

# COVID-19

## Preparing for the 2nd wave

Webinar  
SLIDES



**Jonathan Taylor**

Director, London and Head of Charity & Care  
Innovation Broking



**Charlotte Rowe**

Care Practice Manager  
Markel Care



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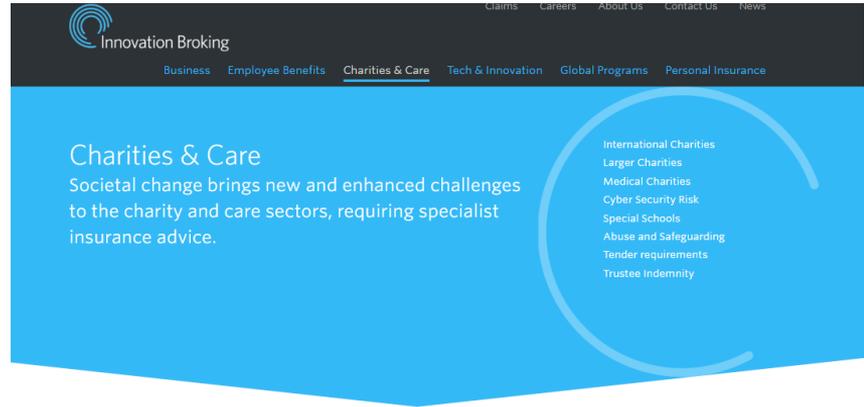
# Itinerary

Registration	14:00 – 14:05
Chairs Welcome	14:05 – 14:15
2 <sup>nd</sup> Wave Planning <i>Charlotte Rowe (Markel Care)</i>	14:15 – 15:15
<i>Insurance Landscape</i> <i>Jonathan Taylor (Innovation Broking)</i>	15:15 – 15:30
Q&A and Close	15:30 – 16:00





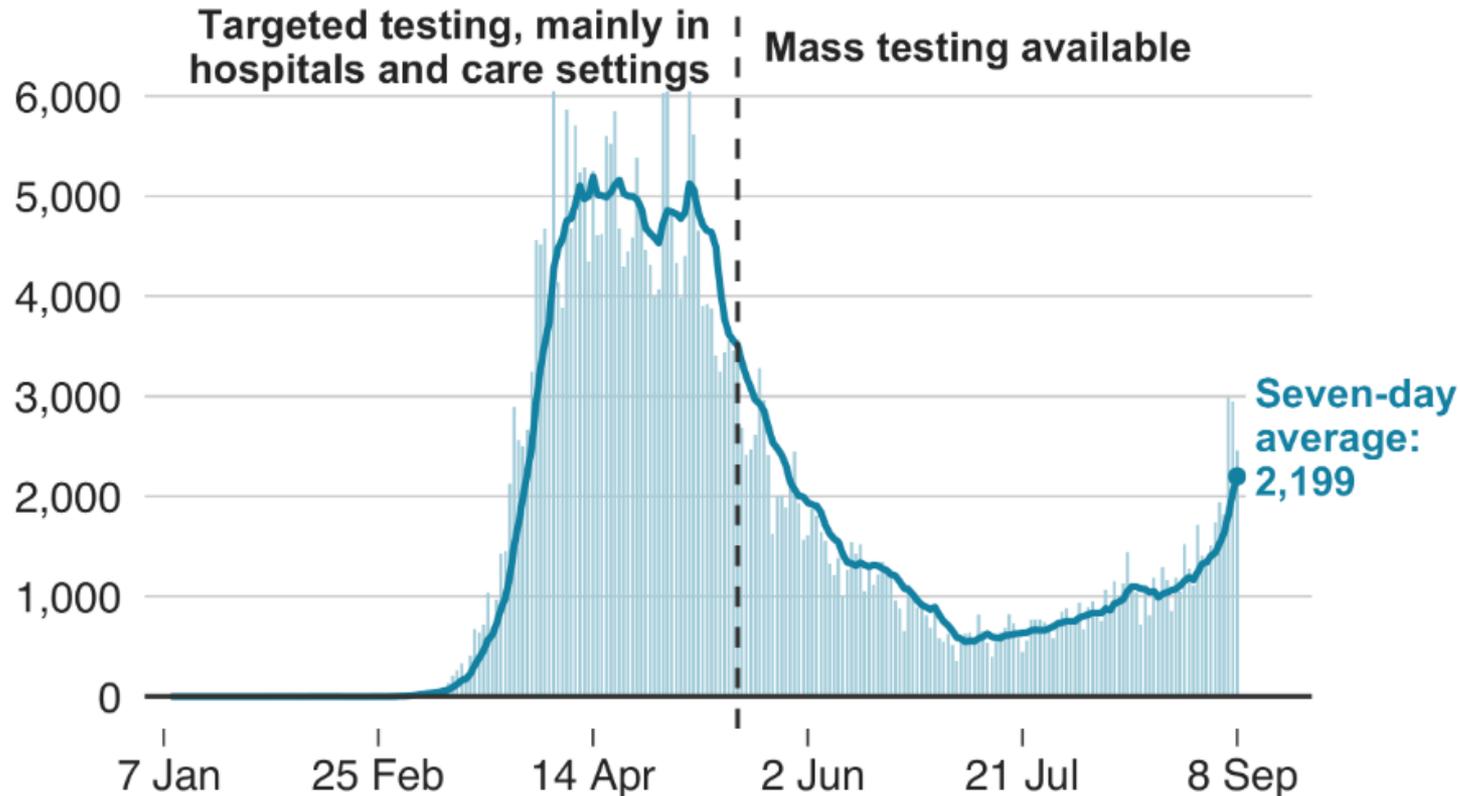
# Background and Credentials



The Third Sector is a challenging landscape, needing to deliver more for less, whilst ensuring effective protection against risk. Charities and Care organisations typically have complex insurance requirements and only a limited range of insurers to choose from.

