Ministry of Defence

Defence Business Services
Secretariat
Room 6229
Tomlinson House
Norcross
Thornton-Cleveleys
Lancashire FY5 3WP

DBSRES-Secretariat@mod.gov.uk

Ref: FOI2023/12927

[redacted]

15 November 2023

Dear [redacted]

Thank you for your email of 10 and 16 October 2023 to the Ministry of Defence (MOD) requesting the following information:

> *"I also request details of VWS policy on home visits that was promulgated at the time during the various lockdown and what the advice was to caseworkers on visiting clinically vulnerable individuals.*
>
> *I would ask you to consider my entire request which includes details of the temporary policies in place for home visits during the pandemic and lockdowns along with the dates for those arrangements."*

I am treating your correspondence as a request for information under the Freedom of Information Act 2000 (FOIA).

A search for the information has now been completed within the Ministry of Defence (MOD), and I can confirm that some of the information in scope of your request is held. Please find the enclosed documents titled 'Business Continuity Interim Plans', 'Coronavirus Actions' and 'Return to Work Plans'. Please note that only the names of individuals at Senior Civil Service (SCS) level or equivalent are provided within the enclosed documents.

The enclosed Coronavirus Actions email shows that the Veterans Welfare Service (VWS) stopped visiting with immediate effect from the date of the email, which was 16 March 2020. The Business Continuity Interim Plans document shows that this policy was in effect across all regions on 24 March 2020.

I can also confirm that the VWS resumed face to face client home visits on 1 April 2022, which was Phase 2 of the VWS return to normal operations. Phase 1 was from 1 March 2022, which saw VWS staff resume stakeholder meetings and surgeries. The enclosed Return to Work Plans email shows this in more detail.

I should advise that it is MOD policy not to confirm the status of individuals who hold a rank lower than SCS1* or their military equivalents (Commodore, Brigadier, Air Commodore and above), unless they are employed by the Department in public-facing roles. I can, therefore,

advise that some of the information in scope of your request has been redacted (black lined) under the exemption provided for at Sections 40(2) (Personal Data) of the FOIA.

Section 40(2) requires the Department to conduct a balancing exercise, this exercise involves balancing the rights and interests of individuals against the legitimate interests in disclosure, this is not the same as carrying out the public interest test associated with certain exemptions in FOIA.

The balancing exercise is carried out in order to decide whether the absolute exemption in section 40(2) is engaged. In particular, there is no assumption of disclosure in the legitimate interests test, as there is with qualified exemptions. The outcome of the balancing exercise lay in withholding the third-party personal data identified in the attached information.

If you have any queries regarding the content of this letter, please contact this office in the first instance.

If you wish to complain about the handling of your request, or the content of this response, you can request an independent internal review by contacting the Information Rights Compliance team, Ground Floor, MOD Main Building, Whitehall, SW1A 2HB (e-mail CIO-FOI-IR@mod.gov.uk). Please note that any request for an internal review should be made within 40 working days of the date of this response.

If you remain dissatisfied following an internal review, you may raise your complaint directly to the Information Commissioner under the provisions of Section 50 of the Freedom of Information Act. Please note that the Information Commissioner will not normally investigate your case until the MOD internal review process has been completed. The Information Commissioner can be contacted at: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF. Further details of the role and powers of the Information Commissioner can be found on the Commissioner's website at https://ico.org.uk/.

Yours sincerely,

Defence Business Services (Secretariat)

