



## West Sussex County Council – Infection Control Fund

22nd June 2020

Please find below a FAQ guidance document which seeks to address questions and assist with decision making regarding the acceptable use of the Department of Health and Social Care (DHSC) Infection Control (IC) Fund, distributed to West Sussex Care Homes through a grant agreement between each home or group of homes and West Sussex County Council.

### 1. Overview

The fund is for specific workforce and infection control measures intended to support adult social care providers to reduce the rate of COVID-19 transmission in and between care homes and support wider workforce resilience. The DHSC funding can only be used to support activity outlined in annex C of grant circular (copied below at section 3 for ease of reference).

The IC funding is not intended to be used to address general financial pressures providers might be experiencing. The Council has other financial support mechanisms in place intended to support providers to manage these pressures; including the increased payments to providers based on pre COVID customers numbers, to mitigate against loss of income arising from reduced service demand, and the 'sustainability fund' to support meeting the most pressing business needs where providers have incurred additional costs that are Covid19 related. These support mechanisms remain in place and active.

Where there is an overlap between measures that are in scope of the IC fund and the sustainability fund, the Council expects providers to utilise their IC fund monies to cover their costs in these areas throughout the grant period. Examples of areas where there is an overlap between the IC fund and Sustainability fund include:

- additional agency / temporary staff employed
- costs of recruitment including any additional advertising and training costs for staff to cover workforce shortages
- additional travel costs incurred (where necessary to limit the use of public transport)
- additional expenditure on cleaning to support effective infection control

The Infection Control Fund was announced on the 13th May and cannot be used retrospectively to cover costs incurred before then. It can be used for costs incurred from 13<sup>th</sup> May onwards, including the ongoing costs of activities consistent with DHSCs grant measures, and must be utilised by 23rd September 2020.

## 2. FAQ

The table below details a wide range of areas regarding the acceptable use of DHSC, alongside the Council's position on the alignment to DHSCs measures in relation to each.

No.	Item	WSCC Position
1	Staff accommodation - Using a bedroom to offer staff accommodation and break away from the normal staff area and home during long shifts. Costed at the average weekly fee of the home.	Yes – fits with the DHSC measure <i>'Providing accommodation for staff who proactively choose to stay separately from their families in order to limit social interaction outside work. This may be provision on site or in partnership with local hotels.'</i>
2	Staff wages and expense of travel whilst testing during out of shift hours	Yes – not explicitly described but seems consistent with <i>'provide vital additional support to homes and underpin effective infection control while permanent staff are isolating or recovering from COVID-19'</i>
3	Architect fees if refit required	Yes - If the purpose of the refit is consistent with <i>'Limiting or cohorting staff to individual groups of residents or floors/wings, including segregation of COVID-19 positive residents; e.g. paying for extra staff cover to provide the necessary level of care and support to residents or paying for structural/physical changes to support separation of floors/wings and/or residents'</i> Providers are requested to note that they must provide a statement certifying that they have spent the funding on the grant measures by 23 <sup>rd</sup> September 2020. So any associated works will need to have been paid for by this date
4	Tablets etc. reduce use of paper	No – On the face of it a legitimate IC measure but does not appear to fit with any of the DHSC defined measures
5	Training costs	Yes – if training is to support <i>'active recruitment of additional staff (and volunteers) if they are needed to enable staff to work in only one care home or to work only with an assigned group of residents or only in specified areas of a care home'</i> .
6	Screens e.g. between staff and visitors	Yes – Consistent with <i>'structural/physical changes to support separation of floors/wings and/or residents'</i>
7	Devices to gauge temperature of individuals passing by	No – It isn't clear what the devices are or how they would be used, but this does not appear to be aligned with any of the DHSC grant measures.
8	New kitchen equipment	Yes – If it could be evidenced that additional items of equipment were needed to enable <i>'Limiting or cohorting staff to individual groups of residents or floors/wings, including segregation of COVID-19 positive residents; e.g. paying for extra staff cover to provide the necessary level of care and support to residents or paying for structural/physical changes to support separation of floors/wings and/or residents'</i>
9	New uniforms	Yes – If this is to support <i>'active recruitment of additional staff'</i> and <i>'underpin effective infection control'</i> .
10	Agency use to support staffing levels	Yes – Aligned to <i>'recruitment costs, paying for additional staff, agency staff costs, associated management costs, training costs'</i>