# Confirmed cases rising

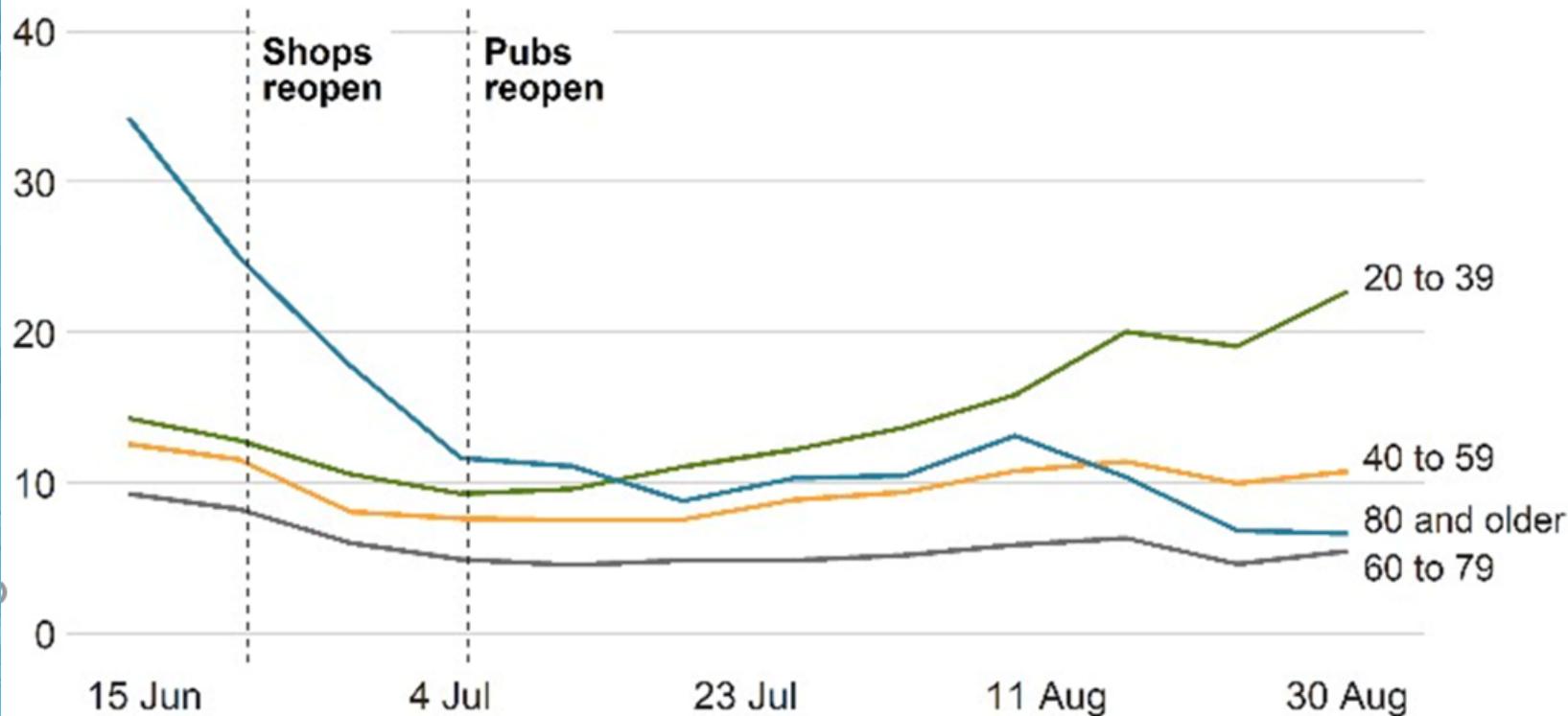
Daily confirmed cases of coronavirus in the UK



Source: Department of Health and Social Care, updated to 8 Sep 09:00 BST

# How have rates changed since lockdown easing?

Weekly coronavirus cases per 100,000 people by age group



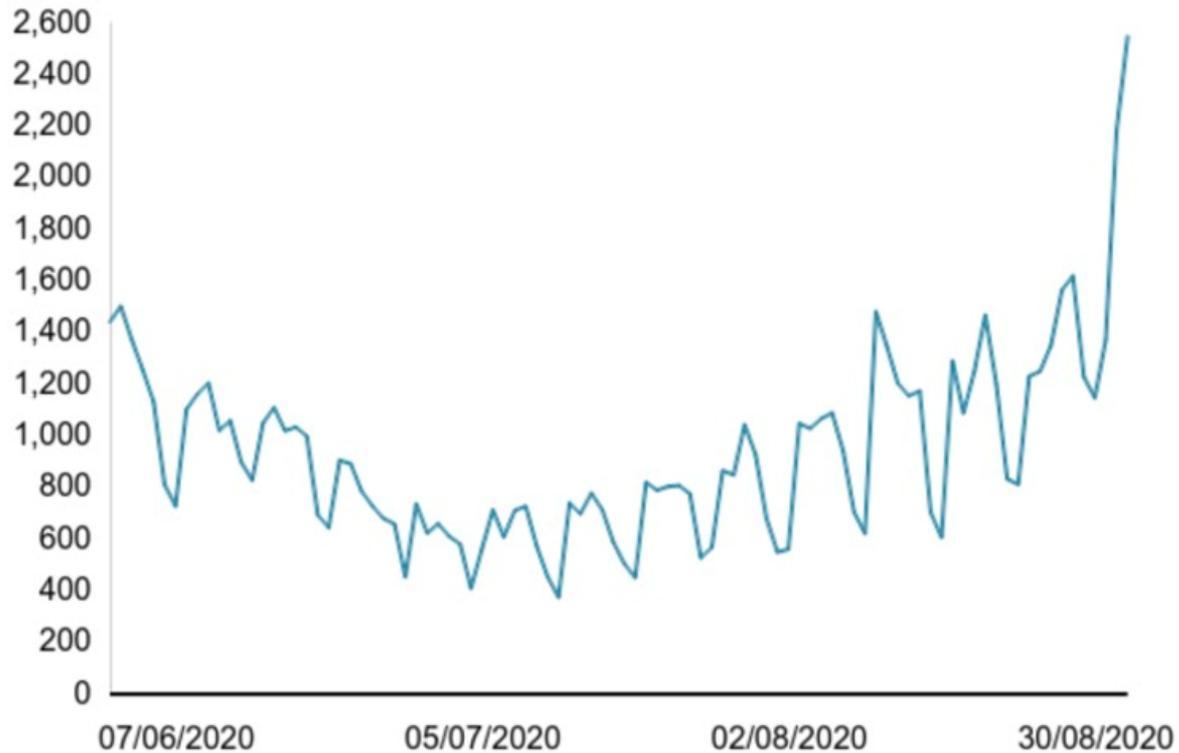
Source: Public Health England, Office for National Statistics

BBC

# Confirmed coronavirus cases

By date of published test results

— Daily cases



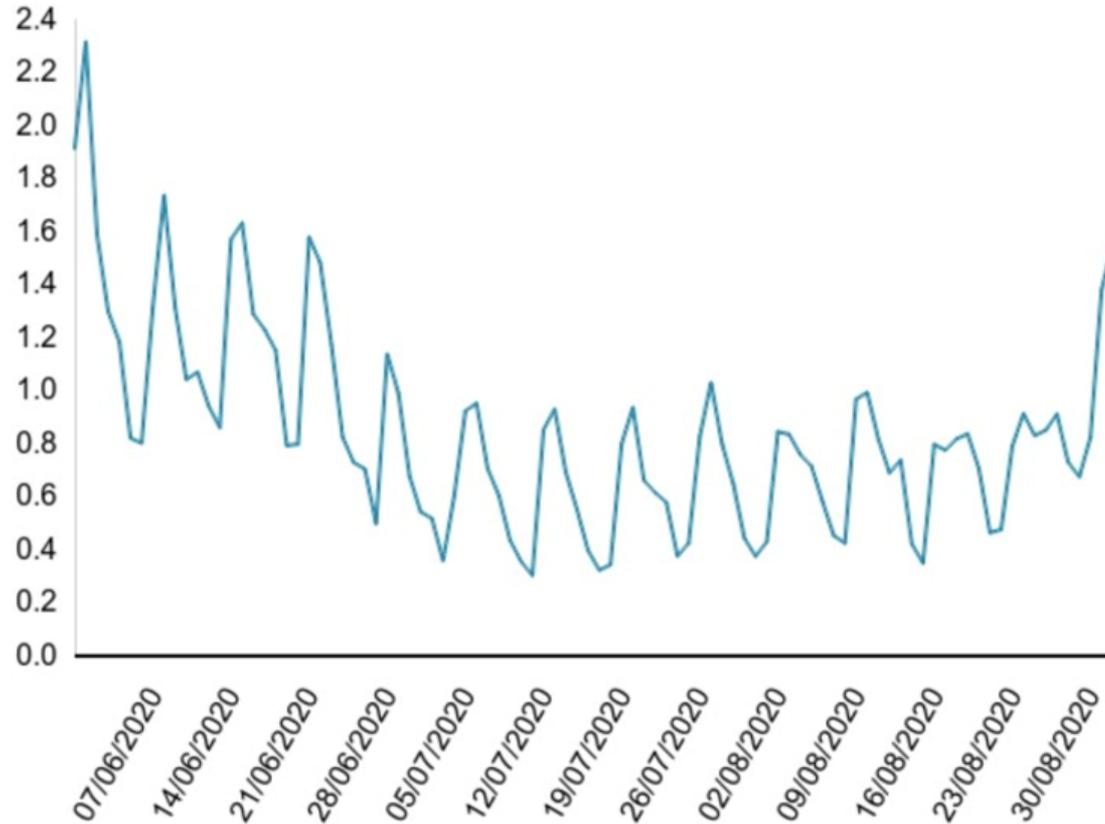
Source: gov.uk

BBC

novation Broking

# Confirmed cases as a proportion of tests

— Cases as % tests carried out



Source: gov.uk

BBC

Innovation Broking

# Coronavirus: Social gatherings above six banned in England from 14 September

🕒 5 hours ago

[f](#) [🗨️](#) [🐦](#) [✉️](#) [🔗 Share](#)

Coronavirus pandemic



## Top Stories

### 'We must act' to prevent second lockdown, says PM

Boris Johnson outlines a new "rule of six" on gatherings and details a "moonshot" testing plan.