Archived: 10 November 2023 09:17:55
From: Veterans-UK-VWS-Support (MULTIUSER)
Sent: Tue, 1 Mar 2022 11:11:15
To: [redacted] (DBS Vets-VWS-KD-WM-15) [redacted] (DBS Vets-VWS-KD-WM-2) [redacted] (DBS Vets-VWS-GL-WA-3) [redacted] (DBS Vets-VWS-KD-WM-3) [redacted] (DBS Vets-VWS-BMT-C2) [redacted] (DBS Vets-VWS-GL-WA-1) [redacted] (DBS Vets-VWS-KD-WA-5) [redacted] (DBS Vets-VWS-GL-WA-2) [redacted] (DBS Vets-VWS-NX-WM-13) [redacted] (DBS Vets-VWS-CN-WM-6) [redacted] (DBS Vets-VWS-CN-WM-2) [redacted] (DBS Vets-VWS-BMT-D2) [redacted] (DBS Vets-VWS-Welfare-AH) [redacted] (DBS Vets-VWS-BMT-D) [redacted] (DBS Vets-VWS-CN-WM-14) [redacted] (DBS Vets-VWS-KD-WM-13) [redacted] (DBS Vets-VWS-NX-WM-2) [redacted] (DBS Vets-VWS-CN-WA-5) [redacted] (DBS Vets-VWS-NX-WM-15) [redacted] (DBS Vets-VWS-GL-WM-7) [redacted] (DBS Vets-VWS-PRC-WM-2) [redacted] (DBS Vets-VWS-NX-WM-4) [redacted] (DBS Vets-VWS-KD-WM-6) [redacted] (DBS Vets-VWS-GL-WM-5) [redacted] (DBS Vets-VWS-CN-WM-18) [redacted] (DBS Vets-VWS-NX-WA-2) [redacted] (DBS Vets-VWS-GL-WM-6) [redacted] (DBS Vets-VWS-GL-WM-3) [redacted] (DBS Vets-VWS-CN-WM-9) [redacted] (DBS Vets-VWS-NX-WM-6) [redacted] (DBS Vets-VWS-GL-WM-8) [redacted] (DBS Vets-VWS-GL-WM-10) [redacted] (DBS Vets-VWS-NX-WM-1) [redacted] (DBS Vets-VWS-CN-WA-6) [redacted] (DBS Vets-VWS-KD-WA-1) [redacted] (DBS Vets-VWS-CN-WM-11) [redacted] (DBS Vets-VWS-CN-C2) [redacted] (DBS Vets-VWS-NX-CentreMgr) [redacted] (DBS Vets-VWS-NX-WM-5) [redacted] (DBS Vets-VWS-GL-WM-2) [redacted] (DBS Vets-VWS-KD-CentreMgr) [redacted] (DBS Vets-VWS-KD-WA-3) [redacted] (DBS Vets-VWS-NX-WA-5) [redacted] (DBS Vets-VWS-NX-WM-3) [redacted] (DBS Vets-VWS-GL-WA-4) [redacted] (DBS Vets-VWS-NX-WM-7) [redacted] (DBS Vets-VWS-NX-WA-3) [redacted] (DBS Vets-VWS-GL-WM-11) [redacted] (DBS Vets-VWS-GL-CentreMgr) [redacted] (DBS Vets-VWS-KD-WM-4) [redacted] (DBS Vets-VWS-CN-WM-7) [redacted] (DBS Vets-VWS-GL-C2) [redacted] (DBS Vets-VWS-GL-WM-1) [redacted] (DBS Vets-VWS-CN-CentreMgr) [redacted] (DBS Vets-VWS-NX-WM-9) [redacted] (DBS Vets-VWS-GL-WM-4) [redacted] (DBS Vets-VWS-KD-WM-5) [redacted] (DBS Vets-VWS-KD-C2) [redacted] (DBS Vets-VWS-KD-WM-12) [redacted] (DBS Vets-VWS-NX-WM-8) [redacted] (DBS Vets-VWS-KD-WM-9) [redacted] (DBS Vets-VWS-CN-WM-1) [redacted] (DBS Vets-VWS-CN-WM-5) [redacted] (DBS Vets-VWS-CN-WM-12) [redacted] (DBS Vets-VWS-CN-WA-1) [redacted] (DBS Vets-VWS-NX-C2) [redacted] (DBS Vets-VWS-KD-WM-7) [redacted] (DBS Vets-VWS-KD-WM-11) [redacted] (DBS Vets-VWS-NX-WM-14) [redacted] (DBS Vets-VWS-Welfare-C1) [redacted] (DBS Vets-VWS-KD-WA-4) [redacted] (DBS Vets-VWS-CN-WM-16) [redacted] (DBS Vets-VWS-NX-WM-11) [redacted] (DBS Vets-VWS-CN-WM-3) [redacted] (DBS Vets-VWS-KD-WM-8) [redacted] (DBS Vets-VWS-CN-WM-4) [redacted] (DBS Vets-VWS-NX-WA-1) [redacted] (DBS Vets-VWS-CN-WM-17) [redacted] (DBS Vets-VWS-KD-WA-2) [redacted] (DBS Vets-VWS-IPC4V-South) [redacted] (DBS Vets-VWS-IPC4V-North) [redacted] (DBS Vets-DTS-CN-D1) [redacted] (DBS-Vets-DTS-KD-C2) [redacted] (DBS Vets-DTS-GL-D1) [redacted] (DBS Vets-DTS-GL-E1) [redacted] (DBS Vets-DTS-NX-C2) [redacted] (DBS Vets-DTS-CN-C2) [redacted] (DBS Vets-DTS-KD-D1) [redacted] (DBS Vets-DTS-OiC) [redacted] (DBS Vets-DTS-NX-D1) [redacted] (DBS Vets-DTS-CN-E1) [redacted] (DBS Vets-DTS-NX-E1)
Subject: INFO -FW: 20220301 - return to work plans - O
Importance: High
Sensitivity: None
Attachments:
Dear Colleague Letter from Andrew Stafford_ end of legal requirement to self-isolate in England.msg; Safe systems of work-Surgery_ME visits_v1.1.docx; Risk Assessment Surgery_ME visits_v1.1.docx; Safe systems of work Meetings_Stakeholder Events_v1.1.docx; Risk Assessment Meetings and Stakeholder Events_v1.1.docx; covid Pre Visit Questionnare_v1.1.docx;

Safe systems of work - F2F Home visits_v1.1.docx; Risk assessment F2F Home visits_v1.1.docx;

All,

As you will be aware the Government changed its COVID measures from Plan B to Plan A on the 27th January and with effect from 24TH February, Government amended all Covid restrictions across England.
Policies will have some differences in other areas of the UK – DETAILS CAN BE FOUND HERE
England
Northern Ireland
Scotland
Wales

Details of current guidance from DBS was issued in a Dear Colleague Letter from Andrew Stafford, Chief Operating Officer, on Friday 25th Feb (See above). Andrew highlighted the following overarching points.

