

# Job Retention Scheme open for claims

I have received this update from HMRC:

Dear Sir John,

Employers in your constituency can now claim online for a grant for 80% of their furloughed employees' salaries, up to a maximum of £2,500 per employee, per month, through the Coronavirus Job Retention Scheme. This scheme will be open until the end of June 2020.

## **Before employers in your constituency claim, they need to:**

- Read all the available guidance on [GOV.UK](https://www.gov.uk) before applying;
- Gather all the information and the precise calculations they need before starting their application. If they have a payroll provider, they will be able to help them with this;
- Employers can find out more in the [calculation guidance](#) where they can access a claim calculator. This will allow them to check their claim for most employees who are paid the same amount each pay period;
- Access our simple, step-by-step guide on [GOV.UK](https://www.gov.uk) for additional help.

To receive payment by 30 April, employers will need to complete an application by 22 April.

We expect to be very busy so we would ask that employers only call us if they can't find what they need on [GOV.UK](https://www.gov.uk) or through our webchat service – this will leave our lines open for those who need our help most.

## **After employers have made a claim, they should:**

- Keep a note or print-out of their claim reference number – they won't receive a confirmation SMS or email;
- Retain all records and calculations for their claims, in case we need to contact them;
- Expect to receive the funds six working days after they apply, provided they claim matches records that we hold for their PAYE scheme. Employers should not contact us before this time.
- Ask their furloughed employees not to contact us directly – we will not be able to provide them with any information on individual claims.

HMRC will check claims made through the scheme and will act to protect public money against anyone who makes a claim using dishonest or fraudulent information.

We also encourage all employers to protect their own credentials and please be aware of potential scammers and opportunist criminal activity.

I'd be very grateful if you could share this information with employers in your constituency.

I wish you well at this challenging time,

**Jim Harra**

First Permanent Secretary and Chief Executive, HMRC

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## [More money for Councils](#)

I have received this update from the Government:

Dear John

### **SUPPORTING LOCAL GOVERNMENT IN RESPONDING TO COVID-19**

Local government is an essential part of our response to Covid-19 and has mobilised to help us keep the country moving, protect the NHS and save lives, whilst delivering social care and other vital public services.

I announced on Saturday another £1.6 billion in funding to support local authorities in delivering essential frontline services during the Covid-19 pandemic. With this funding councils can continue to provide support to those who need it most, including getting rough sleepers off the street and supporting new shielding programmes for clinically extremely vulnerable people. It will also provide assistance for our heroic public health workforce and fire and rescue services.

This new funding is in addition to the £1.6 billion announced on 19th March and means that local authorities will have received over £3.2 billion, an unprecedented level of additional financial support in recent times. This will also help councils to continue delivering vital services from adult social care and children's services to waste collection. The grant will be un-ringfenced, recognising local authorities are best placed to decide how to meet the major Covid-19 service pressures in their local area. I will write out with confirmation of individual allocations as soon as practicable.

I have been meeting regularly with council leaders and officers from across the sector so I can understand their local challenges, including the additional costs and pressures on their finances they are facing as a result of the current crisis. The package I have announced today responds to these and demonstrates my commitment to making sure councils, including upper and lower tier authorities, have the resources they need to support their communities through this challenging time.

Alongside providing additional funding, I have also taken a number of measures to support immediate cash flow concerns, most recently deferring £2.6 billion in local authority payments of the Central Share of retained business rates and making an upfront payment of £850m in social care grants

this month.

In summary the Government's package of support for local areas is:

- • £3.2 billion in funding for local authorities to deliver essential frontline services
- • £2.6 billion in deferred local authority payments of the Central Share of retained business rates
- • £850 million upfront payment in social care grants this month
- • 250,000 food boxes delivered so far to help shield those who are clinically vulnerable – funded directly by central Government
- • £20 billion in business rates support and grant funding to help businesses manage their cashflow
- • £10,000 grants for businesses eligible for Small Business Rates Relief and Rural Rates Relief
- • Up to £25,000 for businesses in the retail, hospitality and leisure sectors, subject to their rateable value
- • £3.2 million of initial emergency funding for local authorities to support rough sleepers, provided before the un-ringfenced funding
- • £2 million additional funding to bolster domestic abuse helplines and online support

And this very comprehensive and coherent support comes on top of the 2020/21 financial settlement, the most generous for local government in a decade.

I will continue to work with councils over the coming weeks to support them as they lead the national effort at the local level.

I am extremely grateful to everyone working in local government, from care and social workers to refuse collectors, for the role they have played in ensuring we keep the country moving during this period. They are the unsung heroes of the coronavirus response and the funding package announced today recognises that the work our local councils undertake has never been more vital.

**RT HON ROBERT JENRICK MP**

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## **[How the health and care sector can access PPE](#)**

I have received this update from the Government:

HMG published a PPE Plan on 10 April, setting out how we are addressing the need for critical PPE for those responding to the Covid-19 outbreak.