🕒 38 minutes ago

### PM defends planned Brexit deal changes

🕒 1 hour ago

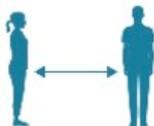
### People without Covid symptoms 'misusing testing'

🕒 2 hours ago

## Features



**How many people outdoors?**



**At what distance?**



**Indoors**

**England**

Six from multiple households from 14 Sep

1m 'plus'

Six from multiple households from 14 Sep

**Scotland**

Up to 15 from up to five households, 2m apart

2m apart (less in some premises)

Eight people from three households

**Wales**

Up to 30 outdoors

2m apart – age 11+ only (less in some premises)

Four households can form one 'extended household'

**Northern Ireland**

Up to 15 outdoors

2m apart

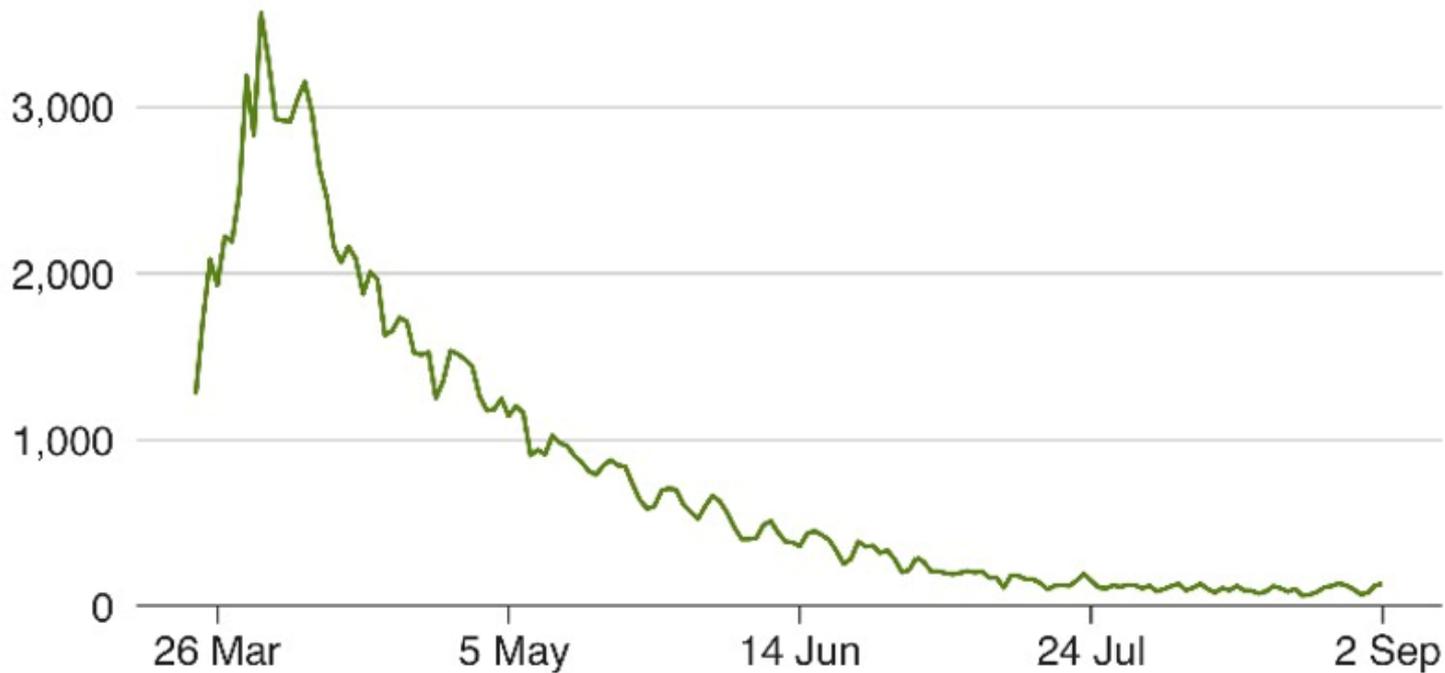
Six people from two households



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# Daily hospital admissions

Sum of daily coronavirus admissions in UK nations



Most recent data may not include Scotland figures as these are published weekly

Source: Gov.uk dashboard, 4 Sep

## Deaths by age group

<1 = 2

1-4 = 0

5-9 = 1

10-14 = 3

15-19 = 9

20-24 = 25

25-29 = 49

30-34 = 84

35-39 = 137

40-44 = 264

45-49 = 484

50-54 = 884

55-59 = 1507

60-64 = 2134

65-69 = 2913

70-74 = 4802

75-79 = 6955

80-84 = 9972

85-89 = 10709

90+ = 11382



# 2<sup>nd</sup> Wave Planning

Charlotte Rowe – Care Practice Manager  
Markel



## Current Landscape

**Covid 19 has been far reaching across Health, Social Care, Community, Charity and Education. No part of our sector has been immune.**

Even though lockdown measure have initially eased, there won't be business as usual for many organisations and people across the country for some time. However, our sector continues despite this and it is essential we implement plans for a potential 2<sup>nd</sup> wave without knowing if and when this may occur.

Today we look at some of the areas where we can start planning, evaluate our previous responses and be prepared...

## 2<sup>nd</sup> Wave Planning:

- ❖ Evaluating your initial response.
- ❖ Preparedness – being responsive to potential change.
- ❖ Workforce issues.
- ❖ Funding.
- ❖ Guidance.
- ❖ Risk assessment and review. How this is formalised at a individual and service level.
- ❖ Policies, processes and training.
- ❖ Making a Plan.
- ❖ Area we know have been problematic... danger points.

