

NHS Wales

COVID – 19 (Coronavirus)

Frequently Asked Questions for NHS Managers and Employers

FAQs up to date as at 15.00, 31 July 2020

Background

The situation with the COVID – 19 (coronavirus) is a fast moving and developing issue. You will have seen the specific responses from Welsh Government and Public Health Wales raising awareness regarding how individuals can protect themselves and others from the virus and these will continue to be revised and updated in the light of our developing understanding of the situation.

There is delicate balance to strike in relation to ensuring that we maximise the availability of staff whilst at the same time supporting the control of the spread of this virus and safeguard the health and wellbeing of staff. There is an expectation that organisations take appropriate and proportionate action to support staff in their organisational responses and communications which do not inadvertently work against this approach and which provide a perverse incentive for individuals to attend work when they should not.

We are working with colleagues across Welsh Government and with trade union partners and UK colleagues to provide ongoing clarity in this area to ensure that our advice, guidance and support is joined up to ensure that there is ongoing consistent advice in relation to wider aspects on employment and management responses. Likewise, the development of plans and approaches at local level should be made in partnership, wherever possible.

[A joint statement](#) outlining how Welsh Government, employers and trade unions will seek to maintain partnership working at all levels has been developed.

The following FAQs are based on a few overarching principles which need to be borne in mind, as follows: -

- This is an ongoing and developing situation where many decisions will have to be made on an immediate basis. Whilst this set of FAQs sets out some of the areas where we can provide guidance and advice, we will not be able to cover everything. The key message is that managers will be supported to manage during this period in the decisions which they make which should be in line with this guidance, but we would encourage managers to make proportionate judgements as the specific circumstances present themselves and in making these decisions to follow appropriate assessment of risk;
- The primary responsibility for the management of workforce related situations during the COVID-19 outbreak rests with individual managers. The rationale

for this approach is that managers should “know their employees” and be familiar with the issues, individual circumstance and needs of their employees; Managers in “knowing their employee”, have the discretion that when making decisions in relation to an individual’s needs and circumstances e.g. whether it is appropriate for them to work from home or be deployed to another area, they should consider the appropriateness of the decision for that particular individual against the demands of the service;

- Individuals with symptoms, or who have been advised to self-isolate will be expected to remain at home and away from the workplace;
- The health and wellbeing of individual staff and patients is of paramount importance.

FAQs

Infection Control

Q1. What should we do where individuals have been advised to self-isolate to prevent onward transmission?

A1. Given the significance of this as a control of infection issue, we need organisational responses, across NHS Wales, to support the intent of this approach and to enable and facilitate individuals doing the right thing when considering self-isolation. Accordingly, it has been agreed that any self-isolation absence in the interests of control of infection (household isolation) will be disregarded in respect of the cumulative absence and triggers which operate within the Managing Attendance at Work Policy. These absences will be treated as medical exclusion and will be paid at full pay. In these circumstances, the individual will not be required to provide a Fit Note as the absence will be authorised absence.

Normal sickness provisions as detailed in the NHS terms and conditions of service handbook (section 14, Wales) and the Medical and Dental Terms and Conditions of Service (Wales) paragraphs 225-244, will be paused for the duration of the outbreak for sickness absence directly related to COVID-19. For normal sickness absence that is not related to COVID-19, normal provisions will apply as usual.

For the purposes of direct COVID-19 related absences, all references to full pay in this set of FAQs refer to what the individual would have otherwise earned. Full pay will continue to be paid and this will include regularly paid supplements, including any recruitment and retention premia and payments for work outside normal hours i.e. pay will be calculated on the basis of what the individual would have received had he/she been at work.

For staff whose sick pay is usually calculated using only their basic salary, for the duration of the pandemic they will be paid sick pay as though they are working if they are off sick with COVID-19, using an agreed reference period or other local agreed policy.

Where individuals self-isolate for 10 days with symptoms this will be classed as normal sickness absence but will also be disregarded in respect of cumulative absence and triggers which operate within the Managing Attendance at Work Policy and the individual will receive full pay as noted above.

Any planned annual leave which coincides with this period of self-isolation will be reinstated.

Q2. What should individuals with symptoms be advised to do?

A2. Please refer to Public Health Wales advice <https://phw.nhs.wales/topics/latest-information-on-novel-coronavirus-covid-19/>

Individuals showing symptoms (Fever (37.8 degrees centigrade or above, Recent cough/ chest tightness, Shortness of breath, loss of taste and/or smell) must not attend work and should self-isolate for 10 days. Symptomatic employees would be considered sick in line with the Managing Attendance at Work policy. Symptomatic individuals should not return to work until fully recovered.

After 10 days of self-isolation, people who feel better and no longer have a high temperature can return to their normal routine. If they have not had any signs of improvement after 10 days and have not already sought medical advice, they should use NHS111 online (people should only call NHS111 if they cannot get online) before they leave their home or let visitors in.

