Department of Health & Social Care

Adult Social Care Infection Control and Testing Fund Ring-Fenced Grant 2021

Guidance

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Contents

Background

The Adult Social Care Infection Control Fund was first introduced in May 2020. It was extended in October 2020 and, by March 2021 had provided over £1.1 billion of ring-fenced funding to support adult social care providers in England for infection prevention and control (IPC). The Rapid Testing Fund was introduced in January 2021 to support additional lateral flow testing (LFT) of staff in care homes, and enable indoors, close contact visiting where possible.

Due to the success of the Infection Control Fund and the Rapid Testing Fund in supporting care providers to reduce transmission and re-enabling close contact visiting, these funding streams have been consolidated and extended until June 2021, with an extra £341 million of funding.

This is a new grant, with separate conditions to the original Infection Control Fund, the extension to the Infection Control Fund and the original Rapid Testing Fund. This brings the total ring-fenced funding for infection prevention and control to almost £1.35 billion and support for lateral flow testing to £288 million in care settings.

The purpose of this fund is to support adult social care providers, including those with whom the local authority does not have a contract, to:

1. reduce the rate of COVID-19 transmission within and between care settings through effective infection prevention and control practices and increase uptake of staff vaccination; and

2. conduct rapid testing of staff and visitors in care homes, high risk supported living and extra care settings, to enable close contact visiting where possible.

When the funding will be issued

The funding will be paid to local authorities in April 2021. This will include allocations for both infection prevention and control and rapid testing.

We expect the grant to be fully spent on infection prevention and control and rapid testing measures (as outlined in the grant determination letter) by 30 June 2021, where ‘spent’ means that expenditure has been incurred on or before 30 June 2021.

Local authorities should prioritise passing on the direct funding for providers (as outlined below) to adult social care providers in their geographical area. We expect this to take no longer than 20 working days upon receipt of the funding in a local authority, subject to providers meeting the conditions as stated in the local authority circular. This includes social care providers with whom the local authority does not have existing contracts

Direct funding for providers

This funding includes two distinct allocations of funding – infection prevention and control (IPC) funding and rapid testing funding.

All direct funding must be used for the infection prevention and control measures or rapid testing measures outlined. We expect each allocation to be used to pay for the respective measures; however we recognise that some costs might cut across both purposes (e.g. an individual staff member brought in for infection prevention control purposes could also be involved in supporting visiting).

All allocations include social care providers with whom the local authority does not have existing contracts. The allocations per local authority have been published in annex B of the local authority circular. To note, these allocations include residential drug and alcohol services[1].

Infection prevention and control (IPC) funding

Local authorities should pass 70% of this funding to:

- care homes, including residential drug and alcohol services, within the local authority's geographical area on a 'per bed' basis

- CQC-regulated community care providers (domiciliary care, extra care and supported living) within the local authority's geographical area on a 'per user' basis

We expect this to be the default approach in most locations. However, as part of previous COVID-19 funds some local areas have put in place alternative arrangements – such as allocation based on staffing ratios – which we are keen to support if there is local consensus. Local authorities may propose alternative approaches for allocating the funding in cases where this would help facilitate the allocation of funding. However, any alternative approaches must:

- be consistent with the intention of the funding to provide an equitable level of funding among providers of community care, including those with which the local authority does not have existing contracts

- have been consulted upon with the local provider sector

[1] As per the Care Quality Commission Care Directory. Residential drug and alcohol services are not categorised as 'care homes' within the directory, so we have indicated the relevant bed numbers we have used for these services in the allocations table, which can be found in annex B.

- be carried out at the local authority's own risk

If a local authority takes an alternative approach, they must notify the department via email.