As part of the MOD, we are directed by the central instructions within DAN15.
I am not aware of any immediate intention to change these, and the approach outlined in my previous DCL on 28 January still applies. This includes:

- *Following a common-sense approach to social distancing where you exercise appropriate caution and avoid unnecessary contact or close proximity with others.*
- *Continuing to adopt safe systems of working at our sites including the provision of sanitisers, ventilation of rooms and regular cleaning.*
- *Maintaining a requirement to book on to DBS sites to monitor attendance and capacity (and support Smarter Working).*

.... that everyone has a personal responsibility to their colleagues (and their families) to not spread the virus. Whilst legal requirements to isolate are being removed, we all still need to take reasonable precautions and protect yourself and your colleagues.

What does this mean for Veterans Services?

Staff can access DBS sites for Welfare needs or to undertake meetings, training or any other activity that are more effective in the office. Please follow the local arrangements for accessing DBS sites as office space and access requirements will still vary between each site.

The management team have been working on how we can best return to supporting clients face to face, whilst protecting both team members and clients. Work has continued with the DBS Estates team to produce the attached safe systems of work and RISK assessments which gives assurances that safety measures are being considered. These are to be utilised by all. If in any doubt about your actions or processes, these should be discussed with Line Managers in the first instance.

The Veterans Services plan for returning to supporting clients face to face will be a phased return as highlighted below. By implementing a phased return, it will allow surgeries and stakeholder meetings to take place in a controlled environment, whilst giving us more time to understand any impact from the current Covid guidance before implementing client home visits:

Phase 1 – From March 2022 all stakeholder meetings and surgeries can return as business as usual. Team members should follow the attached safer systems of work documents and RISK assessment. Car share is permitted but team members should

consider lateral flow tests before sharing cars with colleagues. Processes should be followed as per the guidance attached.

Phase 2 – From April 2022 appropriate face-to-face visits can return as business as usual. The experience we have obtained since Covid measures came in to place, has shown we are able to provide a range of services effectively via a range of mediums. To ensure we are making the best use of this experience, the Decision Framework document has been reviewed and when circulated over the next couple of weeks, will be used to determine the most appropriate support method to meet client needs, to benefit both the clients and our business.
We have supported clients virtually for nearly two years, but the management team do appreciate the importance of being able to support and assess client's needs face to face.
The Decision Framework document will be issued, with guidance on how to use the document and, to support where a face to face visit is deemed the most appropriate action, a new process of pre visit questions will also be utilised to ensure team members safety. These are attached for information.
Line Managers will be reviewing casework activity and statistical data on a regular basis to ensure the most appropriate method for dealing with clients is being adopted across the business in a uniform and appropriate manner.

Before starting to undertake more activity out of office, there are some requirements that need to be addressed by all. These are to be undertaken to ensure team member safety and compliance with existing requirements, and are as follows..

To prepare for phase 2, it is important that all team members who will be on the road, ensure their PeopleSafe account details within the iphone app are accurate and up to date, that all users are familiar with the mandatory requirement for use and have their iphones set up for normal usage. All users must confirm with their Line Managers this activity has taken place, by Friday 1st April.

Having been unable to undertake visits routinely for some considerable time, it is also important that all team members undertake an initial or a refresher Suzy Lamplugh Trust – Personal Safety Training on line course. This activity is to be undertaken by Friday 1st April and confirmation is to be provided to Line Management. The course detail can be found here..
https://modgovuk.sharepoint.com/teams/cui2-519/VeteransWelfareService/MIS/VWS Training/Forms/Search View.aspx?id=%2Fteams%2Fcui2-519%2FVeteransWelfareService%2FMIS%2FVWS Training%2FSuzy Lamplugh Managing Violence%2Epdf&parent=%2Fteams%2Fcui2-519%2FVeteransWelfareService%2FMIS%2FVWS Training

https://modgovuk.sharepoint.com/teams/cui2-519/VeteransWelfareService/MIS/VWS Training/Forms/Search View.aspx?id=%2Fteams%2Fcui2-519%2FVeteransWelfareService%2FMIS%2FVWS Training%2FSuzy Lamplugh Personal Safety MOT%2Epdf&parent=%2Fteams%2Fcui2-519%2FVeteransWelfareService%2FMIS%2FVWS Training

For Phase 1 and 2 it is important to familiarise yourself with the Business Travel Guide: Business-Travel-Guide.docx (sharepoint.com)
Please note that anyone who is not on a home worker contract will need to deduct the home to duty time/expense when undertaking business travel as explained in point 15.1 of the Business Travel guide. Under Audit and Compliance, Line Managers have a requirement to check a minimum of 25% of claims for each member of staff.

Further guidance and FAQ's for workplace and covid measures across DBS can be found here 20220203 Workplace and COVID FAQs version 10.docx (sharepoint.com)

There remains a key agreement that we will adopt a smarter working philosophy, with a blended approach to our working week becoming the norm. There will still be a requirement for some office working during the week, but it will not be necessary to be in office for five days a week. Further direction and guidance will follow over the next few weeks.

To reiterate the comments from Andrew Stafford, we all still need to work in a common sense way and utilise the measures we have agreed with our Health & Safety SME's to stay safe and adapt to new methodologies. The guidance and processes outlined above will be reviewed frequently and may be amended to support new guidance, instruction or comment, so please ensure you speak with your line managers if you have questions, concerns or ideas.

