

## General

Coronavirus (COVID-19) is an unprecedented challenge for the country and the NHS.

The NHS is its people, and a key strength of the service is the unique partnership between employers and the trade unions representing the workforce. At this most difficult of times, we will rely on that partnership working and do what we can to strengthen it everywhere.

**New temporary ways of working:** Employers and unions agree that the workforce, and their managers and union representatives, should not be distracted from meeting the emergency faced by the country and protecting patients and staff. In some cases, for the duration of the outbreak we need to work in new ways and in others to pause or vary our typical employment relations activity.

**Review:** The partners recognise the fast moving and uncertain nature of the situation. We will therefore review these temporary provisions by 30 June 2020.

## Partnership working

**Partnership principles:** Employers and staff side recognise the essential role of the emergency planning structures now in place across the NHS, and the importance of our partnership principles of 'no surprises', transparency, finding common ground and mutual respect.

**Streamlining:** Partnership working practices will be streamlined during this period. Formal meetings may need to be replaced with close and regular virtual working arrangements between leaders and staff side chairs.

Staff side chairs will support the engagement of - and dissemination of information to - their partnership colleagues and feed issues that span organisations into regional and national fora.

**Facilities time:** During the period of the emergency, trade union and other staff representatives may require additional time off and facilities to fully participate in local partnership processes. Employers should ensure representatives are allowed the time and facilities needed to carry out their duties and be fully involved in the local partnership arrangements, in order to best support staff.

Trade union representatives for their part will recognise and respond to the context in which they are working with even greater sensitivity with the care of patients during this time a clear and shared priority.

## Managing change during the emergency

The partners will aim to ensure that no member of staff or group of staff is disadvantaged by the emergency conditions arising from the pandemic. Employers and unions will continue to monitor issues of well-being and of equality and act as needed.

**Local agreements:** Employers will discuss, and where appropriate, agree changes to working practices with NHS unions locally or at a system level, again where appropriate. Variations to existing local trust level policies and protocols for organisational change may well be required during the outbreak and should be reached through agreement, unless these are covered by national protocols as part of the emergency plans

**Temporary changes to working practices:** Within any changed approach, managers should still consult their people and their trade union reps in line with the new ways of working before making significant decisions arising from COVID-19 that affect staff and their ways of working. Such discussions are especially critical around issues such as redeployment, changing the scope of practice, and health and safety and well-being. Contractual variations should be made in the normal way through agreement. Changes unconnected with COVID-19 should be postponed unless unavoidable.

**Industrial disputes:** Avoiding industrial disputes - and the potential causes of them - during the pandemic is a high priority for both employers and unions. Parties should now urgently seek to resolve outstanding disputes or – as a minimum – agree to pause disputes, through preserving the status quo.

**Organisational change:** The partners want to avoid potential disputes and distracting staff unnecessarily. Employers should therefore seriously consider pausing significant organisational change (both inside an employer and between employers, eg where staff are transferring), and consultations relating to them. The exceptions are where NHS trusts are merging to a legal timetable or where changes are necessary to maintain effective services to combat the spread and facilitate treatment of the virus.

### **Disciplinary matters, grievances and other procedures**

Employers will pause disciplinary and other employment procedures (for example, sickness and capability triggers) while the crisis lasts, except where the employee requests proceeding as it would otherwise cause additional anxiety, or where they are very serious or urgent.

Where an issue is less serious or not urgent then pragmatic outcomes, with agreement of the employee, and after consultation with union representatives, should always be considered. Where outcomes cannot be agreed in this way then processes may resume at a future date, without detriment or criticism of either side.

There are some particular issues to consider:

- Where there is a safety risk, members of staff may be placed on suspension or restricted or alternative duties pending the resumption of disciplinary proceedings.
- Where employees raise urgent grievances, for example, concerning health and safety, then these should be considered in the normal time frames set by agreed local policies.

- Other grievances, appeals and procedures (and all relevant time frames) should be paused on the understanding that they may be taken up at a later date by the employee without detriment.
- Where hearings and procedures go ahead then natural justice and the terms of the employer's policies should continue to apply, especially the right to union representation.
- The use of virtual meetings may be considered with the consent of the employee and union representative.

**Other COVID-19 guidance to the NHS workforce**

Employers, managers and trade unions should read the national guidance on health and well-being and on terms and conditions on the COVID-19 section of the NHS Employers website.