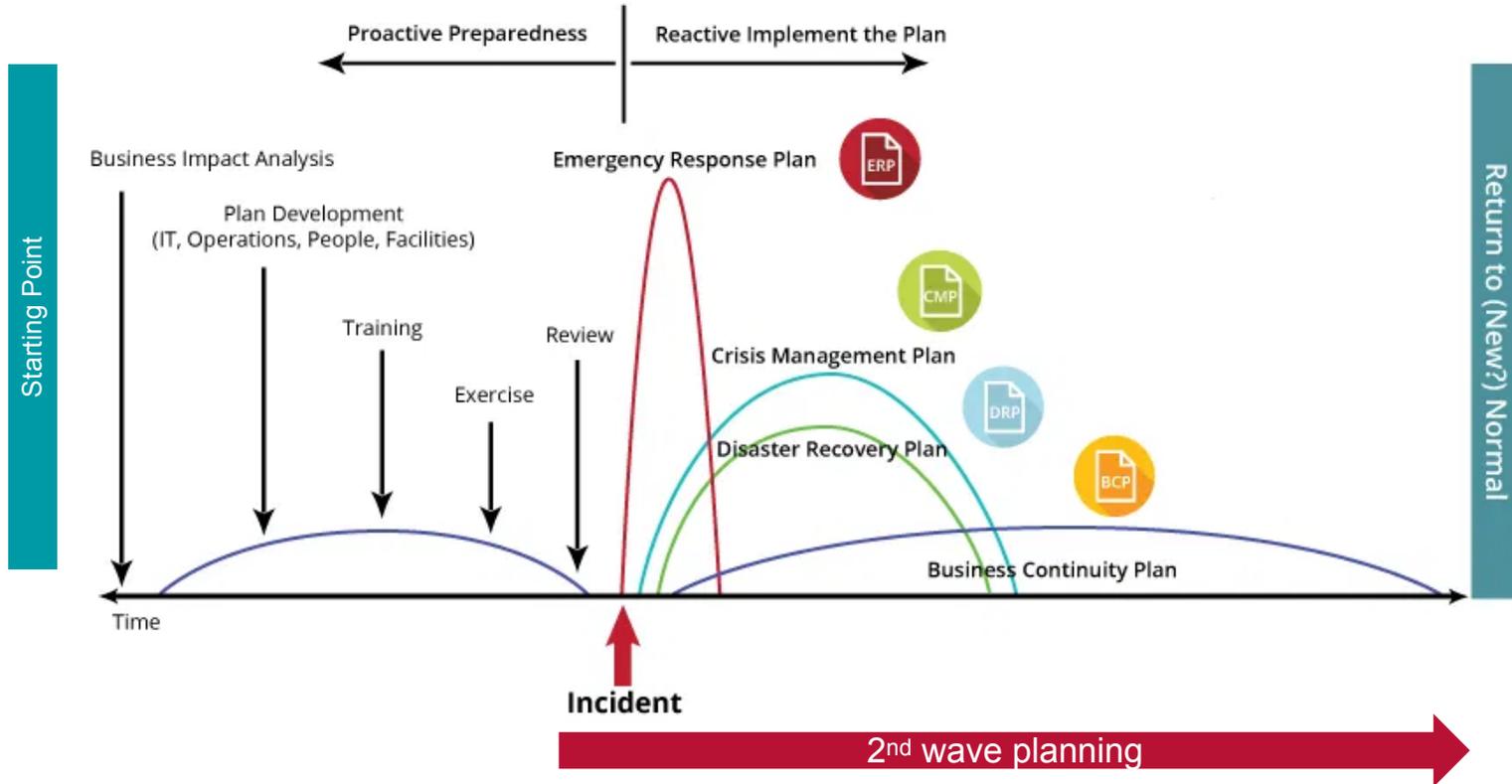
# Evaluating Your Initial Response:

Reviewing your initial Covid 19 response (the first 3-5 months) is an essential process to ensure that you can improve, learn and implement a proactive 2<sup>nd</sup> wave plan.

Evaluating from a 2<sup>nd</sup> wave perspective:

- ❖ Critical staffing, potential furlough issues and ability to staff.
- ❖ Cost analysis, review contracts/tenders, PPE per SU/staff, funding streams.
- ❖ Governance/decision making processes.
- ❖ Ensure that policies, practice, plans, H&S are all up to date.
- ❖ Consider any potential changes to services, inclusive of risk assessment, access, social distancing and ways of working safely through a second wave.
- ❖ Acknowledge what you don't know.
- ❖ What key formal documents need to be revised or generated afresh? For example building related usage documentation, or handbook; Infection control response guidance linked to reporting policies and procedures
- ❖ How will we know that things are perhaps going wrong, do we have any checks surrounding these arrangements
- ❖ Is our critical incident reporting cross referencing across the piste.
- ❖ If staff have concerns should they use the whistleblowing procedures and if so when and how should they raise concerns in a more healthy manner?

# Preparedness



# Workforce Issues

Your workforce and their wellbeing are essential to continued operations. Whilst organisations have felt the strain of C19, so have employees on personal and professional levels. We have seen a multitude of HR, wellbeing and potential longer term issues start to arise and investment in the workforce is key to managing a 2<sup>nd</sup> wave:

- ❖ Contractual issues – ie zero hour contracts, furlough, return to work.
- ❖ Workforce – issues around testing, agency risk, lack of staff, potential outbreak.
- ❖ Staff Wellbeing – EAP, fear and anxiety, burnout, personal loss, professional loss.
- ❖ Communication – with sensitivity, clearly, consistently and timely.
- ❖ Training – ensure that employees are confident and capable.
- ❖ Managing isolation – high risk employees, critical mass and strain on the workforce.
- ❖ Promoting leave – ensure that staff are refreshed and ready for 2<sup>nd</sup> wave.
- ❖ Staff competence checks and links to supervision and one to ones.
- ❖ Promoting information and access to this, where is the critical information held for example regarding what to do if service users and staff are suspected of infection.

# Funding

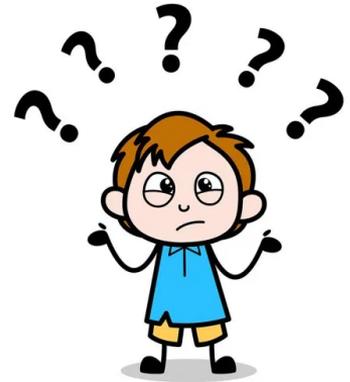
Financial issues are widely acknowledged as an ongoing symptom of Covid 19. Whether the cost of PPE, additional staffing, partner agencies and services not being available or a range of additional costs that have been incurred... it is clear that Pandemics are expensive!

- ❖ PPE cost and calculations.
- ❖ Review contracts, speak to commissioners and consider financial feasibility.
- ❖ Consider the potential impact of change on money saving projects and sustainability.
- ❖ Grants/ ICF (Infection Control Fund)/ ESFA (Education and Skills Funding Agency), local/regional initiatives, alongside reviewing you services.

# Government Guidance.

**Understanding Government Guidance is an exhaustive task. Sector specific guidance or non sector specific, considering public guidance for employees, and then local and national planning. Government guidance will continue to play a significant role is how any organisation and sector responses to a 2<sup>nd</sup> wave of Covid 19 cases.**

- ❖ Make sure you have a clear strategy for review – keep up to date.
- ❖ Consider what guidance is relevant and keep updated.
- ❖ It is your risk and guidance can be very generic- ensure you consider application in your organisational context.
- ❖ Government guidance is a minimum.
- ❖ Association, professionals bodies and sector leaders – information is you friend.
- ❖ Consider regional variations and how this may impact your organisation, logistics, staffing, operations and governance systems.
- ❖ Disclaimers do not work.
- ❖ Staffing and communication with staff
- ❖ Update policies, process and training (we will focus on this more later).
- ❖ PPE.
- ❖ Seek additional advice – associations, PHE, NHS, LAs, best practice, SCIE...
- ❖ REVIEW, REVIEW, REVIEW, REVIEW...
- ❖ Staff training and competencies.



# Risk Management

**Risk assessments are at the centre of organisational response, the ability to not just use this as a paper based exercise but to also ensure that we can provide clear decision making, and using risk assessment effectively is central to a Covid 19 risk management strategy.**

- ❖ Dynamic risk assessments.
- ❖ Incident reporting and near misses is this linked and cross referenced
- ❖ Risk to/from staff.
- ❖ Risk to/from service users.
- ❖ Risks form visitors
- ❖ Risk to business (continuity planning).
- ❖ Use and supply of PPE.
- ❖ Consideration of specific Covid-19 risks.
- ❖ Risk of change, uncertainly and inaction.