11	Walk in En- suites	Yes – Aligned to ' <i>paying for structural/physical changes to support separation of floors/wings and/or residents</i> '
12	Deep cleaning	Yes – Aligned to ' <i>Limiting or cohorting staff to individual groups of residents or floors/wings, including segregation of COVID-19 positive residents</i> '
13	Bike shed	Yes – Aligned to ' <i>Steps to limit the use of public transport by members of staff. Where they do not have their own private vehicles this could include encouraging walking and cycling to and from work and supporting this with the provision of changing facilities and rooms and secure bike storage or use of local taxi firms.</i> '
14	External visitors' section	No – On the face of it a legitimate IC measure but does not appear to fit with any of the DHSC defined measures.
15	Paid breaks for staff	No – Policies should be in place and enforced to enable control over the interactions of staff during breaks.
16	Bikes for staff	Yes – not explicitly addressed in DHSC guidance but aligned to ' <i>Steps to limit the use of public transport by members of staff. Where they do not have their own private vehicles this could include encouraging walking and cycling to and from work and supporting this with the provision of changing facilities and rooms and secure bike storage or use of local taxi firms.</i> ' Providers are requested to ensure that they only use the funding to acquire sufficient cycles to enable staff who use public transport to travel to work and who are happy to use a bike to commute. Additionally, the funding should not be used to gift items to staff members, and so the provider should retain ownership.
17	Extra cleaning hours	Yes – If this is intended to support ' <i>Limiting or cohorting staff to individual groups of residents or floors/wings, including segregation of COVID-19 positive residents</i> '
18	Extra cleaning products	Yes – If this is intended to support ' <i>Limiting or cohorting staff to individual groups of residents or floors/wings, including segregation of COVID-19 positive residents</i> '
19	Install new soap and paper towel dispensers in all residents own bedrooms	Yes – Aligned to ' <i>paying for structural/physical changes to support separation of floors/wings and/or residents</i> '
20	Industrial steam cleaner	Yes – If this is intended to support ' <i>Limiting or cohorting staff to individual groups of residents or floors/wings, including segregation of COVID-19 positive residents</i> '
21	Laptop for social distancing working	No – On the face of it a legitimate IC measure but does not appear to fit with any of the DHSC defined measures
22	Revamp of garden to aid social distancing	No – On the face of it a legitimate IC measure but does not appear to fit with any of the DHSC defined measures
23	Electronic care plans to reduce contamination from paper	No – On the face of it a legitimate IC measure but does not appear to fit with any of the DHSC defined measures
24	Steam cleaners	Yes – If this is intended to support ' <i>Limiting or cohorting staff to individual groups of residents or floors/wings, including segregation of COVID-19 positive residents</i> '
25	Carpet cleaners	Yes – If this is intended to support ' <i>Limiting or cohorting staff to individual groups of residents or floors/wings, including segregation of COVID-19 positive residents</i> '

26	Extra food trollies, skips, bins and microwaves	Yes – if this is to enable <i>'Limiting or cohorting staff to individual groups of residents or floors/wings, including segregation of COVID-19 positive residents; e.g. paying for extra staff cover to provide the necessary level of care and support to residents or paying for structural/physical changes to support separation of floors/wings and/or residents'</i>
27	Loss of income by using a bedroom as a safe and secure changing room	Yes – Aligned to <i>'Steps to limit the use of public transport by members of staff. Where they do not have their own private vehicles this could include encouraging walking and cycling to and from work and supporting this with the provision of changing facilities and rooms and secure bike storage or use of local taxi firms.'</i>
28	Loss of day care income	No - Not aligned to any of the DHSC specified measures
29	WiFi boosters and connections for FaceTime etc. residents' families	Yes – Aligned to <i>'Limiting or cohorting staff to individual groups of residents or floors/wings, including segregation of COVID-19 positive residents'</i> .
30	Alexa devices as room aids	No - Not aligned to any of the DHSC specified measures
31	Furlough pay top up for when government changes employer contribution in July	Yes – If the staff concerned are furloughed because they are clinically vulnerable this would align to <i>'Ensuring that staff who are isolating in line with government guidance receive their normal wages while doing so.'</i> If they are furloughed for other reasons, then it would not be appropriate to use the funds for this purpose.
32	Should any staff need to self-isolate due to Covid 19 symptoms we will pay them their normal wage	Yes – Aligns with <i>'Ensuring that staff who are isolating in line with government guidance receive their normal wages while doing so.'</i> However, the Council would expect a provider to have accessed other national employment initiatives first.
33	We have secured one house and one flat for staff accommodation to enable staff who wish to proactively separate from their families to be provided with this facility. This is far more cost and time effective than paying for hotel rooms from 1st June to 23rd September. We already have staff who will be using the accommodation, this will prevent staff working in other Care homes or hospitals as our employment terms link any provision of accommodation to their employment with us. Therefore, reinforcing the DHSC condition of staff only working in one Care Home.	Yes – Aligns with <i>'Providing accommodation for staff who proactively choose to stay separately from their families in order to limit social interaction outside work. This may be provision on site or in partnership with local hotels.'</i>
34	We will be purchasing vehicles for all sites to enable staff to be able to access a transport service or use this vehicle as a pool car. This prevents staff using public transport. Enables us to get to staff who can cover shifts quickly, therefore ensuring we do not use	Yes – This does align with <i>'Steps to limit the use of public transport by members of staff. Where they do not have their own private vehicles this could include encouraging walking and cycling to and from work and supporting this with the provision of changing facilities and rooms and secure bike storage or use of local taxi firms.'</i>