Local authorities must assure themselves that all direct funding for providers from this allocation is spent on the following infection prevention and control measures. Providers can use this funding to pay for the continuation of infection prevention and control measures they may have already taken if they are in line with these measures:

Care homes (including residential drug and alcohol settings):

- ensuring that staff who are isolating in line with government guidance receive their normal wages and do not lose income while doing so. At the time of issuing the grant circular, this includes:
    - staff with suspected symptoms of COVID-19 waiting for a test
    - where a member of the staff's household has suspected symptoms of COVID-19 and are waiting for a test
    - where a member of the staff's household has tested positive for COVID-19 and is therefore self-isolating
    - any staff member for a period of at least 10 days following a positive test
    - if a member of staff is required to quarantine prior to receiving certain NHS procedures (generally people do not need to self-isolate prior to a procedure or surgery unless their consultant or care team specifically asks them to)
- limiting all staff movement between settings unless absolutely necessary, to help reduce the spread of infection. This includes staff who work for one provider across several care homes, staff that work on a part-time basis for multiple employers in multiple care homes or other care settings (for example in primary or community care). This includes agency staff. Mitigations such as block booking should be used to further minimise staff movement where agency or other temporary staff are needed.
- limiting or cohorting staff to individual groups of residents or floors/wings, including segregation of COVID-19 positive residents
- to support active recruitment of additional staff (and volunteers) if they're 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 prevention and control while permanent staff are isolating or recovering from COVID-19

- steps to limit the use of public transport by members of staff (taking into account current government guidance on the safe use of other types of transport by members of staff)

- providing accommodation for staff who proactively choose to stay separate from their families in order to limit social interaction outside work

- costs of PCR testing; including ensuring that staff who need to attend work or another location for the purposes of being tested for COVID-19 are paid their usual wages to do so, any costs associated with reaching a testing facility, and any reasonable administrative costs associated with organising and recording outcomes of COVID-19 tests

- costs of vaccination; including ensuring that staff who need to attend work or another location for the purposes of being vaccinated for COVID-19 are paid their usual wages to do so, any costs associated with reaching a vaccination facility, and any reasonable administrative costs associated with organising COVID-19 vaccinations where these were not being supported by other government funding streams

Community care settings:

- ensuring that staff who are isolating in line with government guidance receive their normal wages and do not lose income while doing so. At the time of issuing the grant circular, this includes:

    - staff with suspected symptoms of COVID-19 waiting for a test

    - where a member of the staff's household has suspected symptoms of COVID-19 and are waiting for a test

    - where a member of the staff's household has tested positive for COVID-19 and is therefore self-isolating

    - any staff member for a period of at least 10 days following a positive test

    - if a member of staff is required to quarantine prior to receiving certain NHS procedures (generally people do not need to self-isolate prior to a procedure or surgery unless their consultant or care team specifically asks them to)

- steps to limit the number of different people from a home care provider providing care to a particular individual or steps to enable staff to perform the duties of other team members/providers (including, but not limited to, district nurses, physiotherapists or social workers) to reduce the number of carers attending a particular individual

- meeting additional costs associated with restricting workforce movement for infection prevention and control purposes. This includes staff who work on a part-time basis for multiple employers or in other care settings, particularly care homes. This includes agency staff (the principle being that the fewer locations that members of staff work in the better)

- costs of PCR testing; including ensuring that staff who need to attend work or another location for the purposes of being tested for COVID-19 are paid their usual wages to do so, any costs associated with reaching a testing facility, and any reasonable administrative costs associated with organising and recording outcomes of COVID-19 tests

- costs of vaccination; including ensuring that staff who need to attend work or another location for the purposes of being vaccinated for COVID-19 are paid their usual wages to do so, any costs associated with reaching a vaccination facility, and any reasonable administrative costs associated with organising COVID-19 vaccinations where these were not being supported by other government funding streams

- steps to limit the use of public transport by members of staff (taking into account current government guidance on the safe use of other types of transport by members of staff)

A non-exhaustive list of examples of ways in which providers can spend funding as part of the ‘per beds’ or ‘per user’ allocation can be found in annex A.

Rapid testing funding

Local authorities should pass 60% of this funding to care homes, including residential drug and alcohol services, within the local authority’s geographical area on a ‘per beds’ basis.