Cough may persist for several weeks in some people, despite the coronavirus infection having cleared. A persistent cough alone does not mean someone must continue to stay at home for more than 10 days.

Q3. A member of my household is displaying symptoms, what should I do?

A3. Please refer to the Public Health Wales advice, link below: - <https://phw.nhs.wales/topics/latest-information-on-novel-coronavirus-covid-19/>

Q4. What support is there for individuals now that schools have closed or if an individual has to look after a child or dependant who has been advised to self-isolate because they are in an at risk category?

A4. You are entitled to time off work to help someone who depends on you (a “dependant”) in an unexpected event or emergency. This would apply to situations to do with COVID-19. The [All Wales Special Leave Policy](#) would apply in these circumstances and may be a combination of Time off in lieu (TOIL) / unpaid / annual leave.

Consideration will be given to individual caring responsibilities and the impact that any changes will have on the organisation’s required capacity during the pandemic.

Managers should be as supportive and as flexible as possible in relation to carers leave requests, given the exceptional circumstances. In respect of the longer term

support for the changed circumstances e.g. school closures, a change to working arrangements such as working a different combination of shifts which can be organised around childcare, working from home, change of hours etc, should all be considered in consultation with your line manager.

Q5. What if an individual becomes unwell at work and develops the symptoms?

A5. *Please refer to Public Health Wales advice <https://phw.nhs.wales/topics/latest-information-on-novel-coronavirus-covid-19/>*

If someone becomes unwell, they should:

- *get at least 2 metres (7 feet) away from other people*
- *go to a room or area behind a closed door, such as a sick bay or staff office*
- *avoid touching anything*
- *cough or sneeze into a tissue and put it in a bin, or if they do not have tissues, cough and sneeze into the crook of their elbow*
- *use a separate bathroom from others, if possible*

The unwell person should be advised to go home and self-isolate.

Q6. Do I need to wear a face mask?

A6. *It is not necessary to wear a face covering if you are well, although the Welsh Government is recommending the use of a three layer non-medical face covering where social distancing cannot be achieved. Link below: -*

<https://gov.wales/face-coverings-frequently-asked-questions>

Face masks are only of any use if they have been properly fitted to the wearer and “fit-tested”. Should you be required to care for patients with suspected or confirmed cases of COVID-19, you will be trained in appropriate infection prevention measures, including the correct use of PPE. Where individuals consider there is a risk to themselves or the individuals that they are caring for they should wear a fluid repellent surgical mask with or without eye protection, as determined by the individual staff member for the episode of care or single session.

Please see advice

<https://phw.nhs.wales/topics/latest-information-on-novel-coronavirus-covid-19/information-for-healthcare-workers-in-wales/>

Q7. If individuals are shielding or in self-isolation what will their working circumstances be?

A7. Individuals who are 'shielding' i.e. they have been advised by Welsh Government to stay at home at all times and avoid any face-to-face contact to protect themselves because they are clinically extremely vulnerable or who are in self-isolation then they will be categorised as being "medically excluded" from work. In these circumstances they should be encouraged to work if they are in a position to do so. If an individual's role prevents them from working from home, then the circumstances of medical exclusion are that it is authorised absence, they will be paid full pay and they would not be expected to work back any of the time off. In addition, we would expect individuals to fully comply with any public health advice. The Welsh Government has recently announced the intention to pause shielding for clinically vulnerable people from 16 August 2020. The UK Government has made the decision to pause shielding from 1 August and some organisations will have individuals who live in England. However, for these purposes, the date of the 16 August will apply to both Welsh and English residents. Notwithstanding this, conversations with English residents in line with this guidance, may take place from 1st August 2020 to determine how and when individuals may be able to return safely to the workplace.

Until government guidance is updated on 16 August, employers should continue to support their staff (both Welsh and English residents) to shield, or to work from home where possible, as outlined above.

As we move through the pandemic, there will be greater numbers of staff returning to the workplace, either following a period of sickness absence, self-isolation, working from home and, in the longer-term, returning from shielding. Guidance has been developed which outlines the organisational considerations when planning for staff to return, tips for managers, and signposts to useful resources:-

<https://www.nhsconfed.org/regions-and-eu/welsh-nhs-confederation/nhs-wales-employers/covid19>

Q8. Will healthcare workers be considered as a priority for testing for COVID-19?

A8. The approach to testing for healthcare workers can be found at the following link <https://gov.wales/key-critical-workers-testing-policy-coronavirus-covid-19>

Q9. An individual has received a message from a contact tracer in line with the Test Trace Protect Plan advising them that they have potentially been in contact with someone with COVID-19, what steps need to be taken?

*A9. The individual should be advised to go home immediately and self-isolate in line with the advice of the contact tracer which will depend on the test result (positive – 10 days post symptom development /until 2 days without fever whichever is the latest or **14 days from last contact with case if the test result is negative**). The contact tracer will arrange the test.*

If asymptomatic, the individual should self-isolate for 14 days from last contact with case (or households with continuous contact with the case, this will be 14 days from the start of symptoms in the case).

