



Report on the meeting of the General Consultative Committee (GCC) of 4 June 2020

The GCC met by videoconference.

The items for statutory consultation

Two items were submitted to the agenda for consultation, for which we were requested to give our opinions in writing:

1. Circular 266 – Amendments to the EPO Long-Term Care Insurance ([GCC/DOC 8/2020](#))
2. Emergency Teleworking ([GCC/DOC 9/2020](#))

On Circular No. 266: we appreciate the introduction of a means-tested financial hardship rule and strengthened qualification criteria for long-term care (LTC) applicants with severe cognitive impairments. However, we regret that some technical (here medical) aspects were not discussed in the right forum (i.e. the COHSEC) and that the data necessary to give a fully-informed opinion was missing. You will find our full opinion annexed.

On teleworking: staff members generally welcome more flexibility in their work and the chance to better balance their work life with their life outside the Office. They have recently made enormous efforts to try and continue working from home despite difficult circumstances. This phase has been lasting for almost three months and it does not mean that staff is prepared to work for a prolonged time under uncertain and degraded conditions, disguised as “temporary” or “emergency” measures. We welcome the possibility of teleworking, if introduced in the proper framework. Consequently, we gave a unanimous opinion against the “emergency” teleworking guidelines in the version presented in GCC/DOC 09/2020, for the reasons explained in the annex.

The item(s) for information

There were several items on the agenda for information, most notably the President’s instructions on rewards ([GCC/DOC 11/2020](#)).

In the GCC meeting on 11 April 2019, we already objected that instructions on rewards were submitted for information only, although they relate to conditions of employment that call for statutory consultation according to Article 38(2) ServRegs. In the [report on that meeting](#), we stressed that trust is a tender plant that needs to be nurtured with care and consistency. In 2020, our “trust plant” neither grew nor prospered, and [GCC/DOC 11/2020](#) lacks concrete instructions to prevent arbitrariness and restore trust into managerial discretion and fairness. The major issues remain: the system is driven by quantitative objectives encouraging a rat race which ultimately affects quality, especially in DG1, and the process is completely opaque¹.

¹ The fact that we are now allowed to appoint one single observer to the Harmonisation Committee does not change this.

Conclusion

The GCC meeting was the last one with the current staff representation, whose term on office will end on 30 June. It exemplifies once more the deficient social dialogue and consultation process deliberately set up by the President of the Office.

The Central Staff Committee

Annexes: written opinions on GCC/DOC 8/2020 and GCC/DOC 9/2020

Opinion of the CSC members of the GCC on GCC/DOC 08/2020 Circular 266 – Amendments to the EPO Long-Term Care Insurance

The CSC members of the GCC give the following opinion on Circular 266 – “Amendments to the EPO Long-Term Care Insurance”.

On the consultation:

A meeting of the Working Group on Social Security, Pensions and Remuneration (WG GCC-SSPR), a sub-committee of the GCC, took place on 20 February 2020 for 1.5 hours with two items on the agenda (ANNEX A):

- Long-Term Care Insurance (LTCI): Two proposed changes
- Guide to Cover (GTC): Timeline 2020 and discussion points

The LTCI is the insurance which pays for the costs associated with long-term care, namely the cost of the variety of services which help the medical and non-medical needs of people with a chronic illness or disability who cannot care for themselves for long periods.

Concerning the LTCI, the administration presented a **memo dated 13 February 2020** (ANNEX B) containing two amendments:

- Introduction of a means-tested financial hardship rule
- Strengthening the qualification criteria for long-term care (LTC) applicants with severe cognitive impairments

The following was explained to us:

The introduction of a **financial hardship rule** stems from the fact that in some cases (especially in the Netherlands) LTC beneficiaries find themselves with costs (e.g. care in a nursing home, accommodation + service costs, living expenses and taxes) which are higher than their income despite the LTC benefits. These LTC beneficiaries thus face a financial gap. At present, additional discretionary financial support can be granted by the Office via Article 87 ServRegs (“Gifts, loans and advances”) to cover such financial gaps. The purpose of an additional financial hardship rule in Circular 266 is to strengthen the legal basis for granting these exceptional benefits by also defining clear criteria for what qualifies as financial hardship.

The **strengthening of the qualification criteria** for LTC applicants **with severe cognitive impairments** stems from the fact that under the current wording, cognitive impairments are sometimes not adequately recognised by the physicians making the assessment, thereby excluding such applicants from the LTC benefits. The purpose of the addition of the explicit mention of “*due to [...] cognitive impairments*” aims at guaranteeing eligibility in the future.

A **first version** of amended Circular 266 was sent to the WG GCC-SSPR on 9 April 2020 (ANNEX C). It additionally introduced:

- that the eligibility criteria for financial hardship would also take into account the calculation of the income of other members of the joint household

- an amendment to the mobility criteria for insured persons aged 14 years and over (Category 1).

None of these aspects were presented in the meeting of 20 February 2020.

A **second version** of the amended Circular 266 was sent to the WG GCC-SSPR on 20 April 2020 (ANNEX D) with minor corrections.

Only one meeting of the WG GCC-SSPR took place, and GCC/DOC 08/2020 was never submitted to the COHSEC.

On a negative note, we consider that another meeting of the WG GCC-SSPR should have taken place once the first draft of the circular was available. The document should have been presented to our health experts in the COHSEC, and the presence of a medical expert in the GCC meeting would have helped.

On the substance:

Introduction of a means-tested financial hardship rule

On a **positive note**, we appreciate that the Administration has decided to improve our existing regulations with clear criteria for providing financial hardship to LTC beneficiaries who face a financial gap after paying for a private or public nursing home or home care even after combining their EPO pension and the EPO LTC benefits.

On a **negative note**, we regret that the Administration did not provide us with anonymised data concerning the LTC beneficiaries suffering from financial hardship who are currently making use of Article 87 ServRegs. Evidence has not been provided concerning how the eligibility of staff members to support under Article 87 ServRegs in this context was determined in the past.

In view of the lack of information on the current cases, and regarding the small number of expected cases (5 to 10 cases per year over the next 10 to 15 years), we cannot judge whether a ceiling higher than 150% of G1/4 should have been considered by the Administration. A higher ceiling would have also further reduced the administrative burden of dealing with additional requests under Article 87 ServRegs.

Strengthening the qualification criteria for LTC applicants with severe cognitive impairments

On a **positive note**, we appreciate that the qualification criteria for LTC applicants now explicitly include severe cognitive impairments.

On a **negative note**, additional amendments were introduced and seem to be of a very technical and health-related nature. We do not feel best-qualified to issue an opinion on these matters. For example, we refer to the number of minutes attributed to different aspects of the “mobility” criteria for insured persons aged 14 years and over (Category 1). Such aspects were not discussed in the meeting of the WG GCC-SSPR of 20 February 2020, the only meeting which took place with a medical advisor present.