**We are working closely with the devolved administrations to co-ordinate the**

## **distribution of PPE evenly across the UK.**

From 25th February to 16th April we have delivered nearly 850m items of PPE to NHS Trusts in England, plus tens of millions more items to Devolved Administrations, primary care and adult social care providers.

- Breakdown of items delivered to NHS Trusts:

- o 132 million masks;
- o 142 million aprons;
- o 1.2 million gowns; and
- o 456 million pairs of gloves.

Specifically for the social care sector, we have provided 7.8 million pieces of PPE to over 26,000 care settings around the country, with a further 34 million items of PPE released last week to local resilience forums.

### **In England, PPE can be accessed via:**

1. The dedicated PPE Supply Channel set up by NHS Supply

Chain, the Ministry of Defence (MOD), Unipart Logistics and supported by Clipper Logistics, who will be delivering the service

(This is live for NHS trusts and will be rolled out to other health and social care providers in the coming weeks)

2. Business as usual PPE suppliers/distributors (Open to everyone)
3. Dedicated wholesalers specifically for primary and social care providers (Stock has been released for onward sale to primary and social care providers)
4. Local Resilience Forums (Prioritising based on clinical need)

Further detail is available in the [Covid-19: Personal Protective Equipment \(PPE\) Plan](#).

All health and social care providers have been provided with details of how to access PPE via these routes.

### **Additional routes we are bringing online**

In the coming weeks we'll be scaling up our PPE delivery system even further and will be rolling out a new website for ordering PPE, allowing primary and social care providers to request directly from a central inventory. Orders will be managed in line with the

published guidance from Public Health England, integrated with NHS Supply Chain's central PPE logistic operations and shipped directly via Royal Mail.

**In Northern Ireland**, PPE can be accessed via:

1. NI's Business Services Organisation who supply the Health and Social Care Trusts, which then supply social care providers. Other primary care providers which provide Trust managed services get their supplies from BS0.

**In Scotland**, PPE can be accessed via:

1. National Health Services Scotland National Procurement
2. Direct contracts with existing suppliers

**In Wales**, PPE can be accessed via

1. NHS Wales Procurement Services
2. Direct contracts with existing suppliers

Health and social care providers across the UK can also contact the National Supply

Disruption Response system which can mobilise small priority orders of critical PPE to fulfil an emergency need. If providers do not already have the contact

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## [The management of the NHS](#)

There have been difficulties scaling up the NHS response to the virus outbreak. The NHS is a vast institution with a huge budget and many staff. It rightly needs some well paid managers to run it and deliver on the general tasks set for it by government.

In England we have NHS England and Public Health England at the top. I have written recently about the senior management of Public Health England. NHS England is run by seven executive directors on salaries of around £200,000. In 2018-19 NHS England made 31 people redundant in the band £100,000 to £150,000 and made 29 redundant in the band £150,000 to £200,000. This implies it was not short of management. It had 24,000 employees to manage and direct its £114 billion budget.

It would be good to hear more from them about how they prepared with Public Health England for the kind of emergency we now are living through, and to learn more of how they organise their supply chains to scale up deliveries of PPE and medical equipment when needs demand.

There is also considerable management skill in the operating parts of the NHS at local level. Each area has a Clinical Commissioning Group with senior

management to acquire and provide health services locally. A local District General hospital is organised as a Trust with a team of Executive Directors, as are the Mental Health and Community services through a separate Trust.

So the NHS has senior CEOs, Finance Directors, Medical Directors, Nursing Directors, Strategy and Operations Directors at the England level, and at the local level by main activity. The issue today is how they work together to ensure the smooth delivery of crucial supplies to hospitals, surgeries and care homes, and where ultimate management responsibility lies in each case. We need well paid high quality management, but we do not need excessive overlap or too many advisory rather than truly executive posts.

Given the numbers and the pay levels of these managers shouldn't we expect them to take some responsibility for delivery on PPE, equipment and capacity planning.

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## Hospitals and isolation

I have some questions for the senior managers at the top of the NHS.

Why did they decide that all the main District General hospitals should become the isolation and treatment centres for Covid 19?

Why did they decide to add several mega hospitals in open Exhibition space, but prefer not to use them as specialist and isolation units all the time case numbers could be absorbed by General hospitals?

Why didn't they opt to hire hotels with separate bedrooms with individual bathrooms for virus patients? Wouldn't it have been easier to control infection through simple modification of airflow systems for each room in such a configuration?

How do they keep enough non emergency surgery and treatment going when the general hospitals are so preoccupied with virus cases? What has happened to workloads for non virus patients?

Isn't preventing cross infection from the virus for people needing other emergency treatment in a general hospital more difficult than if there were specialist virus hospitals?

What are plans for handling the backlog of other work as the virus subsides, bearing in mind obvious pressures on all staff involved fighting the virus cases.