Where individuals self-isolate for 10 days with symptoms this will be classed as normal sickness absence but will also be disregarded in respect of cumulative absence and triggers which operate within the Managing Attendance at Work Policy and the individual will receive full pay.

Any self-isolation absence in the interests of control of infection (asymptomatic)) will be disregarded in respect of the cumulative absence and triggers which operate within the Managing Attendance at Work Policy. These absences will be treated as medical exclusion and will be paid at full pay. In these circumstances, the individual will not be required to provide a Fit Note as the absence will be authorised absence.

Q10. What if an individual refuses to take a COVID-19 test having been advised to do so, either following exposure at work or following contact by a contact tracer?

A10. It is anticipated that refusal to take test will be very rare in light of the current situation. Line managers should encourage staff to take tests in order to comply with health and safety requirements and in support of the regulations of their professional body in the case of medical and clinical staff. From a control of infection perspective, the requirement for individuals to take tests if recommended, is similar in principle to ensuring that individuals are up to date with regard to immunisation, e.g. hepatitis B. Health and Safety legislation places a responsibility on individuals and organisations to protect patients so if an individual ultimately refused a test they would be sent home for a period of 14 days and this would be treated as unpaid leave.

Q11. Can the self-certification period be extended in the current circumstances?

A11. Given the demand on general practice and the advice not to attend surgeries, organisations may want to consider extending the self-certification period and only require a fit note after 21 days of absence. Self-isolation fit notes can also be obtained through the 111 service.

Q12. If an individual, or a member of an individual's household, is awaiting surgery or other treatment and has been advised by medical staff to self-isolate for 14 days beforehand, how should this be handled?

A12. Where the individual themselves is awaiting surgery or treatment they should be categorised as being "medically excluded" from work for infection precaution purposes. In these circumstances they should be encouraged to work from home if they are in a position to do so. If an individual's role prevents them from working from home, then the circumstances of medical exclusion are that it is authorised absence, they will be paid full pay and they would not be expected to work back any of the time off.

Where an individual has a member of their household who is awaiting surgery or other treatment, they should isolate themselves accordingly, and take all precautions as if their household member was symptomatic, to allow them to continue to work.

Q13. How should the situation be handled if an individual needs to self-isolate (quarantine) for 14 days following a return from an overseas trip?

A13. *The UK government advises against non-essential international travel, except to countries and territories listed as exempt. The list of exempted destinations can be found at:*

<https://www.gov.uk/guidance/coronavirus-covid-19-countries-and-territories-exempt-from-advice-against-all-but-essential-international-travel>

The UK government announced that from Monday 8 June new rules have been put in place for entering the UK because of COVID-19, apart from those countries and territories that are exempted (see above link). The rules are for both residents and visitors. When these rules are in place, everyone will need to provide their journey and contact details when they travel / return to the UK and they will not be allowed to leave the place they are staying for the first 14 days that they are in or have returned to the UK.

Q14. What will the working position be of an individual self-isolating in these circumstances for 14 days?

A14. *Each individual instance will need to be considered on its own merits. If individuals are able to work from home, then they should be supported in doing so for the 14 day period.*

As a general principle, if an individual returns from an overseas holiday from a country or territory that is not on the exemption list (see previous FAQ), and they are unable to work from home, whilst they are self-isolating for the 14 days then this period should be treated as a combination of annual leave, unpaid leave and time off in lieu. Organisations may want to give sympathetic consideration to circumstances where the individual's booking was made prior to 17 March 2020 (when Foreign and Commonwealth advice on travel was amended) and the individual is unable to secure a refund or been allowed to reschedule for a future date by the travel company/airline.

There may be some cases where an individual needs to travel overseas for a family emergency or to attend a funeral or other long standing family matter. In these events, the individual may still need to self-isolate at home on return for a period of 14 days, depending on the country or territory that they travelled to, and they will receive basic pay for this period.

Individuals may be on holiday in an approved destination which then is removed from the list of exempt countries and territories. In this situation individuals will have to self-isolate for 14 days upon their return to the UK. In such situations individuals will be required to work from home where they can or if they are unable to work from home they will be supported in accordance with the self-isolation provisions set out

in question 1 of these FAQs i.e. the absence will be treated as medical exclusion and will be paid at full pay. In these circumstances, the absence will be authorised absence. Eligibility for this support will be kept under review and will only apply to individuals in the affected country on the date that the advice from the Foreign and Commonwealth Office changed, e.g. the advice on travel to mainland Spain changed on 25 July 2020.

Where individuals have a holiday currently booked or choose to book a holiday to a destination which is not on the list of countries included in the exemption list or to a destination which subsequently is removed from the list and they still decide to travel, this will be in the knowledge that they will have to self-isolate for 14 days upon their return to the UK. In these circumstances they will have to work from home if they can and where working from home is not possible, individuals can arrange a combination of further annual leave, TOIL or unpaid leave.