Local authorities must assure themselves that all direct funding for providers from this allocation is spent on the following rapid testing measures. Care homes can use this funding to pay for the continuation of measures that they may have already taken if they are in line with the below:

- Paying for staff costs associated with training and carrying out lateral flow testing, including time to:

    - attend webinars, read online guidance and complete an online competency assessment
    - explain the full LFT process to those being tested, and ensuring that they understand all other infection prevention and control (IPC) measures
    - ensure that any LFTs are completed properly, including overseeing the self-swabbing process, processing tests and logging results
    - wait for results, if staff are taking tests prior to their shift.
- Supporting safe visiting, including:
    - welcoming visitors;
    - gaining consent to conduct lateral flow testing;
    - overseeing that PPE is correctly donned;
    - additional IPC cleaning in between visits; and
    - alterations to allow safe visiting such as altering a dedicated space.
- Costs associated with recruiting staff to facilitate increased testing
- Costs associated with the maintenance of a separate testing area where staff and visitors can be tested and wait for their result. This includes the cost of reduced occupancy where this is required to convert a bedroom into a testing area, but only if this is the only option available to the setting. We expect that most costs will have been covered by the first Rapid Testing Fund.
- Costs associated with disposal of LFTs and testing equipment

Further guidance on direct funding for providers

Unoccupied beds

As outlined in annex B of the local authority circular, the allocations for care homes are based on the Care Quality Commission (CQC) Care Directory with Filters (March 2021). The allocations for residential drug and alcohol services are listed separately and are based on data held by CQC. We have set out that, for care homes, funding must be allocated on a ‘per bed’ basis.

In some limited circumstances, local authorities may need to take account of care home specific circumstances that mean there are a significant number of unoccupied beds not related to the outbreak of COVID-19. This could be due to a new and recently opened care home, or a care home that is closing. In these circumstances, local authorities may add unallocated funding to the LA discretionary allocation. We do not expect local authorities to penalise those care homes that have temporary vacancies due to COVID-19.

Community care users

As outlined in annex B of the local authority circular, the community care 'per user' allocation of the IPC funding is based on the number of non-residential service users per local authority recorded on the Capacity Tracker Home Care Survey as of 18 March 2021. We ask local authorities not to exclude providers who did not complete the Capacity Tracker before that date if there was a reasonable explanation. Moreover, if local authorities find that the number of users does not reflect the correct numbers of users, they may use more up to date information to make the allocation to their providers. Local authorities who choose to do this should inform the department of the basis of their decision and should be aware that no further funding will be provided.

Providers who refuse funding

If a provider in a local authority's geographical area does not accept their allocation, the local authority may add unallocated funding to the LA discretionary allocation. However, funding must be added to the corresponding allocation. For example, if a provider refuses IPC funding, this money must be added to the IPC 30% allocation and cannot be re-purposed for rapid testing measures.

Local authorities should make every effort to enable all providers to accept this funding, and any unallocated funding must be used by the local authority to support the whole market, including providers the local authority does not currently commission care from.

Registering lateral flow tests

Care providers in receipt of LFTs are required to register the results of all tests as per the testing guidance for staff and residents, and the visitors and visiting professionals guidance.

Local authority discretionary funding

Infection prevention and control (IPC) measures

During the lifetime of the extended Infection Control Fund, we received consistent feedback that certain providers had more significant infection prevention and control costs than others, due to the nature of the care provided (affecting staffing ratios) or due to the impact of a local outbreak. Accordingly, we have increased the size of the discretionary proportion to allow local authorities to provide additional support to such providers as necessary.

Accordingly, local authorities have discretion over how to use the remaining 30% of the IPC allocation of the grant. The funding must nevertheless be used to support care providers to take additional steps to tackle the risk of COVID-19 infections, and the Department would like local authorities to consider using this fund to put in place infection prevention and control (IPC) measures to support the resumption of services. We expect local authorities to use some of this funding to support providers who may be facing more significant infection prevention and control costs, including providers they do not have existing contracts with.