Many thanks.

[redacted]
Assistant Head | Veterans Services | Veterans UK | Ministry of Defence | Room 6302A | Tomlinson House | Norcross Lane | Thornton-Cleveleys |FY5 3WP

Tel: [redacted]
Mobile: [redacted]
Email: [redacted]

Get Boosted Now The Prime Minister has announced a huge ramping up of the COVID-19 booster vaccination programme to protect us all from the Omicron variant. The latest data suggests Omicron is extremely transmissible so book your booster now.

We would like to hear your views on the service that you have received today from Veterans UK. Please select this **link** to leave feedback.

Archived: 09 November 2023 16:38:31
From: [redacted] (DBS Vets-VWS-GL-WM-4)
Sent: Mon, 16 Oct 2023 08:21:52
To: [redacted] (DBS AFV-VWS-CN-HEO)
Subject: FW: 20200313 - Corona virus actions
Importance: High
Sensitivity: None

OFFICIAL-SENSITIVE

OFFICIAL-SENSITIVE

From: [redacted] (DBS Vets-VWS-BMT-D) < [redacted] >
Sent: 16 March 2020 11:53
To: [redacted] (DBS Vets-VWS-KD-WM-1) < [redacted] @mod.gov.uk>; [redacted] (DBS Vets-VWS-KD-WM-2) < [redacted] @mod.gov.uk>; [redacted] (DBS Vets-VWS-KD-WM-3) < [redacted] @mod.gov.uk>; [redacted] (DBS Vets-VWS-CN-WM-4) < [redacted] @mod.gov.uk>; [redacted] (DBS Vets-VWS-BMT-C2) < [redacted] @mod.gov.uk>; [redacted] (DBS Vets-VWS-GL-WM-13) < [redacted] @mod.gov.uk>; [redacted] (DBS Vets-VWS-GL-WA-1) < [redacted] @mod.gov.uk>; [redacted] (DBS Vets-VWS-GL-WA-2) < [redacted] @mod.gov.uk>; [redacted] (DBS Vets-VWS-NX-WM-13) < [redacted] @mod.gov.uk>; [redacted] (DBS Vets-VWS-CN-WM-6) < [redacted] @mod.gov.uk>; [redacted] (DBS Vets-VWS-KD-WM-5) < [redacted] @mod.gov.uk>; [redacted] (DBS Vets-VWS-Welfare-AH) < [redacted] @mod.gov.uk>; [redacted] (DBS Vets-VWS-KD-WM-13) < [redacted] @mod.gov.uk>; [redacted] (DBS Vets-VWS-NX-WM-2) < [redacted] @mod.gov.uk>; [redacted] (DBS Vets-VWS-NX-WM-15) < [redacted] @mod.gov.uk>; [redacted] (DBS Vets-VWS-GL-WM-7) < [redacted] @mod.gov.uk>; [redacted] (DBS Vets-VWS-NX-WM-4) < [redacted] @mod.gov.uk>; [redacted] (DBS Vets-VWS-GL-WM-10) < [redacted] @mod.gov.uk>; [redacted] (DBS Vets-VWS-GL-WM-5) < [redacted] @mod.gov.uk>; [redacted] (DBS Vets-VWS-CN-WM-18) < [redacted] @mod.gov.uk>; [redacted] (DBS Vets-VWS-NX-WA-2) < [redacted] @mod.gov.uk>; [redacted] (DBS Vets-VWS-GL-WM-6) < [redacted] @mod.gov.uk>; [redacted] (DBS Vets-VWS-GL-WM-3) < [redacted] @mod.gov.uk>; [redacted] (DBS Vets-VWS-GL-WM-8) < [redacted] @mod.gov.uk>; [redacted] (DBS Vets-VWS-CN-WM-9) < [redacted] @mod.gov.uk>; [redacted] (DBS Vets-VWS-NX-WM-6) < [redacted] @mod.gov.uk>; [redacted] (DBS Vets-VWS-CN-WA-1) < [redacted] @mod.gov.uk>; [redacted] (DBS Vets-VWS-CN-WA-6) < [redacted] @mod.gov.uk>; [redacted] (DBS Vets-VWS-KD-WA-1) < [redacted] @mod.gov.uk>; [redacted] (DBS Vets-VWS-Welfare-C1) < [redacted] @mod.gov.uk>; [redacted] (DBS Vets-VWS-NX-WA-3) < [redacted] @mod.gov.uk>; [redacted] (DBS Vets-VWS-CN-WM-8) < [redacted] @mod.gov.uk>; [redacted] (DBS Vets-VWS-CN-WA-5) < [redacted] @mod.gov.uk>; [redacted] (DBS Vets-VWS-NX-CentreMgr) < [redacted] @mod.gov.uk>; [redacted] (DBS Vets-VWS-GL-WM-2) < [redacted] @mod.gov.uk>; [redacted] (DBS Vets-VWS-KD-WM-9) < [redacted] @mod.gov.uk>; [redacted] (DBS Vets-VWS-KD-WA-3) < [redacted] @mod.gov.uk>; [redacted] (DBS Vets-VWS-NX-WM-3) < [redacted] @mod.gov.uk>; [redacted] (DBS Vets-VWS-GL-WA-4) < [redacted] @mod.gov.uk>; [redacted] (DBS Vets-VWS-NX-WM-7) < [redacted] @mod.gov.uk>; [redacted] (DBS Vets-VWS-GL-WM-11) < [redacted] @mod.gov.uk>; [redacted] (DBS Vets-VWS-GL-CentreMgr) < [redacted] @mod.gov.uk>; [redacted] (DBS Vets-VWS-KD-WM-11) < [redacted] @mod.gov.uk>; [redacted] (DBS Vets-VWS-GL-WM-9) < [redacted] @mod.gov.uk>; [redacted] (DBS Vets-VWS-CN-CentreMgr) < [redacted] @mod.gov.uk>; [redacted] (DBS Vets-VWS-NX-WM-9) < [redacted] @mod.gov.uk>; [redacted] (DBS Vets-VWS-GL-WM-4) < [redacted] >; [redacted]