The CSC members of the GCC

ANNEX A: Email Compensation Benefits 20200213

Thomas Franchitti

From: Sebastian Kluth on behalf of Compensation and Benefits
Sent: 13 February 2020 12:10
To: Compensation and Benefits; Elodie Bergot; Gurvan Le Guern; Raffaella de Greiff; Federico Jenichen; Barbara Bosch; Ana Bogdan; Mechthild Noé; Claudia Lopes; Joachim Michels; Josef Roider; Alain Rose; Michael Sampels; Alyssa Drouault; Thomas Franchitti
Cc: PD43 - STAFF REPRESENTATION; Fiona Dullenkopf; PD Corporate Policies
Subject: GCC SSPR meeting on 20 February 2020
Attachments: 20200213 Memo - Amendments to the EPO long term care insurance.pdf

Dear members of the subcommittee of the GCC on SSPR,

Yesterday we provided you with our discussion points regarding the upcoming meeting on the Guide to Cover on 20 February. At this meeting, we would now also like to discuss two proposed changes that are foreseen in Circular 266, which lays down the procedural aspects of the EPO long-term care (LTC) insurance:

1. Introduction of a means-tested financial hardship rule for LTC cases who are in need of constant supervision in either very expensive nursing homes or via home care. This addresses a number of recent cases in The Netherlands.
2. Strengthening the qualification criteria for LTC applicant with severe cognitive impairments. The current wording in the EPO rules might deny LTC benefits to individuals with a condition like severe dementia.

Further details regarding the two changes and a timeline for implementation can be found in the attached Memo.

The meeting agenda is as follows (1.5 hours):

- LTC insurance: Two proposed changes
- Guide to Cover: Timeline 2020 and discussion points

Best regards,

Dir. 4.3.1 Compensation & Benefits

From: Alyssa Drouault **On Behalf Of** Compensation and Benefits

Sent: 12 February 2020 15:44

To: Elodie Bergot <ebergot@epo.org>; Gurvan Le Guern <gleguern@epo.org>; Raffaella de Greiff <rdgreiff@epo.org>; Federico Jenichen <fjenichen@epo.org>; Barbara Bosch <bbosch@epo.org>; Ana Bogdan <abogdan@epo.org>; Sebastian Kluth <skluth@epo.org>; Mechthild Noé <mnoe@epo.org>; Claudia Lopes <clopes@epo.org>; Joachim Michels <jmichels@epo.org>; Josef Roider <jroider@epo.org>; Alain Rose <arose@epo.org>; Michael Sampels <msampels@epo.org>; Alyssa Drouault <adrouault@epo.org>; Thomas Franchitti <tfranchitti@epo.org>

Cc: PD43 - STAFF REPRESENTATION <pd43staffrep@epo.org>; Fiona Dullenkopf <fdullenkopf@epo.org>; PD Corporate Policies <PD43mailbox@epo.org>

Subject: GCC SSPR meeting on Guide To Cover on 20 February 2020

Dear members of the subcommittee of the GCC on SSPR,

At our upcoming meeting on the Guide to Cover on 20 February, we would like to discuss the following points with you:

- **Homeopathy:** On-going discussion in national systems (e.g. in France and Germany) to restrict reimbursement because non-evidence based medicine. What is the opinion of the Staff Reps?
- **Chinese medicines:** Should we restrict the reimbursement to evidence-based products to avoid products originate from critically endangered animals, such as rhinocerus, tiger, seahorse etc.? What is the opinion of the Staff Reps?
- **Dental surgeons in Austria:** Comparable specialists in Germany and France are covered under 2.1.1. In Austria, they have other title of qualification. Do we need to make an exception, as for Germany and France?
- **Hearing aids:** Since costs can be rather high, should we add the need of prior approval?
- **Long-term prescriptions (“Dauerrezept”):** Currently in GTC, validity of prescription max. one year. In Germany, new rule regarding max. validity since January 2020. Should we change the current GTC rule?

Please let us know by Friday 14 February, if you have any suggestions for changes to the guide so that we could discuss them effectively at the meeting.

If you have no objections, our trainee Mattia Mondello will attend this meeting for training purposes.

Best regards,

Dir. 4.3.1 Compensation & Benefits

Directorate 4.3.1, Compensation & Benefits

Directorate 4.2.2, HR Customer Interface / Medical Advisory Unit

Proposal for improvements to the EPO long-term care insurance scheme

Executive Summary

This Memo provides more details regarding two proposed amendments to the EPO long term care (LTC) insurance, which are a result of the experience in 2019.

Introduction of a means-tested financial hardship rule

- There was an increasing number of LTC cases in The Netherlands filing for financial support via Article 87 ServReg due to expensive nursing home care.
- Costs are often not fully covered with the sum of EPO pension and LTC benefits.
- A means-tested financial hardship rule would allow for an exceptional increase in LTC benefits up to a maximum of 150% of salary G1/4 (ca. € 4,700).
- The new benefit is expected to cover the financial gap for the majority of cases and would be an improvement within the scope of the current implementing rule.
- Applicants are expected to provide evidence of their costs and income situation.
- The financial risk would be shared between staff (1/3) and the Office (2/3) via the LTC contribution rate.

Strengthening the qualification criteria for LTC applicant with severe cognitive impairments.

- The current wording in the EPO rules might deny LTC benefits to individuals with strong cognitive impairments, but without physical impairments, e.g. severe dementia.
- Most national LTC schemes have recently recognised the discrepancy between acknowledging physical and mental impairments in the same way.
- The wording of the ability definitions should be amended to emphasise the fact that the need for LTC can be caused by physical or cognitive limitations.
- The proposed changes are not seen as a policy change but rather as a clarification for the physicians who fill out the form.
- There is the possibility that this might lead to an increase in LTC cases due to cognitive impairments.

Timeline: Meeting with GCC-SSPR working group (**February 2020**); Finalising proposal considering feedback of GCC-SSPR working group and legal department (**February - April 2020**); Submission to the GCC for consultation (**April 2020**); Implementation (**July 2020**).

Further details regarding the two changes can be found below.

1. Introduction of a means-tested financial hardship rule

Financial hardship rule for LTC cases who are in need of constant supervision in either very expensive nursing homes or via home care. The proposed solution intends to avoid the systematic use of Article 87.