A non-exhaustive list of wider measures that the funding could be used for is below:

- providing additional support to care homes or other providers that are currently experiencing an outbreak to ensure that they are able to put in place sufficient IPC measures
- providing support on the IPC measures outlined above to a broader range of care settings, including, but not limited to:
    - community and day support services
    - carers support services
    - individuals who directly employ one or more personal assistants to meet their care needs
    - individuals who are in receipt of direct payments
    - the voluntary sector
- measures the local authority could put in place to boost the resilience and supply of the adult social care workforce in their area to support effective infection prevention and control

Local authorities may use a small amount of this funding (capped at 1% of their total IPC allocation) for reasonable administrative costs associated with distributing and reporting on this funding.

Rapid testing measures

Local authorities must use 40% of the rapid testing allocation of the grant to support the care sector to operationally deliver lateral flow testing.

Given the rollout of lateral flow testing for visitors to supported living and extra care settings, we expect local authorities – who have been referring and approving settings for this purpose – to use this funding to support testing in those settings.

As such, we expect local authorities to use their discretionary portion of the rapid testing allocation to support:

- supported living and extra care settings eligible for LFTs[2]
- care homes or other providers that are currently experiencing an outbreak to ensure that they have the resources needed to administer the LFTs and equipment that they need to increase lateral flow testing
- smaller homes to implement lateral flow testing as they may face relatively higher costs compared to large homes
- other parts of the sector with lateral flow testing in line with any further rollouts.

These settings can use this funding in line with the rapid testing measures outlined above.

[2] For eligibility see guidance on testing service for extra care and supported living settings.

Specific restrictions on the use of the funding

The purpose of this funding is to support adult social care providers, including those with whom the local authority does not have a contract, to (1) reduce the rate of COVID-19 transmission within and between care settings through effective infection prevention and control practices and increase uptake of staff vaccination; and (2) support additional lateral flow testing of staff in care homes, to enable indoors, close contact visiting where possible. This funding must not be used to pay for activities that do not support the primary purpose of this fund.

Interaction between IPC allocation and rapid testing allocation

As a general rule, the rapid testing allocation should not be used to pay for IPC measures, either at a local authority or provider level, and vice versa. However, we recognise that some costs might cut across both purposes (e.g. an individual staff member brought in for infection prevention and control purposes could also supporting visiting). Local authorities and providers must keep relevant records to demonstrate that spending is in line with grant conditions if required by the department.

Staff who are off sick with conditions other than COVID-19, furloughed or shielding

This funding cannot be used by providers to pay usual wages to staff who are off sick with conditions other than COVID-19, nor to top up the pay of staff who are furloughed or to pay the wages of staff who may be shielding (in line with government guidance). This funding can be used to pay usual wages of staff who are self-isolating with suspected COVID-19 symptoms (rather than only after a positive test), but those individuals must be seeking to confirm whether this is COVID through a test. In these circumstances, where a member of staff receives a negative test for COVID, a provider can still use this fund to pay usual wages where the symptoms were suspected to be COVID in line with government guidance.

The fund is specifically for supporting providers with the additional costs they will face in complying with the government guidance on infection prevention and control with respect to COVID-19, including workforce measures that restrict staff movement.

The department is content that this approach is important to ensure that staff who are isolating in line with government guidance on COVID-19 receive their normal wages while doing so. If providers have concerns, they should seek legal advice.

PPE

The Department is providing free PPE for COVID-19 needs to CQC-registered care homes and domiciliary care providers via the PPE portal until the end of June 2021. These providers are able to register to the PPE portal and place orders using their CQC-registered emails. The direct funding for providers cannot therefore be used by providers to pay for the cost of purchasing personal protective equipment (PPE).

Local authorities may use their 30% discretionary portion of the IPC allocation on other COVID-19 infection prevention and control measures to support the care sector. This could include, for example, additional financial support for the purchase of PPE by providers or by the local authority directly (although not for costs already incurred), however we expect the PPE portal to be the first port of call.

Designated settings

To prevent the risk of infections entering care homes, anyone who is likely to be infectious with COVID-19 should be discharged to a designated setting, a facility that meets a set of agreed standards to specifically provide safe care for COVID-19 positive residents. The Department is providing an additional £594 million through the hospital discharge programme to ensure that patients who have tested positive for the virus to be discharged safely from hospital into a specifically designated setting where they will receive appropriate care in a COVID-secure environment, before returning or moving into a care home or other care environment to prevent the spread of COVID-19.