[redacted] (DBS Vets-VWS-KD-CentreMgr) <[redacted]@mod.gov.uk>; [redacted] (DBS Vets-VWS-CN-WM-2) <[redacted]@mod.gov.uk>; [redacted] (DBS Vets-VWS-KD-C2) <[redacted]@mod.gov.uk>; [redacted] (DBS Vets-VWS-KD-WM-12) <[redacted]@mod.gov.uk>; [redacted] (DBS Vets-VWS-NX-WM-8) <[redacted]@mod.gov.uk>; [redacted] (DBS Vets-VWS-CN-WM-1) <[redacted]@mod.gov.uk>; [redacted] (DBS Vets-VWS-CN-WM-5) <[redacted]@mod.gov.uk>; [redacted] (DBS Vets-VWS-CN-WM-12) <[redacted]@mod.gov.uk>; [redacted] (DBS Vets-VWS-NX-C2) <[redacted]@mod.gov.uk>; [redacted] (DBS Vets-VWS-KD-WM-7) <[redacted]@mod.gov.uk>; [redacted] (DBS Vets-VWS-CN-WM-14) <[redacted]@mod.gov.uk>; [redacted] (DBS Vets-VWS-KD-WM-6) <[redacted]@mod.gov.uk>; [redacted] (DBS Vets-VWS-NX-WM-14) <[redacted]@mod.gov.uk>; [redacted] (DBS Vets-VWS-CN-WM-15) <[redacted]@mod.gov.uk>; [redacted] (DBS Vets-VWS-KD-WA-4) <[redacted]@mod.gov.uk>; [redacted] (DBS Vets-VWS-CN-WM-16) <[redacted]@mod.gov.uk>; [redacted] (DBS Vets-VWS-CN-WM-3) <[redacted]@mod.gov.uk>; [redacted] (DBS Vets-VWS-KD-WM-8) <[redacted]@mod.gov.uk>; [redacted] (DBS Vets-VWS-NX-WM-10) <[redacted]@mod.gov.uk>; [redacted] (DBS Vets-VWS-NX-WA-5) <[redacted]@mod.gov.uk>; [redacted] (DBS Vets-VWS-NX-WM-11) <[redacted]@mod.gov.uk>; [redacted] (DBS Vets-VWS-KD-WM-15) <[redacted]@mod.gov.uk>; [redacted] (DBS Vets-VWS-KD-WA-2) <[redacted]@mod.gov.uk>; [redacted] (DBS Vets-VWS-CN-WM-19) <[redacted]@mod.gov.uk>; [redacted] (DBS Vets-VWS-IPC4V-South) <[redacted]@mod.gov.uk>; [redacted] (DBS Vets-VWS-IPC4V-North) <[redacted]@mod.gov.uk>; [redacted] (DBS Vets-DTS-CN-D1) <[redacted]@mod.gov.uk>; [redacted] (DBS Vets-DTS-GL-D1) <[redacted]@mod.gov.uk>; [redacted] (DBS Vets-DTS-GL-E1) <[redacted]@mod.gov.uk>; [redacted] (DBS Vets-DTS-NX-D1) <[redacted]@mod.gov.uk>; [redacted] (DBS Vets-DTS-NX-C2) <[redacted]@mod.gov.uk>; [redacted] (DBS Vets-DTS-CN-C2) <[redacted]@mod.gov.uk>; [redacted] (DBS Vets-DTS-KD-E1) <[redacted]@mod.gov.uk>; [redacted] (DBS Vets-DTS-KD-C2) <[redacted]@mod.gov.uk>; [redacted] (DBS Vets-DTS-OiC) <[redacted]@mod.gov.uk>; [redacted] (DBS Vets-DTS-GL-C2) <[redacted]@mod.gov.uk>; [redacted] (DBS Vets-DTS-KD-D1) <[redacted]@mod.gov.uk>; [redacted] (DBS Vets-DTS-Nx-E1-44) <[redacted]@mod.gov.uk>; [redacted] (DBS Vets-DTS-CN-E1) <[redacted]@mod.gov.uk>
Cc: [redacted] (DBS Vets-SupportWelfare-DH) <[redacted]@mod.gov.uk>; [redacted] (DBS Vets-OPPT-AH) <[redacted]@mod.gov.uk>
Subject: FW: 20200313 - Corona virus actions
Importance: High

Good morning

Following some developments over the weekend and this morning I have decided to take a further step in our business continuity planning to mitigate the effects of the Covid-19 virus threat.