1.1 Background

- In the Netherlands people who are in need of constant supervision can theoretically choose between public nursing home, private nursing homes or home care. However, the choice is more theoretical because demand usually exceeds supply in all three cases.
- Since the beginning of 2019 the Office was contacted by an increasing number of LTC applicants and beneficiaries who informed the EPO about the 2 challenges arising from the nursing home situation in The Netherlands: difficulties to access nursing homes and very high costs, often not fully covered with the sum of EPO pension and LTC benefits. The same issues were also raised multiple times by the Pensioners' Association.
- Apart from very few exceptions, staff members and pensioners of the EPO are not part of the national Dutch system and are only insured via the EPO LTC insurance. For these people nursing homes in The Netherlands are only available at very high costs and there is no limit on the monthly expenses. In contrast, for individuals insured via the national Dutch scheme the out-of-pocket contributions to nursing home costs are means-tested and limited to a maximum of around € 2,360 per month for public nursing homes and € 862 for private nursing homes. The stay in a private nursing home is regarded as "self-organised stay at home" which results in the lower maximum out-of-pocket contribution, because from the state's perspective there are fewer costs associated to it.
- The monthly care costs in NL depend on the degree of reliance on help and can range between € 6,000 and € 12,000 (see annex 1). On top of this, people have to pay for accommodation and service costs if they stay in a private nursing home. As a result, individuals are often faced with a financial gap, even when combining their EPO pension and the EPO LTC benefits. This is particularly true if people cannot find a public nursing home and therefore need to stay in a private nursing home.
- Based on the current figures from a Dutch broker website for private nursing homes the extra costs for the accommodation and service costs in a private nursing home can be expected to range between € 1,500 and € 5,000 per month.
- Private nursing homes are often the only option if, due to a non-Dutch insurance (EPO staff/pensioners), are not admitted to a public nursing home.
- At the moment, apart from the maximum exceptional LTC benefits of 150% of salary G1/4 laid down in the Implementing Rules to Art. 83b, the Office can only grant additional financial support on the basis of Article 87 ServRegs. The number of Article 87 cases is still relatively low, but a recent increase has been observed by Dir. 422 and it is expected that the numbers will grow in the future given the ageing of the insured population.

- If the reason to apply for financial support on the basis of Article 87 results from the high care costs in The Netherlands, this risk should preferably be covered within the EPO LTC insurance, i.e. shared between staff and the Office via the LTC contribution rate.
- A potential solution to this problem would be the implementation of a means-tested financial hardship rule for LTC recipients in need of a nursing home or home care.
- Dir. 431 has developed a detailed proposal for a means-tested financial hardship rule, which is outlined below.

1.2 Principles of the new benefit

- The Office introduces a specific “means-tested financial hardship” rule, which would allow for an exceptional increase in LTC benefits up to a maximum of 150% of salary G1/4, for individuals in need of a nursing home or home care.
- The implementation would not require a decision by the Council, since the foreseen benefit does not exceed 150% of G1/4. Under the current Implementing Rules to Art. 83b, the President is already allowed to grant LTC monthly benefits of up to 150% of salary G1/4 in exceptional cases (e.g. due to medical or financial hardship).
- Individuals have to provide evidence of their actual costs for a nursing home. The increase in benefits is only granted if the costs for a care home plus a reasonable personal budget for other living expenses exceed the combined monthly income from LTC benefits and EPO pension or salary payments.
- The extra benefit cannot exceed the financial gap (see calculation example in table below).
- The means-tested element would ensure that this new benefit is tailored and limited to only those individuals who cannot bear the cost of a care home or home care themselves and would end up in a situation of financial hardship, which is not bearable in the medium to long term.
- The limitation of benefits to 150% of G1/4 avoids a selection effect, where people could opt for the most expensive nursing homes or home care options.
- These two key elements (means-tested + plus financial cap at G1/4) would limit any potential increase in the LTC contribution rate.
- The means-tested element also applies to Art. 87 ServRegs. Therefore, the Office should not be burdened with extra costs for expensive nursing homes or home care, but redirect these costs from Art. 87 to the EPO LTC insurance, where they are shared 1/3 staff and 2/3 Office. This seems more appropriate, because Art. 87 should be reserved for exceptional circumstances and it should be avoided that it is used systematically to cover part of an insurance risk.
- The EPO is currently only aware of very high LTC costs in The Netherlands. However, to ensure same geographical treatment, it is recommended to introduce a general rule without a geographical limitation to The Netherlands, given that the same issue could occur in another country in the future.

1.3 Financial gap analysis

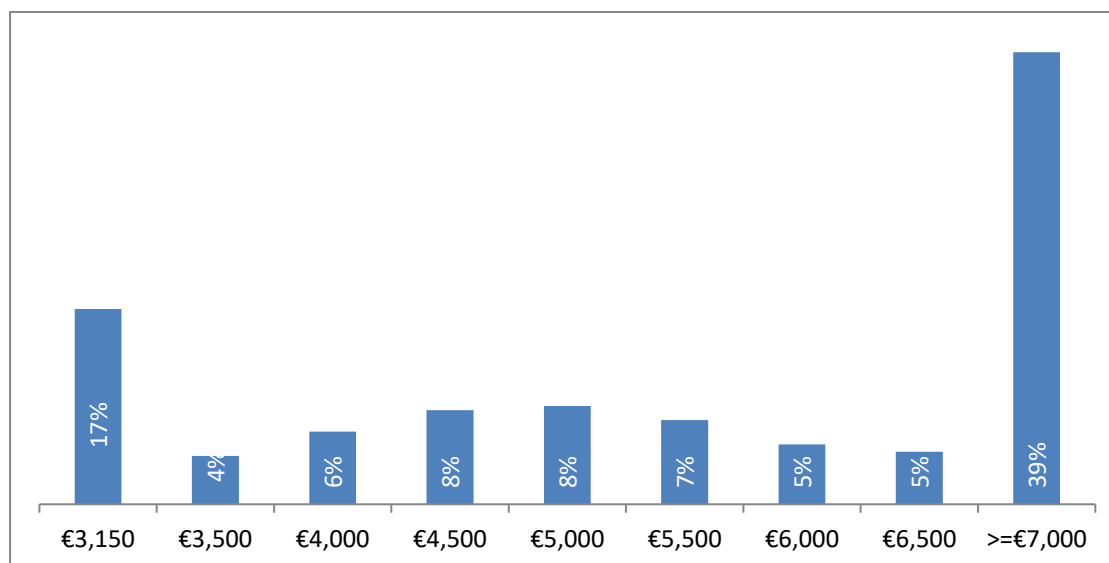
The following **assumptions** were used when assessing the potential financial gap:

- To allow for the heterogeneity of the incoming cases, the calculation in the table below provides a scenario for a typical LTC case staying in a public vs staying in a private care home.
- Accommodation and service costs are assumed to amount to € 2,500 a month.
- In order to make a prudent forecast, it is assumed that no household allowance is paid on top of the EPO pension/salary and LTC benefits.
- The private care home scenario shows a high cost scenario for an insured person, i.e. relatively high costs and a relatively low income from EPO LTC benefits and EPO pension or salary payments.
- The high cost scenario in a private care home enables to test to what extent the new benefit can address even the most extreme cases.
- The calculation assumes a reasonable personal budget of 1,000 € per month, which is in line with the figures of the NIBUD, the Dutch independent organisation for budget advice.
- Pension income is assumed to be at least equal to the minimum EPO pensions/survivor pension of G1/4 (currently around € 3,150).

Why is it reasonable to assume a minimum pension of G1/4?

- Assuming a minimum pension will protect the Office from a disproportionate administrative burden, because it is not feasible to check all potential sources of income when a person receives a pension which is less than G1/4.
 - If the pension income is below this threshold, it is reasonable to expect that the person needs to have other sources of income, because the work history at the Office must have been relatively short. Other sources of income should therefore be checked and taken into account in line with the current practise when people apply for extra support according to Art. 87.
- The graph below provides an overview of the current distribution of pensions payments. All pensions below G1/4 were rounded up to G1/4 for the reasons explained above. Considering the pensioner population of 2018, only 17% would be considered to receive a minimum pension.