Ensure that you provide ...

New training where needed.

Good record keeping practices

Review and implement good Governance and oversight.

Implement lessons learnt.

Adjust policies to fit current issues presenting.

# Policy, Process and Training

We have seen multiple incidents where policies and training have not been updated following the initial lockdown period. This leaves organisation vulnerable to liabilities, which if a workforce is stressed can lead to a significant increase in claims.

- ❖ Ensure you have updated all training records.
- ❖ Ensure you have training that relates to any changes in policy/practice relating to Covid 19.
- ❖ Update policies and ensure they are read and understood.
- ❖ Staff should sign to say they have read any policy changes.
- ❖ Ensure that staff and service users have access to clear processes, and what to do in case of emergency – these should be scenario tested as part of training.
- ❖ Don't forget Health and Safety!
- ❖ How are we going to record competencies ?

# Make a plan...

Covid 19 strategies and governance plans are essential to be proactive and responsive to a 2<sup>nd</sup> wave. It is important that you look at what you already know and also prepare for the unknown.

- ❖ Decision making trees and who makes decisions, supported by regular meetings and good data sets.
- ❖ Comprehensive risk assessment and process of review to implement protective measures.
- ❖ Being able to identify, read and implement guidance, professional best practice and advice is key.
- ❖ Support the workforce to remain active and be confident in a 2<sup>nd</sup> wave.
- ❖ Communicate clearly, with purpose and be concise.
- ❖ Understand the impact of change, fear and anxiety in the face of a 2<sup>nd</sup> wave.
- ❖ Review and adjust as required.
- ❖ QA/QC?
- ❖ Environmental/building related issues
- ❖ Notifications and reporting arrangements – managing suspected infections of staff and residents...is there a plan?
- ❖ External visitors/ statutory functions and non statutory inc visitors/contact etc

# Danger Points

- ❖ Ability to be responsive to change.
- ❖ Updating policy, process and training.
- ❖ Staff wellbeing and resilience.
- ❖ Assuming staff competencies
- ❖ Communication with staff/service users/pupils/stakeholders
- ❖ Recording decision making.
- ❖ Risk assessment and review.
- ❖ Guidance and practice.
- ❖ Delay and distraction.
- ❖ No cross

# Liability Reduction

Understanding where a business is vulnerable within C-19 needs to be part of your ongoing risk management strategy, consideration of new and transitional factors, changes to operation and practice. It is essential that within accident and incident reporting, considering of potential claims, and competences of staff, needs of services users we consider from this point forward the potential for claims.

- ❖ Review policies and processes.
- ❖ Ensure clear record keeping and reporting.
- ❖ Have a good governance process, with regular review.
- ❖ Consider guidance; sector specific and public advice.
- ❖ Use and supply of PPE and infection control practices/policies.
- ❖ Clear decision making and maintained risk assessments to provide an evidence base.
- ❖ Link with risk register or business interruption approaches
- ❖ Consider logistics, access, visitors, use of environmental facilities and are the management arrangements sighted on good practice.
- ❖ What about the service users right to be protected, their abiding to rules and rights to privacy and freedom?
- ❖ Cross referencing with incident and accident reporting and controls.

# Markel Care Practitioners

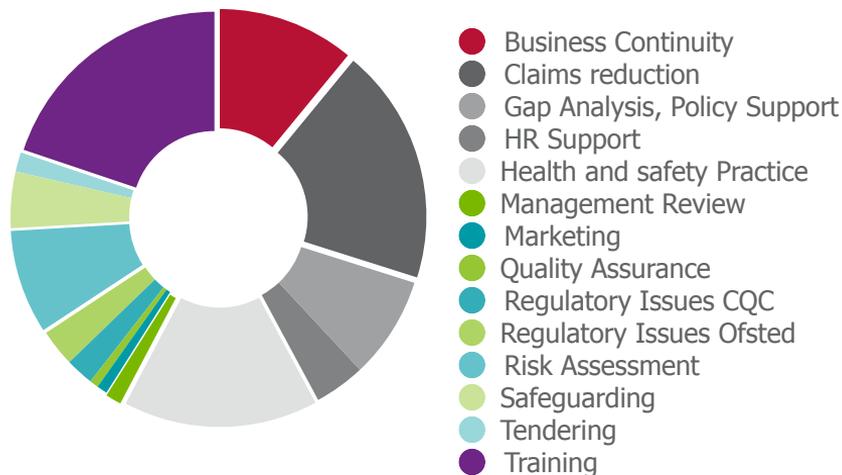
## Who We Are:

- ✓ MUK own Health and Social Care Consultancy Service
- ✓ 30 Practitioners over the UK
- ✓ Our Practitioners are experienced Health and Social Care Leaders across Children's and Adults services, housing, residential services, learning difficulties, drug and alcohol and fostering.
- ✓ Working with MUK since 2006 and acquired by MUK in 2016
- ✓ Collectively over 500 years of experience
- ✓ Provide sector specific expert evaluations of risk, regulation, Health and Safety, tendering, liability reduction, operations and practice.

## What We Do:

- Undertake sector specific risk surveys on behalf of UW
- Provide policy holder consultancy services to reduce risk and liability exposure
- Bespoke solutions for medium and large organisations
- Non insurance related customer solutions
- PAYG and Subscription Models
- 5000 hours of Policy Holder Services annually

Policy holder



# Market Care Customers

## Examples of Market Care solutions:

### Safeguarding:

Working to deliver training on internal investigation processes. Supporting customers through SU deaths and safeguarding process. Attending meetings and supporting lessons learnt, internal QA process and improving practice.

**Testimonial:** “Without your support and expertise we would have lost our business, staff and service users”.

### Regulation.

Specialist children’s Home. Assistance with improvement planning and defending against Ofsted through expert practitioner audits and evidence of compliance. Expert witness activity in Tribunal.

**Testimonial:** “Thank you for your help with what has been a very difficult situation, your support and guidance is much appreciated”.

## PAYG Offer

Our PAYG and subscription models respond to the needs of customers across

- Children’s Homes.
- Adult Residential Services.
- Child Care
- Adult’s Services

## Adult residential services 18-65

Includes mental health, learning disability, rehabilitation and housing with support