I have been made aware that clients of at least one of our team have developed Covid-19 symptoms and that in Scotland, the OC of the PRU has told staff not to come into the PRU and to cease all face to face contact with clients. DWP have also been told to cease all medical board activity and this will be the same for our Doctors who conduct War Pension boards in N.Ireland.

A number of DTS team members have also reported showing some signs and symptoms (although no diagnosis made) so are self- isolating as a precaution.

Whilst the Government stance is such that we should continue with sensible precautions until such time as we have been told differently, I believe that our customer facing parts of the business need to take more consideration about how we proceed.

My decision is therefore as follows:

- To protect staff and clients, **all face to face visit activity is now suspended with immediate effect**. This is to include VWS / DTS / IPC4V client related activity. This directive will be reviewed continually and staff updated accordingly.

- Anyone visiting **today and already on the road** should complete their visit actions having ensured they have undertaken the appropriate risk assessment. **After today's ongoing visits are completed, no further visits are to be undertaken**.
- **Centre Managers should today cancel any visits planned by colleagues who are currently on leave.**
- All visits / surgeries etc planned should be cancelled immediately and clearance of casework is to be undertaken via call, email, post etc.
- **Should any visits be identified as imperative / exceptional, (MESO / DIS cases for example) this should be immediately raised with Line Managers before committing to a visit.** If at all possible, even these exceptional visits should be considered for clearance via call / email.
- **Non- essential travel should be curtailed with immediate effect**. (meetings, events, conferences etc), with apologies sent to organisers as appropriate.
- Casework and contacts with clients should be undertaken by telephone, email, post as the method of action / clearance.
- Those working in office or home working locations should continue to do so until circumstances dictate otherwise (eg: you are told not to report to the office and instructed to work from home).
- All precautions should be taken to care for yourself and all should follow guidance and instruction in accordance with that published and updated on NHS / Public Health websites.
- If anyone experiences symptoms in line with the most up to date medical guidelines, they should seek medical advice and if appropriate consider self- isolation.
- All staff should ensure they update Line Managers if they begin to experience any symptoms that are in line with most up to date medical guidelines. Line Managers should report this through the chain of command immediately, rather than wait for the Monday morning reporting cycle.

In relation to cancellation of visits / face to face client contact, I would suggest the following lines to take are utilised.

"Due to the ongoing Coronavirus situation, it has unfortunately become necessary for all face to face meetings with our clients to be suspended with immediate effect. This is to protect our clients and our staff and help reduce possible spreading of the virus itself. This situation is being continually reviewed, as we receive updated Government / NHS advice, but will remain applicable over the next few weeks. Please rest assured, we will continue to provide advice information and support via telephone, email or letter and our staff are available to assist you as much as we can should you need to contact us. Please accept our apologies for any inconvenience this may cause."

Some our your clients notified of a visit today via NOTIFY Text Message, will need to contacted to advise that even since the text was issued, circumstances have changed and the visit will not be happening. BMT will issue a Regional list to Centre Managers for those clients notified this morning.

I believe a team is being put together within DBS Civ Pers to manage Coronavirus aspects affecting / likely to impact business. I understand that this morning, some additional guidance may be issued from DBS / MOD requesting that line management identify any staff with significant underlying health issues (definition to be confirmed) who may be at greater risk. Please stand by for details.
Last week I provided information to DBS about numbers of staff with laptops / mobiles etc, to assist Business Continuity planning.

There is a lot of work going ahead in the background and all staff will be updated as soon as any updates, instructions or guidance is provided.

Please everyone take care, remain aware and follow appropriate medical advice and guidance to keep you and your families healthy.

Many thanks.

[redacted]
Assistant Head | Veterans Services | Veterans UK | Ministry of Defence | Room 6302A | Tomlinson House | Norcross Lane | Thornton-

Cleveleys |FY5 3WP

Tel: [redacted]
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Email: [redacted]@mod.gov.uk

We would like to hear your views on the service that you have received today from Veterans UK. Please select this **link** to leave feedback.

CURRENT CAPACITY AS OF 24/03/2020:

WELFARE CENTRES:

1. **NORCROSS: Closed, not receiving calls**. Receiving emails into the regional multiuser and 901s from helpline. X1 WA has MODNET access. **There is no DOI capacity.** WA to process emails as normal with DOI input from Glasgow WAs.

2. **CENTURION: Closed, not receiving calls**. Receiving emails into the regional multiuser and 901s from helpline. RWM to monitor emails as normal with DOI input from Centurion WAs, or others where not possible. **Limited capacity due to only 1 WA available for indefinite future with no access to MODNET.**

3. **KIDDERMINSTER**: **Closed, not receiving calls**. X1 WA has access to MODNET. X3 have DOI access. Can receive emails into the multiuser. WMs to assist with case builds where WA capacity runs low.

4. **GLASGOW: Closed, not receiving calls.** X2 WAs and CM have MODNET and DOI access. Receiving emails into multiuser. Staff currently able to assist with DOI input into other teams' case builds.