Therefore, the Infection Control and Testing Fund should only be used for the IPC and rapid testing measures outlined. Any additional costs incurred by a designated setting to reach the standards to provide safe care for COVID-19 positive residents should be met from the hospital discharge programme.

Visiting

Where funding is spent on supporting visiting, this must be limited to measures that relate to managing the risks of COVID-19 transmission through visiting – in line with government guidance. Funding must not be spent on generic visiting facilities.

Interaction with Test and Trace

The Test and Trace Support Payment scheme is available to people in England who have been asked to stay at home and self-isolate by NHS Test and Trace or are the parent or guardian of a child that has been told to self-isolate. An eligible applicant must be on a low income, unable to work from home and losing income as a result.

The Infection Control and Testing Fund provides financial support to providers so they can continue to pay their staff their full wages while they are self-isolating according to government guidelines on COVID-19. The fund aims to ensure that care workers do not lose income because they are self-isolating.

We expect the Infection Control and Testing Fund to be the primary way to support social care workers who need to stay at home and self-isolate. If an individual is receiving their full wage from their employer through the Infection Control and Testing Fund, they will not be eligible for the Test and Trace Support Payment scheme.

We expect the majority of social care staff will not require the Test and Trace Support Payment. However, those who are not being paid to self-isolate by their employer in this way could be eligible if they meet the criteria.

Interaction with Statutory Sick Pay rebate

Eligible employers can use the Coronavirus Statutory Sick Pay Rebate Scheme to claim back employees' coronavirus-related Statutory Sick Pay (SSP). The rebate is available to social care providers as well as funding provided through the Infection Control and Testing Fund.

The rebate is targeted at employers with fewer than 250 employees, and they could be eligible if they meet the criteria.

Retrospective costs

This funding cannot be used retrospectively to compensate for expenditure incurred before 1 April 2021. It can, however, be used by providers to cover the ongoing costs of activities consistent with the aforementioned IPC and rapid testing measures.

The grant must not be used to compensate for activities for which the local authority has already earmarked or allocated expenditure.

Financial pressures

This funding cannot be used to address general financial pressures that providers might be experiencing.

Requirements for local authorities

Local authority returns

Local authorities must submit two returns specifying how the grant has been spent. This information should be returned at the following points:

Reporting point	Department Deadline	Information required
Reporting point 1	19 May 2021	Spending up to 30 April
Reporting point 2	30 July 2021	Spending up to 30 June

These returns should be returned to the mailbox: scfinance-enquiries@dhsc.gov.uk

The template that local authorities will need to complete can be found at annex E.

The department does not require any information further to that outlined in the template. If you experience any difficulties completing this template, please contact the department using the above email address.

Departmental assurance processes

Local authorities must comply with any departmental assurance processes, including requests for information they have received from providers on spending of this funding, the first Infection Control Fund and its extension, and the Rapid Testing Fund. The department will review the information provided by local authorities and may request that providers make their financial records available. If the department finds evidence of the grant being misused, it will recover the funding.

If, at the conclusion of the fund, the department finds that a local authority has not spent the entirety of their allocation, the department will recover any unspent monies.

The local authority must provide a final value of unspent funding by no later than 30 September, after which time the local authority may no longer amend this value. We expect local authorities to return unspent amounts to the department promptly after this date.

Local authority assurance processes

Local authorities must put in place sufficient processes to assure themselves that this fund is correctly spent by providers.

Ensuring funding is spent in line with grant conditions

A local authority must ensure that the direct funding to providers is only allocated on condition that the recipient care provider agrees to use it only for the IPC and rapid testing measures outlined above, commits to completing either the Capacity Tracker at least once per week, and will provide the local authority with information on how they have spent the funding at two points, at least one week prior to each reporting point (or as directed to them by their local authority).

