



Directorate of Health and Social Services – Business Continuity (Infectious Disease; SARS-CoV-2), Executive Summary as at 13 Apr 22.

1. **Introduction.** The Directorate of Health and Social Services (DHSS) is safeguarding its business; staff, services and users (patients, clients, residents) in several bespoke ways, in order to meet the diverse nature of the directorate. In recognition of this, each department will have its own individual business continuity plan. However, some overarching principles remain the baseline across all departments.
 - a. **FIG Escalation on a Page.** We will be wholly responsive to the FIG Escalation on a Page and seek to safeguard essential and life critical services throughout. ([Link](#))
 - b. **CMO Letter to DHSS Staff.** PSA letter has been sent to all DHSS staff in support of the BCP executive summary.
2. **Staffing.** We have reviewed our pinch points and have now secured the following additional positions across the DHSS, (specifically for the period of transition towards an Endemic state):
 - a. **Wards/ Theatre additional staff:** staff nurses x 2; Operating Department Practitioner x 1; anaesthetist x 1, all until the 31st July 22.
 - b. **Ambulance Drivers:** A larger pool of casual drivers is being drawn up so that the service can continue to operate. 4 additional personnel have so far been added to the casual list.
 - c. **Radiographers:** a locum radiographer is being sought due to the small size of the department meaning there is a lack of resilience.
 - d. **Doctors:** we will have a full complement of medical staff available. 5 doctors for the ward/ GP clinics (including CMO) + 1 GP only + 2 anaesthetists + 1 surgeon
 - e. **Physiotherapist:** To add resilience, we will have a locum to cover the period of planned absence
 - f. **Cleaners/ kitchen-** no additional staff being recruited, but we will work closely with our usual private sector partner to backfill if it is needed.
 - g. **Mental Health.** We have also secured additional support for emotional wellbeing – this is remote support provided from the UK.
3. **Routine.** There will be a change in the way the DHSS conducts business; this will be supported by policies including LFD Testing policy (for staff and patients) and PPE usage (and requirements/expectations of patients). We are somewhat different to some other Directorates and Organisations in that we are the last line in the community protection against CV-19 and as such, we must take additional precautions and safeguard critical assets. This means that, we will be implementing the following notable practices:
 - a. **PPE.** There will be a requirement for all personnel (including patients who are able to do so) to wear a face covering as a minimum whilst transiting through the



hospital and social services. All clinical staff however, will wear appropriate PPE for the specific task they are undertaking. This will be extended to Hillside House and Community Support Team.

- b. **LFD testing.** All clinical and patient/client facing staff will be required to test daily (before they come on shift). All others (such as Admin and wider SMT) will all be tested 2-3 times per week. Patients may be asked to test before attending routine planned appointments and will be asked to test before all admissions to hospital. Patients will be asked to telephone the hospital before attending unless it is a routine appointment, they will have a screening questionnaire carried out before arrangements are agreed regarding their attendance.
 - c. **+ve CV-19 staff.** Initially, we will be asking staff to isolate for 5 days following a CV-19 positive test. We will require a negative test on day 5 and 6, before they return to work (not before) day 6. If however, service sustainability becomes untenable we will review this policy. If we cannot maintain critical services, we may seek to ask staff to return to work when they feel well enough
 - d. **Meetings.** All meetings will be conducted remotely wherever possible (via MS Teams). This is a notable different approach to most directorates, however in order safeguard our clinical staff, it is deemed appropriate.
 - e. **Work from Home.** Those people who can fulfil c100% of their responsibilities will be permitted to work from home if requested. This will help limit the footfall through the hospital and maintain business resilience in our supporting elements' shallow establishment. We will not fund additional WIFI packages **unless** personnel have been approved to WfH by the DHSS. The proposal is that these WIFI boosters will be up to a **maximum** of 3GB per calendar month.
4. **Overt Changes.** All services will remain as unaffected as possible, however in keeping with the FIG escalation on a page document, there may be a requirement to pool resources as our clinical capability is hit. This may see staff prioritisation during shifts so that they may move between areas during their shifts be reassigned from one department to another, in order to safeguard critical functions of the directorate. The biggest changes however are as follows:
- a. **GP Services.** From 5 May 22, all GP services will be first screened by telephone assessment. Patients who are assessed to need a face to face appointment will then be seen. This is a vital tool in keeping the footfall within the hospital as controlled as possible.