

# [LLWR Awards Facilities Management Contract to Mitie Group](#)

LLW Repository Ltd has awarded its Facilities Management (FM) contract to the Mitie Group, extending the long term relationship between the organisations.

Technical services, cleaning, manned guarding, grounds maintenance and non radioactive waste management are all covered in the contract, which runs for five years, though this could be extended to 10, if extension options are exercised. A six month joint transition programme is now underway.

Becky Ruddy, LLWR's Head of Infrastructure, said: "I am looking forward to continuing the relationship with Mitie that has already been established. I believe the new contract will provide us with continuation of service whilst offering opportunity for innovation and value for money.

"I would like to thank Alison Cogan for her continued dedication and commitment as the FM Client at LLWR, which has involved managing the closing of the previous contract, supporting commercial colleagues in the placing of the new contract, and mobilisation, with minimal impact to the business."

The agreement extends an eight year working relationship with Mitie and sees LLWR move away from the Cumbrian collaboration contract it had with Sellafield Ltd, the Nuclear Decommissioning Authority (NDA), International Nuclear Services, Direct Rail Services and OneFM. As such, it is a new type of contract for LLWR to manage.

The Facilities Management contract was sourced via Crown Commercial Services, ensuring alignment with the NDA Group, and is expected to deliver the opportunity for innovation, in addition to providing value for money.

Gary Savage, LLWR Account Director, Mitie, said: "At Mitie, we're proud to deliver facilities management services for some of the UK's most important critical infrastructure.

"We're pleased to continue our long standing relationship with LLWR over the coming years. Thank you to our teams on the ground for their hard work and dedication."

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## [Civil news: further changes to increase payments on account](#)

# applications

News story

Further changes are being made to increase the limit for payments on account claims.



Temporary amendments are being made to the 2018 civil contract to increase the limit for Payments On Account (POA) claims.

Providers can now claim maximum of 80% of profit cost incurred for certificated work instead of 75%. Where claims are submitted under the Family Advocacy Scheme (FAS) the limit will be increased to 100%.

These changes came into force on 4 August 2020 and are due to end on 31 January 2021.

We have made changes to the Client and Cost Management System (CCMS) and relevant guidance to support this amendment. When a draft payment on account has been set up on the system it is important to make sure that you do not click back through it before submitting the application, you will be applying for 75%, but will actually be paid 80%.

The updated versions of the specification (general provisions 1-6) for the 2018 civil contract, 2018 civil contract (education and discrimination) and the 2018 Civil Contract Specification: Category Specific Rule (Family), the Cost Assessment Guidance (2018) are now available on GOV.UK.

We have published an update to the 'Payments On Account – Profit costs' guide and a new guide, 'Payment on account – 100% Family Advocacy Scheme' on how to create and submit a claim for a 100% POA for costs under the FAS.

## **Further information**

[Standard Civil Contract 2018](#) – for updated versions of the 2018 civil contract specification (general provisions 1-6) and the 2018 Civil Contract (education and discrimination specification (general provisions 1-6)

[Cost Assessment Guidance 2018 \(August 2020\)](#) – for an updated version of the

Payments on account guides can be found here:

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## [Foundation industries: building a resilient recovery: apply for funding](#)

News story

UK-registered businesses can apply for a share of £8 million in grant funding for projects supporting the recovery and growth of foundation industries.



Foundation Industries: spanning cements, ceramics, paper, metals, bulk chemicals and glass.

Foundation industries – cement, glass, ceramics, paper, metals and bulk chemicals – are vital for the UK’s manufacturing and construction sectors.

Combined, they are worth about £52 billion to the UK economy but they face common challenges:

- consumption of raw materials and energy use leading to significant operating costs and environmental impact, including 10% of all UK CO2 emissions
- operating in an internationally competitive landscape with long investment cycles
- benefits of innovation are not shared throughout the supply chain, limiting incentives to invest

The Transforming Foundation Industries Challenge, part of the UK Government’s Industrial Strategy Challenge Fund is investing £66 million in a partnership

with UK businesses to develop sustainable technologies that reduce the environmental impact of the Foundation Industries (Cleantech for heavy industries).

This is to ensure that these sectors remain internationally competitive and are ready to meet the government commitment of net zero carbon emissions by 2050.