If the information that local authorities receive from providers at any reporting point gives them concerns that a provider's spending is not in line with the grant conditions, they should work with that provider to determine if this is the case, and if necessary, recoup any misspent amounts.

If the local authority finds that the provider has not spent the entirety of the funding at the conclusion of the fund, they must take steps to recover any unspent monies.

Managing the risk of fraud

Local authorities should have access to Spotlight, a digital assurance tool. Alongside other checks conducted by local authorities, the tool can help with pre-payment, and in some cases post-payment, assurance. The government Grants Management Function and Counter Fraud Function can offer support in using Spotlight and interpreting results. We expect local authorities to undertake additional due diligence where Spotlight highlights issues and recognise this could cause some delays in payment to those specific providers.

We also want local authorities to work with us and each other in identifying and sharing good practice, including protecting eligible businesses which may be targeted by fraudsters pretending to be central or local government or acting on their behalf. If local authorities detect any instances of fraud, we expect them to share that information with the department.

Local authorities carry the financial risk through grant agreements with providers and will therefore need to manage this risk and put in place effective processes to ensure an efficient recovery of funds in the case of fraudulent payments.

Payment of the grant

Local authorities should promptly notify and repay immediately to the department any money incorrectly paid to it either as a result of an administrative error or otherwise. This includes (without limitation) situations where the local authority is paid in error before it has complied with its obligations under the grant conditions (as outlined in the local authority circular. This funding would be due immediately. If the local authority fails to repay the due sum immediately the sum will be recoverable summarily as a civil debt.

Requirements for providers

Reporting requirements

Capacity Tracker

In order to receive funding, care providers (including providers with exclusively self-funded clients and homes run by local authorities) will be required to have completed the Capacity Tracker at least twice (two consecutive weeks), and have committed to completing the Tracker at least once per week until the conclusion of the fund.

The local authority must not make a first allocation of any funding to a provider unless they have met the above conditions, even if this means payments are not made within 20 working days.

Information on spending required by local authorities

Providers must provide information to local authorities about how they have spent the funding to date. They will need to provide this information at least one week prior to the department's deadline (or as indicated by their local authority) to the following timetable:

Reporting point	Department Deadline	Information required
Reporting point 1	19 May 2021	Spending up to 30 April
Reporting point 2	30 July 2021	Spending up to 30 June

Assurance processes

If the information that local authorities receive from providers about their spending on the initial Infection Control Fund, its extension or the Rapid Testing Fund gives local authorities cause for concern that spending was not consistent with the conditions of that grant, they should withhold payment on this fund until they are satisfied providers have understood the conditions on this funding, and that funding can be reclaimed if spent inappropriately.

If the information that local authorities receive from providers at any reporting point gives them concerns that a provider's spending is not in line with the grant conditions, they

should work with that provider to determine if this is the case, and if necessary, recoup any misspent amounts.

We do not expect local authorities to require providers to prove that they have spent all of any previous grants (the extension to the Infection Control Fund or the Rapid Testing Fund) before passing on allocations of this grant.

We expect providers to have fully spent the funding by the end point of the fund on 30 June 2021 (and to demonstrate this at reporting point 2). Those providers who have not fully spent their allocation at the conclusion of the fund will be expected to repay any unspent monies.

We do not expect local authorities to routinely require providers to provide them with receipts or invoices to prove how the funding has been spent. Providers will, however, need to keep these records in the event that they are required to provide reassurances that the funding has been used in accordance with the grant conditions. These records need to be sufficient to show how much of this grant has been spent on different measures, and that each allocation has been spent on corresponding measures.

The government will not accept deliberate manipulation and fraud – and any business caught falsifying their records to gain additional grant money will face prosecution and any funding issued will be subject to claw back, as may any grants paid in error.

The department will review the information provided by local authorities and councils and may request that providers make their financial records available. If the department finds evidence of the grant being misused it will recover the funding.

Contingency of funding

In order to be eligible for funding, providers must be able to demonstrate to their local authority that:

- they have completed the Capacity Tracker at least twice (two consecutive weeks) and have committed to doing so once per week until 30 June 2021.

