost-of-living crisis i.e., identify schemes to provide new boilers, reduce heating costs etc.
- Respond promptly to any future and additional directions of Ministers in their response to the Inquiry recommendations.
- Process interim compensation payments, as directed to do so by Welsh Government
- Respond to the Rule 9 request received in July 2022 and any subsequent Rule 9 requests received.
- On the 29 July the Chair of the Inquiry also published an interim report, with a recommendation to make interim payments, but at the time of writing this report, no decision has been taken by UK or Welsh Ministers. Respond to any action required as a result of response.