Distribution of monthly pensions in 2018 (rounded to 500€ and with lower cap at G1/4)



The following table provides a financial gap analysis for the public and the private nursing home scenario.

Financial gap analysis

		Public care home	Private care home
Costs (2020)	Care in a nursing home (indicatie=Z063)*	-€ 7,576	-€ 7,576
	Accommodation + service costs	Included	-€ 2,500
	Personal budget for living expenses	-€ 1,000	-€ 1,000
	Tax on G1/4 pension	-€ 547	-€ 547
	(1) Total costs	-€ 9,123	-€ 11,623
Income	Reimbursement EPO health insurance**	€ 2,273	€ 2,273
	EPO Pension G1/4	€ 3,148	€ 3,148
	Tax adjustment for G1/4 pension in NL	€ 347	€ 347
	LTC benefits	€ 2,361	€ 2,361
	Assumption on LTC level	Level 2	Level 2
	(2) Total income	€ 8,129	€ 8,129
Financial gap (status quo)	Income minus cost (2) - (1)	-€ 994	-€ 3,494
Financial hardship additional LTC benefit	Increase of LTC benefits to close the financial gap (max. 150% G1/4)	€ 994	€ 2,361
Financial gap (hardship rule)	Financial gap (status quo) + extra benefit	No gap	-€ 1,133

*In 2020 the daily rate for indicatie=Z063 is € 249.07 per day or € 7,576 per month (see annex 1).

**If the institution does not distinguish between medical costs and care-related costs, 30% of the invoice is reimbursed under the EPO healthcare insurance scheme as medical costs (€ 7,576*30%= € 2,273). The stay as such is explicitly not covered by the EPO health insurance.

For people only receiving a minimum G1/4 pension, the financial gap can be expected to be between around € 1,000 to € 3,500. There are two main cost drivers. First, the daily rate for a nursing home strongly varies with the LTC level indication (indicatie) according to the Dutch metrics. While a nursing home charges € 5,682 per month for indication Z033 the cost increase to € 12,094 per month for indication Z083 (see annex 1). Second, the cost will strongly depend on the fact whether the individual was able to find a place in a public nursing home, where the cost for the accommodation and service costs are included in the daily rate, or whether the patient can only find a private nursing home where the cost of the accommodation is not included. Based on the figures from a broker for private nursing homes in the Netherlands the extra costs in a private nursing home can be expected to range between € 1,500 and € 5,000 per month. For the calculation above monthly cost of € 2,500 were assumed.

When making the link to the actual distribution of monthly pensions, 66% of pensioners currently receive a pension high enough to fully cover a gap of € 994 in the public nursing home scenario and 28% of pensioners even receive a pension high enough to fully cover a gap of € 3494 in the private nursing home scenario. These percentages take national taxes and the EPO tax adjustment in The Netherlands into account. This highlights that better access to public care homes can limit the number of expected cases. It also stresses the means-tested element of the new benefit and that for the public nursing home scenario it would only be applicable for people at the lower end of the pension income distribution. These typical cases are former B or C grade staff, or recipients of a survivor's pension. However, the numbers also show that when individuals can only find a place in a private nursing home, the majority of pensioners will be left with a certain financial gap.

1.3 Number of cases

- It is important to distinguish between a potential one-off effect after implementation and the expected new cases per year.
- **One-off effect:** The introduction would allow the current LTC beneficiaries who are in a nursing home or who need home care to apply for this new benefit. It is expected that out of this pool there are around 7-8 cases who could qualify for a means-tested financial hardship benefit. However, all cases who already receive a benefit in accordance to Article 87, are not likely to apply for the new benefit, because their costs are already sufficiently covered.
- **New cases per year:** In the short run, the available data would project around 3 new cases per year to qualify for a financial hardship benefit. The number of new cases is expected to grow in the medium and long run, as the EPO insured population ages.

1.4 Expected result

- The introduction of a means-tested financial hardship benefit up to 150% of G1/4 will most likely cover the financial gap for the majority of cases.
- The introduction of such a benefit would be an immediate improvement within the scope of the current implementing rule. The criteria for this benefit can be defined under Part V (hardship provision) of Circular 266 regarding the LTC insurance. The President can introduce this without AC decision.

- The financial risk of the means-tested hardship rule would be shared between staff (1/3) and the Office (2/3) via the LTC contribution rate.
- A means-tested hardship rule would not replace Article 87. In extreme cases the Office can still grant additional financial support on the basis of Article 87.

2. Strengthening the qualification criteria for LTC applicants with severe cognitive impairments

2.1 Current rule and problem

The current EPO rules might deny LTC benefits to individuals with a condition like severe dementia due to missing physical impairments. According to Circular 266 an applicant needs to require help in connection with at least three of the seven activities/abilities mentioned in categories 1 (basic everyday activities) and category 2 (cognitive capacity). The total amount of time allocated in accordance with the standard tables for Categories 1, 2 and 3 (basic housekeeping activities) together should amount to at least 120 minutes a day.

It is important to point out that Category 1 assesses 5 activities while category 2 only assesses 2 abilities. As a result it is not possible to fulfil the criteria “3 out of 7” with strong impairments in both abilities listed in category 2 alone. Certain conditions like dementia are often characterised by patients who are physically able-bodied, but suffer from strong cognitive impairments that lead to a need for a very time-intensive long term care and supervision. This type of patient might not qualify for LTC benefits under the current regulations even though most national LTC schemes would provide LTC support.

In the recent past, a lot of national LTC schemes have recognised the discrepancy between acknowledging physical and mental impairments in the same way. This led to some reforms, for example in Germany, with the goal to better account for patients with strong cognitive impairments that are in need for long term care.

2.2 Proposed solution

The current framework of Circular 266 was evaluated together with the EPO’s medical advisor. Each LTC applicant needs to complete and file an assessment form which is assessed by Cigna as the third party administer and which determines the degree of reliance on long-term care. For this purpose the abilities in multiple categories are assessed (Category 1 “basic everyday activities”, Category 2 "cognitive capacity" and Category 3 for insured over 14 only "basic housekeeping activities").

Circular 266 states that in order to assess the ability of the insured person to perform the activities in each category, the personal physician shall indicate (by means of a tick in the appropriate box on the assessment form) the extent to which the insured person is able to perform the said activities without assistance, help or care provided by a third person. Only one situation per activity may apply. The EPO framework provides a definition for each ability level for insured persons aged 14 years and over (see part III Circular 266) and a similar definition for children (see part IV Circular 266).

