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Cllr Stuart Currie  
COSLA Spokesperson for Health and Social Care

Dr Donald MacAskill  
CEO, Scottish Care

Copied to CCPS, Unison, GMB and UNITE

23 May 2020

Dear Stuart and Donald,

## **DEATH IN SERVICE AND STATUTORY SICK PAY**

Thank you for our discussion this morning on the issues of death in service payments and enhancements to statutory sick pay (SSP).

In respect of testing for CV-19, where the contract of employment for some care workers is such that their weekly income would be reduced to SSP level leaves them facing an exceptionally difficult choice between protecting their own health and that of those they care for and a significant and unsustainable financial reduction. That is, to the say the least, deeply unfair.

We also discussed the very sad fact that a small number of social care workers have died as a result of contracting Coronavirus, and while the incubation period of the virus is such that it is not possible to know where or how it was contracted, the possibility that it may have been contracted as a result of the work they do cannot be discounted.

I am clear of the responsibility of employers in how both of the issues we discussed are managed. Whilst I appreciate that some employers do offer employment contracts closer to our fair work principles, it is clear that others do not. These fair work issues and how they are realised in commissioning contracts will require to be addressed but in the current circumstances, my focus now is on fairness for the care workers affected.

Therefore, in recognition of the exceptional circumstances and in order to ensure that social care workers are given the urgent support they deserve, I am proposing that the Scottish Government intervenes as follows for the duration of the pandemic:

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**Death in Service** – recognising that it is important that such an arrangement is in place for those whose contracted pension arrangements do not offer death in service cover, I am proposing a one-off payment of £60,000 to a named survivor.

**SSP** – that an enhancement is paid to staff through the Public Health etc. (Scotland) Act, 2008 on the understanding that this is the most efficient and timely way of the money reaching affected care workers.

There is clearly further detailed work to be carried out on both of these areas and we will undertake this over the course of next week. This includes ensuring that there is an equitable approach taken by all health and social care partnerships and that this work is seen alongside the wider principles of sustainability payments to social care providers.

I will also want to consider in the medium term, commissioning arrangements that resolve these issues on the clear basis of fair work employer responsibility.

Kind regards,



**JEANE FREEMAN**

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