5. **HELPLINE: Open, not receiving any calls, forwarding 901s to VWS support multiuser for onward routing.** See para 9 and 13 for more info.

6. For all centres, including DTS, communication may be easiest via email due to limited mobile phone provision currently amongst Centre staff.

WM CAPACITY:

7. WM's in all teams are **not visiting face to face** and are processing work on the phone where possible. Direction of work to WMs is dictated by local CMs. Where possible work is to continue to be routed to WMs local to the client or where appropriate to regional DMs.

8. RWMs should consider WM capacity to assist WAs where possible i.e. assisting with 901 and case builds. It is likely WMs will have the capacity to assist with this.

BMT CAPACITY:

9. BMT currently are operating as normal and have access to the BMT and Support Multiuser accounts. BMT to monitor Support multiuser for 901s from helpline and forward 901s to each individual regional multiuser for processing.

DTS CAPACITY:

10. DTS are taking **emails** but **not visiting** face to face.

11. DTS CWs are not visiting face to face but are processing work via email. Direction of DTS work is controlled by the DTS member of staff triaging the DTS Central inbox.

12. For DTS, RMs should consider capacity of DTS staff (across all grades) to assist with VWS work when needed and appropriate. Requests for such capacity should be sent from VWS CMs to DTS RMs.

EMAIL CAPACITY:

13. Currently:

    a) NX has access to regional multiuser.
    b) CN has access to their regional multiuser.
    c) KD has access to their regional multiuser from 24/03.
    d) GL has access to their regional multiuser from 24/03.

ESSENTIAL WORK REQUIRING FACE TO FACE VISIT:

14. All VWS work is now to be consducted remotely with only the most exceptional cases.

    e) Mesothelioma Referrals: Meso referrals from 24/03 must be processed remotely as per annex A but without the home visit. Claims must be processed as bes tas possible over the phone.

    f) DiS referrals: Processed remotely as per annex B from 24/03.

    g) Terminal Illness support: Processed remotely as best as possible from 24/03.

15. DTS work currently considered as essential is:

    1) All DTS work is to be processed remotely from 24/03.

FUTURE CAPACITY IN EVENT OF LOSS OF INDIVIDUAL CENTRE:

WELFARE CENTRES:

16. It may be the case that individual centres are closed whilst others remain open. Planning for this in detail is impossible but some preparation can be made.

17. Should an individual centre close it will not be able to take calls but may be able to continue to receive emails. When given notice to close, centre staff should either:

    h) Attempt to redirect phones to an alternative centre on consultation with the relevant local CM.

    i) Failing this, change the outgoing message on the answer machine, giving out the regional email address. **LTT on this message to follow.**

18. Where possible, WAs in closed centres are to work from home with a surface pro laptop to provide DOI support to the team wherever needed. **This has proven to be viable after testing at home.** The current plan is to attempt to provide WAs with a MODNET laptop where possible, allowing them access to both DOI and MODNET at home. **MORE TO FOLLOW.**

WM CAPACITY:

19. Where an individual centre is lost the regional WMs will still be able to work. RWMs should consider the WM capacity to build cases on VWCS via mobile MODNET devices with DOI input from home based WAs as per para 11. This will be challenging to coordinate but still provides meaningful outputs. It will doubtless improve after a period of "test and adjust." Depending on whether MODNET laptops can be reassigned to WAs, it may be the case that WAs can continue with full case builds but WM input is expected to be still required.

20. Therefore, by combining homeworking WMs with MODNET access and homeworking WAs with MODNET/DOI, the team can continue to function in a limited manner in the absence of a centre that takes calls.

21. Some WMs are lodgers on local military establishments. Where these WMs are using a desktop and access to the site is prohibited, they are to consider other local military establishments within reason and attempt to broker access themselves or with RWM help.

BMT CAPACITY:

22. Should the Norcross centre be closed BMT will default to home working from laptops.

DTS CAPACITY:

23. DTS CWAs, as an email only service are to continue in their roles as is at present. DTS staff have access across their various multiusers and the DTS central inbox. These can be monitored remotely.

24. Therefore, by combining homeworking CWs with MODNET access and homeworking CWSAs with DOI, the team can continue to function albeit in a limited manner.

EMAIL CAPACITY:

25. Regional staff are to ensure ASAP that a selection of WMs can access regional multiusers in the event of a centre closing and WAs not being able to access MODNET from home.

ESSENTIAL WORK REQUIRING FACE TO FACE VISIT:

26. Unchanged from para 7. Capacity for essential work should be unaffected as long as regional email access is maintained and calls are either redirected or pointed to the helpline.

FUTURE CAPACITY IN EVENT OF LOSS OF ALL CENTRES:

WELFARE CENTRES:

27. It may be the case that all centres are closed. This would mean the department as a whole cannot receive incoming calls but may be able to receive emails depending on regional circumstances.

28. It cannot be reasonably expected that one centre out of four ends up taking calls for the whole department. Senior management are to monitor the status of centres daily to ensure no centre is overloaded. Additionally, senior management are to decide on the point when phone diverts to remaining centres are removed and replaced with an outgoing message as per para 10 f. This may mean arranging access to centre sites in order to access the phone.