In all cases individuals are required to have a conversation with their line manager before travel and plan how they will meet this guidance on their return.

The exemption from self-isolation for registered health and care workers has been removed.

Allaying Staff Fears

Q15. What arrangements will be put in place for the provision of Personal protective equipment (PPE) for staff?

A15. PPE is used to protect the user against health or safety risks at work. PPE is used as a last resort when there are risks that cannot be adequately controlled in other ways. Employers have duties concerning the provision and use of personal protective equipment (PPE) at work and must comply with the requirements of the relevant regulations. Individuals should liaise with your internal local lead for PPE regarding the regulations and local procedures and refer to the [guidance on infection prevention and control](#).

The regulations require that PPE is:

- properly assessed before use to make sure it is fit for purpose;*
- maintained and stored properly;*
- provided with instructions on how to use it safely;*
- used correctly by employees.*

Organisations should review PPE equipment to ensure adequate supplies are available, fit testing and training for use has been undertaken, and staff who are caring for patients are fully up to date with infection prevention measures, including the donning and doffing of PPE.

Organisations will have a clear process in place to enable staff to raise any concerns about PPE and staff should be encouraged to continue to use established incident reporting procedures alongside occupational exposures being reported to

the HSE via RIDDOR to enable the required action to be taken to ensure the safety and wellbeing of the workforce and patients.

Q16. Can staff refuse to treat or transport patients that are suspected or known to have the coronavirus due to the fear of catching it or due to an underlying health condition?

A16. Managers will need to take a sensitive approach and discuss the issue with the individual. Managers should then use their discretion and make the appropriate decision. PPE will be provided where it is clinically required. Where individuals consider there is a risk to themselves or the individuals that they are caring for they should wear a fluid repellent surgical mask with or without eye protection, as determined by the individual staff member for the episode of care or single session. The risk assessment should be carried out by the individual clinician/staff member and repeated, as necessary.

Q17. What if an individual does not want to go into work for fear of catching the virus?

A17. Some individuals might feel they do not want to go to work if they are afraid of catching coronavirus.

Employers should listen to any concerns staff may have.

If there are genuine concerns, employers must try to resolve them to protect the health and safety of their staff. For example, if possible, the employer could offer flexible working.

If an individual still does not want to go in, they may be able to arrange with their employer to take the time off as holiday or unpaid leave. The employer will be expected to take all reasonable concerns into consideration.

If an individual refuses to attend work, a proportionate and reasonable response will be required taking into account all the circumstances.

Q18. Are there any special steps we need to take in respect of at risk workers?

A18. An All Wales COVID-19 Workforce Risk Assessment Tool has been developed in collaboration with clinicians, equality practitioners, community groups and workforce colleagues to protect health and social care staff from harm in the workplace setting. The approach of the All Wales COVID-19 Workforce Risk Assessment Tool is a self-assessment in the first instance. This supports and empowers the workforce to consider their own health and wellbeing status and the resultant score gives an indication of their likely level of risk and the safeguards they should expect in their workplace setting. Link below:

<https://gov.wales/covid-19-workforce-risk-assessment-tool>

Pregnant women may be particularly vulnerable, and employers have additional responsibilities to protect them. As the situation progresses, employers should regularly risk assess and should discuss with pregnant employees whether it is appropriate to move them to a different location, arrange for them to work from home or even to temporarily remove them from the workplace. In which case this will count as medical exclusion and they will receive full pay. It is imperative that any action is done with their consent and preferably with support from Occupational Health. Further advice is available from the Royal Colleges, link below:

<https://www.rcog.org.uk/en/guidelines-research-services/coronavirus-covid-19-pregnancy-and-womens-health/>

Similar action should be taken for other vulnerable individuals, particularly those who are immuno-suppressed or have long term conditions. Public Health Wales advice should be followed in these circumstances. Please refer to Public Health Wales advice <https://phw.nhs.wales/topics/latest-information-on-novel-coronavirus-covid-19/>

Where an individual has received a letter from Welsh Government advising them that they should be shielded for a period of 12 weeks, then employers should in the first instance explore what work they can do from home. If an individual's role prevents them from working from home, then they will be paid full pay and they would not be expected to work back any of the time off.

Q19. A member of my household has received a letter from the Welsh Government advising them that they need to be "shielded". What should I do with regard to attending work?

