

Dear Colleague

## **CORONAVIRUS (COVID-19): NATIONAL ARRANGEMENTS FOR NHS SCOTLAND STAFF**

1. I write to issue interim national arrangements for staff for Coronavirus (COVID-19).

### **Background**

2. We wrote to you on 31 January with details of the guidance that had been issued at the time. This included reference to [DL \(2020\) 1 Healthcare Associated Infection](#) and staff arrangements relating to special/carer leave and the deployment of staff.

3. Now that there has been a number of confirmed cases of Coronavirus (COVID-19) in Scotland, this letter also sets out what is now expected of staff, line managers and NHS Scotland employers, in terms of the relevant HR policies, local arrangements, non-essential business and the deployment of staff.

4. This guidance may be changed to reflect any developments or issues in respect Coronavirus (COVID-19) in Scotland.

5. We have also provided Health Boards with Workforce Planning assumptions and predicted impacts on the NHS Scotland workforce, so that Health Boards can take into account their own resilience arrangements.

**DL (2020)/5**  
13 March 2020

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### **Addresses**

For action  
Chairs, NHS Boards and  
National Health Boards

Chief Executives, NHS Boards  
and National Health Boards

Directors or Human  
Resources, NHS Boards  
and National Health  
Boards

For information  
Medical Directors  
Employee Directors

### **Enquiries to:**

Scottish Government  
Health Workforce  
Workforce Practice  
GR  
St. Andrew's House  
Regent Road  
Edinburgh  
EH1 3DG

E-mail:

[SGCoronavirus@gov.scot](mailto:SGCoronavirus@gov.scot)

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**Action**

6. I ask you to ensure that this guidance is widely publicised to staff and managers and factored into contingency planning.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'S. Lea-Ross'.

**Stephen Lea-Ross**

Deputy Director of Health Workforce

## **Coronavirus (COVID-19): National Arrangements for Staff**

### **Purpose**

1. The purpose of this guidance is to clarify how NHS employers, staff and managers should act in cases of outbreaks of Coronavirus (COVID-19) affecting the NHS workforce.
2. This guidance applies to staff directly employed by Health Boards. For private contractors a 'two-tier' agreement is in place to ensure that core contracted out facilities management staff have pay and conditions that are no less favourable overall than for directly employed staff. For further details visit:  
<https://www.stac.scot.nhs.uk/wp-content/uploads/STACTCS032018-Two-Tier-Agreement.pdf>
3. This guidance should be read in conjunction with [DL \(2020\) 1 Healthcare Associated Infection](#) and the NHS Scotland Workforce Attendance Policy. This guidance is also designed to inform and work alongside Health Boards' local resilience arrangements.
4. This guidance ensures a fair and consistent approach to how the Attendance Policy and Special/Carer Leave Policies are applied during COVID-19 outbreaks. This guidance is for staff employed by Health Boards, including those working in GP practices and for private contractors. This guidance also covers bank staff and the deployment of staff.

### **Important information**

- On 11 March 2020 the World Health Organisation declared COVID-19 a pandemic and called for governments to take more urgent action to stop the further spread of the virus.
- The declaration of a pandemic does not change Scotland or the UKs approach and response to COVID-19.
- On 13 March we will move from the containment to the delay stage and this includes the self-isolation of individuals for 7 days with mild symptoms (continuing cough, fever and temperature). This may be subject to change
- The risk level from COVID-19 has been moved from moderate to high. This may be subject to change.
- COVID-19 is the disease caused by novel Coronavirus SARS-CoV-2. Symptoms might include fever, a cough that may progress to a severe pneumonia causing shortness of breath and breathing difficulties.
- HR policies and terms and conditions of employment remain in place, but will be amended if necessary to respond to the outbreak of COVID-19. Any amendments will be agreed with trade unions.
- [NHS Inform](#) guidance will provide you with the latest updates including information on how to avoid catching this type of infection or disease.
- If you have travelled abroad to a risk area and have concerns that you may be at risk of infection, you should consult the [NHS Inform](#) website for initial guidance.
- If you think, you have COVID-19 you should check your symptoms by visiting the [NHS Inform](#) website or by calling NHS 24 on 111.