Innovate UK, as part of UK Research and Innovation, has up to £8 million from the fund to invest in innovative research and development projects that address resource or energy efficiency of foundation industries.

## **Projects should focus on resource or energy efficiency**

Projects must demonstrate how they address resource or energy efficiency of foundation industries and support resilience and sustainability of the sector and its supply chains. Applicants can include techno-economic assessment of new products, services and business models and must:

- help the UK's foundation industries remain globally competitive and become more environmentally sustainable
  - indicate how the innovation helps meet the needs of business and/or industry as it emerges from Covid-19 pandemic and aids rapid recovery
  - demonstrate that the business has the capability to deliver the project
- We are looking to fund a portfolio of projects, across a variety of technologies, markets, sectors, technological maturities and research categories.

Projects can focus on one or more of the following areas:

- establishing long-term viability of domestic supply chains
- new markets
- new business models
- new products and services
- new processes

## **Competition information**

- the competition is open and the deadline for applications is at 11am on 4 November 2020
- UK businesses of any size and research and technology organisations may apply
- total eligible costs must be between £100,000 and £1 million

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# [The Fighting Chance: breaking down barriers to veteran's well-being](#)

The 12 week programme combines boxing training with tailored support around well-being, routine and socialisation. Once participants have completed the programme, they will have the skills and resources to continue training and use what they have learnt to move towards meaningful employment or further education.

The partnership is a collaborative effort, with Stoll recognising the value of The Fighting Chance programme to their beneficiaries. Made possible through funding from the [Armed Forces Covenant Fund](#), the bespoke programme was due to launch in April. Unfortunately, COVID-19 meant that the launch was delayed until restrictions were lifted to the point that residents could take part in outside, socially distanced training.

The programme was finally able to kick off on 21 July and after only two weeks, the participants are already showing signs of progress.

Shaheed Sambrano is one of the boxing coaches (alongside his mentor George Burton) and it's his first time working with veterans. > They are amazing people, keen to learn and very coachable. I really enjoy identifying strengths and helping people build on that.

Shaheed Sambrano one of the boxing coaches. MOD Crown Copyright.

However it's not all about the boxing, each participant's overall well-being is monitored and throughout the programme they receive tailored advice and guidance to get them closer to their goals.

Each participant has their own, often personal, reasons for taking part in the programme. Shellie, a Stoll resident for just under a year, wants to build her confidence, self-discipline and develop new skills.

Shellie, a Stoll resident, practising her boxing. MOD Crown Copyright.

While this bespoke programme was designed specifically for Stoll beneficiaries, The Fighting Chance run a series of veteran focussed programmes. As Bronze MOD Employer Recognition Scheme Award holders, they have been recognised for their commitment to supporting the armed forces community.

Find out more about [The Fighting Chance for Veterans](#) and the [Armed Forces Covenant and MOD Employer Recognition Scheme](#)

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# Exploring the barriers to information sharing for direct care

Today we have [published the findings and recommendations](#) from a survey we conducted about the perceived barriers to information sharing in support of people's individual care.

High quality health and care services depend upon effective communication between professionals, patients, service-users and carers across different organisations and at multiple points in a person's interaction with the system. However, we know that relevant information is often not available to health and care professionals or to the individual themselves. This can affect the quality of the care and health outcomes – professionals may be left without the information they need, and individuals are not empowered as they should be as partners in their own care.

We asked those working within health and care to help us better understand the impediments that are stopping the sharing of this essential information.

## **Why we carried out the survey**

The reticence to share information, even when it is in the best interests of a person's individual care, has long been matter of concern for the National Data Guardian.

[The Information Governance Review](#), which Dame Fiona Caldicott carried out in 2013, described a 'culture of anxiety' around data sharing and led her to add a 7th Caldicott Principle to the existing 6: The duty to share information can be as important as the duty to protect patient confidentiality.

But despite the 7th Caldicott Principle, the problem persists.

In early 2019, during a [consultation to seek views on her proposed work priorities](#), the NDG heard that more needed to be done to encourage better information sharing between health and care staff in support of people's care. Respondents supported the proposal that the NDG should work with others to ensure that information governance is embedded into professional training and development to better equip staff to share with confidence.