- where applicable, previous spending on the initial Infection Control Fund, its extension or the Rapid Testing Fund was in line with the conditions outlined in that grant

These conditions apply per setting, rather than per provider.

Subsidy Control

As stated in the local authority circular, in relation to the ‘direct funding to providers’ allocation, the department considers that this grant, and the measures that it is intended to support are consistent with the UK’s international obligations on subsidy control.

Annex A - Examples

A non-exhaustive list of examples of ways in which providers can spend funding as part of the ‘per beds’ or ‘per user’ allocation can be found here:

IPC allocation

Care homes

IPC measure	*Examples of how funding can be spent*
Ensuring that staff who are self-isolating receive their normal wages	Uplift the pay of staff who are self-isolating in line with government guidance to their normal wages to ensure they do not lose income while doing so. This would uplift the pay of those who need to isolate and who would normally receive less than their full wages (whether Statutory Sick Pay or a preferential but partial payment) while unwell or isolating.
Limiting all staff movement between settings unless absolutely necessary, to help reduce the spread of infection. This includes staff who work for one provider across several care homes, staff that work on a part-time basis for multiple employers in multiple care homes or other care settings (for example in primary or community care). This includes agency staff. Mitigations such as block booking should be used to further minimise staff movement where agency or other temporary staff are needed.	Compensating staff whose normal hours are reduced due to restrictions on their movement. Paying overtime rates for staff to take on additional shifts in order to reduce reliance on agency or other workers who would normally work across settings (although not for a general increase in rates of pay for shifts they would have typically worked). Cover additional costs incurred to ensure employee doesn’t work in other settings, such as compensating for lost wages
Limiting or cohorting staff to individual groups of residents or floors/wings,	Paying for extra staff cover to provide the necessary level of care and support to residents.

including segregation of COVID-19 positive residents	Paying for structural/physical changes to support separation of floors/wings and/or residents. We would expect this only in very limited circumstances where previous structural changes have not been possible. Payments to offset reduced occupancy where this is required to implement appropriate cohorting/zoning of residential establishments.
Supporting active recruitment of additional staff (and volunteers) if they're 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	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 (taking into account current government guidance on the safe use of other types of transport by members of staff)	The cost of bike, taxi, minibus or car mileage to collect staff teams in a locality. The cost of parking, provided that there is no free parking available on site. Costs associated with the creation of a changing facility, including structural changes. The cost of reduced occupancy where this is required to convert a bedroom into a changing facility. Provision of extra facilities such as bike stands.
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: the use of spare rooms within the home which should be equipped to make staff comfortable, and the 'accommodation cost' being charged with the addition of light, heat and food.

Costs of PCR testing; including ensuring that staff who need to attend work or another location for the purposes of being tested for COVID-19 are paid their usual wages to do so, any costs associated with reaching a testing facility, and any reasonable administrative costs associated with organising and recording outcomes of COVID-19 tests	Payments to staff at their normal hourly rate to attend work or a suitable testing facility when are not on shift. This includes compensation for travel time taken to reach a testing facility if required. Costs associated with testing, including the costs of fuel or transport to reach a testing facility.
Costs of vaccination; including ensuring that staff who need to attend work or another location for the purposes of being vaccinated for COVID-19 are paid their usual wages to do so, any costs associated with reaching a vaccination facility, and any reasonable administrative costs associated with organising COVID-19 vaccinations where these were not being supported by other government funding streams	Payment of staff at their normal hourly rate to attend a vaccination appointment, and any travel time and cost associated with this.

Community care settings

IPC measure	***Examples of how funding can be spent***
Ensuring that staff who are self-isolating receive their normal wages	Uplift the pay of staff who are self-isolating in line with government guidance to their normal wages to ensure they do not lose income while doing so. This would uplift the pay of those who need to isolate and who would normally receive less than their full wages (whether Statutory Sick Pay or a preferential but partial payment) while unwell or isolating.