A19. The NHS, and subsequently the general public, is extremely reliant on its front line workforce and support staff at this time. Individuals in these circumstances should explore other ways in which they can ensure that the vulnerable individual within their household is appropriately shielded during this time, e.g. by moving out into other accommodation which the Health Board/Trust can help arrange (and will meet the costs), making arrangements within the household to ensure that the individual is shielded e.g. living on different floors or in specific rooms. It is important that individuals explore options and be inventive and consider reasonable ways to use their living space. If the options explored are not viable, then managers need to discuss the issue with the individual and understand the specific circumstances on a case by case basis and consider any broader caring responsibilities which may, as a result of the "shielding" requirements, require individuals to be in attendance in a carer capacity. If all options are exhausted and it is apparent that there is no practical solution to allow the individual to remain in work and "shield" the member of the household, then the individual will be asked to take 8 days annual leave per 12 week period and will receive basic pay for the remainder of the period. The rationale for the requirement to take 8 days annual leave is based on taking approximately a quarter of the annual leave entitlement equating to the period of shielding (the 12 weeks being approximately a quarter of the leave year). This requirement will be pro rata for part time staff and reduced proportionately should the period required to "shield" be reduced allowing the individual to return to work. These arrangements are subject to regular review.

Further discussions are ongoing in partnership in relation to the requirement to take 8 days annual leave and a further update will be provided as these FAQs are developed and updated.

The Welsh Government has recently announced the intention to pause shielding for clinically vulnerable people from 16 August 2020. The UK Government has made the decision to pause shielding from 1 August (some organisations will have individuals who live in England). However, for these purposes, the date of the 16 August will apply to both Welsh and English residents. Notwithstanding this, conversations with English residents in line with this guidance, may take place from 1st August 2020 to determine how and when individuals may be able to return safely to the workplace.

Q20. What should organisations consider putting in place from a facilities perspective to support healthcare workers and other individuals during this challenging time?

A20. *It is important for employers to ensure employees have access to basic wellbeing provisions to enable staff to maintain their own wellbeing. Individuals should be able to:*

- *Access rest facilities/accommodation that is cleaned regularly;*
- *Frequently access hand washing facilities and have adequate supplies of hand sanitisers and hand cream (to prevent dermatitis);*
- *Feel assured that there are arrangements in place to ensure staff get home safely where they do not feel safe to drive e.g. transport provided;*
- *Keep hydrated, this is especially important for staff wearing PPE for long periods of time;*
- *Have 24 hour access to hot food;*
- *Have regular breaks to reduce the onset of fatigue and associated risks - additional arrangements may need to be considered where staff are working longer shifts and/or additional hours. This could involve the repurposing of offices into rest spaces where employees can work from home. Please refer to the health, safety and wellbeing partnership groups (HSWPG) [guidance on safe shift working](#) for further information including information on provisions of ‘power naps’ and the safety of staff driving home after long shifts;*
- *Consider the provision of accommodation free of charge for those staff working with symptomatic patients who may not want to return home to their families for a period of time;*
- *Access support [for mental health and wellbeing](#).*

Q21. Will individuals be entitled to death in service benefits?

A21. *The Welsh Government has announced a new Coronavirus Life Assurance Scheme to provide benefits for eligible NHS and social care staff who perform vital frontline work during the pandemic. Link below:*

<https://www.nhsconfed.org/regions-and-eu/welsh-nhs-confederation/nhs-wales-employers/covid19/life-assurance-scheme-wales-2020>

In the event of a staff member dying in the course of COVID-19 related work, the Welsh Government has confirmed that a lump sum payment of £60,000 will be made to their estate. This payment will be made whether or not an individual has in place their own life insurance or is a member of the NHS Pension Scheme (or of course is one of the 10 per cent of the NHS workforce who are not members of the scheme).

It should also be remembered that individuals that are actively contributing to the NHS Pension Scheme are entitled to death in membership benefits, including life assurance and family benefits. The scheme provides a lump sum and pension benefits to eligible dependants.

Supporting Business Continuity

Q22. Will formal processes and timescales in workforce policies and procedures be suspended during the crisis?

A22. There is no single position on this, and all organisations are looking at the circumstances and context of individual matters. The overriding message is that the matter should be resolved/concluded in a speedy and pragmatic way or “parked”, in both instances with the consent of all the parties. Matters may be progressed through the use of a virtual hearing and in these circumstances, the impact on the individual will need to be given due consideration, e.g. practicalities of adjourning and discussing matters with their representative, support available. In instances, where there is a potential for the outcome to be dismissal, the arrangements should be discussed in advance and where possible, and with the agreement of all parties, a face to face hearing held with social distancing measures put in place. In respect of disciplinary matters there are further considerations which need to be considered where individuals are suspended or have their clinical practice restricted and these will be looked at on a case by case basis.

Q23. Will certain staff groups be facilitated to work in other NHS Wales organisations, if practical?

A23. Yes, there is the potential for this to be needed and [mutual aid guidance](#) and [redeployment key principles](#) have been agreed in partnership and issued for use as required. There is also the potential to second staff as appropriate and required subject to their agreement.

Q24. Will staff be supported to work from home?

A24. Where staff can work from home and it is appropriate to do so this should be encouraged. Although, there may be technical issues in terms of overall capacity which are currently being addressed.

Q25. What will happen to individuals who need to take time off to look after dependents, e.g. children following school closures, caring for elderly relatives who become ill?