	agency staff that we have no control over how many services they are working in.	However, the Council would not agree to the purchase of vehicles but request that the provider seeks a more cost-effective solution i.e. the rental of a number of vehicles for the required duration. Note consideration of cleaning vehicles to minimise contamination risk would also need to be considered.
35	Taxi costs as required	Yes – If the use of taxis is to enable the provider to <i>'limit the use of public transport by members of staff'</i>
36	We have multi-site chefs and maintenance staff. We are allocating them to individual homes which will incur costs to cover the other sites they normally work at.	Yes – this aligns with <i>'Ensuring, so far as possible, that members of staff work in only one care home. This includes staff who work for one provider across several homes'</i>
37	We have secured employment of an additional nurse (full time) and the recruitment costs for this we will be using the grant for.	Yes – this aligns with <i>'To support active recruitment of additional staff (and volunteers) if they are needed to enable staff to work in only one care home or to work only with an assigned group of residents or only in specified areas of a care home'</i>
38	I am currently having to use an agency to cover shifts where I have a furloughed member of staff, so could I use the money on the agency cost	Yes – If the member of staff concerned is furloughed because they are clinically vulnerable this aligns with <i>'paying for additional staff, agency staff costs, associated management costs,'</i> However, if the member of staff is furloughed for other reasons, it would seem to be more cost effective to bring the furloughed member of staff back to work.
39	The guidance states that the money shouldn't be used for any expenditure already occurred. In relation to paying staff that have previously had to isolate; It could be interpreted that we could apply the following: As a result of the support available, the company has changed their employment policy in relation to COVID-19 and is now paying staff that have had to isolate due to having to follow COVID-19 isolation guidance, contracted COVID-19 or waiting to receive the test results. As this would fall into a cost incurred within the claim period, we could add it to our claim. Do you agree?	No – The Infection Control Fund was announced on the 13th May and cannot be used retrospectively to cover cost incurred before then. IC Fund monies can however be allocated against expenditure already incurred, if it was incurred on or after 13 <sup>th</sup> May.
40	Can we fund shed like structures to create staff changing facilities outside of the home?	Yes – Where there is no other room in facility that could be used for this purpose, it would be aligned to <i>'Steps to limit the use of public transport by members of staff. Where they do not have their own private vehicles this could include encouraging walking and cycling to and from work and supporting this with the provision of changing facilities and rooms and secure bike storage or use of local taxi firms.'</i>
41	Can we pay agency recruitment costs?	Yes – this aligns with <i>'paying for additional staff, agency staff costs, associated management costs,'</i>
42	Can we pay induction training costs of new starters?	Yes – this aligns with <i>'paying for additional staff, agency staff costs, associated management costs, training costs'</i> though existing training through Skills for Care should be accessed first