Meeting additional costs associated with restricting workforce movement for infection prevention and control purposes. This includes staff who work on a part-time basis for multiple employers or in other care settings particularly care homes. This includes agency staff (the principle being that the fewer locations that members of staff work in the better).	Compensating staff whose normal hours are reduced due to restrictions on their movement. Paying overtime rates for staff to take on additional shifts in order to reduce reliance on agency or other workers who would normally work across settings (although not for a general increase in rates of pay for shifts they would have typically worked). Cover additional costs incurred to ensure employee doesn't work in other settings, such as compensating for lost wages.
Steps to limit the number of different people from a home care agency visiting a particular individual or steps to enable staff to perform the duties of other team members/partner agencies (including, but not limited to, district nurses, physiotherapists or social workers) when visiting to avoid multiple visits to a particular individual.	Paying for additional staff and/or staffing costs to implement successful 'cohorting'. Funding additional administrative costs of dividing up the workforce and arranging logistics. Paying for additional training and relevant risk assessments to enable staff to perform the duties of other team members/partner agencies.
Steps to limit the use of public transport by members of staff (taking into account current government guidance on the safe use of other types of transport by members of staff)	The cost of bike, taxi, minibus or car mileage to collect staff teams in a locality. The cost of parking, provided that there is no free parking available on site. Costs associated with the creation of a changing facility, including structural changes. The cost of reduced occupancy where this is required to convert a bedroom into a changing facility.

	Provision of extra facilities such as bike stands.
Costs of PCR testing; including ensuring that staff who need to attend work or another location for the purposes of being tested for COVID-19 are paid their usual wages to do so, any costs associated with reaching a testing facility, and any reasonable administrative costs associated with organising and recording outcomes of COVID-19 tests	Payments to staff at their normal hourly rate to attend work or a suitable testing facility when are not on shift. This includes compensation for travel time taken to reach a testing facility if required. Costs associated with testing, including the costs of fuel or transport to reach a testing facility.
Costs of vaccination; including ensuring that staff who need to attend work or another location for the purposes of being vaccinated for COVID-19 are paid their usual wages to do so, any costs associated with reaching a vaccination facility, and any reasonable administrative costs associated with organising COVID-19 vaccinations where these were not being supported by other government funding streams	Payment of staff at their normal hourly rate to attend a vaccination appointment, and any travel time and cost associated with this.

Rapid testing allocation

Rapid testing measure	***Examples of how funding can be spent***
Paying for staff costs associated with training and carrying out LFD testing	Including time to: • attend webinars, read online guidance and complete an online competency assessment • explain the full LFD testing process to those being tested, and ensuring that they understand all other infection prevention and control (IPC) measures

	• ensure that any LFD tests are completed properly, including overseeing the self-swabbing process, processing tests and logging results • wait for results, if staff are taking tests prior to their shift.
Supporting safe visiting	In addition to the staff costs of carrying out LFD testing of visitors covered above, this may include: • welcoming visitors, and briefing them on how to conduct their visit safely; • gaining consent to conduct LFD testing; • overseeing that PPE is correctly donned, and other IPC measures are properly followed; • additional IPC cleaning in between visits; and • alterations to allow safe visiting such as altering a dedicated space.
Costs associated with recruiting staff to facilitate increased testing	Including existing staff time to: • Conduct the hiring process of additional staff to facilitate increased testing. • Induct new staff members specifically for this purpose.
Costs associated with creating a separate testing area where staff and visitors can be tested and wait for their result.	For Care Homes, we expect that most set-up costs for Care Homes will have been covered by the first Rapid Testing Fund though do recognise there may be some ongoing costs for testing areas. For extra care and supported living settings, we recognise there may be a need to set-up a safe testing area. Including: • Reasonable costs to purchase or rent an external testing area e.g. a portacabin, external shed, enclosed gazebo area etc.

	• Costs to maintain a safe testing area e.g. cleaning products etc. • The cost of reduced occupancy where this is required to convert a bedroom into a testing area, but only if this is the only option available to the setting.
Costs associated with disposal of LFD tests and testing equipment	Including: • Any additional collection costs for healthcare waste associated with LFD testing. • Additional equipment costs to manage waste e.g. additional bins