It became evident that the wording of the ability definitions should be amended to emphasise the fact that the need for LTC does not necessarily be caused by physical limitations, but it can also be caused by cognitive impairments. For example, a person suffering from severe dementia might physical be able to perform personal hygiene (washing, brushing teeth, combing of hair and shaving), but due to the condition the individual would not wash unless a personal carer reminds the person to do so multiple times per day. The proposed changes would also achieve an alignment of the definitions for insured persons aged 14 and over and children.

It is proposed to amend the ability definitions for Category 1 for insured aged 14 and over as follows:

(a) The patient ~~is able to perform the activity without any help whatsoever and without having to be encouraged to perform it. is able to perform the activity without the help of a third person, and does so spontaneously without requiring assistance.~~

(b) The patient is ~~physically~~ able to perform the activity ~~without the help of a third person~~, but ~~must be asked and has to be encouraged to do so~~ perform it.

(c) The patient ~~can is to some degree physically unable to~~ perform the activity only partly without help due to physical or cognitive impairments, and needs either physical help or comprehensive guidance, i.e. direction and demonstration of the individual steps involved ~~help from a third person. The help may be physical and may include encouragement to act.~~

(d) The patient is completely reliant on help to perform the activity due to physical or cognitive impairments, and needs comprehensive physical help and/or guidance and supervision ~~wholly unable to perform the activity and needs the full support of a third person~~. Where mechanical or other devices allow the insured person to perform the activities mentioned, including independently transferring, he shall be considered able to perform that activity without assistance or, depending on the circumstances, with partial assistance only. The devices referred to shall include a walking stick, hearing aids, Zimmer frame, wheelchair, crutches, artificial limb, orthopaedic soles or shoes, callipers, support stockings, orthopaedic corset and special lavatory seat, but not alterations to the home, such as installation of a special elevator or special bath.

For each of the mobility sub-activities, including transferring and moving around inside and outside the home, the personal physician shall indicate in the appropriate box on the assessment form, using the above scale from A to D, the ability to perform each of the sub-activities specified.

It is further propose to amend the ability definitions for Category 1 for children as follows:

Definitions

A = the child is able to perform the activity without any help whatsoever and without having to be encouraged to perform it

B = the child is able to perform the activity without help, but must be asked and encouraged to perform it

C = the child can perform the activity only partly without help due to physical or cognitive impairments, and needs either physical help or comprehensive guidance, i.e. direction and demonstration of the individual steps involved

D = the child is completely reliant on help to perform the activity due to physical or cognitive impairments, and needs comprehensive physical help and/or guidance and supervision

To emphasise the fact that the need for long term care can be due to physical or cognitive impairments it is also proposed to change the definition of category 2 (b) as follows:

(2) Category 2 ("cognitive capacity") shall comprise two elements, defined as follows:

(a) The ability to conduct one's daily life without the need for supervision means the patient is aware of possible danger or of dangerous situations posing a threat to his/her physical integrity and/or that of others. Supervision may be required for activities such as turning off taps, safe use of electrical equipment without danger of electrocution, safe use of natural gas including heating appliances and/or oven and going outside.

(b) The capacity to communicate with others. The need for help can be caused by physical and/or cognitive impairments. The help may include physical elements, such as reduced hearing and/or vision, but only if and to the extent that these physical problems cannot be compensated for by appliances and/or other aids and the patient requires assistance from a third person in order to be able to communicate.

2.3 Number of cases

The proposed changes are seen as a clarification for the physician who fill out the form. There is the possibility that this might lead to an increase in LTC cases due to cognitive impairments.

3. Timeline

20 February 2020: Meeting with the GCC-SSPR working group

February to April 2020: Finalising a concrete proposal considering the potential feedback of the GCC-SSPR working group and the legal department

April 2020: Submission of the proposed changes to the GCC 14 May for consultation

July 2020: Implementation of the two changes as of 01.07.2020

Annex 1: Official daily LTC rates for The Netherlands in 2020

zzp	Niet toegelaten voor bh		Toegelaten voor bh	
	incl. dagbesteding		incl. dagbesteding	
	Prestatiecode	Totaalwaarde per dag	Prestatiecode	Totaalwaarde per dag
vv-3	Z031	€ 163,20	Z033	€ 186,80
vv-4	Z041	€ 140,60	Z043	€ 165,03
vv-5	Z051	€ 242,84	Z053	€ 266,47
vv-6	Z061	€ 224,00	Z063	€ 249,07
vv-7	Z071	€ 285,99	Z073	€ 322,86
vv-8	Z081	€ 370,40	Z083	€ 397,61
vv-9b	Z095	€ 212,30	Z097	€ 293,41
vv-10	Z101	€ 431,01	Z103	€ 439,29

Prestatiecode refers to the indication according to the Dutch metrics. The left side of the table shows the daily rates without treatment, the right side of the table shows the daily rates including treatment.

ANNEX C: Email Compensation Benefits 20200409

Thomas Franchitti

From: Sebastian Kluth on behalf of Compensation and Benefits
Sent: 09 April 2020 12:05
To: Compensation and Benefits; Elodie Bergot; Gurvan Le Guern; Raffaella de Greiff; Barbara Bosch; Ana Bogdan; Mechthild Noé; Claudia Lopes; Joachim Michels; Josef Roider; Michael Sampels; Thomas Franchitti; Dirk Dobbelaere
Cc: PD Corporate Policies; PD43 - STAFF REPRESENTATION; Fiona Dullenkopf; Alyssa Drouault
Subject: June GCC - Draft circular 266 for your information
Attachments: Application and Assessment form - 13 and under.pdf; Application and Assessment form - 14 and over.pdf; DRAFT EN_Circular 266_GCC SSPR.docx

Dear members of the subcommittee of the GCC on SSPR,

Please find attached for your information the draft circular 266 that reflects our discussion in the GCC-SSPR meeting on the EPO long-term care insurance and the Guide to Cover on 20 February 2020.

We intent to submit this topic to the June GCC for consultation and the implementation date is foreseen to be 1 July 2020.

There are three main changes which reflect what was presented to you:

1. Introduction of a means-tested financial hardship rule à newly drafted in Part V (marked in grey)
2. Strengthening the qualification criteria for LTC applicant with severe cognitive impairmentsà the definitions of the ability levels to perform the activities in each category were updated in part III and part IV (marked in track changes). We followed your recommendation to insert a "for example".
3. Alignment of wording between section for children (part IV) and insured age 14 and over (part III) plus an alignment of the wording with the application and assessment form (all marked in track changes)

In addition, we have attached the application and assessment forms currently used. This will allow you to compare the wording of some of the changes under point 3.

If you have any **final remarks** please let us know by **17th of April EOB**.

Thank you.