43	Can we pay for an additional staff member on each shift to reduce the risk of requiring agency workers?	Yes – this aligns with <i>'Ensuring, so far as possible, that members of staff work in only one care home'</i>
44	Can we pay staff an enhanced rate to request they do not socialise despite guidance allowing them to?	No – Policies should be in place and enforced to enable control over the interactions of staff during breaks.
45	Can we pay to convert a room into a COVID secure visitation area?	No – On the face of it a legitimate IC measure but does not appear to fit with any of the DHSC defined measures
46	Are there restrictions on the mediums we can use to advertise/recruit staff or the basis on which they can be recruited i.e. temporary, permanent, part time, full time etc?	There are no explicit restrictions on advertising mediums, but should seek to ensure that they represent good value for money. Recruitment can cover temporary, permanent, part time, full time, agency, volunteer, NHS returners etc
47	Are there restrictions on the roles that can be advertised e.g. carers, kitchen staff, housekeeping staff etc?	No, but they must be <i>'needed to enable staff to work in only one care home or to work only with an assigned group of residents or only in specified areas of a care home'</i>
48	Are the funds available to pay staff who are shielding full pay?	Yes – Aligns with <i>'Ensuring that staff who are isolating in line with government guidance receive their normal wages while doing so.'</i>
49	Can the funds be used to supplement SSP to the rate of full pay or should they be used as an alternative to claiming SSP?	The funds should be used to supplement SSP to the full rate of pay in line with DHSC guidance which states <i>'uplift the pay of those who need to isolate who would normally only be entitled to statutory sick pay'</i>
50	Would we be covered to replace an old-style bathroom with a wet room that is accessible to all residents (as opposed to a few abled bodied residents) to enable us to segregate residents into designated areas of the home to prevent transmission of the virus?	Yes – Aligns with <i>'Limiting or cohorting staff to individual groups of residents or floors/wings, including segregation of COVID-19 positive residents; e.g. paying for extra staff cover to provide the necessary level of care and support to residents or paying for structural/physical changes to support separation of floors/wings and/or residents'</i>
51	Would we be covered to create a changing room area for staff and add a shower facility to enable them to clean up after cycling/walking into work and for staff to change into their uniforms on arrival at the home?	Yes – Aligns with <i>'Steps to limit the use of public transport by members of staff. Where they do not have their own private vehicles this could include encouraging walking and cycling to and from work and supporting this with the provision of changing facilities and rooms and secure bike storage or use of local taxi firms.'</i>
52	To enhance infection control would we be covered to replace old style hand-held taps with touch free taps?	Yes – Consistent with <i>'structural/physical changes to support separation of floors/wings and/or residents'</i>
53	Would we be covered to purchase additional equipment for the laundry to improve infection control?	Yes – If this is intended to support <i>'Limiting or cohorting staff to individual groups of residents or floors/wings, including segregation of COVID-19 positive residents'</i> it would be consistent with <i>'paying for structural/physical changes to support separation of floors/wings and/or residents'</i>
54	We have a staff member who works a shift a week out in the community to top up her wages. We have requested she stop this as a matter of urgency, but due to financial strains she is experiencing	Yes – this is aligned with <i>'Ensuring, so far as possible, that members of staff work in only one care home. This includes staff who work for one provider across several homes or staff that work on a part time basis for multiple employers and includes agency staff (the principle being</i>

<p>she is reluctant to do so. Would this fall within the category of the specifications to spend the grant on? If so, would we be able to use the grant money to top up the wages she would have been earning out in the community?</p>	<p><i>that the fewer locations that members of staff work in the better; e.g. compensating staff whose normal hours are reduced due to restrictions on their movement'</i></p>
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### 3. DHSC Measures

- Ensuring that staff who are isolating in line with government guidance receive their normal wages while doing so. At the time of issuing [the] Grant Circular this included staff with suspected symptoms of COVID-19 awaiting a test, or any staff member for a period following a positive test. e.g. to uplift the pay of those who need to isolate who would normally only be entitled to statutory sick pay;
- Ensuring, so far as possible, that members of staff work in only one care home. This includes staff who work for one provider across several homes or staff that work on a part time basis for multiple employers and includes agency staff (the principle being that the fewer locations that members of staff work in the better; e.g. compensating staff whose normal hours are reduced due to restrictions on their movement);
- Limiting or cohorting staff to individual groups of residents or floors/wings, including segregation of COVID-19 positive residents; e.g. paying for extra staff cover to provide the necessary level of care and support to residents or paying for structural/physical changes to support separation of floors/wings and/or residents;
- To support active recruitment of additional staff (and volunteers) if they are needed to enable staff to work in only one care home or to work only with an assigned group of residents or only in specified areas of a care home, including by using and paying for staff who have chosen to temporarily return to practice, including those returning through the NHS returners programme. These staff can provide vital additional support to homes and underpin effective infection control while permanent staff are isolating or recovering from COVID-19. e.g. recruitment costs, paying for additional staff, agency staff costs, associated management costs, training costs (free induction training is available through Skills for Care) incurred as a result of these measures.
- Steps to limit the use of public transport by members of staff. Where they do not have their own private vehicles this could include encouraging walking and cycling to and from work and supporting this with the provision of changing facilities and rooms and secure bike storage or use of local taxi firms.
- Providing accommodation for staff who proactively choose to stay separately from their families in order to limit social interaction outside work. This may be provision on site or in partnership with local hotels.