- If you have been advised to self-isolate, present with symptoms, or have been diagnosed with COVID-19, you must advise your employer in accordance with the Attendance Policy.(see section below)

### **Symptoms consistent with COVID-19**

- You should monitor your symptoms and call NHS 24 on 111 or your GP if you develop any of the symptoms of COVID-19.
- You should not attend your GP practice in person, but should telephone for advice from home.
- Otherwise, if you develop fever, cough or difficulty breathing within 14 days of assisting someone unwell and at risk of COVID-19, call 111 (or 999 if it is a medical emergency and explain that you recently provided assistance.
- Normal sickness absence procedures apply, as per the revised [Attendance Policy](#) that went live on 1 March 2020.
- If medical advice confirms that, your symptoms are consistent with COVID-19, you must remain at home until you are symptom free.
- Further guidance on symptoms and what to do if a colleague becomes ill at work can be found on [NHS Inform](#).
- If medical advice has confirmed that, an employee's symptoms are consistent with COVID-19 then their absence must be recorded under Special Leave SP/32 Coronavirus/self-isolating.
- If the employee has been tested and confirmed as having COVID-19, the absence must be recorded as Special Leave under Coronavirus – COVID-19 Positive.
- Absence for symptoms consistent with COVID-19 and confirmed cases of COVID-19 will be recorded as Special Leave as they will not count towards sickness absence triggers.

### **Self-isolation**

- You should follow [NHS Inform](#) guidance in relation to self-isolation.
- If you are symptom free then arrangements should be made for you to work from home, where possible.
- Where the control of infection advice requires the employee to remain off work for a period before symptoms develop, this period will be regarded as medical exclusion.
- Self-isolation will be required for 14 days for individuals with symptoms of COVID-19 and for 7 days for individuals with mild symptoms (continuing cough, fever and temperature). This may be subject to change.
- The employee will be entitled to payment as if at work during this period, if they have been medically or through NHS inform guidance been advised to self-isolate.
- Self-isolation will not count towards sickness absence triggers.
- The absence should be recorded as Special Leave SP/32 Coronavirus – self isolating.
- Bank staff required to self-isolate should be paid for the shifts they had already booked for the period of self-isolation.

## **Use of Special / Carer Leave Provisions**

- Special and/or Carer Leave may also be required in the context of COVID-19 to deal with urgent and unforeseen care needs (e.g. school closures).
- These provisions allow a carer to meet their responsibilities for a relative, partner or dependant. They also allow for time off in the case of serious illness or death of a close relative or dependant.
- Carer Leave is designed to encourage managers to adopt flexible working practices at times when employees need assistance to balance their caring responsibilities with their work commitments.
- It is important to note that NHS staff are 'key workers' and should make alternative arrangements for caring responsibilities, where possible.
- Further guidance is available in Health Boards' Special Leave Policies, Parental Leave Policies and the [Supporting the Work Life Balance PIN policy](#).
- Absences should be recorded under Special Leave Coronavirus.

## **Annual leave**

- If staff are unable to take annual leave before 31 March 2020, then the 5-day carry over rule will be waived and any untaken leave will be carried over to the next financial year.
- Health Boards should, wherever possible, honour annual leave that has already been booked. This may be subject to change.
- Restrictions to staff taking annual leave should be prioritised in line with the needs of maintaining essential services.
- It is important to note that the outbreak could last for some time, so restrictions to staff taking annual leave should be staggered.

## **Risk assessments**

- Risk assessments will be required for immunocompromised staff, disabled staff and other staff where COVID-19 infection presents a greater risk (including those with caring responsibilities for immunocompromised people and those vulnerable to infection).
- Home working should be considered, where possible.
- Staff in these circumstances should be redeployed to lower risk settings. This may be subject to change.
- Reasonable and workplace adjustments should be made, where required.