A25. Individuals are entitled to time off work to help someone who depends on them in an unexpected event. This could apply in this instance. In such circumstances, the principles within the Special Leave policy could be applied and extended, and the amount of time granted must be reasonable for the situation. As an alternative to special leave, the individual could be asked to work from home if possible. Individuals are expected to be flexible in these circumstances, and work with the organisation to achieve the best outcome, e.g. work different shifts, swap shifts, limit the time taken, take hours off work rather than days at a time. Similarly, organisations are being encouraged to be as flexible as possible in supporting staff to accommodate any disruption to their normal care arrangements.

Q26. Can we contact recently retired staff and other leavers with a view to asking them to return on a short term basis?

A26. Yes, Organisations can contact recently retired staff and other leavers with a view to asking them if they are available and able to return on a short term basis to support the NHS in the current COVID-19 crisis. The only exception would be if the leaver has previously specifically requested that any personal data is erased. It is believed that organisations would be able to justify accessing contact information and making contact with former employees in the current "crisis" for the stated purposes. The regulators are arranging to re-register staff who have left the register in the last 3 years and the 3 year timescale may be a useful guide when considering the employment of other individuals who have retired.

Any leaver will require new pre- employment checks (PECs) on returning.

Local Health Board Workforce and OD departments currently process retire and return applications and it is anticipated these arrangements will continue to be managed locally. As COVID-19 is a significant organisational risk, it will be for organisations carry out local risk assessments to decide if they are happy to accept the PECs held on the file for the leaver/retiree concerned. Where there are no PEC's held on file it will be for organisations carry out a local risk assessment to decide if the individuals can commence employment prior to the individuals PECS being fully completed. Every effort will be made to fast track PECs.

If staff have already taken their pension, the Government is removing any restrictions on the amount of work they can do without losing any part of their pension during the emergency.

Please see Welsh Government advice for healthcare professionals returning to the NHS to support the Service during the COVID-19 outbreak.

<https://gov.wales/health-professionals-coronavirus>

The mobilisation effort means that staff will be working in a range of settings, not necessarily returning to their old employer. However, most may be returning to the pay band before they retired. The intention is to ensure that in these exceptional circumstances, employers can quickly deploy staff and that staff have clarity on the pay they can expect to receive when they return to work in the NHS.

Roles should be based on nationally agreed contracts and terms and conditions of service.

Agenda for Change Staff - during the emergency period, if staff return to work in roles covered by Agenda for Change terms and conditions for substantive staff, they should be paid at the top of the appropriate pay band for the role they are fulfilling, providing they previously worked in that pay band or higher.

Medical Staff – if they retired from a medical role, they should be paid on the appropriate contract for the role they are fulfilling, providing they return to the same level of responsibility.

All staff that return to work in the NHS after retirement will be paid the substantive rate for their role. The pay point should not be lower than the pay point before they retired unless the staff member wishes to work in a more junior role (see below).

The actual amount and the frequency should be confirmed by the employer.

Staff that want to return to a more junior role

If staff want to return to a more junior role than the role they retired from, they should be paid the top of the pay band in the more junior role.

Staff that have not retired, but just left the NHS

If staff have not retired, but left NHS employment, if they return to work in roles covered by NHS national terms and conditions of service, they should be paid at the top of the appropriate pay band for the role they are filling, providing they are returning to the same level of responsibility.

They will be paid the substantive rate for the role. The actual amount and the frequency should be confirmed by their employer.

Q27. Under normal circumstances, individuals who retire need to wait for a period of 14 days before they can return to work. Can organisations be flexible with this timeframe?

A27. Given the need to recruit additional staff as quickly as possible, this can be reduced to the legal minimum of 24 hours for the time being.

Q28. How should apprentices be used to support the response?

A28. At this unprecedented time, it is vital that we maximise the number of staff available to help fight the virus. To support the mobilisation of staff who can assist in the pandemic, the 20% requirement for 'off the job' training for NHS staff on apprenticeships will be temporarily suspended.

Staff can be deployed for this time in their NHS employer. Health Boards and Trusts will ensure that apprentices will not be disadvantaged in doing so in relation to their qualifications.

In the majority of cases pay will not change as the work the apprentice would be undertaking is of the same level. Where work is of a different level, then the appropriate rate for the job should be paid.

Q29. Will there be a change to my current working arrangements such as study leave and Supporting Professional Activities?

A29. We expect that the impact of COVID-19 on services will become more intense and we will therefore be looking for increased flexibility in the way people work and in particular to changing fixed commitments such as study leave and SPA activity. There will be circumstances where requests will be made to suspend SPA sessions so as to provide additional Direct Clinical Care sessions. Whilst SPA activity is a contractual provision, we expect that given the requirements of managing the Covid-19 outbreak that any such requests will be fully supported by clinicians working across NHS Wales, although it is recognised that there will be an ongoing need for some training and SPA activity to continue.