Best regards,

Dir. 4.3.1 Compensation & Benefits

From: Sebastian Kluth **On Behalf Of** Compensation and Benefits

Sent: 06 March 2020 10:17

To: Elodie Bergot <ebergot@epo.org>; Gurvan Le Guern <gleguern@epo.org>; Raffaella de Greiff <rdgreiff@epo.org>; Federico Jenichen <fjenichen@epo.org>; Barbara Bosch <bbosch@epo.org>; Ana Bogdan <abogdan@epo.org>; Mechthild Noé <mnoe@epo.org>; Claudia Lopes <clopes@epo.org>; Joachim Michels <jmichels@epo.org>; Josef Roider <jroider@epo.org>; Alain Rose <arose@epo.org>; Michael Sampels <msampels@epo.org>; Thomas Franchitti <tfranchitti@epo.org>; Dirk Dobbelaere <ddobbelaere@epo.org>; Sebastian Kluth <skluth@epo.org>

Cc: PD Corporate Policies <PD43mailbox@epo.org>; PD43 - STAFF REPRESENTATION <pd43staffrep@epo.org>; Fiona Dullenkopf <fdullenkopf@epo.org>; Alyssa Drouault <adrouault@epo.org>

Subject: Minutes of the GCC-SSPR meeting on the Guide to Cover on 20 February 2020

Dear members of the subcommittee of the GCC on SSPR,

Please find attached the minutes of the meeting of 20 February 2020 on the Guide to Cover.

If you have any comments, please insert them into the document on track changes and address them by Friday, 20 March.

Thank you.

Best regards,

Dir. 4.3.1 Compensation & Benefits

ANNEX D: Email Compensation Benefits 20200422

Thomas Franchitti

From: Sebastian Kluth on behalf of Compensation and Benefits
Sent: 22 April 2020 17:46
To: Compensation and Benefits; Elodie Bergot; Gurvan Le Guern; Raffaella de Greiff; Barbara Bosch; Ana Bogdan; Mechthild Noé; Claudia Lopes; Joachim Michels; Josef Roider; Michael Sampels; Thomas Franchitti; Dirk Dobbelaere
Cc: PD Corporate Policies; PD43 - STAFF REPRESENTATION; Fiona Dullenkopf; Alyssa Drouault
Subject: RE: June GCC - Draft circular 266 for your information
Attachments: DRAFT Circular 266_GCC SSPR.docx

Dear members of the subcommittee of the GCC on SSPR,

Further to the email below, and as we haven't received any final remarks from you, we will proceed with submission of the attached version of the draft Circular 266 to the June GCC for consultation.

Please note that there have been two minor changes.

On page one, the reference to the implementing rule of the EPO's long-term care scheme has been changed from "Article 89 ServRegs" to "Article 83b ServRegs", because our long-term care insurance is defined in Art 83b.

On page 18 the clarification word "total", which had already been inserted under point 4, has also been inserted under point 2 and 3 following the same logic, i.e. to highlight that the total LTC benefit can never exceed 150% G1/4 as defined in the implementing rule to our long-term care insurance.

Thank you.

Best regards,

Dir. 4.3.1 Compensation & Benefits

From: Sebastian Kluth <skluth@epo.org> **On Behalf Of** Compensation and Benefits

Sent: 09 April 2020 12:05

To: Compensation and Benefits <compensationandbenefits@epo.org>; Elodie Bergot <ebergot@epo.org>; Gurvan Le Guern <gleguern@epo.org>; Raffaella de Greiff <rdgreiff@epo.org>; Barbara Bosch <bbosch@epo.org>; Ana Bogdan <abogdan@epo.org>; Mechthild Noé <mnoe@epo.org>; Claudia Lopes <clopes@epo.org>; Joachim Michels <jmichels@epo.org>; Josef Roider <jroider@epo.org>; Michael Sampels <msampels@epo.org>; Thomas Franchitti <tfranchitti@epo.org>; Dirk Dobbelaere <ddobbelaere@epo.org>

Cc: PD Corporate Policies <PD43mailbox@epo.org>; PD43 - STAFF REPRESENTATION <pd43staffrep@epo.org>; Fiona Dullenkopf <fdullenkopf@epo.org>; Alyssa Drouault <adrouault@epo.org>

Subject: June GCC - Draft circular 266 for your information

Dear members of the subcommittee of the GCC on SSPR,

Please find attached for your information the draft circular 266 that reflects our discussion in the GCC-SSPR meeting on the EPO long-term care insurance and the Guide to Cover on 20 February 2020.

We intent to submit this topic to the June GCC for consultation and the implementation date is foreseen to be 1 July 2020.

There are three main changes which reflect what was presented to you:

1. Introduction of a means-tested financial hardship rule à newly drafted in Part V (marked in grey)

2. Strengthening the qualification criteria for LTC applicant with severe cognitive impairments – the definitions of the ability levels to perform the activities in each category were updated in part III and part IV (marked in track changes). We followed your recommendation to insert a “for example”.
3. Alignment of wording between section for children (part IV) and insured age 14 and over (part III) plus an alignment of the wording with the application and assessment form (all marked in track changes)

In addition, we have attached the application and assessment forms currently used. This will allow you to compare the wording of some of the changes under point 3.

If you have any **final remarks** please let us know by **17th of April EOB**.

Thank you.

Best regards,

Dir. 4.3.1 Compensation & Benefits

From: Sebastian Kluth **On Behalf Of** Compensation and Benefits

Sent: 06 March 2020 10:17

To: Elodie Bergot <ebergot@epo.org>; Gurvan Le Guern <gleguern@epo.org>; Raffaella de Greiff <rdgreiff@epo.org>; Federico Jenichen <fjenichen@epo.org>; Barbara Bosch <bbosch@epo.org>; Ana Bogdan <abogdan@epo.org>; Mechthild Noé <mnoe@epo.org>; Claudia Lopes <clopes@epo.org>; Joachim Michels <jmichels@epo.org>; Josef Roider <jroider@epo.org>; Alain Rose <arose@epo.org>; Michael Sampels <msampels@epo.org>; Thomas Franchitti <tfranchitti@epo.org>; Dirk Dobbelaere <ddobbelaere@epo.org>; Sebastian Kluth <skluth@epo.org>

Cc: PD Corporate Policies <PD43mailbox@epo.org>; PD43 - STAFF REPRESENTATION <pd43staffrep@epo.org>; Fiona Dullenkopf <fdullenkopf@epo.org>; Alyssa Drouault <adrouault@epo.org>

Subject: Minutes of the GCC-SSPR meeting on the Guide to Cover on 20 February 2020

Dear members of the subcommittee of the GCC on SSPR,

Please find attached the minutes of the meeting of 20 February 2020 on the Guide to Cover.

If you have any comments, please insert them into the document on track changes and address them by Friday, 20 March.

Thank you.

Best regards,

Dir. 4.3.1 Compensation & Benefits

Opinion of the CSC members of the GCC on GCC/DOC 09/2020: Emergency Teleworking

The CSC members of the GCC give a unanimous opinion **against** the Emergency Teleworking guidelines as presented in GCC/DOC 09/2020. The reasons for this opinion are given below. They essentially endorse the conclusions of the COHSEC members nominated by the CSC, whose written negative opinion is attached and will be incorporated into the minutes of the GCC meeting.

On teleworking:

Staff members generally welcome more flexibility in their work and the chance to better balance their work life with their life outside the Office. The success of the emergency teleworking scheme, introduced because of the present pandemic, seems to confirm this. Staff members have made enormous efforts to try and continue working from home despite difficult circumstances. However, this phase is temporary and it does not mean that staff is prepared to work for a prolonged time under uncertain and degraded conditions.