CONTACT US FOR MORE INFORMATION ##### @market xxx@market.com	
<b>PRACTITIONER SUPPORT LINES</b> <b>Practitioner support line</b> Delivered by Market Care Practitioners and Retail Law <b>E25 for 30mins</b> Our support line covers: • All employment related queries • Safeguarding concerns • Complaints and representations • Regulatory compliance – General enquiries incl. registration – Judgments and inspections • Health and safety incl. management systems, compliance queries • Ad hoc policy and procedure development incl. risk registers, business continuity, GDPR, document retention	<b>Regulatory and criminal legal services</b> Delivered by Retail Law <b>Call for a quote</b> We can help with: • CQC priority notices/enforcement • Factual accuracy challenge • Safeguarding advice • Employment disciplinary • Professional discipline • Inquests • Criminal investigations • GDPR and disclosure • Contractual queries • Governance <b>Tax advisory and planning</b> Delivered by Market Tax <b>Call for a quote</b> We can help with: • Capital allowances • Property and VAT • IR35
<b>PRACTITIONER SERVICES</b> <b>On-site services</b> Delivered by Market Care Practitioners <b>From E399/service</b> <b>Regulatory compliance services</b> 1. CQC health check 2. Preparing for inspection 3. CDRR 4. Challenging judgements 5. Log 17 audits <b>Risk management services</b> 1. Tailored risk for 1 site 2. Reducing claims 3. Management systems and risk registers 4. Business continuity and emergency plan for 1 site <b>Training services</b> 1. Accident and investigation 2. Safeguarding incl. DoS and recruitment 3. HSE 4. Fire marshal 5. Fire risk assessor 6. VAT level management 7. Lifting and hoisting <b>From E499/ser</b> <b>Business growth and tendering</b> 1. Consultation strategies 2. Change management 3. Strengthening programme 4. Tender support and control <b>Quality assurance services</b> 1. Quality assurance 2. Quality audit	<b>ON-SITE PRACTITIONER SERVICE DESCRIPTIONS</b> <b>From E399 per service</b> <b>REGULATORY COMPLIANCE SERVICES</b> 1. CQC health check - provides CQC health checks including compliance to the latest regulations and best practice procedure 2. Preparing for inspections - ensure you are prepared for CQC inspections and help you prepare or improve your rating 3. CDRR - provides CDRR compliance assessments 4. Challenging judgements - an independent service that reviews and challenges judgements 5. Log 17 audits - see section 17.7 audit to ensure you meet regulatory obligations <b>RISK MANAGEMENT SERVICES</b> 1. Tailored risk for 1 site - provides tailored risk assessments for the care and health sector, as well as generic 2. Reducing claims - includes risk assessments, forecasts and focus on areas on going well assessment 3. Management systems and accident reporting - reduce claims and improve claims 4. Management systems and risk registers - provide a framework for the most relevant risks 5. Business continuity and emergency planning for 1 site - provide framework for registers and/or perform risk analysis 6. Business continuity and emergency planning for 1 site - provide framework to ensure resilience of your business <b>BUSINESS GROWTH AND TENDERING SERVICES</b> 1. Consultation strategies 2. Support practitioners together with tendering teams and contractors 3. Change management - support practitioners in the process of change within their business 4. Capabilities programme - based on performance of change when placed by approval commissioning strategy 5. Tender support and control - support practitioners in the process of tendering 6. Quality assurance services - support practitioners in the process of tendering <b>QUALITY ASSURANCE AND QUALITY CONTROL SERVICES</b> 1. Quality assurance - review and develop of approved national standards 2. Quality audit - provide service user and commissioning systems

## Adult residential services 18-65

CONTACT US FOR MORE INFORMATION  
##### @market xxx@market.com

ON-SITE PRACTITIONER SERVICE DESCRIPTIONS

From E399 per service

REGULATORY COMPLIANCE SERVICES

1. CQC health check - provides CQC health checks including compliance to the latest regulations and best practice procedure
2. Preparing for inspections - ensure you are prepared for CQC inspections and help you prepare or improve your rating
3. CDRR - provides CDRR compliance assessments
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5. Log 17 audits - see section 17.7 audit to ensure you meet regulatory obligations

RISK MANAGEMENT SERVICES

1. Tailored risk for 1 site - provides tailored risk assessments for the care and health sector, as well as generic
2. Reducing claims - includes risk assessments, forecasts and focus on areas on going well assessment
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BUSINESS GROWTH AND TENDERING SERVICES

1. Consultation strategies
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QUALITY ASSURANCE AND QUALITY CONTROL SERVICES

1. Quality assurance - review and develop of approved national standards
2. Quality audit - provide service user and commissioning systems

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# Any Questions?

[Charlotte.Rowe@Markel.com](mailto:Charlotte.Rowe@Markel.com)





Innovation Broking

## Insurance Landscape

Jonathan Taylor

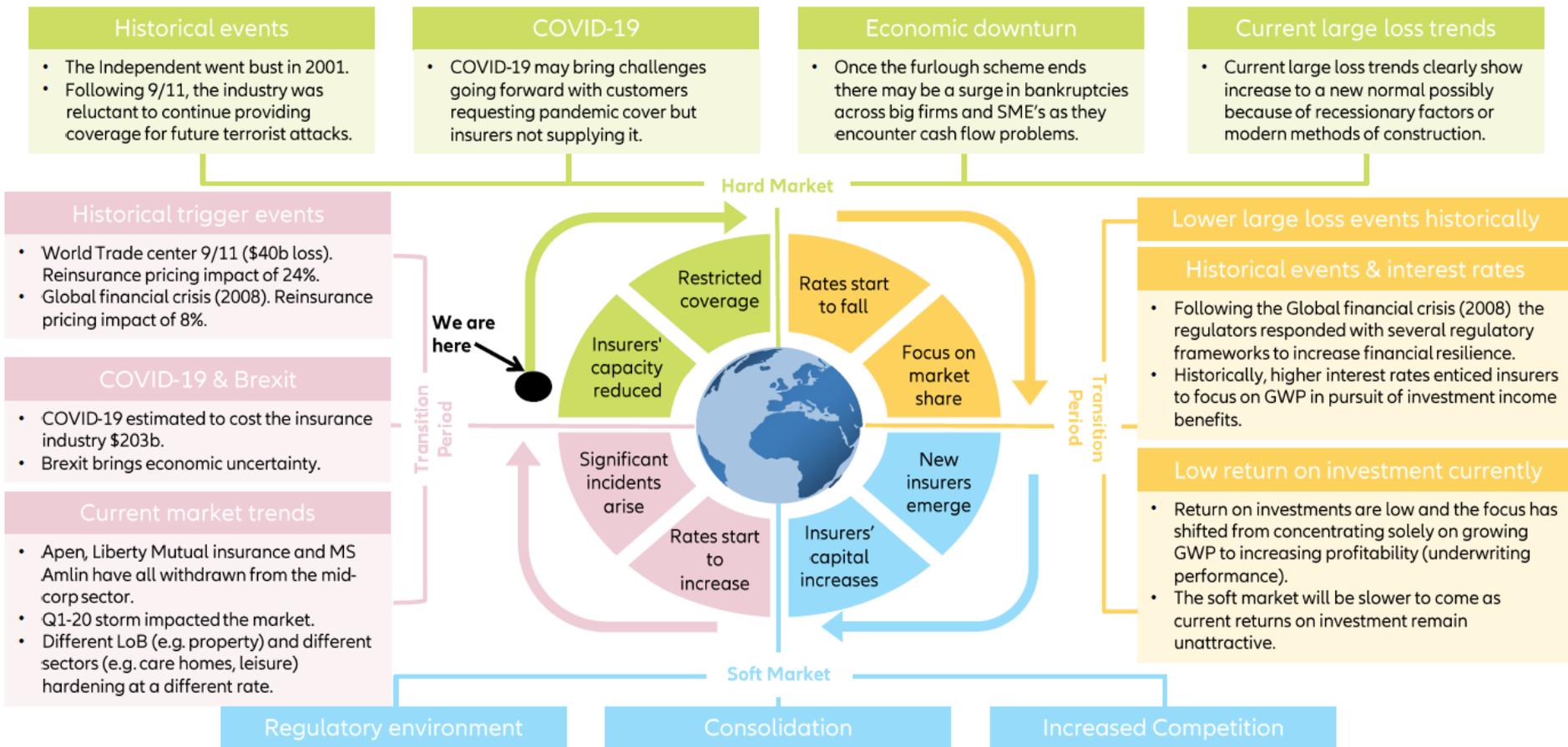
Innovation Broking, a commercial lines insurance broking firm based in London,  
specialising in services for Charities and Care