Such arrangements should continue for no longer than is necessary to respond to the extraordinary clinical demands posed by the current crisis. There should be a clear understanding and agreement regarding the extent of any flexibility and the anticipated length of the change including a fixed end point at which the arrangements will be reviewed. The review will determine whether the arrangements need to be extended, modified or ended. In all circumstances, at the end of the response to the crisis, individuals will return to their previously agreed job plan/working pattern.

Q30. What will happen to pay progression arrangements and statutory and mandatory training requirements?

A.30. For individuals on Agenda for Change terms and conditions, due a Pay Step (increment) before 31 March 2021 they will progress automatically. The situation remains unchanged for individuals on medical and dental terms and conditions of service. All staff are still required to complete statutory and mandatory training as set out by their organisation, however we note that arrangements in relation to how that training is completed may be different. Colleagues are asked to contact their local Learning and Development team for further advice.

Q31. Some individuals in roles that normally attract Unsocial Hours enhancements may be redeployed to roles that do not attract these enhancements. Will these individuals continue to receive their enhancements?

A31. Yes, they will.

Q.32. Who is responsible for the indemnity of NHS staff working in a different NHS organisation during the COVID-19 outbreak?

A.32. The 'loaning' of NHS staff from one legal entity to another is common and will be required on a much larger scale during the COVID-19 outbreak. NHS Indemnity

is applied by all NHS Wales Health Bodies to their core activities. Regardless of who pays the staff, the indemnity lies with the body who is in 'command and control'.

Q33. Will NHS indemnity cover "paid volunteers" from other organisations outside of the NHS?

A33. If a volunteer, regardless of how they are funded, is accepted by a NHS organisation as competent and 'working' for them, then NHS Indemnity will apply. The NHS organisation should take responsibility for planning, training and supervising the work of any 'paid volunteers'. If the NHS organisation accepts an individual to support its services in a locum/ temporary/ loaned / volunteer capacity, then NHS indemnity can be applied by the NHS organisation.

Terms and Conditions

Q34. Will individuals be paid if they are "shielding" because they have been identified by Welsh Government as being vulnerable or whilst self-isolating whether symptomatic or not?

A34. Yes, they will continue to receive full pay. The Welsh Government has recently announced the intention to pause shielding for clinically vulnerable people from 16 August 2020. The UK Government has made the decision to pause shielding from 1 August for individuals who live in England. Further advice and guidance is being developed for staff in this situation linked to the risk assessment process. To ensure consistency, any individuals residing in England will be supported on the same basis as Welsh residents up until 16 August. Notwithstanding this, conversations with English residents in line with this guidance, may take place from 1st August 2020 to determine how and when individuals may be able to return safely to the workplace.

Q35. What happens if a bank staff member cancels a shift due to the need to self-isolate?

A35. They will be paid for the booked shifts. However, this is for the purpose of control of infection only and in these circumstances, all bank workers should recognise the reasoning and intent behind this provision and not book multiple shifts knowing that they may need to self-isolate.

Q36. Will I receive full pay if self-isolating??

A36. Yes, individuals will receive full pay if self-isolating in households with someone with symptoms or if they have symptoms themselves. This is to support control of infection and to slow the spread of COVID-19 as we are requiring them not to attend work.

Q37. Some individuals, currently on sickness absence, may have had an operation cancelled which would have supported a return to work. Such individuals, as a result of the cancellation may move into half pay or no pay as a direct result of the COVID-19 pandemic. Is there any flexibility in the operation of the sick pay arrangements?

A37. The existing provisions set out in Section 14.13 of the Terms and Conditions of Service Handbook: Sickness Absence and paragraphs 225-244 of the Medical and Dental Terms and Conditions of Service (Wales), will apply and organisations should consider individual's circumstances on a case by case basis.

Q38. How will bank holidays be treated in terms of payment and time off in lieu?

A38. Bank holidays will be treated as normal in line with the provisions outlined in the NHS Terms and Conditions of Service Handbook, Sections 2 and 13.4, and the Medical and Dental Terms and Conditions of Service (Wales), Paragraph 214.

Q39. Will annual leave be cancelled/not granted during the peak period?

A39. Managers need to use their discretion and respond to issues in their own areas of work and discuss with the individual concerned. Colleagues are not currently expected to postpone or cancel approved annual leave. However, in the case of medical and dental staff, whose leave year does not run from 1 April to 31 March, if they have annual leave scheduled but are willing to postpone to help support the response at the request of the organisation, then any untaken annual leave/TOIL can be carried forward into the next leave year.

However, consideration needs to be given to an individual's health and wellbeing and the role that annual leave has in supporting this. A build up of annual leave over an extended period may also have an impact on service delivery in future. In addition, individuals should be encouraged and supported in continuing to take leave at regular intervals through the leave year. The taking of leave should continue, even if travel and normal holiday arrangements continue to be disrupted, to ensure individuals have a meaningful break from the work environment.