On the inappropriate consultation process:

- An intranet publication announcing “*Looking ahead to June’s GCC meeting*” (published 29.05.2020) prejudged the outcome of the GCC meeting by presenting GCC/DOC 09/2020 as if it had been approved before the meeting had taken place.
- Requests to the President made repeatedly over the past few months to be involved in the work of the Task Force or in the preparation of the “new normal” have been ignored. Instead, the role of staff representation has been limited to asking questions in “crisis meetings” aiming at informing us about which measures have been taken by Administration. In this context, an announcement that we will be consulted in the future on the “new normal” has not convinced us that this will be a *bona fide* consultation.
- Some aspects covered in GCC/DOC 09/2020 should have been submitted much earlier to statutory consultation, especially the basic concept of *de facto* moving the workplace from Office premises to the employee’s home, which is a substantial change in the conditions of employment and a departure from Article 55a ServRegs.
- The guidelines are titled “emergency” guidelines. Although we are in a rapidly changing situation, this does not mean that “emergency” or “urgency” measures should be taken without proper consultation.
- In the GCC meeting, PD43 presented the outcome of the COHSEC meeting as being that the members of that meeting were unanimously in favour of the document. On the contrary, the members of the COHSEC nominated by the CSC explicitly gave a written negative opinion on the guidelines as presented (see annex). The reasons and observations of the members of the COHSEC nominated by the President have not been made available to the GCC.

On the content and scope of the document:

- The validity of the “emergency” instructions are not limited to 14 September and (some) provisions may become permanent, i.e. there is no clear statute of limitations. The document essentially blurs the distinction between guidelines on teleworking in times of crisis and general guidelines on teleworking.
- The document is not self-contained¹ and its content and scope are uncertain. It contains hyperlinks to intranet pages, which in turn contain hyperlinks to further pages, etc. The content of these pages is regularly changed. It is therefore not clear what exactly the GCC is being consulted about. In addition, the extensive use of hyperlinks makes it very difficult for staff to find relevant information and/or instructions which contributes to legal uncertainty.

On changes in rights, obligations and responsibilities:

- The document, including the incorporated information linked to by some of the hyperlinks, suggests that individual staff members would have no right to come on the Offices premises unless authorised by line management.
- Responsibilities and obligations normally incumbent on the employer are also transferred from the Office onto staff members (see, for example, the section on costs, insurance and liability), contrary to the legal provisions of the national states. We consider all these provisions to be illegal as long as they do not result from free and mutual agreement.

On the content:

- The distinction between mandatory and voluntary teleworking is not clear. For instance the document expressly stipulates that “[s]taff may be instructed to work from home (mandatory telework) or have been allowed to opt to work from home (telework)”. However, instructions on the intranet limit mandatory teleworking to medical cases exclusively and do not cover the case where staff has been instructed to work from home, i.e. where teleworking is not an option, e.g. because of a numbers cap on office occupancy.
- The President confirmed in the GCC meeting that there should be no disadvantage for colleagues on “(voluntary) homeworking”, the category “mandatory teleworking” being only used to monitor colleagues who had been quarantined. All other colleagues would be considered to be on “(voluntary)” teleworking. In order to prevent staff members from making mistakes, this additional information should therefore be unequivocally communicated to them and the guidelines amended accordingly.

¹ In the GCC meeting the President mentioned that Intranet pages relating to teleworking have been accessed more than 130000 times, i.e. about 20 times per staff member on average. This confirms that the content is updated frequently and that staff must navigate their way through the intranet to collect useful information. This speaks against legal certainty.

- Teleworking has extended the possibility for staff members to work at any time (e.g. the lifting of core hours, service availability until late in the evening and weekends) from anywhere. Too much discretion has been left to the line managers, who might misinterpret and misuse the flexibility offered to put unrealistic pressure on and give excessively tight deadlines to staff. Clear guidance should instead be given to line managers.
- The President confirmed in the meeting that the scheme for allowing teleworking from abroad was being extended until mid-September 2020. This should be added to the guidelines.
- The *ad hoc* teleworking (AHTW) scheme is still a pilot project. An evaluation of the scheme with staff representation to assess all consequences and define clear criteria is still outstanding. The President confirmed that this would be part of the so called “new normal” and that staff representation would be involved. This should be added to the guidelines.

The CSC members of the GCC

ANNEX

Opinion of the COHSEC members nominated by the CSC on COHSEC/DOC 08/2020: Teleworking

From: Members of the COHSEC nominated by the CSC

Date: 29 May 2020

COHSEC Meeting: 68th meeting

We, the members of the COHSEC nominated by the CSC give the following opinion on the COHSEC/ DOC 08/2020 on teleworking:

On the scope of the document

The guidelines refer to the context of the Covid-19 pandemic but are actually drafted as if they were already fit for the post-pandemic “new normal”. The staff representation is aware that such future “new normal” is a matter of strategic considerations under the SP2023, and that discussions are taking place within the Administration without the involvement of the staff representation.

Remarkably, with the phrase “it will normally be replaced with a new, generally applicable teleworking guidelines” in the introduction, the document already foresees its transformation into general guidelines for teleworking in post-pandemic times. We disagree with this type of change-management and with *de facto* adoption of exceptional guidelines adopted for reacting to the specific circumstances of a pandemic (here COVID-19 pandemic) to long term regulations applicable in normal times, all without proper consultation in the spirit of genuine social dialogue.

The general title of the document (see the cover page) even merely reads “Teleworking”, and accentuates this ambivalence that we very much regret.

For this reason, we cannot give a positive opinion on a document which accidentally or purposively mixes the “guidelines for teleworking on pandemic or emergency situations” with “general guidelines on teleworking”.

On the consultation

The document is submitted for consultation to the COHSEC for the first time after ten weeks of *ad hoc* developments caused by the COVID-19 pandemics, with very limited involvement of the staff representation. This document seems a patchwork of teleworking guidelines already put in place under the COVID-19 task force supervision, without involvement and consultation of the staff representation from the beginning, although major changes in the conditions of employment were discussed and adopted.

Despite the assurances made during the 68th meeting of the COHSEC, the statement, “This temporary guideline is meant to remain in force until 14 September 2020 thereafter it will be either extended or replaced by new guidelines.” the administration seems to prepare or foresee an automatic extension of the guidelines seemingly without further consultation.

The general feeling is thus that the development of these guidelines are not the result of constructive social dialogue, but an exercise of “minimum” statutory consultation to adopt general teleworking guidelines without the involvement of the staff representation.

On the structure of the document

Section II of the document relating to staff who are not members of the PTHW or the AHTW pilot scheme, include several subsections: “Safety, health and wellbeing” and “Costs, insurance and liability” which should also be applicable to other staff doing PTHW or AHTW in times of the COVID-19 pandemics. In our opinion, these two subsections should be moved to section III.