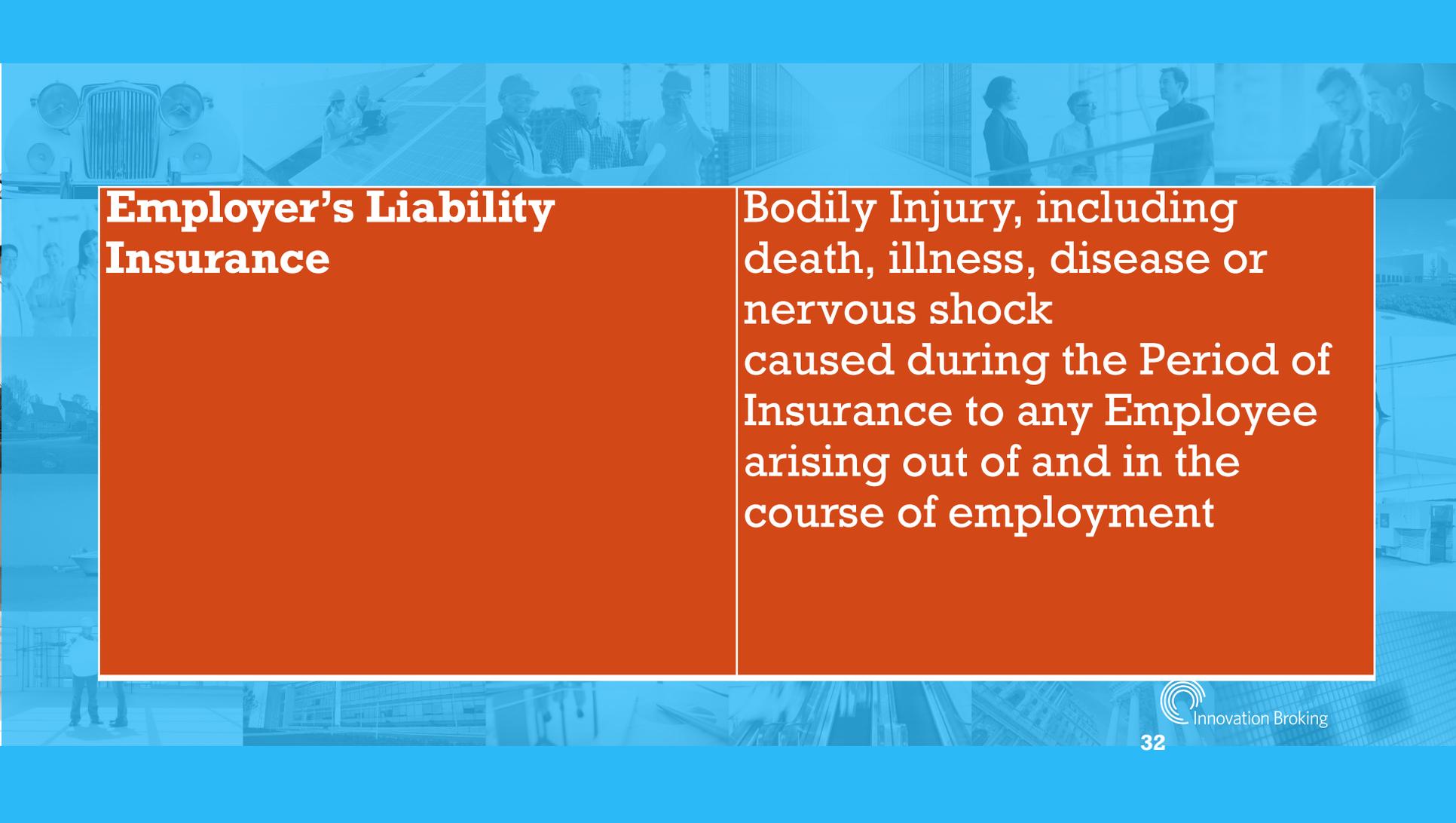


# Insurers



# WE ARE AT THE START OF A HARD MARKET



The background of the slide is a collage of various business and industry-related images, all tinted in shades of blue. The images include a classic car's front grille, construction workers in hard hats, people in business attire in a meeting, a modern office interior, and various architectural and industrial structures.

## **Employer's Liability Insurance**

**Bodily Injury, including death, illness, disease or nervous shock caused during the Period of Insurance to any Employee arising out of and in the course of employment**

## Employers' Liability (Compulsory Insurance) Act 1969

A brief guide for employers

### Can my insurance policy contain conditions?

If you take out employers' liability insurance, you will have an agreement with your insurer about the circumstances in which they will pay compensation. For example, the policy will cover the specific activities that relate to your business.

There are certain conditions which could restrict the amount of money your insurer might have to pay, which you cannot agree and your insurer cannot impose. You should make sure that your contract with your insurer does not contain any of these conditions.

Your insurer cannot refuse to pay compensation purely because:

- you have not provided reasonable protection for your employees against injury or disease;
- you do not keep specified records or cannot provide the insurer with information from those records;
- you have done something they told you not to do (for example, said it was your fault);
- you have not done something they told you to do (for example, report the incident); or
- you have not met any legal requirement connected with protection of your employees.

## Employers' Liability (Compulsory Insurance) Act 1969

A brief guide for employers

However, this does not mean you can forget about your legal responsibilities to protect the health and safety of your employees. For example, you must carry out a risk assessment that is suitable and sufficient, and take all reasonably practicable measures to protect your employees and report incidents. If your insurer believes that you have failed to meet your legal responsibilities for the health and safety of your employees and that this has led to the claim, the policy may enable the insurer to sue you to reclaim the cost of the compensation.

## **Public Liability Insurance**

**Accidental Bodily Injury, including death, illness, disease or nervous shock caused during the Period of Insurance (other than to an Employee) which arises in connection with the Business**

About 80% of the care insurers are applying a Covid exclusion to Public and Product Liability policies thus relating to recipients of care ( maybe 99.9% for elderly care.)

The discussion is as to whether this is really removing much cover – as the trigger to PL (unlike EL), usually includes the word “accidental”.

An example insurer, who are still offering cover without an exclusion to well managed non- elderly care have the following wording:

The insurer will indemnify the insured in respect of all sums which the insured may become legally liable to pay as damages in respect of:

- a) accidental Injury to any person other than an Employee
- b) accidental damage to property
- c) the provision of first aid treatment by an Employee to any person
- d) accidental obstruction, accidental trespass, accidental nuisance, accidental interference with pedestrian, road, rail, air or waterborne traffic, accidental invasion of the right of privacy excluding any liability arising under Regulation (EU) 2016/679 (General Data Protection Regulation) or Data Protection Act 2018, or accidental interference with any right of air, light, water or way, wrongful interference with goods