A joint statement on the importance of booking and taking of annual leave during the Coronavirus (Covid-19) pandemic has been developed. Link below:

<https://www.nhsconfed.org/-/media/Confederation/Files/Wales-Confed/Wales-Employers/NHS-Wales-Welsh-Partnership-Forum-Statement-on-Annual-Leave.pdf?la=en&hash=AB8529405E2F35E37C4E716B457BC49A62302FA5>

Q40. Will individuals be allowed to carry over annual leave to the next leave year?

A40. Yes, individuals will be able to carry forward any and all unused annual leave from the 2019/20 leave year above the 20 days (statutory requirement). For the 2020/21 leave year, individuals are encouraged to book and take annual leave at regular intervals throughout the year as they would under normal circumstances. Taking annual leave is an important contributor to an individual's physical and mental health and their ability to undertake their duties in a safe and effective manner. Local organisational policies apply with regard to carry forward of leave from the 2020/21 leave year.

For medical and dental staff whose leave year does not run from 1 April to 31 March, then the dates of their leave year apply.

A [joint statement outlining the principles](#) in relation to the application of annual leave, study leave and public holiday arrangements for doctors and dentists in training during the Covid-19 pandemic has been agreed.

Q41. Can overtime be paid to Band 8As and above?

A41. Yes, organisations have discretion to pay overtime at time and a half to these bands where the additional activity relates specifically to the management of COVID-19. Given the change in the nature of the COVID-19 response, this discretion will be removed with effect from 31 August 2020 and organisations will be expected to reduce the application of enhanced rates to this group of staff during August 2020.

Q42. What are the reporting reasons for COVID-19 or self-isolating on ESR?

A42. The reporting reasons for COVID-19 are included [here](#).

Periods of absence will also be recorded on the Return to Work Form.

If Managers have queries entering data into ESR, please contact the ESR Support Hub via email esrhub.wales@wales.nhs.uk or live chat <http://www.nwssp.wales.nhs.uk/esr-community-hub>.

For additional guidance see [Recording and Reporting Absence related to Coronavirus \(COVID-19\)](#)

Q43. Should I record Absence related COVID-19 in ESR, in addition to the e-Roster?

*A43. No, e-Roster Managers should enter Sickness and other Absence data directly into the e-Roster system following the guidance. **Do not** record additional data in ESR, as this may cause significant payroll failures.*

Q44. What will the approach be to facilities time?

A44. At organisational level, employers will ensure that so far as is possible facilities time for union representatives including health and safety representatives is safeguarded, and extended through agreement where necessary, for example to allow involvement in new emergency structures. It is recognised that there may be times where the needs of the service mean that facilities time cannot be safeguarded as representatives may be required to support frontline services. In such circumstances, organisations will work with TU partners to ensure that a workable minimum is maintained. Trade union representatives for their part will recognise and respond to the context in which they are working with even greater sensitivity with the care of patients during this time a clear and shared priority.

[A joint statement](#) outlining how Welsh Government, employers and trade unions will seek to maintain partnership working at all levels has been developed.

Q45. What are the implications for staff in the NHS Pension Scheme?

A45. It is important to note that all pension and re-employment income is subject to income tax, changes in pensionable pay may affect the level of Pension Scheme contributions employees pay.

More information <https://www.nhsbsa.nhs.uk/sites/default/files/2019-04/Tiered%20employee%20contributions%20from%202015-2016%20-%20employer%20factsheet-20190329-%28V6%29%20.pdf>

The COVID-19 Act provides powers to suspend the 16-hour rule which currently prevents staff who return to work after retirement from the 1995 NHS Pension Scheme from working more than 16 hours per week in the first four weeks after retirement. The Act also provides powers to suspend abatement for special class status holders in the 1995 Scheme. It also suspends the requirement for staff in the 2008 Section and 2015 NHS Pension Scheme to reduce their pensionable pay by 10% if they elect to 'draw down' a portion of their benefits and continue working.

These measures will allow skilled and experienced staff who have recently retired from the NHS to return to work, and they will also allow retired staff who have already returned to work to increase their commitments if required, without having their pension benefits suspended.

Staff who have retired from the 1995 Section and return to work are unable to re-join the NHS Pension Scheme. Health Boards and Trusts will provide an alternative pension arrangement in line with auto-enrolment legislation. Staff in the 2008 Section or 2015 NHS Pension Scheme can re-join the scheme whilst in receipt of their benefits and build further pension. Such eligible staff will be auto-enrolled into the NHS Pension Scheme on their return to work but can opt-out should they wish.

Impact of pension tax on staff increasing their hours and performing additional sessions

The UK Government recognised that the tapered annual allowance has caused many doctors to turn down extra shifts for fear of high tax bills.

From 6 April 2020 the annual allowance taper threshold increased by £90,000, removing anyone with income below £200,000. This tax measure applies to everyone, including senior managers and clinicians within the NHS. More information - <https://www.gov.uk/government/publications/budget-2020-documents>.

Access to the NHS Pension Scheme for temporary staff

If staff hold a contract of employment with an NHS employer and are on payroll, they will be auto-enrolled into the NHSPS unless they choose to opt out.