## **Overtime and excess hours**

- Shift patterns and other working arrangements may need to be revised through unsociable hours provisions.
- Overtime and excess hours payments should be considered for the appropriate staff groups.
- Staff should be paid at the appropriate rate for any hours worked.
- Staff who are currently on protection when doing additional hours should not have the excess/overtime counted in any protection arrangement.
- Once the outbreak is officially over, staff that have been working beyond contracted hours should be given priority for annual leave.

- All efforts should be made to comply with the Working Time Directive and any opt-outs that are agreed as a response to COVID-19 should be rescinded, once the outbreak is over.

### **Staff health, safety and wellbeing**

- Staff should not be made to work excessive hours that would compromise safe practice.
- The health and wellbeing of staff and patient safety should be taken into account at all times.
- Staff are likely to be under increased pressure and will therefore need appropriate support.
- Health Protection Scotland's National Infection Prevention and Control Manual (NIPCM) is mandatory throughout NHS Scotland, with guidance on the use of Personal Protective Equipment: <http://www.nipcm.hps.scot.nhs.uk/>

### **Working at other sites/across board boundaries**

- Home working should be considered, where appropriate and practicable. This may be subject to change.
- In the event of a severe outbreak, staff will need to be deployed into different roles and/or locations and across board boundaries (where this is appropriate).
- Staff should be flexible in relation to their work location and duties and any changes should be agreed with them.
- This will involve the deployment of some non-clinical staff to clinical roles.
- Staff should only be transferred to alternative duties, where they have the skills and competencies to do so, and/or where appropriate refresher training could be provided
- This is to allow for essential service provision, if existing staff cannot be at work, or are unable to get to their usual places of work due to disruption to public transport.
- Health Boards should review local agreements on the movement of staff to support a flexible approach to COVID-19.
- Managers should identify staff who have skills that could be used but are not currently using them, or have generic skills that could be used, if the services they currently provide are suspended.
- Where Health Boards have existing arrangements for deployment at alternative institutions across board boundaries, these will continue to operate as before.
- If there are no existing arrangements between Health Boards for deployment of staff, then Health Boards should consider these as a matter of urgency.
- Provision for deployment at other sites and across board boundaries must comply with the health, safety, security and risk management arrangements.
- Staff should be reimbursed for additional expenditure such as travel, subsistence and accommodation, in line with existing arrangements and policies.
- Further guidance on working at other sites/across board boundaries can be found in the [Adverse Weather Policy](#).

## **Non-urgent business**

- Non-urgent business such as meetings, conferences and developmental training should be postponed.
- We recommend that appraisals are also postponed.
- Non-essential support and mentoring activities for trainee healthcare professionals are likely to be suspended due to lack of capacity.
- Certain service response times are likely to be affected including HR services, and investigations, with the exception of matters with the potential to cause significant risk to patient or staff safety.

## **Additional/new staffing**

- Part-time staff should be asked if they are able to work additional hours, where required.
- Health Boards are asked to offer bank staff who have part-time contracts additional hours to help manage staffing levels.
- Health Boards are asked to offer bank staff without part-time contracts fixed-term contracts to help manage staffing levels for COVID-19, and to offer them security and stability.
- Bank and other staff on fixed-term contracts will then qualify for sick pay and other entitlements in line with Agenda for Change terms and conditions.
- Health Boards should, as a priority, look at recruiting additional staffing and volunteers (for example recently retired staff, students and trainee healthcare professionals) to help maintain essential services.
- It remains with NHS employers to determine the levels of pre-employment checks required for each role, in line with the Safer Pre-employment checks PIN Policy: <https://www.gov.scot/publications/safer-pre-post-employment-checks-nhsscotland-pin-policy/pages/0/>
- Existing procedures for PVG checks may be subject to change.