Even an attentive readers will find it difficult to navigate through the series of references via hyperlinks which may at any time become broken, obsolete or contradictory, are without any trace of the amendment history and can be amended later such that its contents at the time of the opinion is not recorded or comprehensible. The guidelines must be self-contained in order to make sure that their scope is clear. The content of those links should have been provided as annexes to the COHSEC for a reasoned opinion and for making possible the present and future understanding of the guidelines: “Strong Together” “health and safety measures”, “this link”.

On the different modalities of teleworking during the pandemics

The definition of the terms “voluntary teleworking” and “mandatory teleworking” should be in the document itself. In our opinion, the distinction between these two terms is artificial and in any case obsolete, since they must now include the situation of staff willing to come back to the Office but forced to stay home because of the gradual occupancy thresholds defined until the end of the summer.

The absence of a clear description of the consequences of being under voluntary or compulsory teleworking (e.g. for the appraisal exercise, or for a review of the yearly objectives) unnecessarily creates uncertainty and concerns to staff. It also unduly shifts the responsibility and the health risks associated with working at home or in the EPO buildings to the staff member.

Further, the document suggests that staff members on voluntary teleworking should return to work at the Office premises, would the staff member think that he is unable to work from home (no criteria defined for the assessment). In our opinion, these instructions are additionally based on the artificial distinction between voluntary and compulsory teleworking and we strongly disagree with them.

For all of the above, in our opinion, the distinction between compulsory and voluntary teleworking should be removed.

The guidelines automatically extend PTHW and ATHW arrangements although these constitute an agreement between two parties (the Office and the employee) which can only be extended with the agreement of both. The underlying conditions for PTHW and ATHW most probably might have changed

for many colleagues and therefore, the agreement on any objectives or goals should be suspended for the duration of the exceptional situation.

As a further remark, the report with the results of the evaluation of the AHTW pilot has not yet been provided to the COHSEC or the CSC - (let alone was the CSC involved in such an evaluation) in order to allow the COHSEC to come to a reasoned opinion. We request to receive this missing information as soon as possible, but in any case before any prolongation or amendment of these guidelines are being envisaged.

On the responsibilities on health and safety

Teleworking in times of a pandemic does not release the EPO from its obligations and responsibilities in health and safety towards the staff. However, several passages of the present guidelines seem to suggest that parts of these duties have been transferred to staff (e.g. “you are responsible for making sure that you have the necessary equipment, materials and facilities to do so.”, “Ensure that you choose a safe and healthy workplace that is conducive to concentration.”).

We strongly object to this shift of responsibilities and duties, and underline that the EPO has to do its utmost to guarantee a safe and healthy working environment for teleworkers, also during the very difficult and stressful situations associated with the COVID-19 emergency. The pandemic does not discharge the EPO from any of its duties relating to health and safety.

Just a final remark, the Office does not even specify in these guidelines of what such necessary technical equipment should consist to make teleworking possible, or how to make sure that a safe and healthy workplace is conducive to concentration.

On health and social security insurance

The document states that “An employee teleworking has the same medical insurance and social security coverage through the Office as an employee working on the Office's premises, from his residence under the PTHW scheme or while travelling on mission”. While it is possible to understand that general aim of such a statement, it looks much more appropriate to refer directly to provisions of the Health Insurance scheme, the Pension Regulations or the Service Regulations. From this perspective we would suggest to send the document to a legal revision before any further consultation can take place.

On objectives and workload

Staff is asked to do their best to continue to achieve the work objectives while it is assured that they won't be disadvantaged by doing teleworking. This however is far from providing protection to staff members disadvantaged by circumstances – health related, family related – directly attributable to the COVID-19 crisis. We fail to identify concrete measures which would support particularly affected staff to relax yearly objectives and corresponding workload during the crisis.

On specific health and safety aspects during the pandemics

Unfortunately, for most of the aspects relating to the health and safety, the document links to an external intranet web page “Strong together” which has not even been presented as annex to the document, and therefore apparently left out of the scope of the consultation. We can’t therefore give an opinion on these aspects.

The only identifiable aspect in the document is the recommendations not to travel during the pandemics, which could explain the limitation of professional travels, but should not constitute a further restriction of movements beyond those already imposed by the member states.

Contacting and communicating during telework

The document invites staff members to inform their line manager of any health, safety, ergonomic or security concerns relating to teleworking. However, it should further specify that the Occupational Health Services should be contacted. The contact of OHS should also be transmitted and reiterated to staff.

The document further describes “relying on a close “virtual” interaction and open communication with your line manager and colleagues”, while providing very limited means (MS Skype, MS Teams), for making possible this open communication, social contacts and knowledge based development. The needs of cooperative work between teams and divisions do not seem to have been explored beyond providing those standard communication tools.

The document also mentions that a staff member is obliged to communicate the line manager whether (s)he is unable or less able to work. Again, the criteria for such an assessment are missing and we miss guarantees for staff that a loss of capacity derived from the COVID-19 emergency will not unduly disadvantage individual staff members. From this point of view, also this document misses an opportunity to give staff the necessary reassurance.

The document states that the line manager must give written approval for teleworking at a place other than the place of employment. No criteria for refusal nor means for contesting a negative decision are foreseen. We strongly disagree with such requirement at the discretion of the line manager potentially resulting in arbitrary or discriminatory decisions and means for further pressure. We recommend that the line manager should only be informed in advance.

The document also requires that the staff provides private email addresses to the EPO, also for the purposes of making Skype for Business calls with their private email address. We don’t understand why this is needed, and strongly recommend that the Data Protection Officer makes a check of this specific point. Is it suggested that the private email is used on the Office laptops ? Or on private computers ? In any case, we disagree that the staff member should be contacted by means not provided by the Office, or by private emails.

Finally the document also requires from staff providing a private mobile phone number. Why is not any phone number (i.e. not only mobile) enough?

We consider that such requirements (private mobile number and private email address for MS for Business Communication) go far beyond what is needed for guaranteeing contact during teleworking caused by the pandemic.

Further steps and conclusion

We understand that, according to the present guidelines, the duration of the emergency teleworking should be limited in time until 14 September 2020. This should be clearly communicated to staff. Any extension beyond this date must be subject to further proper consultation on the present guidelines for teleworking on pandemic or emergency situations. Also clear guidance on teleworking at another location, other than the place of employment, needs to be provided for the same period, i.e. until 14 September 2020.

We request that any adoption, extension or amendment of guidelines for teleworking during pandemic or emergency situations takes place only after a proper consultation process, including discussion and drafting together with the CSC, followed by a proper consultation of the COHSEC and GCC, based on an extensive review and analysis of all the technical, psychological and practical aspects of the current teleworking conditions.

We reiterate again that we regret very much the “hybrid” approach to mix specific guidelines for teleworking under pandemic or emergency situations with general guidelines for teleworking, an approach that does not create legal clarity and does not support a process of constructive social dialogue.

In summary and for the reasons set out above, we give a negative opinion on the guidelines as presented.

The members of the COHSEC nominated by the CSC