And defines Injury as

**Injury**  
Bodily injury, illness or disease (including death)

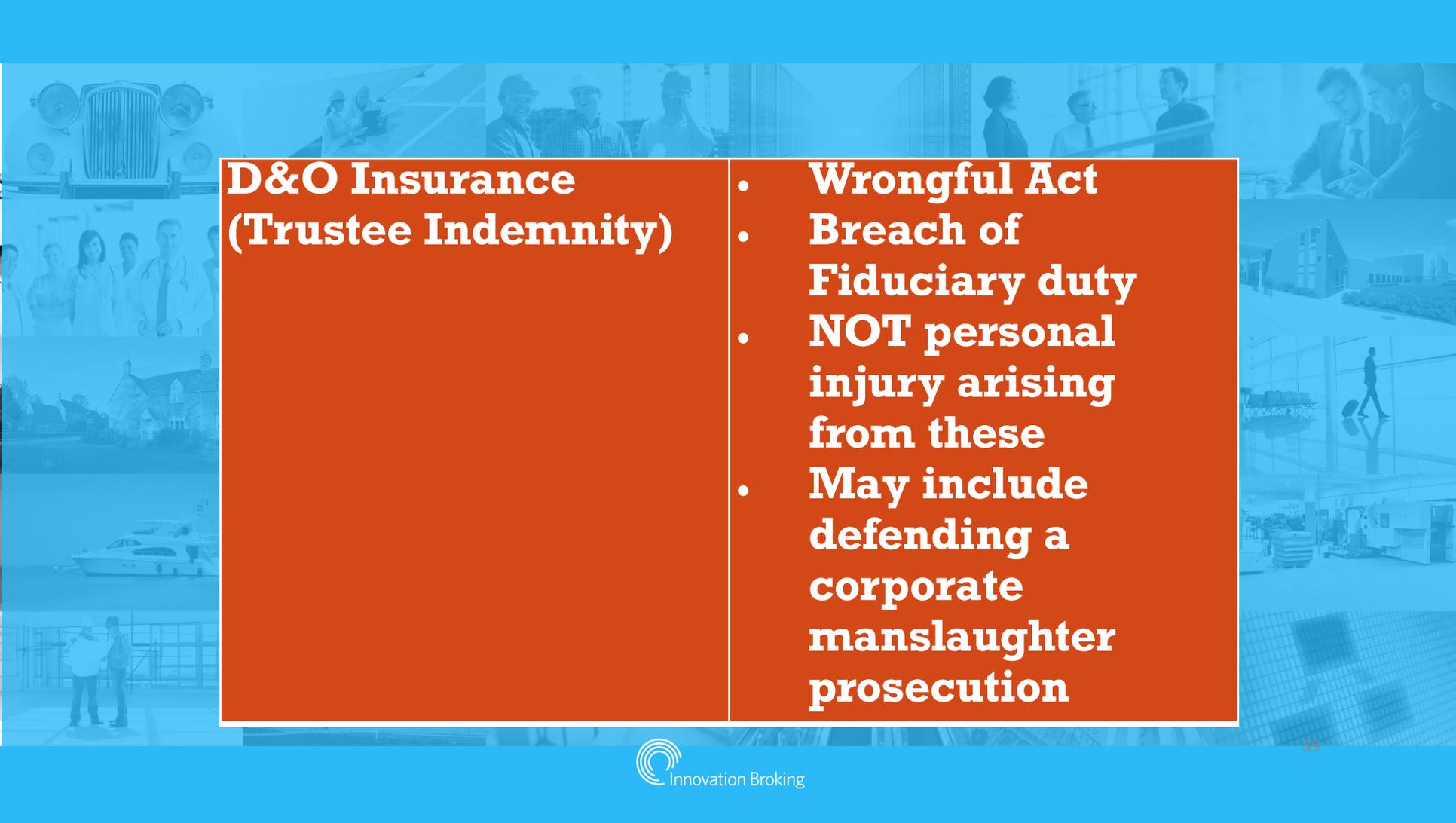


This Public Liability C-19 exclusion is expected to be applied across the insurance industry. The timing for other insurers may be impacted by reinsurance renewal dates or other considerations relating to the FCA test case.

Under our standard LTA wording, there is provision for making changes that relate to *“any restrictions in cover which have been generally agreed by the domestic United Kingdom insurance market”*.

# What options are open to insurers to protect themselves

Employers Liability		Public Liability	
Refuse to cover	Red	Rely on “accidental” as in Pollution	Green
Increase cost	Red	Change cover to claims made	Green
Reduce limit to £5 million	Red	Exclude covid claims or communicable diseases	Red
		Increase excesses	Red
		Refuse to cover	Red
		Increase cost	Red
		Reduce limits offered	Red
Create <b>“Pandemic Re”</b> and offer insurance backed by a government fund			



## **D&O Insurance (Trustee Indemnity)**

- **Wrongful Act**
- **Breach of Fiduciary duty**
- **NOT personal injury arising from these**
- **May include defending a corporate manslaughter prosecution**

# What options are open to insurers to protect themselves

## Directors and Officers Liability

Exclude insolvency

Reduce limits

Reduce discovery periods

Increase costs

Refuse to renew





# What can you do?

## How to present your risk

- Share your specific C-19 plan. What have you actioned thus far and what is your strategy, give the UW peace of mind you are a good risk!
- Training matrix.
- Evidence of updated signed care plans.
- Risk assessment focus – templates at each service or for each service user.
- Wax lyrical on your H&S/Risk team – who are they, how good are they, what do they do. Share this to your broker/insurer.
- What have you implemented to improve defending claims e.g. Claims defensibility training.
- Use of technology e.g. Mobizio – real time care plan updates.
- What claims data do you get? How do you use it as a management tool? aims data in a monthly report.
- Articulate your repudiation rates. You might have incidents, however evidence how well you mitigate risk and defend claims.
- Evidence evidence evidence!

## Board Level Insurance and Benefit Services

"Draft" Presentation of Risk for Insurers, and covers required

**Absolute FCA level confidentiality required**

To be used to inform insurers for renewal December 2018

ABC Charity



## 1. Basics

Who is to be insured	<p>ABC Charity          Charity number 10057745 Commenced 11 March 2016</p> <p>1.XYZ Street, London, W1X 3JB, United Kingdom</p>
Subsidiaries to be insured	None
Website to which underwriters are directed:	<a href="https://www.abc_charity/index.php#about">https://www.abc_charity/index.php#about</a>
The business	<p>"ABC Charity is Lorem ipsum dolor sit amet, ut erat dicant his, vel viris adolescens an, no eum enim probo paulo. His ne duis ancillae theophrastus. Sit ei facer dissentias consecratuer. Sit legendos comprehensam an, ne nam tractatos scriptorem, viris dolores cum in.</p> <p>Amet consecratuer temporibus eam eu. Ut atqui graece salutatus has, reque lobortis imperdiet mel an, solum summo usu an. Sit stat alienum ad, ea erat dolorem petentium sed. Vel mentium menandri referrentur no, vix timeam fabellas constituto ex, no mea consul rationibus. Iudico explicari eos in, nec ei tale facilis sensibus. Sed ut decore omnesque platonem. "</p>
Activities and Development	<ul style="list-style-type: none"> <li>• Lorem ipsum dolor sit amet, ut erat dicant his, vel viris adolescens an, no eum enim probo paulo. His ne duis ancillae theophrastus. Sit ei facer dissentias consecratuer. Sit legendos comprehensam an, ne nam tractatos scriptorem, viris dolores cum in.</li> <li>• </li> <li>• Amet consecratuer temporibus eam eu. Ut atqui graece salutatus has, reque lobortis imperdiet mel an, solum summo usu an. Sit stat alienum ad, ea erat dolorem petentium sed. Vel mentium menandri referrentur no, vix timeam fabellas constituto ex, no mea consul rationibus. Iudico explicari eos in, nec ei tale facilis sensibus. Sed ut decore omnesque platonem.</li> </ul>

## Top Tips

- ✓ **Prepare packs to demonstrate how you are handling/have handled risk assessment, and reactive continuous loop review**
- ✓ **Be prepared to be asked for census detail on covid related illnesses**
- ✓ **Keep talking with insurance advisers – see what's coming down the line**
- ✓ **Engage on renewal very early**
- ✓ **Brief boards/trustees about financial projections being required and alternative funding**

# Q&A



Innovation Broking

PREPARING FOR A 2<sup>ND</sup> WAVE OF C-19

Jonathan Taylor

Director, London and Head of Charity and Care

07595411782

[Jonathan.taylor@innovationbroking.com](mailto:Jonathan.taylor@innovationbroking.com)