29. If it arises that all centres are closed at the same time the best available fallback position is:

    j) To continue to receive emails via the four regional multiusers.

    k) To maintain case builds on VWCS with DOI input from home based WAs, or possibly with WA MODNET input as per paras 13-15.

    l) To ensure outgoing messages direct Veterans to the regional email address. Additionally, helpline can be instructed to take 901s rather than redirect calls.

WM CAPACITY:

30. As per paras 14-15.

BMT CAPACITY:

31. As per para 16.

DTS CAPACITY:

32. As per para 17-18.

EMAIL CAPACITY:

33. As per para 19.

ESSENTIAL WORK REQUIRING FACE TO FACE VISITS:

34. As per para 9.

ANNEX A

ADDITION TO MESO PROCESS DURING RESTRICTED OPERATING CONDITIONS:

Proposal for Meso process whilst unable to offer the full visiting service.

1. Follow the process flow up to the end of the initial action.
2. From the pre-visit action, still call the client at the first opportunity (Within 24 hours).
3. Advise the client of the limited visiting service due to the Corona virus but a risk assessment will be completed to assess the vulnerability of the Welfare Manager and the client and their family for everyone's wellbeing.
4. As part of the risk assessment, ask the client if they or any of their family are showing symptoms of the COVID-19 (Currently a fever and new continuous cough) or if they are currently self- isolated.
5. Ask the client if they have an e-mail address and/or if a family member has one that documents can be sent to.
6. If they do, e-mail the forms from the Document Key (from the process flow) to the client.

VWS0014	Lump Sum Confirmation form
VWS0016	Client Statement for existing WDP – as appropriate
VWS0015	Client Statement for New Claimants – as appropriate
VWS0017	Intent to claim WDP or consider options
MESO 04	Script
MESO 09	Factsheet
MESO 10	WDP Weekly Rates

7. Once they have received the documents, arrange a suitable time to contact them again, ideally when another member of the family is available and ask them to use speaker phone if available. Advise them you have a script and the client statement to read to them. (They also have a copy of this from the e-mail). Ensure they understand the importance of these.

   If a claim form needs to be completed, also complete the claim form whilst on the call. Remember to complete the contentions in full for it to be fully considered.

   If the client decides to take the weekly War Pension or is undecided, also complete the WPMS and CAA claim forms.

   If AA is not in payment and the client decides to take the lump sum, also complete the AA claim form.

   Ask the client to provide diagnosis confirmation and service, if they have them.
8. If the risk assessment shows the client can be visited to sign the forms, arrange a suitable time to visit to arrange, as with all MESO cases, ASAP as until the claim form is signed and with VWS legally there is no claim.

9. Take the appropriate forms from above with you for signature. As you are just arranging for the forms to be signed the visit itself should be brief, reducing the contact and time.

10. Return the forms to Norcross in the usual way, By Recorded Delivery, advising BMT on a separate e-mail, as per the normal process.

11. If at part 4 the client cannot or refuses a visit, **ENSURE VWCS IS ANNOTATED TO ADVISE THIS AND THE REASON WHY. THIS IS ESSENTIAL.**

12. If the client refuses/cannot have a visit, follow stage 4, 5, 6 and 7

13. Upon completion of the call, send the documents to the client by special delivery (Next day service), including a returned addressed envelope to BMT and the proforma. Advise the client you will phone them in two days (Allowing time for receipt and signature). Advise them once they have signed the documents to return to BMT in the addressed envelope you have sent them by special delivery, asking for the Special Delivery number if they have already sent them back.

14. E-mail BMT to advise the details of the forms being returned.

15. If the client does not have an e-mail address, send the documents to the client by special delivery. Contact them again in 2 days and follow from stage 7 and stage 13 and 14.

ANNEX B

DIS COROVID19 PROCESS

BMT process remains as normal.

RWM process remains as normal.

1. Call JCCC for additional context

2. Call CVO about introductions & discuss possible joint visit to next of kin or dependent. Explain we will do everything to facilitate this visit but that a risk assessment will need to be carried out first. Ask the CVO to confirm all individuals are in good health prior to visit and advise only the NOK or dependent and responsible adult (if under 18) need to be in attendance along with the CVO & WM

3. Carry out risk assessment conversation with RWM and record on VWCS in visit entity

4. If visit to go ahead arrange Pre-visit with CVO – Follow all processes as per current DIS processes

CURRENT STATE AS OF 24/03/2020:

	Centre Open?	Centre Receiving calls?	Centre receiving emails?	F2F VISITS?	DOI Capacity	MODNET Capacity	Incoming Calls	Incoming Emails accessed through MODNET
BMT	N/A	N/A	Yes	N/A	None	Dep OiC + BMT D	N/A	BMT and Support Multi
Norcross	NO	NO	Yes	NO	None	RWM + WA	None	North Multi
Centurion	NO	NO	Yes	NO	Mobile SP	RWM	None	Centurion Multi
Kidderminster	NO	NO	Yes	NO	Mobile SP	X1 WA	None	Kidderminster Multi
Glasgow	NO	NO	Yes	NO	Mobile SP	CM + X2 WAs	None	Glasgow Multi
DTS	N/A	N/A	Yes	NO	Mobile SP	CWs with laptops	None	DTS Central Multi