As a result, the NDG set 'Encouraging information sharing for individual care' as one of her three key priorities. The consultation also identified a call for the NDG to use her influence to improve patients' access to their own health and care records, and so she committed to work with the relevant bodies to explore the barriers to improving access.

This survey and its recommendations support both of these commitments.

## **A valuable snapshot of data sharing before the pandemic**

This survey was carried out before the COVID-19 pandemic struck. Since then, we've been pleased to support work to break down some of the barriers to information sharing at an accelerated pace. In response to the public health emergency, individuals and organisations have quickly rallied to make sure that information is in the hands of those who need it, when they need it, to support both the management of the outbreak and the care of those affected by it. This has not always happened perfectly, but it is a welcome change – including in mindset and attitude – towards better information sharing.

Of course, this has all taken place within exceptional circumstances and it raises a number of significant questions. What will data sharing look like when we return to 'normal'? What lessons have we learned that should inform future policies on data sharing? Which ways of working are helpful and should be permanently retained, and which stood down?

We believe that the snapshot that our survey gives of the world before COVID-19 is particularly valuable for answering these questions. It gives a clear view of the information sharing barriers that we must avoid reinstating. It underlines the importance of training for staff, so that they can share data well and with confidence. And it shows strong support for better access for individuals to their own health and care information.

### **What the survey findings tell us – key findings**

- The barriers to information sharing emerged as six themes: poor infrastructure, lack of integration and system complexity; anxiety about legal and regulatory complexity; concerns about breach of confidentiality; professional and organisational culture; lack of education, training and guidance; concerns about onward sharing of confidential information.
- The law around data protection and confidentiality is complex and many find existing guidance unclear or inaccessible. Ignorance, perceived complexity of regulations, fear of the law – particularly of GDPR – and concerns about breaching confidentiality, were frequently given as examples of why data is not shared to support direct care. Many find the distinction between direct and indirect care unclear and hard to apply.
- Data is often not flowing well across organisational and geographical boundaries. Concerns about data quality may also reinforce reluctance to share.
- Sector-wide guidance on information sharing, and accessible local training on the law and Caldicott Principles would help.
- There was strong support both for patients' access to information about their health and care and a presumption that patients should have such access. But technical, legal, organisational and workload barriers need to be addressed if patient access to information about their health and care is to become a system-wide reality.

### **The NDG's recommendations**

## **Recommendation 1**

Develop an education and training strategy to encourage information sharing for individual care that includes:

- Accessible and authoritative sector-wide guidance
- Clear, consistent, and accessible use of language
- Measures to promote a culture of safe sharing to support personal care
- Exemplars of good practice
- Consistency with new models of care and emerging technology challenges.

## **Recommendation 2**

Provide clarity about what falls within direct care and what does not. Any new guidance needs to use clear language and be consistent with a changing health and care landscape. To fill the gap until such time as this recommendation can be met in full, we have developed a draft [decision-support algorithm](#) which may help frontline health and care professionals. If validated and assured, such a decision-support tool could be incorporated into an app or clinical / care record system. Some colleagues who have road tested this decision support algorithm have given positive feedback.

## **Recommendation 3**

An approach should be developed to ensure patients, carers and service users can access important information about their health and care in ways that help them understand the content and context of that information.

## **Recommendation 4**

A better understanding should be developed of what specific data and information is required by the health and care system to meet the different demands of care provision, research and planning. This should be combined with an increased focus on data quality, structure, and access hierarchies. This would enable the relevant data (and only the relevant data) to be accessed by the appropriate teams and the appropriate points, without the issues that could be caused by the sharing of the entire patient record.

## **Next steps**

[Our report](#) has had positive reaction from the stakeholders who have read and reviewed it prior to publication. We have heard from clinicians that the findings resonate, and the recommendations are appropriate. The Health and Care Information Governance Panel, a group that has been convened by NHSX to lead on ensuring information governance guidance and policy is clear and simple, has reviewed and supported all of our recommendations. We look forward to working with partners to see how they can best be implemented.

But we'd like to hear what others think about the recommendations too. If you have any thoughts, please write to us at [ndgoffice@nhs.net](mailto:ndgoffice@nhs.net) so that these can be fed into work with partners to consider what should happen next on our recommendations.